



Department of Health Care Services

**Substance Abuse
Prevention and Treatment
Block Grant (SABG)
Policy Manual**

Substance Use Disorder
Program, Policy, and Fiscal Division

Program Support and
Grants Management Section

Statewide Planning Unit

CONTENTS

I. INTRODUCTION.....	1
A. Background.....	2
B. Section One: Relevant Federal Rules and Regulations Governing the SABG.....	2
1. Federal Requirements Regarding Targeted Populations and Service Areas	2
2. General Guidelines for Expenditure of SABG Funds - 42 USC 300x-21.....	3
3. Restrictions on Expenditure - 42 USC 300x-31	3
4. Federal Rules Regarding Required Expenditures (Set-Asides).....	4
a. Primary Prevention - 42 USC 300x-22(a); 45 CFR 96.124(b)(1); 45 CFR 96.125.....	4
b. Women’s Services - 42 USC 300x-22(c); 45 CFR 96.122(f)(1)(viii); 45 CFR 96.124(c) and (e)	4
c. Pregnant Women Preferences - 42 USC 300x-27; 45 CFR 96.131	5
d. Intravenous Drug User (IVDU) Services - 42 USC 300x-23; 45 CFR 96.126.....	5
e. Tuberculosis (TB) Services - 42 USC 300x-24(a); 45 CFR 96.127.....	6
f. Charitable Choice - 42 USC 300x-65; 42 CFR Part 54; 45 CFR 96.122.....	6
g. Process for Referring - 42 USC 300X-28; 45 CFR 96.132(a)	7
h. Continuing Education - 42 USC 300X-28(b); 45 CFR 96.132(b).....	7
i. Coordinate Services - 42 USC 300x-28(c); 45 CFR 96.13(C).....	7
j. Confidentiality and Disclosure of Patient Records – 42 USC 300x-53(b); 45 CFR 96.132(e)	8
C. Other Federal Requirements and Guidance	8
1. SABG Maintenance of Effort (MOE) - 42 USC 300x-30.....	8
2. Supplantation	8
3. Single Audit Requirements	9
4. SABG Funding Period - 42 USC 300x-62	9
5. Tracking SABG Expenditures by Award	9
6. Funding of For-Profit Organizations	9

7.	Determining Subrecipients or Vendors	10
8.	Definition of Expenditure	10
9.	Determining when Obligations are made	10
D.	Additional Federal Grant Requirements.....	11
1.	Title 2 CFR Part 200 / Title 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants	11
2.	Subrecipient Pre-Award Risk Assessment.....	11
3.	Indirect Cost Rate	11
4.	Direct and Indirect Facilities and Administration (F&A) Costs.....	12
II.	SECTION TWO: DHCS POLICIES AND PROCEDURES OPERATIONALIZING THE SABG PROGRAM	13
A.	Designated Single State Agency (SSA).....	13
B.	State/County SABG Contract.....	13
C.	DHCS Allocation of SABG Funding to Counties for SUD Services	13
D.	State Rules for Use of SABG Federal Trust Funding to Specific Areas of Need	14
III.	SECTION THREE: SERVICES AND EXPENDITURES ALLOWABLE UNDER SABG CATEGORICAL ALLOCATIONS.....	15
A.	SABG Discretionary Allocation	15
1.	Nonresidential Treatment.....	15
2.	Residential Treatment.....	15
3.	Other Required Services.....	15
4.	Ancillary Services.....	15
5.	Administrative Services.....	16
6.	Recovery Support Services	16
7.	Resource Development	16
B.	SABG Exception – SABG Funded Services for Medicaid/Medicare Eligible Beneficiaries.....	16
1.	SABG Funded Extension of DMC/DMC-ODS Residential Treatment Services.....	16

2.	SABG Funded Treatment Services – Same Day as Billed Medicaid Services	17
3.	SABG Funded Treatment Services – Gaps in Eligibility/Coverage for Medicaid/Medicare.....	17
C.	Prevention Set-Aside Allocation Expenditures and Services	17
D.	Friday Night Live (FNL)/Club Live (CL) Allocation.....	18
E.	Perinatal Set-Aside Allocation.....	18
1.	Perinatal Treatment Modalities and Services.....	19
F.	Adolescent and Youth Treatment Program Allocation	19
G.	SABG Reporting Requirements	20
1.	California Outcomes Measurement System for Treatment (CalOMS Tx)	20
2.	Primary Prevention SUD Data Service	20
3.	CalOMS Tx and PPSDS system failure	20
4.	Treatment Episode Data Set (TEDS).....	21
5.	Drug and Alcohol Treatment Access Report (DATAR)	21
6.	Master Provider File (MPF).....	22
7.	Quarterly Federal Financial Management Report (QFFMR)- Quarterly Invoicing.....	22
8.	SUD Cost Report	22
H.	Charitable Choice	23
I.	SABG Resources.....	23
APPENDIX A – ACRONYMS		1
APPENDIX B – SABG DEFINITIONS.....		1
APPENDIX C – SABG SERVICE DESCRIPTIONS.....		1
APPENDIX D – DETERMINING SUBRECIPIENTS AND VENDORS		1
APPENDIX E – CRITERIA FOR DETERMINING WHEN OBLIGATIONS ARE MADE		1
APPENDIX F – FUNDING HIERARCHY MATRIX.....		1
APPENDIX G – BENEFITS AND AUTHORIZED SERVICES MATRIX.....		1
APPENDIX H – SABG FREQUENTLY ASKED QUESTIONS		1
APPENDIX I – E-CFR 45 PART 75 – UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS		1

I. INTRODUCTION

The California Department of Health Care Services (DHCS), Substance Abuse Prevention and Treatment Block Grant (SABG) Policy Manual (Policy Manual) offers guidance to counties that contract with DHCS for SABG funding to provide authorized substance use disorder (SUD) prevention, treatment and recovery support services. The Policy Manual provides comprehensive information regarding Federal law authorizing the SABG program and implementing regulations as well as State laws and DHCS policies and procedures for operationalizing the requirements governing the SABG program.

This manual is an electronic, interactive document organized into four sections.

1. Section One outlines Federal statute authorizing the SABG and implementing regulations.
2. Section Two reviews State laws and DHCS policies and procedures for operationalizing the SABG program in California.
3. Section Three provides specific information regarding services and expenditures allowable under SABG Categorical Allocations.
4. Section Four offers appendices as quick-reference tools and resources for further information.

For the purposes of this manual:

- DHCS is the designated Single State Agency (SSA), responsible for applying for and administering the SABG program in California. As the designated SSA, DHCS acts as a pass-through agency to provide SABG funding to local non-federal governments to either provide SUD services directly or by contracting with local SUD providers.
- California counties are considered subrecipients of the SABG. They are also referred to by DHCS as Contractors in relation to state/county contracts. Counties, as Contractors, are required to assume the obligations pertaining to the SABG, as they are passed down through state/county contracts.
- Providers who contract with counties to provide SABG funded SUD services are considered subrecipients. Contracted county providers are referred to by DHCS as subcontractors. Counties are required to pass down all Federal statutes, implementing regulations, State laws and DHCS policies and procedures pertaining to the SABG program to all subrecipients and/or subcontractors through contractual obligation.
- The SABG Program's objective is to help plan, implement, and evaluate activities that prevent and treat SUDs. Grantees use the SABG program for prevention,

treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services; however,

- SABG, in some instances, is the funding of last resort per 45 CFR 96.137. SABG funds are also subject to a contractual restriction where DMC funds are available. However, there are some exceptions to this rule. This policy manual provides further explanation of this topic in Section Three – SABG Exception, and in [Appendix F](#) of this document.

[Back to Top](#)

A. [Background](#)

Mandated by Congress, the Substance Abuse and Mental Health Services Administration (SAMHSA), administers the SABG noncompetitive, formula grant through SAMHSAs Center for Substance Abuse Treatment (CSAT) Performance Partnership Branch, in collaboration with the Center for Substance Abuse Prevention (CSAP) Division of State Programs.

- The SABG is authorized by: [Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service \(PHS\) Act \(PDF | 253 KB\)](#).
- The SABG implementing regulations are found in: [Title 45 Code of Federal Regulations \(CFR\) Part 96](#) (45 CFR 96); and
- The SABG Program is subject to U.S. Department of Health and Human Services (DHHS) Uniform Administrative Requirements, Cost Principles, and Audit Requirements are found in: [45 CFR Part 75](#).

[Back to Top](#)

B. [Section One: Relevant Federal Rules and Regulations Governing the SABG](#)

1. [Federal Requirements Regarding Targeted Populations and Service Areas](#)

The SABG program targets the following populations and service areas:

- Pregnant women and women with dependent children;
- Intravenous Drug Users (IVDU);
- Tuberculosis (TB) services; and
- Primary prevention services.

