State Opioid Response (SOR) Funds for Local Workforce Area Services

Frequently Asked Questions (FAQ)

~~Version #2: July 26, 2019~~
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State Opioid Response (SOR) is a new, optional funding source available to local workforce development areas (local areas) beginning in Program Year 2019. The following questions and answers, developed in accordance with the SOR Funding Restrictions (attached) are being provided to guide local workforce areas in the implementation of SOR-funded services. This FAQ supersedes and replaces any prior emails, memos, or other communications from ODJFS related to the implementation of SOR-funded services by the local areas. Additional questions for possible inclusion in future versions of this FAQ may be sent to OpioidRelief@jfs.ohio.gov.

Contents:

I. SOR Background and Eligibility

Q1   **What are the State Opioid Response (SOR) funds?**
A1   The Ohio Department of Mental Health and Addiction Services (OhioMHAS) applied for and received federal discretionary SOR funds to combat the opioid crisis in Ohio by building a community system of care that emphasizes service integration. For more information on SOR, visit the OhioMHAS web page at https://mha.ohio.gov/About-Us/Grants-and-Funding/Federal-Funding/State-Opioid-Response.

Q2   **Why is a portion of Ohio's SOR funding being provided to the local areas?**
A2   One of the stated purposes of the Ohio SOR program is to facilitate the development of employment opportunities for people in recovery from opioid addiction. ODJFS has partnered with OhioMHAS to make SOR dollars available to the local areas to supplement (but not replace) the other workforce program dollars available at the local level.

The SOR funds are meant to enable local areas to provide employment, training, and recovery services to additional populations of individuals who have opioid use disorder (OUD) so they can enter or remain in the workforce; to assist employers in hiring and retaining individuals with OUD; and to provide expanded, enhanced, or extended services to participants who have OUD and are enrolled in other workforce programs.

Q3 **Where can we access technical assistance specific to local area usage of the SOR funds issued by ODJFS?**

A3 The Opioid Grants web page at http://jfs.ohio.gov/owd/WorkforceProf/OpioidGrants.stm was created by ODJFS to provide technical assistance on the SOR funds, other opioid grants available to local areas, and general guidance and resources related to serving individuals with OUD. Workforce professionals should re-visit this page frequently to review new materials and resources that will be added over time. Any questions about the SOR program may also be emailed to OpioidRelief@jfs.ohio.gov.

Q4 **Who is eligible to be served with State Opioid Response (SOR) funds?**

A4 Local areas may seek reimbursement for costs incurred in serving individuals who:

☐ Have OUD (primary or secondary, or a history of opioid-related overdoses); and

☐ Are enrolled in OWCMS under a Special Grant Office created for SOR.

Q5 **What documentation may be used to verify that an individual has OUD?**

A5 Acceptable source documentation to verify OUD includes either:

☐ Self-attestation: An affirmative response to the following question:
"*Your response to the following question is voluntary: Do you have a demonstrated history of opioid overdose problems?*"; or

☐ A diagnosis of OUD.

Note: The above forms of documentation are considered personal health information (PHI) so the records must be protected in accordance with regulations on Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2) and the HIPPA Privacy Rule (45 CFR Parts 160 and 164).

II. Service Delivery

Q6 **What services may be funded with SOR dollars?**

A6 SOR funds may pay for services with a demonstrated evidence base that are appropriate for the population of focus, which includes employment and training services that local areas provide to adults under the Workforce Innovation and Opportunity Act (WIOA). Therefore, allowable SOR services include, but are not limited to:

- Basic and individualized career services;
- Supportive services;
- Training, including occupational skills training and OJT;
- Work experiences, including transitional jobs.

SOR funds may also pay for employer training in recovery-friendly workplaces.

SOR funds may also provide participants with recovery services having a demonstrated evidence base, including, but not limited to:
- Drug and addiction treatment services that are identified by an American Society of Addiction Medicine (ASAM) level of care classification; and
- Medication Assisted Treatment (MAT) using FDA-approved medications (*i.e.*, methadone, buprenorphine, and naltrexone) not otherwise available to the participant through insurance including Medicaid.

