

Exhibit 2I - New Jersey Statewide Initiative (NJSI) ASAM Residential LOC Authorization Parameters

SFY 2025
Effective 07/01/2024
Revised 04/08/2024

New Jersey Statewide Initiative (NJSI)
Fee for Service - Adult Residential
ASAM Level of Care Authorization Parameters

Service	Assessment	Halfway House (7 days)	Halfway House (14 days)	Halfway House (30 days)	Long Term Residential Tier 2 (7 days)	Long Term Residential Tier 2 (14 days)	Long Term Residential Tier 2 30 days)	Short Term Residential (7 days)	Short Term Residential (14 days)
Modality/Type	Pre-Admission	Residential	Residential	Residential	Residential	Residential	Residential	Residential	Residential
ASAM LOC	N/A	Level 3.1	Level 3.1	Level 3.1	Level 3.5	Level 3.5	Level 3.5	Level 3.7	Level 3.7
CPT Code	H0001 HF	H2034 HF	H2034 HF	H2034 HF	H0026T2 HF	H0026T2 HF	H0026T2 HF	H0018 HF	H0018 HF
Maximum units per Authorization	4	7	14	30	7	14	30	7	14
Authorization time frame (days)	30	7	14	30	7	14	30	7	14
Unit	30 minutes	Per diem	Per diem	Per diem	Per diem	Per diem	Per diem	Per diem	Per diem
Daily Limits	4	1	1	1	1	1	1	1	1
Weekly Limits	4	7	7	7	7	7	7	7	7
# of days at which initial ERL needed	N/A	90			60			14	
# of days at which ERL can be submitted	N/A	74			35			7	
Authorization RED ZONE (67% of annual allocation)	N/A	N/A			N/A			N/A	
Adult Annual Client Limits (units)	N/A	N/A			N/A			N/A	
Rate Per Unit	\$ 28.49	\$ 99.43			\$ 161.33			\$ 244.78	
Authorization Value	\$ 113.96	\$ 696.01	\$ 1,392.02	\$ 2,982.90	\$ 1,129.31	\$ 2,258.62	\$ 4,839.90	\$ 1,713.46	\$ 3,426.92
Shared Service Name	N/A	Halfway House			Long Term Residential			Short Term Residential	