[Back to Top](#)

2. General Guidelines for Expenditure of SABG Funds - 42 USC 300x-21

SABG funding may be used to:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Any treatment services provided with SABG funds must follow the treatment preferences established in 45 CFR 96.131 (see below for more information)

1. Pregnant IVDUs;
2. Pregnant substance abusers;
3. IVDUs; and
4. All other eligible individuals.

[Back to Top](#)

3. Restrictions on Expenditure - 42 USC 300x-31

SABG funding cannot be used for the following services or activities:

1. To provide inpatient hospital services;
2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
5. To provide financial assistance to any entity other than a public or nonprofit private entity;
6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would

be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for Acquired Immunodeficiency Syndrome (AIDS); or

7. To purchase treatment services in penal or correctional institutions.

Additionally, the DHHS and the SABG Notice of Award Special Terms and Conditions restrict funds provided under this grant to pay the salary of an individual through this grant at a rate in excess of Level II of the Executive Salary Schedule for the award year.

[Back to Top](#)

4. [Federal Rules Regarding Required Expenditures \(Set-Asides\)](#)

a. [Primary Prevention - 42 USC 300x-22\(a\); 45 CFR 96.124\(b\)\(1\); 45 CFR 96.125](#)

Governing SABG Statutes and Regulations require that grantees spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. Grantees must develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to, the following strategies:

- Information Dissemination
- Education
- Alternatives
- Problem Identification and Referral
- Community-based Process
- Environmental

[Back to Top](#)

b. [Women's Services - 42 USC 300x-22\(c\); 45 CFR 96.122\(f\)\(1\)\(viii\); 45 CFR 96.124\(c\) and \(e\)](#)

Governing SABG Statutes and Regulations require the State to spend not less than five (5) percent of the Federal Fiscal Year (FFY) 1994 SABG award to establish new programs, expand the capacity of existing programs, and to increase the availability of treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care.

Governing SABG Statutes and Regulations also require the State to ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with

dependent children, including women who are attempting to regain custody of their children:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure that women and their children have access to services provided.

[Back to Top](#)

c. [Pregnant Women Preferences - 42 USC 300x-27; 45 CFR 96.131](#)

Governing SABG Statutes and Regulations require the State to ensure that each pregnant woman be given preference in admission to treatment facilities: and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care.

Governing SABG Statutes and Regulations also require the State to publicize the availability of such services and the preference given to pregnant women from the facilities in accordance with the statute.

[Back to Top](#)

d. [Intravenous Drug User \(IVDU\) Services - 42 USC 300x-23; 45 CFR 96.126](#)

Governing SABG Statutes and Regulations require the State to provide treatment to IVDU that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements.

The State is also required to ensure:

1. Programs receiving funds under the grant must be required to notify the State, within seven days, of reaching 90 percent capacity to admit individuals;

2. A capacity management program is established enabling programs to meet above requirement and ensure maintenance of such reports;
3. Each individual who requests and is in need of treatment is admitted to a program of such treatment within the 14-120 day performance requirement time period;
4. Interim services are made available (to include prenatal care) within 48 hours of request if IVDU treatment services are not available;
5. A waiting list management program (WLMP) is implemented.
6. Programs carry out activities encouraging individuals in need of treatment to undergo treatment; and
7. Develop effective strategies for monitoring.

[Back to Top](#)

e. [Tuberculosis \(TB\) Services - 42 USC 300x-24\(a\); 45 CFR 96.127](#)

Governing SABG Statutes and Regulations require the State to directly or through arrangements with other public or nonprofit private entities routinely make available TB services to each individual receiving treatment for SUDs and to monitor such service delivery. The State will require entities receiving grant funds to follow procedures addressing how the program will:

1. Make available TB services to each individual receiving treatment;
2. Refer individuals to another provider of TB services if individual is denied treatment for substance abuse due to lack of capacity;
3. Implement infection control procedures designed to prevent the transmission of TB; and.
4. Conduct case management activities.

[Back to Top](#)

f. [Charitable Choice - 42 USC 300x-65; 42 CFR Part 54; 45 CFR 96.122](#)

Governing SABG Statutes and Regulations require the State to comply with *Public Law (PL) 106-310* the amended PHS Act by adding requirements to:

1. Prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services; and

2. Allow organizations to accept the funds to provide services to individuals without impairing the religious character of the organization or the religious freedom of the individuals.

Under Part 54 counties are required to:

- a. Identify religious providers;
- b. Incorporate the applicable Part 54 requirements into county/provider contracts, including a notice to clients;
- c. Monitor religious providers for compliance with Part 54; and
- d. Establish a referral process, to a reasonably accessible program, for clients who may object to the religious nature of the program. Such process must include a notice to the county and the funding of alternative services.

[Back to Top](#)

g. [Process for Referring - 42 USC 300X-28; 45 CFR 96.132\(a\)](#)

Governing SABG Statutes and Regulations require the State to take measures to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual.

Examples of how this may be accomplished:

1. The development and implementation of a capacity management/waiting list management system;
2. The utilization of a toll-free number for programs to report available capacity and wait list data; and
3. Utilizing standardized assessment procedures to facilitate the referral process

[Back to Top](#)

h. [Continuing Education - 42 USC 300X-28\(b\); 45 CFR 96.132\(b\)](#)

Governing SABG Statutes and Regulations require the State to provide continuing education for the employees of facilities which provide prevention activities and treatment services.

[Back to Top](#)

i. [Coordinate Services - 42 USC 300x-28\(c\); 45 CFR 96.13\(C\)](#)

Governing SABG Statutes and Regulations require the State to coordinate prevention activities and treatment services with the provision of other appropriate services.

In evaluating compliance, the Secretary will consider the existence of a “Memorandum of Understanding” (MOU) between the various services providers/agencies and evidence the State has included prevention and treatment services in its grants and contracts.

[Back to Top](#)

j. [Confidentiality and Disclosure of Patient Records – 42 USC 300x-53\(b\); 45 CFR 96.132\(e\)](#)

Governing SABG Statutes and Regulations require the State to ensure that the State has in effect a system to protect from inappropriate disclosure of patient records.

This system shall include provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures. This requirement cannot be waived.

[Back to Top](#)

C. [Other Federal Requirements and Guidance](#)

1. [SABG Maintenance of Effort \(MOE\) - 42 USC 300x-30](#)

The SSA is required to maintain state expenditures for authorized activities at a level that is no less than the average maintained by the State for the two-year period prior to the year for which the State is applying for the SABG.

The purpose of the SABG MOE is to ensure Federal SABG funds are used to supplement, not supplant state funding. The consequences of not meeting the SABG MOE is that there will be a dollar-for-dollar reduction to the state’s SABG if it is determined by SAMHSA that the state did not materially comply with the MOE requirement.

2011 Realignment. Please note, under the 2011 Realignment, the SABG MOE requirement is met, in large part, by the county’s expenditure of the BHS and Growth Account.

[Back to Top](#)

2. [Supplantation](#)

In addition to the SABG MOE, 45 CFR 96.134(a) contains a non-supplantation requirement. SABG funds cannot be used to supplant state-funded SUD services. If SABG funds were spent on a SUD service that the county would have provided regardless of receiving SABG funding, the county supplanted state funds and violated the restrictions on expenditures found in 42 USC 300x-31.

[Back to Top](#)

3. Single Audit Requirements

Currently, 45 CFR 75.501 requires counties expending more than \$750,000 in SABG funds in a fiscal year to have a single or program-specific audit conducted for that fiscal year. Guidance on this requirement can be found in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance (UG)) in 45 CFR 75.501.

The State Controller's Office (SCO) provides the central point for the coordination and control of activities relating to all audits and reviews conducted by counties and their external auditors. In the event there are audit findings, counties must propose a corrective action plan (CAP). The State is responsible for making a management decision and informing the county on approval of proposed CAPs and the satisfaction of the requirements to take appropriate and timely corrective action.

For more information on single audits, counties can refer to [Appendix I](#) of this document, or the SCO webpage at https://www.sco.ca.gov/aud_single_audits.html.

[Back to Top](#)

4. SABG Funding Period - 42 USC 300x-62

SABG funds are awarded on a FFY basis (beginning on October 1), and the award has a 24-month spending period that overlaps two State Fiscal Years (SFYs). For example, the obligation and expenditure period for the FFY 2018 award is from October 1, 2017 to September 30, 2019 (which begins in SFY 2017-18 and ends in SFY 2018-19).

[Back to Top](#)

5. Tracking SABG Expenditures by Award

The period of availability is a condition Congress attached to the SABG in the enabling legislation. Tracking obligations and expenditures by individual grant award documents that the funds are obligated and expended within the period of availability. Therefore, SAMHSA's Division of Grants Management requires SABG grantees to track obligations and expenditures by individual SABG award.

[Back to Top](#)

6. Funding of For-Profit Organizations

The PHS Act § 1931(a)(1) and § 1916(a)(5), and the SABG implementing regulations, 45 CFR § 96.135(a)(5), prohibit the use of SABG funds to provide financial assistance to any entity other than a public or nonprofit private entity. The term "financial assistance" is used to describe a grant relationship (subrecipient) as distinguished from an acquisition, or procurement relationship (vendor), typically funded by a contract. While the statute and regulations preclude States from providing grants to for-profit

entities, procurement contracts for goods and services that are ancillary to the operation of the Federal program may be entered into with for-profit entities.