Q7   **May SOR funds be used to serve participants who are enrolled in other programs such as WIOA, CCMEP, or a National Dislocated Worker Grant (NDWG) including one of the other opioid grants?**

A7   Yes. However, the SOR Funding Restrictions (attached) prohibit SOR funds from being utilized for services that can be supported through other sources of funding such as other federal discretionary and formula grant funds. Therefore, SOR funds may be used to provide services that are not allowable under any other program(s) that a participant is enrolled in.

Also, SOR funds may be braided with funds from other programs to provide expanded, enhanced, or extended services to participants that would not have otherwise been provided due to the other programs' funding limitations, local area policies, or priority population considerations.

Q8   **Must our local area apply the policies that pertain to WIOA services uniformly to SOR-funded participants?**

A8   No, not unless the local workforce development board (WDB) has mandated the that local WIOA policies must apply to SOR-funded participants and services. For consistency and to minimize confusion, a local area may opt to utilize some of the policies and procedures that apply to other programs to SOR. However, local areas may opt to provide SOR participants with expanded, enhanced, or extended services beyond the services available under WIOA.

Q9   **Do the standards of appropriateness for receiving a service under WIOA also apply to services funded with SOR dollars?**

A9   Section 134(c)(2)(A)(xii) of WIOA mandates that certain services for adults and dislocated workers beyond the basic career services level must be determined to be appropriate for the participant to receive them. Local area WIOA policies often tie the determination of appropriateness to the participant's barriers or work readiness. Unless the local WDB has mandated that the same standards of appropriateness under WIOA must apply to SOR participants, an SOR participant who was denied services under WIOA based on the locally defined definition of appropriateness could potentially receive those services through SOR funding.

Q10   **What are examples of expanded, enhanced, or extended services that SOR funds may provide?**

A10   *Expanded* services are services that would not have been provided due to program funding limitations, local area policies, or priority considerations, such as:

- Services that have been denied under the WIOA program based on the local area's definition of service appropriateness (see prior answer);
- Individualized career services and training for adults with OUD whose income exceeds the local area's self-sufficiency limit;
- Individualized career services and training for adults with OUD who do not meet the WIOA Adult priority definition in a local area that has insufficient WIOA Adult funds to serve non-priority adults;
- Services for Youth who are in school in a local area that has fully expended or obligated the WIOA Youth funds available for in school participants; and
- Services with costs that exceed the local area's balance of unexpended and unobligated program allocations.

Enhanced services are more intensive supports that may be provided to participants with OUD that go beyond the level of service that the local area typically provides or is otherwise able to afford for other program participants, such as:

- Completion of the required GPRA surveys, which exceeds the level of assessment typically provided to workforce program participants;
- Use of certified peer supporters in the workplace;
- Hiring of additional staff or contractors to provide direct services to SOR participants or to businesses in establishing recovery-friendly workplaces;
- Provision of more staff-intensive services such as home visitation, job coaching, or counseling that would not have been affordable by the local area if the SOR funds were not available; and
- Supportive services not authorized in the local area's formula program policies, such as:
  - Cosmetic treatments necessary for employability (*e.g.*, facial tattoo removal, dental/periodontal services, *etc.*);
  - MAT; and
  - Drug treatment services identified by an ASAM level of care classification not funded through Medicaid or other insurance programs available to the participant.

Extended services are services such as work experience, occupational skills training, supportive services, or OJT that cost more than the local area's maximum expenditure limit or continue beyond the maximum duration defined in the local area's policies. SOR funds may be used to continue providing the service beyond the usual program policy limits.

Many other examples of expanded, enhanced, or extended services are possible. If a provider is unsure whether an expense is allowable for reimbursement under SOR, an email requesting an opinion may be sent to OpioidRelief@jfs.ohio.gov.

Q11 **Can SOR funds be used for administrative, indirect, or overhead costs?**

A11 Yes, administrative, indirect, and overhead costs associated with the provision of SOR-funded services are allowable for reimbursement under SOR funds to the extent that they represent the relative benefit received by the SOR program and are justified by an allowable cost allocation methodology or approved indirect cost rate.

Q12 **Can SOR funds be used to pay for other staff trainings in addition to the training on the online survey tool?**

A12 Yes, training related to the provision of evidence-based services and practices for individuals with OUD is permissible under the SOR funds.

