

Chart 8

**DEPARTMENT OF CHILDREN AND FAMILIES
REVENUE MANAGEMENT**

BE: 60910950

OCA: MSSM7

BUDGET ENTITY: SUBS ABUSE AND MENTAL HLTH

CYCLE: 2026 1

OCA: ME ST OPIOID RESP SVCS-MAT YR7

FUNDS:

20 2 261015

FEDERAL GRANTS TRUST FUND - DCF

STATE PROGRAMS:

1301110000 000000

COMM SUBSTANCE ABUSE SERV

PURPOSE:

To capture the allowable costs of Medication-Assisted Treatment (MAT) and other treatment and recovery support services provided under the State Opioid Response IV(SOR-4) 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-released 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; Interventions; 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-released 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.

SOURCE OF MATCH:

No matching requirement.

**COST ALLOCATION
METHODOLOGY:**

Directly charged to Florida's State Opioid Response (SOR) Grant.

**BUDGET
RESTRICTIONS:**

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 treatments services; To pay the salary of an individual at a rate in excess of \$212,100; to replace current funding of existing services. No funding may be used to procure DATA wavier training.

SOURCE OF FUNDS: Funded through the Florida's State Opioid Response Project grant, U.S. Department of Health and Human Services, Payment Management System Letter of Credit 7508-V155.

CATEGORY:	001800	REFUNDS		
<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.788	OR401GAA	100	100	STATE OPIOID RESPONSE IV YR 1

CATEGORY:	003700	PRIOR YEAR WARRANT CANCELLATIONS		
<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.788	OR401GAA	100	100	STATE OPIOID RESPONSE IV YR 1

CATEGORY:	003800	12 MONTH OLD WARRANTS (12 MO VOID)		
<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.788	OR401GAA	100	100	STATE OPIOID RESPONSE IV YR 1

CATEGORY:	100618	G/A-COM SUB ABUSE SVCS		
<u>CFDA</u>	<u>COST OBJECTIVE</u>	<u>ALLOCATION%</u>	<u>FFP%</u>	<u>COST OBJECTIVE TITLE</u>
93.788	OR401GAA	100	100	STATE OPIOID RESPONSE IV YR 1

REV MGMT ANALYST:	HOLMES, ANNETTE	CHART CREATED:	7/2/2024
POSITION:	43788	CHART UPDATED:	9/6/2024

GRANTS RUN DATE: 9/8/2025

PRINT DATE: 9/9/2025

* Indicates a link to an Internet site not under the control of the Department of Children and Families.