[Back to Top](#)

7. [Determining Subrecipients or Vendors](#)

The relationship between SABG recipients and the characteristics of the recipient contributions to the SABG Program should be carefully examined to determine whether the entity is a subrecipient or a vendor. For more information on determining whether an entity is a subrecipient or vendor, please refer to [Appendix D](#) of this document.

[Back to Top](#)

8. [Definition of Expenditure](#)

Per SAMHSA guidance, expenditures are goods and other tangible property received, services performed by employees, contractors, subgrantees, subcontractors, and other payees for a liability resulting from an obligation made within the *42 USC 300x-62* statutory timeframe. ALL EXPENDITURES MUST BE FOR SERVICES PROVIDED WITHIN THE PERIOD OF AVAILABILITY FOR AN INDIVIDUAL GRANT AWARD. For example, for the FFY 2017 SABG award, expenditures must be for services provided from October 1, 2016, through September 30, 2018.

[Back to Top](#)

9. [Determining when Obligations are made](#)

Compliance with the *42 USC 300x-62* requirements necessitates knowing when an obligation is made. Per SAMHSA guidance, an obligation is a definite commitment which creates a legal liability of the Government for the payment of appropriated funds for goods and services ordered or received. The term "obligation" includes both obligations, which have matured (legal liabilities), and those which are contingent upon some future performance such as the rendition of services or the furnishing of materials. The obligation takes place when the definite commitment is made, even though the actual payment may not take place until the following fiscal year. An amount shall be recorded as an obligation only when supported by documentary evidence.

For more information on the criteria to determine when obligations are made, please refer to [Appendix E](#) of this document.

[Back to Top](#)

D. Additional Federal Grant Requirements

1. Title 2 CFR Part 200 / Title 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants

Effective December 26, 2014, each federal agency administering federal grants, adopted and implemented *Title 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Grants*. All OMB federal grant circulars have been combined into *2 CFR Part 200*. *Title 2 CFR Part 200* is referred to as the new *Super Circular, Uniform Grant Guidance (UGG), UG, or 2 CFR 200*.

The DHHS codified the *UGG 2 CFR Part 200* into *DHHS 45 CFR Part 75*, (See [Appendix I](#) of this document). All federal grant awards issued through SAMHSA are subject to the uniform administrative requirements and cost principles of *45 CFR Part 75*, which includes subrecipient pre-award risk assessment and annual negotiated indirect cost rate.

[Back to Top](#)

2. Subrecipient Pre-Award Risk Assessment

Per the SABG State/County contract, the county is required to comply with the subrecipient pre-award risk assessment requirements contained in *45 CFR Part 75*. The county, as the SABG subrecipient, is required to review the merit and risk associated with all potential grant subcontractors, annually, prior to making an award. The county is required to perform and document annual subcontractor pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

For more information, please refer to the MHSUDS IN No.: 16-036 at: [http://www.dhcs.ca.gov/formsandpubs/ADPBulletins/MHSUDS Information Notice 16-036 Pre Award Risk Assesment FINAL.pdf](http://www.dhcs.ca.gov/formsandpubs/ADPBulletins/MHSUDS%20Information%20Notice%2016-036%20Pre%20Award%20Risk%20Assesment%20FINAL.pdf)

[Back to Top](#)

3. Indirect Cost Rate

Pursuant to *45 CFR 75.352*, a pass-through entity must ensure that each subrecipient has an approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in *45 CFR §75.414(f)*.

Please Note: Local governmentwide central service cost allocation plans (as each county is required to submit annually to the California SCO for approval does not satisfy the annual subrecipient negotiated indirect cost rate requirement. A separate indirect cost rate is necessary for each department or agency of the governmental unit claiming indirect costs under Federal awards. Please refer to the State Controller's Office Single Audits – Local Agencies webpage at: https://www.sco.ca.gov/aud_single_audits.html.

For more information regarding indirect cost rate, please refer to 45 CFR, Appendix VII to Part 75 ([Appendix I](#)).

[Back to Top](#)

4. [Direct and Indirect Facilities and Administration \(F&A\) Costs](#)

For further guidance classifying and reporting direct and indirect F&A Costs, the SABG federal awarding agency, HHS, references the subrecipient financial grant management requirements contained in *45 C.F.R. Part 75*, specifically [Subpart D—Post Federal Award Requirements](#), [Subpart E—Cost Principles](#), and [Subpart F—Audit Requirements](#). These can be referenced at <https://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rqn=div5#sp45.1.75.f> or in [Appendix I](#) of this document.

[Back to Top](#)

II. SECTION TWO: DHCS POLICIES AND PROCEDURES OPERATIONALIZING THE SABG PROGRAM

A. Designated Single State Agency (SSA)

DHCS has been designated as the SSA responsible for administering and coordinating the State's efforts in prevention, treatment, and recovery services for SUD services. DHCS is also the primary state agency responsible for interagency coordination of these services. DHCS has the responsibility for state leadership on SUDs. The DHCS Director and the MHSUDS Deputy Director are appointed by the Governor and confirmed by the Senate.

[Back to Top](#)

B. State/County SABG Contract

Counties are required to adhere to the terms and conditions of the fully executed State/County SABG contract /DHCS Standard Agreement and comply with the terms and conditions of the following exhibits, which are incorporated by reference and made part of the Agreement:

- Exhibit A – Scope of Work
- Exhibit A, Attachment 1 – Program Specifications
- Exhibit B – Budget Detail and Payment Provisions
- Exhibit B, Attachment 1 – Funding Amounts
- Exhibit C – General Terms and Conditions
- Exhibit D – Special Terms and Conditions
- Exhibit E – Additional Provisions

[Back to Top](#)

C. DHCS Allocation of SABG Funding to Counties for SUD Services

DHCS receives and then transmits the SFY Governor's Budget (Preliminary) Allocation to County Behavioral Health Directors Association (CBHDA) and County Alcohol and Other Drugs (AOD) Administrators for information and planning purposes, pursuant to *HSC § 11814*. The proposed allocation of funds is contingent upon enactment of the annual SFY Budget Act and federal appropriations. After the SFY Budget is enacted, a final "*Allocation of Funding for Substance Use Disorder Program, Policy and Fiscal Division, State Fiscal Year YY-YY Governor's Budget (Preliminary) Allocation*" MHSUDS IN will be sent to reflect any adjustments.

The notice of allocation includes five exhibits:

- A. Overview of Programs, Funding, and Allocation Methodologies
Exhibit A describes the allocation methodologies and the permitted uses of the SABG funds administered by DHCS, SUD Program, Policy, and Fiscal Division (PPFD), Fiscal Management and Accountability Section (FMAS).
- B. Statewide Allocation Summary of SABG Funds
Exhibit B displays SABG allocations as well as the total statewide allocations from DHCS for prevention and SUD service programs.
- C. SABG Exchange Program
Exhibit C, Part 1 provides historical program information; explains the methodology for exchanging SABG Perinatal, and SABG Adolescent and Youth Treatment funds for SABG Discretionary funds; and displays the amounts exchanged.
- D. SABG Exchange Program Summary
Exhibit C, Part 2 provides a table summarizing the SABG Discretionary, Perinatal, and Adolescent/Youth Treatment Exchanges by county.
- E. Funding Periods for SABG
Exhibit D illustrates the overlapping spending periods for the FFY SABG allocations covered by the MHSUDS IN and for the prior FFY.

[Back to Top](#)

D. State Rules for Use of SABG Federal Trust Funding to Specific Areas of Need

SAMHSA provides the SABG funds under program number 93.959 of the *Catalog of Federal Domestic Assistance* (CFDA). SABG funds are allocated to counties by DHCS to provide program funding for specific areas of need under the five categories referenced below. These funds are to be spent on those specific programs and cannot be used for other programs, unless specified. For example, primary prevention funds must be spent on primary prevention services. DHCS allocates SABG funds to counties under the following five (5) categories:

1. SABG Discretionary
2. Prevention Set-Aside
3. Friday Night Live (FNL)/Club Live (CL)
4. Perinatal Set-Aside
5. Adolescent and Youth Treatment Program

For more information on the expenditure of SABG categorical allocations, please refer to the current SFY's MHSUDS IN, "*Allocation of Funding for Substance Use Disorder Program, Policy and Fiscal Division, State Fiscal Year YY-YY Governor's Budget (Preliminary) Allocation*," Exhibit A – *Overview of Programs, Funding, and Allocation Methodologies* on the DHCS website at

<https://www.dhcs.ca.gov/formsandpubs/Pages/MHSUDS-Information-Notices.aspx>

[Back to Top](#)

III. SECTION THREE: SERVICES AND EXPENDITURES ALLOWABLE UNDER SABG CATEGORICAL ALLOCATIONS

A. SABG Discretionary Allocation

1. Nonresidential Treatment

- Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative (DCR))
- Rehabilitative/Ambulatory Outpatient or Outpatient Drug-Free (ODF) – Group
- Rehabilitative/Ambulatory Outpatient or ODF – Individual
- Outpatient Methadone Detoxification (OMD)
- Inpatient Methadone Detoxification (IMD)
- Rehabilitative Ambulatory Detoxification (Other than Methadone)
- Narcotic Replacement Therapy (NRT)
- Medication Assisted Treatment (MAT)

2. Residential Treatment

- Free-Standing Residential Detoxification
- Residential/Recovery Long Term (over 30 days)
- Residential/Recovery Short Term (up to 30 days)
- MAT

3. Other Required Services

- Services to IVDUs
- TB Services

4. Ancillary Services

- Assessment, Referrals, and Intake
- Case Management
- Outreach
- Interim Services
- Aftercare
- Secondary Prevention
- Transportation (Perinatal, Youth and Others)
- Primary Medical Care (Perinatal Only)
- Pediatric Medical Care (Perinatal Only)

5. [Administrative Services](#)

- Direct and Indirect F&A Costs

For further guidance classifying and reporting direct and indirect F&A Costs, please refer to [Appendix I](#) – *e-CFR 45 Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, attached to this document; specifically, Subpart D—Post Federal Award Requirements, Subpart E—Cost Principles, and Subpart F—Audit Requirements.