Q13 **Can we re-code costs of services that had been provided prior to the availability of the SOR funds?**

A13 ~~The SOR grant was effective at the beginning of the federal fiscal year (October 1, 2018), so expenditures incurred on or after that date and charged to a different program could potentially be re-coded to SOR funds. However, SOR dollars may not pay for services that can be supported through other sources of funding. Therefore, the local area must be able to explain and justify why costs originally budgeted and charged to the other program later became unsupportable under that original funding source after the SOR dollars became available.~~

No. ~~The SOR-related expenses will be reimbursed through a Purchase Order (see Section IV, Fiscal Reimbursement Process.) No expenditures that precede the date that the PO dispatches will be reimbursable.~~

Q14 **If we partner with a treatment facility to provide recovery services to SOR participants, must we competitively procure their services and enter into an agreement with them?**

A14 The SOR funding is a federal award, so it is subject to the Uniform Guidance at 2 CFR Part 200. Per 2 CFR 200.319, all contracts must be competitively procured using one of the five methods described in 2 CFR 200.320 (whichever method is most appropriate for the situation.) However, the Uniform Guidance does not require sub-awards to be procured. For guidance on determining whether the relationship with a provider is a contractual or sub-recipient relationship, see 2 CFR 200.330. For all contracts and sub-awards, the local area must enter into an agreement with the provider to define the terms and conditions such as the end-date of the agreement, the responsibilities of the parties, liability, *etc*.

Q15 **How should local areas report participants served and services provided using SOR dollars?**

A15   Local areas shall use a special grant office in OWCMS created specifically for the SOR program to report SOR participants and services.

Q16   **Will the employment outcomes of SOR participants affect our local area's WIOA performance measures?**

A16   Individuals whose services are funded entirely with SOR dollars and are not co-enrolled in local formula programs (such as individuals who are not eligible or appropriate for WIOA) will not impact the local area's program performance measures.   Ideally however, local areas should co-enroll eligible SOR participants into other programs to provide them with the full array of wrap-around services and to ensure that the negotiated performance measures accurately reflect the hard-to-serve populations that the local area is working with and the barriers they face.

Q17   **What services or activities are not allowable using SOR funds?**
A17   See the attached SOR Funding Restrictions for a description of unallowable services and activities.

III. GPRA Survey Completion

Q18   **How is the effectiveness of the SOR program measured and reported?**
A18   For participants in the SOR program, a survey known as the *GPRA Client Outcome Measures for State Opioid Response* is completed at specified milestones to document their progress toward recovery and to measure the effectiveness of the SOR program.

Q19   **How many surveys are completed for each SOR participant?**
A19   Each SOR participant is expected to complete three GPRA surveys for each SOR funding stream he or she is served by and for each agency that is providing SOR-funded services:
   - ☐ Intake: Within 4 days after entering program;
   - ☐ 6-month follow-up: Up to a month before, through two months after, the sixth month after the intake interview (note: the 6-month follow-up might be conducted after the discharge survey if the participant remained in the program for less than 6 months); and
   - ☐ Discharge: Within 14 days following exit from the SOR program.

Q20   **Must the interviews be conducted face-to-face?**
A20   The intake interview, ~~must be conducted face-to-face, but the~~ follow-up and discharge interviews may be conducted by phone. Greater flexibility was granted in 2020 due to the coronavirus pandemic.

Q21   **Who must conduct the interviews and fill out the GPRA surveys?**
A21   The interview must be conducted by a trained service provider, such as the WIOA staff, contractors, or sub-recipients in a local area that have completed the

survey training. ~~Local areas may also use a partner agency such as an addiction treatment provider or mental health professional including workers already trained and experienced at completion of the GPRA survey.~~ The entry of the participant's responses into the survey tool must be performed by the service provider. A participant cannot self-administer the survey -- either online, by computer, or using a paper-and-pencil version. Each agency providing SOR-funded services must complete SOR surveys for the participants it serves, even if another partner with SOR funding is also completing surveys for the same participant.

Q22   How can staff in our area gain access the GPRA survey?

A22   To request a user ID to sign in to the online GPRA data collection tool, email the following information to OpioidRelief@jfs.ohio.gov: 1. First and last name of interviewer; 2. Email address; 3. Organization name; 4. Organization location (street address of service delivery location(s)); and 5. County. ODJFS will then work with OhioMHAS and its contractor responsible for GPRA data collection to assign a user ID and arrange for training.

