

February 20, 2018

Purpose: BE/OCA combination captures allowable costs of medication-assisted treatment (MAT) services for the treatment of opioid use disorder associated with the State Targeted Response to the Opioid Crisis 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 have an opioid use disorder. The following individuals who misuse opioids should be given preference in admissions in the following order:

1. Pregnant women who are injecting opioids;
2. Pregnant women;
3. Caretakers involved with child welfare;
4. Caretakers of children ages 0-5; and
5. 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 housing/rental assistance and direct payments to participants)	Outreach (to identify and link individuals with opioid use disorders to medication-assisted treatment 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 detoxification and residential services may 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 five days for inpatient detoxification placements and 14 days for residential treatment placements.

Source of Match: No Match Required

Cost Allocation Methodology: Costs associated with this BE/OCA combination are directly charged State Targeted Response (STR) to the Opioid Crisis Grant.

Budget Restrictions:

Funds may not be expended 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, or naltrexone). 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. Additionally, Opioid STR funds may not be used for the following purposes:

- To provide services to incarcerated populations (i.e., persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community)
- To make direct payments to individuals as a reward for attendance and/or goal attainment
- To pay for covered services not listed in this Chart 8, housing, construction or purchase of structures.
- To supplant (or replace) existing funds for services

Source of Funds: This BE/OCA combination is funded through the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis Grant.