6. [Recovery Support Services](#)

- Room and Board
- Infrastructure Development
- Linkages to Permanent Housing

7. [Resource Development](#)

- Planning, Coordination, and Needs Assessment
- Quality Assurance
- Training (Post Employment)
- Program Development
- Research and Evaluation
- Information Systems

For more information, please refer to [Appendix C](#) attached to this document.

[Back to Top](#)

B. [SABG Exception – SABG Funded Services for Medicaid/Medicare Eligible Beneficiaries](#)

SAMHSA has provided guidance that indicates SABG funds can be utilized to supplement Medicaid, Medicare, or private insurance SUD services when those priority treatment and support services demonstrate success in improving outcomes and/or supporting recovery.

If Medicaid, Medicare or private insurance coverage for a beneficiary is exhausted or there is a gap in coverage, an individual may receive SABG funded SUD services under the following conditions:

1. [SABG Funded Extension of DMC/DMC-ODS Residential Treatment Services.](#)

For example, this would apply if Medicaid limits residential treatment to two episodes per year, and physician or eligible health care provider confirms an extension of

residential services is medically necessary, SABG can cover the cost of the extended residential service for the beneficiary, including the cost of room and board.

2. [SABG Funded Treatment Services – Same Day as Billed Medicaid Services](#)

For example, this would apply when a Perinatal or Women with Dependent Children beneficiary is receiving residential treatment and also requires NTP services. Because only one service can be billed through Medicaid in a single day, SABG can be utilized to cover the cost of the residential treatment service, including room and board.

3. [SABG Funded Treatment Services – Gaps in Eligibility/Coverage for Medicaid/Medicare](#)

For example, this would apply when a beneficiary experiences a gap in eligibility/coverage while their initial DMC coverage is pending authorization or when a beneficiary moves from one DMC-ODS county to another DMC-ODS county and their transfer of eligibility is pending. SABG can cover the cost of the medically necessary SUD service until Medicaid eligibility has been granted.

This exception process is subject to retrospective reviews and audits by DHCS.

[Back to Top](#)

C. [Prevention Set-Aside Allocation Expenditures and Services](#)

Twenty percent of the SABG is set-aside for SUD Primary Prevention programs per 45 CFR 96.124. SABG-funded primary prevention programs include a broad array of prevention strategies directed at individuals not identified to be in need of SUD treatment. Primary prevention includes strategies, programs and initiatives that reduce both direct and indirect adverse personal, social, health and economic consequences resulting from problematic AOD availability, manufacture, distribution, promotion, sales and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families and communities.

Per the SABG State/County Contract, California's 58 counties are required to develop a Strategic Prevention Plan (SPP) using SAMHSA's [Strategic Prevention Framework \(SPF\)](#). In collaboration with its Technical Assistance (TA) contractor, [Center for Applied Research Solutions \(CARS\)](#), through the [Community Prevention Initiative \(CPI\)](#), DHCS developed the [Strategic Training and Education for Prevention Planning \(STEPP\)](#) as a resource for counties to successfully develop a SPP.

For more information on DHCS Primary Prevention, please refer to the DHCS Primary Prevention Webpage at: <http://www.dhcs.ca.gov/provgovpart/Pages/Primary-Prevention.aspx>

[Back to Top](#)

D. Friday Night Live (FNL)/Club Live (CL) Allocation

The FNL/CL allocation must be used for FNL Mentoring, FNL Kids (4th to 6th grade), CL (middle school), or FNL (high school). FNL/CL is a statewide SABG funded prevention program that utilizes an evidence-based youth development framework. FNL builds partnerships for positive and healthy youth development that engage youth as active leaders and resources in their communities. FNL programs are youth-driven; therefore, they help to foster a sense of autonomy and power, promote the belief in a young person's capacity to contribute and provide meaningful roles for youth that offer opportunities to build community partnerships. The allocation can be expended on the following CSAP Primary Prevention Strategies:

- Alternative; and
- Environmental.

For more information, please refer to the California Friday Night Live Partnership (CFNLP) website at: <http://fridaynightlive.org/>

[Back to Top](#)

E. Perinatal Set-Aside Allocation

Perinatal Set-Aside funds are used for women-specific services for treatment and recovery from SUD, along with diverse supportive services for California women and their children.

Perinatal programs, as part of the 2018-19 Perinatal Practices Guidelines (PPG), must meet the requirements set forth in the 2018-19 PPG. Counties must use these funds to increase or maintain existing perinatal treatment capacity and programs. Counties may also use these funds to add new perinatal services or programs or change existing programs.

For more information, please refer to the 2018-19 PPG on the DHCS website at: https://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf

[Back to Top](#)

1. Perinatal Treatment Modalities and Services

The following SABG funded perinatal treatment modalities and services will be funded:

- ODF Treatment
- Intensive Outpatient Treatment (IOT)
- Narcotic Treatment Program (NTP)
- Outpatient Detoxification Treatment (Other than Narcotic Treatment Detoxification)
- Residential Treatment (Detoxification or Recovery)
- Outreach
- Interim Services
- Case Management
- Aftercare
- Room and Board

For more information on these services, refer to [Appendix C](#), attached to this document.

[Back to Top](#)

F. Adolescent and Youth Treatment Program Allocation

SABG Adolescent and Youth Treatment funds provide comprehensive, age-appropriate, SUD services to youth. The target population for youth treatment is individuals ages 12 through 21.

The service components are:

- Outreach
- Screening
- Initial and Continuing Assessment
- Diagnosis
- Placement
- Treatment
- Planning
- Counseling
- Youth Development Approaches to Treatment
- Family Interventions and Support Systems
- Educational and Vocational Activities
- Structured Recovery Related Activities
- Alcohol and Drug Testing
- Discharge Planning
- Continuing Care

The Youth Treatment Guidelines (YTG) is designed for counties to use in developing and implementing youth treatment programs funded by this allocation. The YTG is available on the DHCS website at:

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

[Back to Top](#)

G. [SABG Reporting Requirements](#)

1. [California Outcomes Measurement System for Treatment \(CalOMS Tx\)](#)

CalOMS Tx is California's data collection and reporting system for SUD treatment services. CalOMS Tx data is due to DHCS by the 15th of each month, or approximately within 45 days of the report month. Counties and direct providers may submit their monthly CalOMS Tx data as soon as it is available, or at any time during the report month (the calendar month in which the admissions, discharges, or annual updates occur).

For more information, please refer to the CalOMS Tx User Guide on the DHCS CalOMS Tx Webpage at: <http://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

[Back to Top](#)

2. [Primary Prevention SUD Data Service](#)

In October, 2017, DHCS implemented the Primary Prevention SUD Data Service (PPSDS) to replace the California Outcomes Measurement System for Prevention (CalOMS Pv). The end user guide can be found at: <http://www.ca-cpi.org/wp-content/uploads/2017/09/California-DHCS-PPSDS-End-User-Guide-20170922.pdf>

[Back to Top](#)

3. [CalOMS Tx and PPSDS system failure](#)

If the CalOMS Tx user experiences programmatic barriers to timely submission of CalOMS Tx data into the Behavioral Health Information System (BHIS), user shall report the problem in writing by secure e-mail to DHCS at: ITServiceDesk@dhcs.ca.gov before established data submission deadlines. The written notice shall include a remediation plan that is subject to review and approval by DHCS.

If the CalOMS Tx user experiences BHIS service failure or other system-related technical difficulties that impact the county's ability to timely submit CalOMS Tx data and/or meet other CalOMS Tx compliance requirements, user shall report the problem in writing by secure e-mail to DHCS at: SUDCalOMSSupport@dhcs.ca.gov.

If the PPSDS user experiences system or service failure or other extraordinary circumstances affecting its ability to timely submit PPSDS data and/or meet other

PPSDS compliance requirements, user shall contact their specific assigned county analyst.