Q23   How should the GPRA questions be asked?

A23   The questions should be asked as written in the survey tool. However, the interviewer is responsible for the integrity of the information collected and must be willing to repeat, paraphrase, and continue probing until the participant clearly understands the question and provides an appropriate answer consistent with the intent of the question. Training on completion of the GPRA survey will be provided to the interviewers designated by the local area, unless the interviewers have previously received the training and are already entering GPRA surveys.

Q24   What percentage of follow-up interviews must be completed?

A24   The goal of the program is to collect 100 percent of the follow-up interviews, but providers may continue receiving SOR funds if they complete at least 80 percent of the 6-month follow-up interviews.

Q25   What if a participant cannot be found, will not show up for an interview, or refuses to respond to certain survey questions?

A25   Completion of the surveys is voluntary for the participants and they are free to refuse to participate, to decline to answer any question(s), and/or to terminate the interview at any time. These actions must not affect or influence, in any way, the provision of services that they receive under SOR funds.

A provider of SOR-funded services must submit administrative surveys for all participants served who do not opt to participate in the survey process. The online GPRA application will guide the interviewer through completion of the survey, including situations where the participant cannot be located or does not finish an interview. The interviewer may explain the circumstances in the survey tool and document services provided to complete the administrative survey.

Q26   **How can we motivate participants to participate in the interview process?**

A26   Participants should understand that completion of the voluntary surveys is critical in evaluating the effectiveness of the services provided in order to better serve more people with OUD. Also, as an incentive for completion of the intake survey and 6-month follow-up survey, the participant will receive a gift card in the mail issued by Wright State University (which is responsible for oversight of the data.)

Q27   **Must the participant sign a consent form before completing the GPRA survey?**

A27   Yes, the Ohio State Opioid Response Consent to Participate form is available online at: https://www.sardiprogram.com/sor/documents/SOR_Consent.pdf. The local area must ensure that the form is signed in ink once by each SOR participant and a witness prior to completion of the first survey and maintained on file by the local area or its provider(s) ~~or partner(s)~~ through the end of the current federal fiscal year (September 30th) and for three additional federal fiscal years.

Q28   **What number should we use as the Client ID (unique client identifier) when entering a survey in the online interview application?**

A28   ODJFS has chosen to use the participant's seven-digit OWCMS Customer ID as the unique Client ID in the GPRA survey. This ensures entry of participants in the SOR Special Grant Office, enables unique identification of each respondent, and links the survey to OWCMS case data for the same participant. The OWCMS Customer ID may be found on the case search screen in OWCMS.

Q29   **When should we consider a participant to be discharged from SOR and complete the discharge survey?**

A29   The discharge date is the 30th day after the last date of SOR-funded services or 30th day after the last contact with the individual, whichever is later. The discharge survey should be completed within 14 days after the discharge date. An administrative discharge survey should be completed if the individual cannot be reached or does not wish to participate in the survey process.

Q30   **Where can we find more information on the GPRA survey tool such as the list of questions on the survey?**

A30   The SOR Resources website at https://www.sardiprogram.com/sor/ provides access to the survey tool and the training site, the GPRA questions (and helpful tips for answering each question), and other helpful resources.

IV.   Fiscal ~~Reimbursement~~ Process

Q31   **How will local areas obtain their SOR funds?**

A31   SOR funds will be issued as an advance to each local area's fiscal agent in CFIS similar to other workforce program grants. The local area may request an SOR allocation by emailing OpioidRelief@jfs.ohio.gov with a quarterly expenditure

estimate. ~~are only available on a cost-reimbursement basis. Therefore, local areas must first provide allowable SOR services to eligible participants, then submit an invoice to ODJFS and await reimbursement. ODJFS plans to reimburse all invoices within 30 days of receipt against a Purchase Order. The PO number will be provided to the local areas for billing purposes once the PO has dispatched.~~

