



State Opioid Response (SOR) Grants  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

**Issue Date:** 08/27/2020

Center for Substance Abuse Treatment

**Grant Number:** 1H79TI083298-01  
**FAIN:** H79TI083298  
**Program Director:** Angela Smith-Butterwick

**Project Title:** Michigan State Opioid Response 2 Project

**Organization Name:** MICHIGAN STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Business Official:** Mr. Christopher Stickney

**Business Official e-mail address:** MDHHS-Grants@michigan.gov

**Budget Period:** 09/30/2020 – 09/29/2021

**Project Period:** 09/30/2020 – 09/29/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$36,440,925 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to MICHIGAN STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Title II Division H of Consolidated Appropriations Act, 2020 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Thomas Graves  
Grants Management Officer  
Division of Grants Management

See additional information below

---

**SECTION I – AWARD DATA – 1H79TI083298-01****Award Calculation (U.S. Dollars)**

Travel	\$25,702
Supplies	\$5,500
Contractual	\$36,378,960
Other	\$30,763

Direct Cost	\$36,440,925
Approved Budget	\$36,440,925
Federal Share	\$36,440,925
Cumulative Prior Awards for this Budget Period	\$0

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$36,440,925
---------------------------------------	--------------

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$36,440,925
2	\$36,440,925

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

CFDA Number:	93.788
EIN:	1386000134J1
Document Number:	20TI83298A
Fiscal Year:	2020

IC	CAN	Amount
TI	C96N600	\$36,440,925

IC	CAN	2020	2021
TI	C96N600	\$36,440,925	\$36,440,925

**TI Administrative Data:**

PCC: SOR20 / OC: 4145

---

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI083298-01**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

---

**SECTION III – TERMS AND CONDITIONS – 1H79TI083298-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

---

**SECTION IV – TI Special Terms and Conditions – 1H79TI083298-01**

**REMARKS:** The following costs are not allowed and restricted from this award:

- Tuition
- Student Loan repayment

**REMARKS**

**New Award**

**This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity TI-20-012 has been selected for funding.**

**1. Not all states applied for the FY 2020 SOR funding; therefore, the remaining funds have been redistributed to all grantees proportionally based on the same formula in the Funding Opportunity Announcement (FOA). As a result, a Budget Revision is now required per the Special Condition of Award reflected below.**

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions and post award amendment requests must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading Grant Management

---

#### Reference Materials for Grantees.

#### 4. Register Program Director/Project Director (PD) in eRA Commons:

If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. You must complete registrations in order to submit a required Continuation Application in eRA Commons. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).

#### 5. Key Staff Key staff (or key staff positions, if staff has not been selected) are listed below:

- Angela Smith-Butterwick, Project Director (PD), 50% Level of Effort; Larry Scott (Co-PD), 30% Level of Effort; Lisa Coleman (Co-PD), 20% Level of Effort
- Logan O'Neil, Project Coordinator (PC), 100% Level of Effort

*Key personnel for this program, as stated in the FOA, are the Project Director and Project Coordinator at a 1.0 FTE (100% LOE) for each position.*

*Organizations receiving Federal Funds may not exceed 100% level of effort for any program staff member (Key Staff or otherwise) across all federally funded sources. Any changes to key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project requires prior approval and must be submitted as a post-award amendment in eRA Commons. For additional information on how to submit a post-award amendment, please visit the SAMHSA website:*

*<https://www.samhsa.gov/grants/grants-management/post-award-changes>. Any technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support> Standard Terms and Conditions*

## **SPECIAL TERMS**

### **SOR 2020**

- 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.
- SOR grant funds 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 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.
- 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 are required to work with SAMHSAs Opioid-SOR Technical Assistance (TA) Center grant as the primary means of TA provision.
- No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs. In addition, no more than 2 percent of the total grant award may be used for data collection and reporting. This is in addition to the 5 percent administrative cost which may also include data collection.
- Grantees are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.
- 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 monoproprietary formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable 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. Recipients 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.
- Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at [pcssnow.org](http://pcssnow.org). No funding may be used to procure DATA waiver training by recipients or subrecipients of SOR funding.
- Recipients must ensure that all practitioners eligible to obtain a DATA waiver employed by an organization receiving funding through SOR receives such a waiver.
- 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. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.");

---

21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). 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 that is otherwise a banned controlled substance under federal law.

- 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.

## **Risk Assessment**

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management system. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 75/2 CFR 200, as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

## **SPECIAL CONDITIONS**

### **SOR 2020 Revised Budget**

SAMHSA recently revised its budget threshold for State Opioid Response Grants. The funding recommendation has increased resulting in an overall increase in your authorized budget amount. The administrative/infrastructure costs limits to administer this award of up to 5 percent, and up to 2 percent of the grant award for data collection and reporting, including client-level data collection and reporting are still requirements of this award.