[Back to Top](#)

4. [Treatment Episode Data Set \(TEDS\)](#)

TEDS is a national data system of admissions to publicly funded SUD treatment facilities. DHCS extracts this data from the CalOMS Tx monthly reports. DHCS must report, as required by SAMHSA. TEDS data do not include all admissions to SUD treatment. TEDS data includes admissions to facilities that are licensed or certified by DHCS to provide SUD treatment, therefore, those admissions represent the public burden. Counties must be aware of the importance of timely and accurate CalOMS Tx monthly reports to enable DHCS to meet its federal data submission requirements. For more information, see: <https://www.dasis.samhsa.gov/webt/information.htm>.

[Back to Top](#)

5. [Drug and Alcohol Treatment Access Report \(DATAR\)](#)

DATAR is the DHCS system to collect data on treatment capacity and waiting lists and is considered a supplement to CalOMS Tx. DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals. The DATARWeb is an application developed by DHCS and can be accessed by authorized California providers, counties and state staff.

DHCS established the WLMP that includes a unique client identifier to document applicants who are not immediately admitted to a program due to lack of capacity. The WLMP consists of two separate reports, the Waiting List Record (WLR) and DATAR.

All SUD treatment providers that receive SUD treatment funding from DHCS are required to submit the one-page DATAR form to DHCS each month. In addition, certified DMC providers and Licensed NTPs must report, whether or not they receive public funding. Providers and Central Intake Units must submit DATAR reports for each month by the 10th of the following month. For example, for the month of September, the DATAR report must be submitted by the 10th of October.

For complete information, please refer to the DATARWeb User Guide on the DHCS DATAR Webpage at: <http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

[Back to Top](#)

6. Master Provider File (MPF)

The MPF is a collection of interconnected databases, specifically, the Provider Registry Information Management Enterprise (PRIME/SMART) and the Short-Doyle Medi-Cal Adjudication and Remediation Technology system (Short-Doyle/SMART 6i).

Counties shall review, on a monthly basis, the status and maintenance of its subcontracted provider information by requesting the County MPF report by emailing the MPF mailbox at DHCSMPF@dhcs.ca.gov. If the information on the MPF report is not accurate, or has changed, the county shall submit the “Existing Provider Information Update/Change Form” to the MPF mailbox within five business days of discovery. Specific types of changes and/or inaccuracies include, but are not limited to, a change in an existing provider’s contract status with the county, a change in scope of services, provider’s facility remodeling, location change, closing of a site, or the surrendering of licensing or certification.

When establishing a new subcontractor relationship, the county shall submit the “Non-Drug Medi-Cal New Provider Information Form” to request a new provider record be established in the MPF database and a new CalOMS Tx Data Reporting Number be assigned to the facility. The county’s obligation to review extends to all county SUD providers, regardless of funding source or DHCS licensing or certification status.

All SUD provider Information forms can be requested from the MPF team by emailing DHCSMPF@dhcs.ca.gov.

For more information, please refer to the DHCS MPF Webpage at: <http://www.dhcs.ca.gov/provgovpart/Pages/Master-Provider-File.aspx>

[Back to Top](#)

7. Quarterly Federal Financial Management Report (QFFMR)-Quarterly Invoicing

Beginning January 1, 2019, DHCS anticipates implementing the new QFFMR and quarterly invoicing procedures. DHCS has conducted webinars on this topic and further information will be provided in a forthcoming MHSUDS IN.

[Back to Top](#)

8. SUD Cost Report

Each year counties are required to complete and submit an SUD cost report to DHCS.

The purpose of the cost report is to:

- a. Report counties' annual costs/expenditures for SUD services, both DMC and non-DMC;
- b. Compare and reconcile the amount of funds paid to the county with the actual costs of providing those services;
- c. Document how state/federal funds were spent and ensure that set-asides and other categorical requirements were met;
- d. Provide mandated service and expenditure data to oversight agencies (the Centers for Medicare and Medicaid Services (CMS) and SAMHSA); and
- e. Provide data for DHCS to develop annual DMC reimbursement rates and conduct statewide evaluation.

For more information, please refer to the DHCS, FMAS, Cost Reporting Webpage at: http://www.dhcs.ca.gov/provgovpart/Pages/Fiscal_Management.aspx

[Back to Top](#)

H. [Charitable Choice](#)

Each SFY, counties are required to report to DHCS the number of Charitable Choice referrals no later than October 1st following the end of the SFY. Counties will email CharitableChoice@dhcs.ca.gov with a simple statement containing the following information: County Name; Reporting Period; number of Charitable Choice referrals. Counties will receive an automatic reply email notifying them that DHCS has received the submission and will contact the signatory with questions or comments, if necessary.

Any delinquencies in reporting the required Charitable Choice information will be reported by the DHCS Charitable Choice monitor to DHCS's County Performance Unit for follow-up.

[Back to Top](#)

I. [SABG Resources](#)

- [SABG Policy Manual](#)
Electronic version of this SABG Policy Manual
- [Acronyms](#)
Acronyms used in this document are listed in [Appendix A](#) attached to this document.
- [SABG Definitions](#)
SABG Definitions are attached listed in [Appendix B](#) attached to this document.
- [SABG Service Descriptions](#)
SABG Service Descriptions are attached to this document as [Appendix C](#).

- Determining Subrecipients and Vendors
Information for determining whether an entity is a subrecipient or a vendor is attached to this document as [Appendix D](#).
- Criteria for Determining When Obligations are Made
The obligation matrix is attached to this document as [Appendix E](#).
- Funding Hierarchy Matrix
The funding matrix is attached to this document as [Appendix F](#) and shows a hierarchy, by funding source, of the order in which funding for SUD prevention, treatment, and recovery support services should be expended.
- Benefits and Authorized Services Matrix
The benefits and authorized services matrix, attached to this document as [Appendix G](#), provides, by funding source, the SUD prevention, treatment, and recovery support authorized services allowed.
- SABG Frequently Asked Questions (FAQs)
FAQs are attached to this document as [Appendix H](#).
- 45 CFR Part 75
A hyperlinked Table of Contents for the 45 CFR Part 75 containing a link to each Subpart is attached to this document as [Appendix I](#).
- SABG State/County Contract Boiler Plate Language
Standard boiler-plate contract language describing the county's responsibilities pertaining to SABG funds will be posted to the DHCS website.

To access the electronic version of this policy manual, the SABG resources identified above, and many other helpful resources, please visit the DHCS, SUD PPF, Program Support and Grants Management webpage at <http://www.dhcs.ca.gov/services/Pages/SUD-PPFD.aspx>

[Back to Top](#)

APPENDIX A – ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AOD	Alcohol and Other Drug
BHS	Behavioral Health Subaccount
CalOMS Tx	California Outcomes Measurement System for Treatment
CalOMS Pv	California Outcomes Measurement System for Prevention
CAP	Corrective Action Plans
CARS	Center for Applied Research Solutions
CAS	Cost Allocation Services
CBHDA	California Behavioral Health Directors' Association
CCR	California Code of Regulations
CDPH	California Department of Public Health
CFDA	Catalog of Federal Domestic Assistance
CFNLP	California Friday Night Live Partnership
CFR	Code of Federal Regulations
CL	Club Live
CMS	Centers for Medicare and Medicaid Services
CPI	Community Prevention Initiative
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
DATA 2000	Drug Addiction Treatment Act of 2000
DATAR	Drug and Alcohol Treatment Access Report
DCR	Day Care Rehabilitative
DHCS	California Department of Health Care Services
DHHS	U.S. Department of Health and Human Services
DMC	Drug Medi-Cal
DMC-ODS	DMC-Organized Delivery System Waiver
DSS	California Department of Social Services
EBP	Evidence Based Practices
F&A	Facilities and Administration
FAQ	Frequently Asked Question
FDA	Federal Drug Administration
FFY	Federal Fiscal Year
FMAS	Fiscal Management and Accountability Section
FNL	Friday Night Live
FR	Federal Register
HHS	U.S. Department of Health and Human Services
HSC	California Health and Safety Code
HUD	U.S. Department of Housing and Urban Development
IMD	Inpatient Methadone Detoxification
IN	Information Notice
IOT	Intensive Outpatient Treatment
IVDU	Intravenous Drug User
MAT	Medication Assisted Treatment
MHSUDS	Mental Health and Substance Use Disorder Services
MOE	Maintenance of Effort
MOU	Memorandum of Understanding

MPF	Master Provider File
MTDC	Modified Total Direct Costs
NRT	Narcotic Replacement Therapy
NTP	Narcotic Treatment Program
ODF	Outpatient Drug Free
ODS	Organized Delivery System
OMB	Office of Management and Budget
OMD	Outpatient Methadone Detoxification
PHS	Public Health Service
PIB	Performance and Integrity Branch
PL	Public Law
PPFD	Program, Policy and Fiscal Division
PPSDS	Primary Prevention SUD Data Service
PSH	Permanent Supportive Housing
PPG	Perinatal Practice Guidelines
QFFMR	Quarterly Federal Financial Management Report
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SCO	California State Controller's Office
SFY	State Fiscal Year
SPF	Strategic Prevention Framework
SPP	Strategic Prevention Plan
SSA	Single State Agency
STEPP	Strategic Training and Education for Prevention Planning
SUD	Substance Use Disorder
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TB	Tuberculosis
TEDS	Treatment Episode Data Set
UG	Uniform Guidelines
UGG	Uniform Grant Guidelines
USC	United States Code
WLMP	Waiting List Management Program
WLR	Waiting List Record
YTG	Youth Treatment Guidelines

[Back to Top](#)

APPENDIX B – SABG DEFINITIONS

Allocation

Distribution of federal funds from a federal entity to a non-federal entity or from a non-federal pass-through entity to a subrecipient.