Q32   What happens if ODJFS runs out of SOR funds?
A32   ODJFS will request an advance of additional funds from OhioMHAS or will deny or reduce local area allocation requests based on local area history of SOR expenditures. ~~reimburse SOR invoices in the order they are received. When ODJFS has issued 70 percent of the funds, a notice will be sent to the local areas that the funds are nearing full expenditure. When the available appropriation for the federal fiscal year is exhausted, the final invoice will be reimbursed up to the amount of funds remaining, ODJFS will notify the local areas that the funds are fully spent, and all subsequent and pending invoices will be rejected. The local areas will be responsible for identifying other allowable funding sources to cover any costs of services provided but not reimbursed.~~

Q33   What is the SOR invoice process?
A33   ODJFS issues SOR funds as allocations in CFIS rather than using an invoice process. Local areas may submit SOR draw requests as they would for other workforce programs. ~~See the instruction tab in the SOR invoice spreadsheet for more details.~~
        1. ~~The local area's fiscal agent or designee fills out the SOR invoice (available from ODJFS) and reports the actual, allowable costs incurred in the local area within the billing period on the Cost Report tab.~~
        2. ~~The Invoice tab is printed, signed in blue ink, and emailed along with the Cost Report to OpioidRelief@jfs.ohio.gov.~~
        3. ~~ODJFS reviews the invoice and Cost Report and rejects them back to the sender if any errors are noted (which moves the invoice to the end of the queue whenever it is re-submitted with corrections.)~~
        4. ~~If insufficient appropriation remains available to pay an invoice, ODJFS will reject the invoice (or pay the invoice up to the balance of funds remaining.)~~
        5. ~~For approved invoices, ODJFS will issue a payment of state funds equal to the approved invoice amount to the local area in the OAKS system.~~

Q34   How often can a local area submit SOR invoices?
A34   ODJFS is issuing SOR funds as allocations in CFIS rather than using an invoice process. Local areas may submit SOR draw requests weekly. ~~The invoices may be submitted, at most, twice per month: no earlier than the 16th calendar day of the month for costs incurred in the first 15 days of the month, and no earlier than the first day of the subsequent month for costs incurred on or after the 16th day of the month. Local areas are not required to invoice twice per month. However, given that the invoices are paid on a first-come, first-served basis, local areas are encouraged to submit their two monthly invoices on the first allowable~~

~~submission date to maximize the likelihood that funds will be available to pay the invoices.~~

Q35   **When is the last date we can submit SOR invoices for reimbursement?**

A35   ODJFS is issuing SOR funds as allocations in CFIS rather than using an invoice process. The end-date of each SOR allocation will be identified in CFIS. ~~The SOR funds are available for a Federal Fiscal Year (FFY) which ends on September 30th. For each FFY that SOR funds are available, the last day to submit SOR invoices is October 18 following the end of that fiscal year. For example, the deadline to submit invoices for FFY 2019 services to ODJFS is 10/18/2019.~~

Q36   **How should we report SOR expenses and receipts in CFIS?**

A36   ~~Non-reimbursable~~ Project Codes will be established in CFIS for reporting of SOR expenses and receipts. ODJFS will review the reported SOR expenses as part of the regular fiscal monitoring process. ~~and receipts at the end of each quarter to ensure they match the local area's total invoices approved by ODJFS. Local areas are required to reconcile their financial reporting in CFIS to align with the paid invoices.~~

Q37   **Must we track participant level SOR costs in CFIS Client Tracking?**

A37   No, the Client Tracking module will not be used for SOR services or costs.

Q38   **How can we capture the costs of allocated staff time and overhead costs incurred in the provision of SOR services?**

A38   As with any other funding source, each local area is responsible for setting up appropriate cost reimbursement processes to allocate costs to the grant according to the relative benefit received. For local areas using the RMS time study, the RMS ~~non-reimbursable code 998~~ may be used to isolate SOR-related costs in a quarter. ~~Once the RMS time study is completed and the allocated costs for a quarter are calculated, the local area may include those costs on its next SOR invoice.~~

Q39   **Must we report any funds we receive on our Schedule of Expenditure of Federal Awards (SEFA) as required in the federal Uniform Guidance?**

