

Other Cost Accumulator (OCA) Description

OCA: MSSOR

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PURPOSE: This OCA captures the allowable costs associated with the medication-assisted treatment (MAT) services for the treatment of opioid use disorder associated with the State Opioid Response (SOR) Grant, a two-year discretionary grant awarded by the Substance Abuse and Mental Health Services Administration.

Eligibility includes individuals who are indigent, uninsured, or underinsured and misuse opioids, have an opioid use disorder, or experience an opioid overdose. The following individuals should be given preference in admissions in the following order: Pregnant women; Injection drug users; Caretakers involved with child welfare; Caretakers of children ages 0-5; and Individuals re-entering the community from incarceration.

The following covered services described in ch. 65E-14.021, F.A.C., are allowable uses of these funds when provided to individuals in conjunction with methadone, buprenorphine, or oral naltrexone maintenance. These funds may also be used to support individuals receiving VIVITROL, except for Assessment, Medical Services and Medication-Assisted Treatment, as this will be paid through the Florida Alcohol and Drug Abuse Association. Aftercare; Assessment; Case Management; Crisis Support/Emergency; Day Care; Day Treatment; Incidental Expenses (excluding direct payments to participants); Outreach (to identify and link individuals with opioid use disorders to MAT providers); Medication-Assisted Treatment (only methadone, buprenorphine, or oral naltrexone maintenance); Medical Services; Outpatient; In-Home and On-Site; Recovery Support;

Supported Employment; Supportive Housing/Living; Inpatient Detoxification; Residential Levels I and II; Outpatient Detoxification. Inpatient and outpatient detoxification must be accompanied by injectible 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 14 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 \$189,600.
- To supplant (or replace) current funding of existing services.