De-Obligation

De-obligation is a downward adjustment of a previously recorded obligation.

Expenditure

Expenditures are goods and other tangible property received, services performed by employees, contractors, subgrantees, subcontractors, and other payees for a liability resulting from an obligation made within the 42 USC 300x-62(a) statutory timeframe.

First-Tier Subrecipient

A First-Tier Subrecipient is a non-federal entity that expends federal awards received from a pass-through entity to carry out a Federal program. Each contracted county is an SABG first-tier subrecipient (also referred to as a Subgrantee, or Contractor in the SABG State/County contract).

Funding Period

The time period during which federal grant funds may be obligated and expended.

Grantee

DHCS is the SABG grantee in California.

Obligation

Obligation refers to the amounts of orders placed, contracts and subgrants awarded, goods and services received, and similar transactions during a given period that will require payment during the same or a future period.

Pass-Through Entity

A Pass-Through Entity is a non-federal entity (grantee) that receives a federal grant or cooperative agreement. DHCS is the SABG grantee in California.

Re-Obligated Funds

Funds de-obligated within the original funding period are once again available for new obligations.

Second-Tier Subrecipient

A Second-Tier Subrecipient is a non-federal entity that expends federal awards received from a First-Tier Subrecipient to carry out a Federal program. Each county contracted SUD provider is an SABG second-tier subrecipient (also referred to as a Subcontractor or Subgrantee).

Set-Aside

A portion of a federal funding set-aside for a specific programmatic purpose.

Single State Agency (SSA)

The California Department of Health Care Services (DHCS) is the designated SSA for the purpose of applying for and administering the SABG program in California.

State/County SABG Contract

Standard Agreement with terms and conditions and incorporated exhibits (must be fully executed to be in affect).

Unobligated Funds

Federal funds not obligated within the period of availability.

Vendor

A Vendor is a dealer, distributor, merchant, or other seller providing ancillary goods or services that are required for the conduct of a Federal program.

[Back to Top](#)

APPENDIX C – SABG SERVICE DESCRIPTIONS

Nonresidential Treatment

Nonresidential treatment services are provided by program-designated personnel and include the following elements: Personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, and resource information about health, social, vocational, and other community services, with assistance to some clients in obtaining services. These services are available to youth, ages 12 to 17, and adults. In addition, perinatal providers must provide gender-specific services tailored to meet the treatment, therapeutic, and recovery needs of women and their children. Perinatal providers must also make primary medical care available to the women and their children.

Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative (DCR))

DCR services are intensive outpatient counseling and rehabilitative services that typically last a minimum of 3 hours but are less than 24 hours per day for three or more days per week. DCR differs from non-intensive Rehabilitative/Ambulatory Outpatient services, in which clients participate according to a minimum attendance schedule and receive regularly assigned treatment activities receive a structured program per week including individual, group, and/or family therapy; and psychoeducation about SUDs and mental disorders.

Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) – Group

Treatment/recovery or rehabilitation services are provided to a client who does not reside in a treatment facility. The client receives SUD treatment services with or without medication, including counseling and/or supportive services.

Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) – Individual

Treatment/recovery or rehabilitation services are provided to a client who does not reside in a treatment facility. The client receives SUD treatment services with or without medication, including counseling and/or supportive services.

Outpatient Methadone Detoxification (OMD)

This service provides narcotic withdrawal treatment pursuant to the California Code of Regulations (CCR) Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

Inpatient Methadone Detoxification (IMD)

In a controlled, 24-hour hospital setting, this service element provides narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

Rehabilitative Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is an outpatient treatment service rendered in less than 24 hours; it provides for safe withdrawal in an ambulatory setting. (pharmacological or non-pharmacological).

Narcotic Replacement Therapy (NRT)

Narcotic Treatment Programs (NTPs) provide NRT using methadone, buprenorphine and any other Federal Drug Administration (FDA)-approved medications for the treatment of opioid addiction. Medication is dispensed on-site in specialized clinics, as required by federal law. In addition to federal requirements, California also currently regulates the use of methadone. Federal statute allows buprenorphine to be prescribed by a physician in office-based practice who has obtained a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver. California does not independently regulate the use of this medication and refers to the CSAT guidelines. NRT also includes assessment, treatment planning, urinalysis drug testing, group and individual counseling, and educational sessions.

Medication Assisted Treatment (MAT)

MAT includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders (SUDs). Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. Opioid and alcohol dependence, in particular, have well-established medication options. MAT may include buprenorphine, naloxone and disulfiram and administration and dispensing at narcotic treatment programs (NTPs); additionally, physicians and licensed prescribers services are included for the ordering, prescribing, administering, and monitoring of MAT. Counties may also choose to utilize long-acting injectable naltrexone.

Residential Treatment

DHCS must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Residential Adolescent Group Homes are licensed by the California Department of Social Services (DSS). Residential services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, detoxification services, and information about, and may include assistance in obtaining, health, social, vocational, and other community services. These services are available to youth, ages 12 to 17, and adults. In addition, perinatal providers must provide gender specific services tailored to meet the treatment, therapeutic, and recovery needs of women and their children. Perinatal providers must also make primary medical care available to the women and their children.

Free-Standing Residential Detoxification

Free-standing residential detoxification provides detoxification services in a non-hospital setting, which is designed to provide for safe withdrawal and transition to ongoing treatment.

Residential/Recovery Long Term (over 30 days)

Long term residential care is typically more than 30 days of non-acute care in a setting with recovery/treatment services for SUDs and dependency.

Residential/Recovery Short Term (up to 30 days)

Short term residential care is typically 30 days or less of non-acute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency.

Services to Intravenous Drug Abusers

In accordance with *42 U.S.C. §300x-23* and *45 C.F.R §96.126*, DHCS ensures that admission preferences, interim services, treatment, outreach, and capacity and waiting list reporting requirements for IVDU, will be provided through a county-based system in California. The services and requirements related to IVDU will be “operationalized” through the State/County contracts entered into between DHCS and the counties. The counties may operate IVDU programs, or they may enter into agreements with local entities to operate the programs. Programs and services for screening and intake of IVDU will include outpatient methadone maintenance; outpatient methadone detoxification; outpatient counseling treatment; residential detoxification; residential treatment; perinatal residential, outpatient, and DCR services. Persons who are IVDU and test positive for Human Immunodeficiency Virus (HIV) will be referred to appropriate treatment and care. DHCS and the counties will meet federal requirements for services to IVDU through the following activities:

90 Percent Capacity Reporting

All SUD treatment providers receiving State or federal funds or licensed by the State to dispense methadone will be required to submit data to the State’s Capacity/Waiting List Management Program (WLMP) called the Drug and Alcohol Treatment Access Report (DATAR) system each month. (See below for further information on DATAR reporting). DHCS and the counties will use the data and reports to monitor capacity and utilization.

A provider and/or county must also notify DHCS’s Perinatal and Youth Services Unit (PYSU) upon reaching or exceeding 90 percent of its treatment capacity within seven days by emailing PYSU at DHCSOWPS@dhcs.ca.gov. The subject line in the email must read “Capacity Management.”

14-120 Day Performance Requirement

The monthly DATAR will contain specific information regarding the number of days IVDU applicants wait for admission to publicly-funded SUD programs. This information will be tabulated, and reports and information with aggregated data will be electronically available to County AOD Program Administrators for monitoring and planning.

To meet the SABG requirements and improve the effectiveness of this system, DHCS will post information on its website and collaborate with County AOD Program Administrators and direct providers. During the annual county compliance reviews, local procedures for maintaining contact with individuals awaiting admission and providing priority placement for IVDU and pregnant women will be examined.

Tuberculosis (TB) Services

In accordance with *42 U.S.C. §300x-24(a)* and *45 C.F.R. §96.127*, DHCS ensures that TB testing, treatment, and referral requirements will be met through a county-based system in California. Meeting these requirements will be “operationalized” through the State/County contracts entered into between DHCS and the counties. The State/County contracts will authorize the counties to spend funds in accordance with federal statutes, regulations, guidelines and State requirements. Everyone receiving SUD treatment services in California must provide documented evidence of their TB status, and, if positive, evidence of ongoing treatment or a physician’s clearance to participate in an SUD treatment program. County SUD programs and providers will refer individuals needing SUD treatment and TB testing/treatment to local public health departments for specialized care.

