

XYZ ME

**Managing Entity Cost Allocation Plan
FY24-25 – Addendum 4**

(Name), (Title)

(Street Address)

(City, Florida Zip Code)

Effective Date: **Date**

Managing Entity Cost Allocation Plan

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Section I - Certification

XYZ ME

Certification by Responsible Individual

I hereby certify, as the responsible official of **XYZ ME**, that the following is correct to the best of my knowledge and belief:

- This Cost Allocation Plan has been developed in accordance with the requirements of Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the “OMB Super Circular”).
- The allocation methodologies contained in this Cost Allocation Plan have been developed on the basis of a beneficial or causal relationship between the expenses incurred and the receiving organizational units or programs.
- Costs related to each activity are based on the current reporting month. All costs have been screened for allowable costs in accordance with Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (also known as the “OMB Super Circular”).
- An adequate accounting and statistical system exists to support claims that will be made under the Cost Allocation Plan.
- The same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of cost have been accounted for on a consistent basis.
- The information provided in support of the proposed Cost Allocation Plan is accurate.

Signature

Printed Name

Title

Date

Section VII – Managing Entity Operational Cost

MSAN6- ME State Opioid Response Grant Admin - Year 6 NCE– This cost pool captures costs in the Managing Entities incurred under the State Opioid Response III (SOR-3) Grant. All funds expended under this OCA must be directly related to SOR-3 grant activities and the ME must maintain records to that effect. The SOR-3 grant aims to increase access to evidence-based prevention, treatment, and recovery support services that address opioid or stimulant misuse, overdoses, or disorders.

Only 5 percent of the total grant award may be used for administration and infrastructure costs to administer the grant.

State Opioid Response funds may not be used for the following purposes:

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services;
- To pay for construction or purchase of structures;
- To pay the salary of an individual at a rate in excess of Level II of the Executive Schedule, published by the U.S. Office of Personnel Management at: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>; or
- To supplant (or replace) current funding of existing services.

ME Cost Allocation Plan Requirement – In this section, the ME should provide a description as to how these services are provided including an indication as to whether they are provided by ME staff or sub-contracted agencies (or both), an organizational chart, and a description of the types of costs that are charged to the cost pool. In addition, the ME should provide a description as to how the ME ensures that only eligible costs are charged to this cost pool and how their accounting system captures these costs. The ME should provide the general ledger account and sub-account codes as listed in the Chart of Accounts that are used to capture the costs included in this cost pool. If the account/sub-account codes are not unique for this cost pool, explain how the costs are identified for this cost pool. Attachments may be used to simplify the explanation of allocated costs.

If funding is not provided to the ME in their contract, include a statement to that effect here.

Section VIII – General Mental Health and Substance Abuse Services and Specific Federal and State Funded Projects

This section describes expenditures related to general mental health and substance abuse services. Costs recorded in this section include the services identified from the Substance Abuse and Mental Health Block Grants as well as specific federal and state funded projects.

Substance Abuse – Discretionary Grants Funding

MSCN6 – ME State Opioid Response Grant - Rec Comm - Year 6 NCE – This cost pool captures allowable costs of implementing Recovery Community Organizations (RCOs) under the State Opioid Response III (SOR-3) Grant. Funds may be utilized for operational startup costs and ongoing services including outreach, information and referral, recovery support, and incidental expenses. These services can be flexibly staged and may be provided prior to, during, and after treatment. They are designed to support and coach an adult or child and family to regain or develop skills to live, work, and learn successfully in the community. Funds under this OCA may also be used for medical services and medication assisted treatment; however, this only applies to RCOs that use the hub and spoke model where RCOs are paying DATA waived primary care that are providing medication.

Only 5 percent of the total grant award may be used for administration and infrastructure costs to administer the grant.

State Opioid Response funds may not be used for the following purposes:

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services;
- To pay for construction or purchase of structures;

- To pay the salary of an individual at a rate in excess of Level II of the Executive Schedule, published by the U.S. Office of Personnel Management at: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>; or
- To supplant (or replace) current funding of existing services.