By October 14, 2020, you are required to submit a **Post Award Amendment for a Budget Revision in eRA** to reflect the increased Approved Budget Amount. For more information on how to submit a Post Award Amendment in eRA, please reference SAMHSA's Post Award Amendment website at <https://www.samhsa.gov/grants/grants-management/post-award-amendments#budget-revision>

Be sure to include in your request:

- A revised categorical budget which reconciles to the increased "Approved Budget" Amount on Page-2 of this a NoA.
- A detailed budget narrative\*
- SF-424A
- Please provide a statement in the Personnel Section of your Budget confirming that total level of effort between SOR and SOR II does not exceed 100% level of effort for any of your Personnel, if you have requested NCE.

\*We recommend that recipients use the SAMHSA provided template for the revised budget.

## **Participant Protection**

By **October 30, 2020**, please provide your response to the following Participant Protection concern raised by SAMHSA's Initial Review Group:

---

The Committee reviewed the applicant organization's plans for ensuring confidentiality and SAMHSA participant protection and expressed a concern that the applicant organization does not include a participant signature line on the sample consent form provided.

The response needs to be uploaded via eRA Commons (more information can be found at <https://www.samhsa.gov/grants/grants-training-materials> 'Notice of Award: How to Respond to Terms and Conditions Training'). Please also email, with the grant number in the Subject line, the response to your assigned Government Project Officer and SAMHSA/CSAT's Participant Protection Officers (Dr. Kirk E. James; [kirk.james@samhsa.hhs.gov](mailto:kirk.james@samhsa.hhs.gov) and Dr. Ali Manwar; [Ali.Manwar@samhsa.hhs.gov](mailto:Ali.Manwar@samhsa.hhs.gov)).

All grant funds are available for this project except for those funds directly related to Participant Protection issues as outlined in the FOA. Currently, only activities that do not directly involve Participant Protection issues (i.e., are clearly severable and independent from those activities that do involve Participant Protection issues) may be conducted under this award. This restriction of funds will only be lifted if the Participant Protection issue noted above is appropriately addressed by you as the grantee and resolved to the satisfaction of your designated Government Project Officer and a SAMHSA/CSAT Participant Protection Officer.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

### **Marginal or Unacceptable (Marginal Rating)**

Your application was reviewed and the following weaknesses were identified for:

#### **Section B - Proposed Implementation Approach**

The applicant organization does not thoroughly describe how it will implement all of the Required Activities. The applicant organization provides a chart or graph depicting a realistic timeline for the project but omits the key activities, including the Required Activities outlined in Section 1.

By **October 30, 2020**, to ensure that the recipient meets acceptable standards for this section, you must submit a response, which will be uploaded via eRA Commons (more information can be found at <https://www.samhsa.gov/grants/grants-training-materials> 'Notice of Award: How to Respond to Terms and Conditions Training') for the following:

- Provide a detailed narrative how your organization will implement the required activities.
- Provide a revised timeline that includes key activities, including the required activities outlined in Section 1 of the FOA.

#### **Section D – Staff and Organizational Experience**

Per the FOA, Key Personnel (Project Director and Project Coordinator) are required to be 1.0 FTE for each position. The applicant organization provides three staff members sharing the role of Project Director and does not provide a level of effort for the [to be hired] Project Coordinator.

---

The applicant organization provides a complete list of staff positions, including Key Personnel (Project Director and State Opioid Coordinator) and other significant personnel, but omits the description of roles for all or some of the staff:

By **October 30, 2020**, to ensure that the recipient meets acceptable standards for this section, you must submit a response, which will be uploaded via eRA Commons (more information can be found at <https://www.samhsa.gov/grants/grants-training-materials> 'Notice of Award: How to Respond to Terms and Conditions Training') for the following:

- Provide a revised staff plan that includes the Project Coordinator as a 1.0 FTE and the roles for project staff.
- Provide a revised timeline that includes key activities, including the required activities outlined in Section 1 of the FOA.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

## **STANDARD TERMS AND CONDITIONS**

### **REPORTING REQUIREMENTS**

#### **Government Performance and Results (GPRA)**

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.

This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent.

Recipients will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality.

Recipients will be required to report client-level data on elements including but not limited to: demographic characteristics, substance use, diagnosis(es) services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.

Additional data elements will also be required and will be provided upon award.

The data collection specified by SAMHSA is a required component of the grant; compliance with this requirement will be monitored throughout the performance of the grant and exceptions to data submission will not be made.

### **Performance Progress Report (PPR)**

Recipients are required to report on their progress addressing the goals and objectives identified in the FOA.



---

Recipients are required to submit a Mid-Year and Annual Report on the progress achieved, barriers encountered and efforts to overcome these barriers.

- Mid Year Report due by April 30, 2021
- Annual Report due by October 30, 2021

Grantees will be required, with each report, to document Administrative and Data Collection costs to ensure the costs are compliant and do not exceed the cap.

**The response to this term must be submitted as .pdf documents in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions**. Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

### **Annual Federal Financial Report (SF-425)**

**90 days after the budget period end date**, submit via eRA Commons.

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/how-to-submit-a-samhsa-ffr.pdf>.

### **Standard Terms for Awards**

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 2 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### **Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

### **Staff Contacts:**

Courtney West, Program Official

**Phone:** 240-276-1052 **Email:** COURTNEY.WEST@SAMHSA.HHS.GOV

LeSchell D Browne, Grants Specialist

**Phone:** 240-276-1144 **Email:** leschell.browne@samhsa.hhs.gov