

SOR 2.0 Allowable Costs

- 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 an activity of funded in this grant.
- SOR grant fund must be used to fund prevention, treatment and recovery support services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address stimulant or opioid misuse issues. If either a stimulant or opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with stimulants or opioids misuse shall not receive treatment or recovery services with SOR grant funds.
- Recipients must implement prevention and education services including training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, develop evidence-based community prevention efforts, including evidence-based strategic messaging on the consequences of opioid misuse, and purchase and distribute naloxone and train on its use.
- Recipients are expected to report client-level data into SAMHSA's Performance Accountability and Reporting System (SPARS) in the required timelines set forth in the FOA. Grantees are also required to comply with all additional data collection requirements of the grant. Grantees shall fully participate in any SAMHSA-sponsored evaluation of the SOR grant program. The submission of these data in the form required by SAMHSA is a requirement of funding. Noncompliance with this requirement may result in restricted access to funding for this year or limited or no access to funding in the future grant year.
- Recipients must ensure that all practitioners eligible to obtain a DATA waiver employed by an organization receiving funding through SOR receives such a waiver.
- Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being \$15 per contingency. Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.

SOR 2.0 Not Allowable Costs

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. **\$192,300SO**
- 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.
- SOR funds shall not be utilized for services that can be supported through other accessible sources of funding
- SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address stimulant or opioid misuse issues. If either a stimulant or opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with stimulants or opioids misuse shall not receive treatment or recovery services with SOR grant funds.
- No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs.
- 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
- Procurement of DATA waiver training
- SOR funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a Data Waiver or any type of Professional Development Training.

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof.

SOR 1.0 No Cost Extension Allowable Costs

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.
- banned controlled substance under federal law.

SOR 1.0 No Cost Extension Not Allowable Costs

- 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.