

**EXHIBIT L
 COVERED SERVICE RATES BY PROGRAM**

Covered Service/Project Code	Unit of Measurement	Program 1- Adult Mental Health	Program 2- Adult Substance Abuse	Program 3 - Children's Mental Health	Program 4 - Children's Substance Abuse
01 Assessment	Direct Staff Hour				
01 Assessment [Enhanced]	Enhanced Direct Staff Hour				
02 Case Management	Direct Staff Hour				
02 Case Management [Forensic]	Forensic Direct Staff Hour				
03 Crisis Stabilization	Bed-Day				
04 Crisis Support/Emergency	Direct Staff Hour				
05 Day Care	Direct Staff Hour (4 hour)				
06 Day Treatment	Direct Staff Hour (4 hour)				
07 Drop-In/Self Help Ctr.	Non-Direct Staff Hour				
08 In-Home & Onsite	Direct Staff Hour				
09 Inpatient	Day (24 hour)				
10 Intensive Case Mgmt.	Direct Staff Hour				
11 Intervention (Indiv.)	Direct Staff Hour				
11 Intervention (Indiv.) [FSPT]	FSPT Direct Staff Hour				
12 Medical Services	Direct Staff Hour				
13 Medication-Assisted Tx;	Dosage				
13 Medication-Assisted Tx; [Enhanced]	Enhanced Dosage				
14 Outpatient (Indiv.)	Direct Staff Hour				
15 Outreach	Non-Direct Staff Hour				
18 Residential I	Day (24 hour)				
18 Residential I [Enhanced Rate]	Enhanced Day (24 hour)				
18 Residential I [Forensic]	Forensic Day (24 hour)				
19 Residential II	Day (24 hour)				
19 Residential II [Enhanced Rate]	Enhanced Day (24 hour)				
19 Residential II [Forensic]	Forensic Day (24 hour)				
19 Residential II [PIL]	PIL Day (24 hour)				
19 Residential II [STGC]	STGC Day (24 hour)				
20 Residential III	Day (24 hour)				
20 Residential III [Enhanced Rate]	Enhanced Day (24 hour)				
20 Residential III [Forensic]	Forensic Day (24 hour)				
21 Residential IV	Day (24 hour)				
21 Residential IV [Enhanced Rate]	Enhanced Day (24 hour)				
21 Residential IV [Forensic]	forensic Day (24 hour)				
22 Respite Services	Direct Staff Hour				
24 Inpatient Detoxification	Bed-Day				
25 Supported Employment	Direct Staff Hour				
26 Supportive Housing/Living	Direct Staff Hour				
27 TASC	Direct Staff Hour				
28 Incidental Expenses	Dollar Spent				
28 Incidental Expenses [FSPT]	FSPT Dollar Spent				
29 Aftercare (Indiv.)	Direct Staff Hour				
30 Information and Referral	Direct Staff Hour				
30 Information and Referral [FSPT]	FSPT Direct Staff Hour				
32 Outpatient Detoxification	Direct Staff Hour (4 hour)				
35 Outpatient (Group)	Direct Staff Hour				
36 R&B with Sup. I	Day (24 hour)				
36 R&B with Sup. I [Enhanced Rate]	Enhanced Day (24 hour)				
37 R&B with Sup. II	Day (24 hour)				
37 R&B with Sup. II [Enhanced Rate]	Enhanced Day (24 hour)				
37 R&B with Sup. II [PIL]	PIL Day (24 hour)				
37 R&B with Sup. II [PIL - Enhanced Rate]	PIL Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC]	STGC Day (24 hour)				
37 R&B with Sup. II [STGC - B]	STGC - B Day (24 hour)				
37 R&B with Sup. II [STGC - B Enhanced Rate]	STGC - B Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC - L]	STGC - L Day (24 hour)				
37 R&B with Sup. II [STGC - L Enhanced Rate]	STGC - L Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC - N]	STGC - N Day (24 hour)				
37 R&B with Sup. II [STGC - N Enhanced Rate]	STGC - N Enhanced Day (24 hour)				
37 R&B with Sup. II [OTPR]	OTPR Day (24 hour)				
38 R&B with Sup. III	Day (24 hour)				
38 R&B with Sup. III [Enhanced Rate]	Enhanced Day (24 hour)				
39 Short-term Residential	Bed-Day				
40 MH Clubhouse	Direct Staff Hour				
42 Intervention (Group)	Direct Staff Hour				
42 Intervention (Group) [FSPT]	FSPT Direct Staff Hour				
43 Aftercare (Group)	Direct Staff Hour				
44 Comprehensive Community Service Team (Indiv.)	Direct Staff Hour				
45 Comprehensive Community Service Team (Group)	Direct Staff Hour				
46 Recovery Support (Indiv.)	Direct Staff Hour				
47 Recovery Support (Group)	Direct Staff Hour				
48 Prevention - Indicated	Direct Staff Hour				
49 Prevention - Selective	Non-Direct Staff Hour				
50 Prevention - Universal Direct	Non-Direct Staff Hour				
51 Prevention - Universal Indirect	Non-Direct Staff Hour				
A0 Forensic Multidisciplinary Team	Non-Direct Staff Hour				
A0 Forensic Multidisciplinary Team [Daily]	Daily Census Rate per client				
A0 Forensic Multidisciplinary Team [Weekly]	Weekly Census Rate per client				
A1 BNET	Monthly Census Rate per client				
A4 Care Coordination [Supportive Housing/Living - Monthly]	Monthly Rate per client served				
A7 Federal Project Grant [MAT - Weekly Methadone]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Weekly]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Weekly Buprenephine]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Sublocate]	Sublocate Dosage				
B2 Transition Voucher [Supportive Housing/Living - Monthly]	Monthly Rate per client served				
B5 FACT Team	Weekly Census Rate per client				
B5 FACT Team [Enhanced Rate]	Enhanced Weekly Census Rate per client				
B6 Provider Proviso Projects [Transitional Beds]	Daily Bed Availability Rate				
B7 Wraparound Projects [Case Management - Wraparound Clients]	Daily Rate per client served				
C0 Other Bundled Projects [MAT - Weekly]	Weekly Census Rate per client				
C0 Other Bundled Projects [Drop-In/Self Help Centers - Daily]	Day (24 hour)				