Prospective clients lacking documented evidence or a physician’s clearance will be referred to an allied health facility for a skin test, where in most cases, results are immediately evaluated. Or, alternatively, the skin test will be administered at the SUD treatment facility and interpreted by licensed health care professionals.

Treatment programs in California will continue their agreements with allied health facilities to provide TB testing and TB test evaluations. In some instances, treatment provider staff are certified as TB skin test clinicians (individuals must meet the requirement specified in the HSC beginning with Section 121360. California TB skin test clinicians can only administer the skin tests; interpretation of the results is limited to licensed health care professionals. Licensed health care professionals deemed capable to interpret TB skin tests are physicians, registered nurses, physician assistants, and nurse practitioners. In addition, licensed vocational nurses and medical assistants who are TB certified and work in TB clinics may also interpret skin tests.

DHCS will work with California Department of Public Health (CDPH) TB liaison to ensure education in appropriate treatment and infection control is provided in SUD programs. As a disease control measure, SUD treatment providers will be required to obtain a physician or health care provider’s clearance for clients who are diagnosed with TB prior to admission for SUD treatment.

CDPH will distribute appropriate client and other information to county health departments. County AOD Program Administrators will work closely with county health departments, which oversee TB control activities, to ensure all SABG requirements are appropriately met.

DHCS county liaisons and licensing/compliance analysts will provide ongoing technical assistance (TA) to each county to ensure adherence to SABG requirements.

DHCS’s Performance and Integrity Branch (PIB) will conduct annual compliance reviews of all county administrative systems to ensure compliance with SABG funding requirements.

For more information, refer to the SUD PPF, PIB website:

http://www.dhcs.ca.gov/services/Pages/County_Monitoring_Reports.aspx

Assessment, Referrals, and Intake

The intake process begins with assessing the individual's needs to assure that clients are placed in the most appropriate treatment modality and are provided with a continuum of services that will adequately support recovery.

Case Management

Case Management services are activities involved in the integration and coordination of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.

Outreach

Outreach is an element of service that identifies eligible pregnant, parenting women, and injection drug users in need of treatment services and encourages them to take advantage of these services. Outreach may include engagement of prospective program participants by informing them of available treatment services, and can serve as "pre-treatment" by reinforcing prevention and education messages prior to enrollment in treatment. Outreach also may be used to educate the professional community on perinatal, and injection drug user services so that they become referral sources for potential clients.

Interim Services

Interim services are services provided to pregnant women or injection drug users seeking SUD treatment who cannot be admitted to a program due to capacity limitations. Interim services are defined as:

- Counseling and education about HIV and TB, the risk of needle sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
- Referrals for HIV or TB treatment services, if necessary.
- Counseling pregnant women on the effects of AOD use on the fetus and referrals for prenatal care for pregnant women.
- Referrals based on individual assessments that may include, but are not limited to: self-help recovery groups, pre-recovery and treatment support groups, sources for housing, food and legal aid, case management, children's services, medical services, and Temporary Assistance to Needy Families (TANF)/Medi-Cal services.

Aftercare

Aftercare provides structured services in an outpatient setting to individuals who have completed treatment to support the gradual transition of the individual back into the community, prevent relapse, and ensure successful recovery. Aftercare may be either an element of a recovery and treatment modality or a free-standing service.

Secondary Prevention

Secondary prevention is made up of selective interventions that focus on specific demographic groups that pose higher risk for substance use and misuse. Individuals are

identified by the magnitude and nature of risk factors for substances to which they are exposed. Selective prevention measures are directed to sub-populations that are considered at risk. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.

Transportation (Perinatal, Youth and Others)

Transportation shall be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for women who do not have their own transportation.

- Transportation may be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for youth and other individuals actively engaged in an SUD prevention, treatment, or recovery support program, who do not have their own transportation.

SABG discretionary allocation funds can be utilized to cover the cost of transportation as well as the perinatal set-aside allocation (for perinatal beneficiary's only), and the adolescent and youth treatment program allocation (for beneficiary's in an adolescent and youth treatment program).

For more information, please refer to the 2018-19 PPG.

Primary Medical Care (Perinatal Only)

Please refer to the Perinatal Treatment Modalities and Services section below, including a link to the 2018-19 PPG.

Pediatric Medical Care (Perinatal Only)

Please refer to the Perinatal Treatment Modalities and Services section in this document and/or the Perinatal Services webpage located at:

<https://www.dhcs.ca.gov/individuals/Pages/Perinatal-Services.aspx>

The following three entries are examples of Recovery Support Services:

Room and Board

SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiary's only), may be utilized to cover the cost of room and board for the following services:

Transitional Housing (TH)

Counties contracting to provide State Plan SUD services may offer TH as an essential support service in their SUD continuum of care in adherence with the following guidance:

- TH does not provide SUD services or require licensure by DHCS;
- All TH residents must be actively engaged in SUD treatment services to be provided off-site;
- Payment of room and board is for food and lodging expenses only;
- TH residents' stay is limited to short term (up to 24 months);
- Counties shall ensure the TH is secure, safe, and alcohol and drug free; and

- Counties shall develop guidelines for contracted TH providers, provide AOD monitoring and oversight, and fulfill all SABG reporting requirements.

Recovery Residences (RRs)

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver may offer RR services as an ancillary component of the DMC-ODS Waiver in adherence with the following guidance:

- RRs do not provide SUD services or require licensure by DHCS;
- All RR residents must be actively engaged in medically necessary recovery support or SUD treatment services to be provided off-site;
- Payment of room and board is for food and lodging expenses only;
- RR residents' stay is limited to short term (up to 24 months);
- Counties shall ensure the RR is secure, safe, and AOD free; and
- Counties shall develop guidelines for contracted RR providers, provide monitoring and oversight and fulfill all SABG reporting requirements.

Residential Treatment

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver are required to provide at least one American Society of Addiction Medicine (ASAM) level of residential treatment for approval of a county implementation plan in the first year. As the room and board portion of the required residential services is not a Medicaid billable activity, SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), may be utilized to cover the cost of room and board in adherence with the following guidance:

- Residential treatment is a non-institutional, 24-hour, non-medical, short term residential program providing rehabilitation services to beneficiaries with a SUD diagnosis;
- A Medical Director or Licensed Practitioner of the Healing Arts must determine that the residential treatment is medically necessary and in accordance with the beneficiary's individualized treatment plan; and
- Counties must ensure payment of room and board is for food and lodging expenses only.

For more information, you may access MHSUDS IN No.: 16-059 - *Substance Abuse Prevention and Treatment Block Grant Funded Room and Board For Transitional Housing, Recovery Residences and Residential Treatment Services* at:

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/MHSUDS_IN_16-059.pdf

Infrastructure Development

SABG discretionary and/or prevention set-aside allocations can be utilized for statewide SUD system infrastructure development and capacity improvements to reduce substance abuse and improve the lives of those affected by it. Some examples are:

- Increased availability of services for diverse and underserved populations;

- Increased development and implementation of evidence-based practices (EBPs);
- Improved development and collection of specific outcome measures;
- Increased development and maintenance of State data management systems; and
- Increased workforce development.

Linkages to Permanent Housing

Permanent Supportive Housing (PSH) is an EBP that includes access to decent, safe, and affordable housing. In the PSH model, the housing is linked to voluntary and flexible supports and services designed to meet individual needs and preferences. Individuals who can most benefit from PSH include people with disabilities (including those with mental disorders and/or SUDs) who are homeless, or at risk of homelessness. Learn more about supportive housing from the SAMHSA [Permanent Supportive Housing Evidence-Based Practices \(EBP KIT\)](#). Learn more about [Housing First at the National Alliance to End Homelessness](#).

Find information about the housing resources available through the [Continuum of Care Program](#) at the Department of Housing and Urban Development (HUD) [Exchange](#).

Resource Development

Expenditures for resource development activities may be direct expenditures (involving the time of state or sub-state personnel, or other state or sub-state resources), or be through funding mechanisms with independent organizations. These include state, regional, and local county support, personnel salaries prorated for time spent and operating costs such as travel, printing, advertising, and conducting meetings related to the categories below. Resource development expenditures provide support to those activities and can be charged to the SABG Discretionary and Primary Prevention Allocations.

The following are descriptions of the categories for resource development:

1. Planning, coordination, and needs assessment – Any funding mechanisms with community-based organizations or local governments for planning and coordination fall into this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. Include expenditures for activities such as planning meetings, data collection, analysis, and writing.
2. Quality assurance – This includes activities at any level (state, region, or provider) to assure conformity to acceptable professional standards and to identify problems that need to be remedied. Sub-state administrative agency funding mechanisms to monitor service providers fall in this category, as do expenditures for independent peer review activities.
3. Training (post-employment) – This includes expenditures for staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse services delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

4. Program development – This includes consultation, TA, and material support to local providers and planning groups. Generally, these activities are carried out by state and sub-state level agencies.
5. Research and evaluation – This includes program performance measurement, evaluation, and research, such as clinical trials and demonstration projects to test feasibility and effectiveness of a new approach. These activities may have been carried out by the principal agency of the state or an independent organization.
6. Information systems – This includes collecting and analyzing treatment and prevention data to monitor performance and outcomes. These activities might be carried out by the principal agency of the state or an independent organization.