ME Cost Allocation Plan Requirement – In this section, the ME should provide a description of the services provided and billed for under this cost pool, which could include a list of the subcontractors and the amount they are subcontracted for. In addition, the ME should provide a description as to how the ME ensures that only eligible costs are charged to this cost pool and how their accounting system captures these costs which could include cost center detail and descriptions. The ME should provide the general ledger account and sub-account codes as listed in the Chart of Accounts that are used to capture the costs included in this cost pool. If the account/sub-account codes are not unique for this cost pool, explain how the costs are identified for this cost pool. Attachments may be used to simplify the explanation of allocated costs.

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MSMN6 – ME State Opioid Response Grant - MAT - Year 6 NCE – This cost pool captures the allowable costs of Medication-Assisted Treatment (MAT) and other treatment and recovery support services provided under the State Opioid Response III (SOR-3) Grant. Services may only be provided to individuals that misuse opioids or stimulants, individuals that experience an opioid or stimulant overdose, and individuals with opioid or stimulant use disorders. When treating individuals with opioid use disorders or opioid misuse, the covered services described in ch. 65E-14.021, F.A.C., are allowable uses of these funds when provided in conjunction any FDA approved medication for opioid use disorders. This includes funds used to support individuals receiving injectable extended-release naltrexone (Vivitrol) provided through the Florida Alcohol and Drug Abuse Association.

Allowable Covered Services: Aftercare; Assessment; Case Management; Crisis Support/Emergency; Day Care; Day Treatment Incidental Expenses, excluding direct payments to participants; Intervention; Outreach; Medical Services; Medication-Assisted Treatment using methadone, buprenorphine, or naltrexone; Outpatient; Information and Referral; In-Home and On-Site ; Recovery Support; Respite; Supported Employment; Supportive Housing/Living; Inpatient Detoxification; Residential Levels I and II; Outpatient Detoxification. Inpatient and outpatient detoxification must be accompanied by injectable extended-release naltrexone (Vivitrol).

Residential services may only be used to stabilize and treat eligible individuals during transition to medication assisted treatment. When determining level of care, individuals must be assessed using the ASAM dimension spectrum criteria to determine appropriate care level followed by documentation justifying placement. Level of care should be reevaluated at least every 5 days for inpatient detoxification placements and every 30 days for residential treatment placements.

Funds may not be used by any provider that denies any eligible individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders, namely methadone and buprenorphine. In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Providers must assure that individuals 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.

In addition, State Opioid Response funds may not be used for the following purposes:

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- To pay for construction or purchase of structures.
- To pay the salary of an individual at a rate in excess of Level II of the Executive Schedule, published by the U.S. Office of Personnel Management at: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>.
- To supplant (or replace) current funding of existing services.

No funding may be used to procure DATA wavier training.

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MSPN6 – ME State Opioid Response Grant - Prevent - Year 6 NCE – This cost pool captures allowable costs primary prevention programs as associated with the State Opioid Response III (SOR-3) Grant. The primary prevention services funded under this project must have evidence of effectiveness at preventing opioid misuse, stimulant misuse, or other illicit drug use. Evidence of effectiveness refers to statistically significant reductions in opioid misuse, stimulant misuse, or use of other illicit drugs, relative to comparison or control groups, as documented in peer-reviewed publications reporting on experimental or quasi-experimental program evaluation designs. The list of approved, evidence-based programs that providers can choose from include:

- Botvin LifeSkills Training
- Strengthening Families Program (for Parents and Youth 10-14)
- Caring School Community
- Guiding Good Choices
- In Shape Prevention Plus Wellness
- PAX Good Behavior Game
- Positive Action
- Project SUCCESS
- Project Towards No Drug Abuse
- SPORT Prevention Plus Wellness
- Media campaigns targeting prescription opioid or stimulant misuse (based on Utah's Use Only as Directed with modifications to add prescription stimulant-specific content as needed) involving safe use, safe storage, and safe disposal messages that may be coupled with prescription drug take-back activities and the use of drug deactivation pouches.

Managing Entities may also request to implement evidence-based programs not listed here, for review and approval by the Department, according to the standards for evidence mentioned above. Managing Entities may also request to implement evidence-based programs not listed here, for review and approval by the Department, according to the standards for evidence mentioned above.

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- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services;
- To pay for construction or purchase of structures;
- To pay the salary of an individual at a rate in excess of Level II of the Executive Schedule, published by the U.S. Office of Personnel Management at: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>; or
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Attachment II – Chart of Accounts for Accounting and Data Systems

(Add Chart of Accounts All Levels)