A39   Yes, effective July 1, 2020, SOR expenses must be reported on the SEFA. Expenditures made against allocations issued in CFIS are reported as federal assistance. ~~No. To expedite the reimbursement process, ODJFS has appropriated state funding that will be paid out to the local areas based on the SOR invoices submitted. ODJFS will in turn forward the local areas' invoices to OhioMHAS to replenish the appropriated state funds out of the federal SOR grant. The funds directly received by the local areas are therefore not federal dollars that would need to be reported on the local area's SEFA.~~

V. Changes effective in October 2019

Q40 **How is the SOR program different in year two (beginning October 1, 2019) compared to year one?**

A40 Beginning in year two:
- A new Purchase Order number will be provided to enable local areas to invoice for services provided on or after October 1, 2019 through June 30, 2020.
- For participants served by multiple agencies or SOR funding streams, a separate series of SOR surveys must be completed by each agency for each unique funding stream
- GPRA surveys are required for every participant receiving SOR services – either a survey completed with the participant's consent and cooperation, or an administrative survey if the participants does not opt to participate in the survey process

Q41 **What changes have been made to the GPRA Survey Tool in year two?**

A41 Recent changes to the GPRA survey tool include:
- A new data element to track the SOR funding stream that paid for the participant's services. Recipients of SOR funds from ODJFS should select *ODJFS Workforce* in this new drop-down box
- For the mailing address to send the participant's incentive gift card, ability to enter the address of a friend or family member, or of the agency providing services for participants with insecure or unstable mailing addresses. An option to not issue a gift card, for individuals with no mailing address, is also now available.

VI. Changes effective in July 2020

Q42 **How is the SOR program different beginning July 1, 2020?**
A42 Instead of reimbursing invoiced SOR expenditures after services have been delivered, ODJFS will obtain an advance of SOR funds and issue allocations to the local areas in CFIS. Local areas may request an SOR allocation by submitting a quarterly expenditure projection to OpioidRelief@jfs.ohio.gov. ODJFS will approve, deny, or revise local area funding requests based on the amount of SOR dollars advanced by OhioMHAS that remain unobligated and the local area's history of SOR expenditures.

SOR Funding Restrictions

1) Funds may not be used to support programs that do not demonstrate evidence of increasing the number of persons receiving FDA approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

2) SOR funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.

3) SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g. HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale self-pay among others.

4) SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an opioid use disorder or to individuals with a demonstrated history of opioid overdose problems.

5) Grantees are expected to report data as required in the FOA and to fully participate in any SAMHSA-sponsored evaluation of this program. All required data must be reported to the appropriate system within SAMHSA specified timelines. The submission of these data in the form required by SAMHSA is a requirement of funding.

6) Medication Assisted Treatment (MAT) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone) is a required activity of your grant per the terms of your grant award. – applicable to treatment programs only

7) Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If medical withdrawal (detoxification) is performed, it must be accompanied by injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes.

8) Recipients are required to work with the SAMHSA Opioid-STR TA grant awarded to AAAP as the primary means of TA provision. Recipients are expected to report data as required in the Funding Opportunity Announcement (FOA) and to fully participate in the cross-site evaluation of the program.

9) Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with Opioid SOR grant funds.

10) Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

General Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement.

- Pay for any lease beyond the project period.

- Pay for the purchase or construction of any building or structure to house any part of the program.

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide detoxification services unless it is part of the transition to MAT with extended release naltrexone.

- Make direct payments to individuals to enter treatment or continue to participate in prevention, treatment or recovery supports services including the use of other items to serve as payments for participation in programming such as clothing, furnishings, or vehicle repairs.

- Meals and snacks are unallowable unless they are an integral part of a conference grant as identified in the funding opportunity, request for proposal or bid opportunity.

- Support non-evidence-based treatment approaches.

- Cover unallowable costs associated with the use of federal funds to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment) associated with the EBP. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.

- Pay for travel to a conference, lodging or associated costs (meals, incidentals, etc.) for conference attendance or registration for a conference.

- Pay for costs (including travel) associated with training outside of a workforce development specific grant as described in the RFA.

- Pay for equipment (items that exceed $5,000 in cost) without prior approval.

- All treatment services must be identified by an ASAM level of care classification. Non-clinical support services are allowable if they are associated with services that are identified with an ASAM level of care classification – i.e. transportation, etc.

- Pay for software enhancements.

- Pay for marketing of programs or groups.