[Back to Top](#)

APPENDIX D – DETERMINING SUBRECIPIENTS AND VENDORS

According to 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards:

- A subrecipient is a non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program; and
- A vendor is a dealer, distributor, merchant, or other seller providing goods or services that are required for the conduct of a Federal program.

45 CFR Part 75 lists the following characteristics, indicating that some or all of the listed features may be present:

Subrecipients	Vendors
Determine who is eligible to receive Federal financial assistance.	Provide goods and services within normal business operations.
Performance is measured against whether the objectives of the Federal program is met.	Provide similar goods or services to many different purchasers.
Responsible for programmatic decision-making.	Operate in a competitive environment.
Responsible for adherence to applicable Federal program compliance requirements.	Provide goods or services that are ancillary to the operation of the Federal program.
Use Federal funds to carry out a program of the organization.	Are not subject to the compliance requirements of the Federal program.

Further, 45 CFR Part 75 states, in part, that:

- Unusual circumstances may exist; therefore, careful judgment should be exercised in determining whether an entity is a subrecipient or vendor; and
- The relationship between the recipient of Federal funds and the entity should be examined, rather than the form of the written agreement between the two parties.

[Back to Top](#)

APPENDIX E – CRITERIA FOR DETERMINING WHEN OBLIGATIONS ARE MADE

Compliance with the 42 USC 300x-62 requirements necessitates knowing when an obligation is made. In general terms, an obligation is "a definite commitment which creates a legal liability of the Government for the payment of appropriated funds for goods and services ordered or received." The term "obligation" includes both obligations, which have matured (legal liabilities), and those which are contingent upon some future performance such as the rendition of services or the furnishing of materials. The obligation takes place when the definite commitment is made, even though the actual payment may not take place until the following fiscal year. An amount shall be recorded as an obligation only when supported by documentary evidence. Below is a matrix that provides criteria for determining when obligations are made.

Obligation Matrix

IF OBLIGATION IS FOR	THE OBLIGATION IS MADE WHEN
Personal services by an employee of the State	<p>Salaries of state employees, as well as related items that flow from those salaries such as retirement fund contributions, are obligations at the time the salaries are earned, that is when services are rendered.</p> <p>When a pay increase is granted, the effective date determines the liability to pay the additional compensation. Therefore, the increase is chargeable to the appropriation available for the period to which the increases apply.</p> <p>Annual leave obligates appropriations current at the time the leave is taken. Normally, this will have no special effect on the obligational process since it is automatically included as part of the salary obligation.</p>
Personal services by a contractor who is not an employee of the State.	On the date, which the State makes a binding, written commitment to obtain the services.
Travel	When the travel is performed. Where tickets are purchased in one fiscal year and the travel is performed in the following fiscal year, the obligation is chargeable to the year in which the travel is performed.
Performance of work other than personal services.	On the date a state makes a binding written commitment to obtain the work.

Public Utility Services	When services are received. In making payments for telephone services and services like gas or electricity, where the quantity is based on metered readings, the entire payment for a billing period is chargeable to the appropriations current at the end of the billing period. This is valid even if the billing period begins in one fiscal year and ends in another.
Rental of Real or personal property	When the property is used.
Interagency Agreements	On the date a state makes a binding written commitment.
Grants to subrecipients	The execution of a grant agreement.

It is important to emphasize the relationship between the existence of an obligation and the act of recording an obligation. Recording evidences the obligation but does not create it. If a given transaction is not sufficient to constitute a valid obligation, recording it will not make it one.

Unobligated Funds

Funds not obligated within the period of availability are not available for obligation and are said to have expired. These funds would be returned or revert to the State and subsequently the Federal government as they were not obligated within the time required in *42 USC 300x-62(a)*.

De-obligation and Re-obligation of Funds

De-obligation is a downward adjustment of a previously recorded obligation. Funds de-obligated within the original period of obligational availability are once again available for new obligations just as if they had never been obligated in the first place. Any new obligations are subject to the purpose, and time restrictions governing the appropriation.

Funds de-obligated after the expiration of the original period of obligational availability are not available for new obligations. The ability to obligate funds after the expiration of the original period of availability only exists when expressly granted by statute.

Recaptured or Repayment of Funds

If repayment or recapture of funds occurs during the period of obligational availability the funds may be re-obligated for authorized purposes. Any repayments after the expiration of the original period of obligational availability are not available for re-obligation unless expressly granted by statute.

[Back to Top](#)

APPENDIX F – FUNDING HIERARCHY MATRIX



Department of Health Care Services Funding Hierarchy Matrix September 1, 2018

PROGRAM	FUNDING OF FIRST RESORT ¹	FUNDING OF SECOND RESORT	FUNDING OF THIRD RESORT
DMC (Regular and Perinatal)	DMC ^{5, 10}	BHS ¹¹	N/A
DMC-ODS	DMC ^{5, 12}	BHS ¹¹	N/A
Non Categorical Regular Substance Use Disorder Services	Client Fees and Private Insurance	BHS or SABG Discretionary ⁸	BHS or SABG Discretionary ⁸
Perinatal Services	DMC ⁵	BHS Women's & Children's Residential Treatment Fund & SABG Perinatal Set-Aside ^{2,6,7}	BHS or SABG Discretionary ⁷
Adolescent and Youth Treatment	DMC ⁵	SABG Adolescent and Youth Treatment Funds	BHS or SABG Discretionary
Early Periodic Screening, Diagnosis and Treatment ⁹	DMC ^{5, 9}	N/A	N/A
Prevention Services	SABG Prevention Set-Aside ³	BHS or SABG Discretionary	N/A
Substance Abuse and Crime Prevention Act (SACPA)	DMC ⁵	BHS or Women's & Children's Residential Treatment Fund	SABG Discretionary or SABG Perinatal Set-Aside ⁴
Drug Courts	Drug Court Partnership Act (If Available)	BHS (Drug Court Operations and Treatment)	SABG Discretionary ⁴

ACRONYMS

DMC: State Plan Drug Medi-Cal;

DMC ODS: Drug Medi-Cal Organized Delivery System;

SABG: Substance Abuse Treatment & Prevention Block Grant;

BHS: Behavioral Health Sub Account

[1] If the appropriate services are available in the DMC program and the client is DMC eligible, DMC is always the funding of first resort.

[2] For Perinatal services the expenditure of both BHS Women's & Children's Residential Treatment Fund and SABG Perinatal funds is necessary to meet the Perinatal Services Set-Aside (aka Maintenance of Effort (MOE)) requirement. Perinatal funds can only be used for treatment services designed for pregnant women and women with dependent children [Title 42, U.S.C. Section 300x-22(b), and the other requirements contained in Title 45, CFR, Sections 124(c), 124(d), and 124(e)].

[3] The SABG Prevention Set-Aside funds are expended first to meet the Primary Prevention Set-Aside requirement.

[4] SABG funds may be used for SACPA, and Drug Courts (Treatment Only) provided that ALL funding allocated for these programs has been depleted and there are no other funds available to supplement the funding of these programs (BHS). Please note that SABG funds may not be used to cover criminal justice costs associated with these programs - Only treatment costs. Per Title 42, U.S.C. Section 300x-21(b), SABG funds may only be used for purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse.

[5] DMC funds may be used if the client is DMC eligible and the clinic is DMC certified.

[6] SABG Perinatal set-aside funds may be used only for those individuals who would qualify for these services. SABG funds are the funding source of last resort for these services; see [7], below.

[7] SABG funds that may be spent is governed by Title 45 CFR Part 96, Section 96.137. Section 96.137 requires that the SABG will be the payment of last resort. Entities that receive funding under the Block Grant and provide services pursuant to sections 96.124(c) and (e), 96.127 and 96.128* shall make every reasonable effort, including the establishment of systems for eligibility determination, billing and collection.

[8] SABG eligible beneficiaries at an SABG funded provider.

[9] Must be eligible for full-scope Medicaid and under the age of 21.

[10] SABG Discretionary may be used to cover the costs of room and board for Transitional Housing, and Recovery Support Services.

[11] May be used to cover costs that exceed the DMC maximum allowances or Narcotic Treatment Program rates.

[12] SABG Discretionary may be used to cover the costs of room and board for expanded Residential Treatment and Recovery Residences and Recovery Support Services.

* Sections 96.124(c) and (e) pertain to women's services. Section 96.124(c) establishes SABG MOE requirement for services designed for pregnant women and women with dependent children. Section 96.124(e) requires that services to pregnant women and women with dependent children pursuant to Section 96.124(c) be provided to individuals who have no other financial means of obtaining such services as provided in Section 96.137. Section 96.124(e) also goes on to require treatment programs receiving funding for such services also provide or arrange for other services, which must be developed in consultation with the State Medical Director for Substance Abuse Services. Sections 96.127 and 96.128 pertain to Tuberculosis services.

[Back to Top](#)

APPENDIX G – BENEFITS AND AUTHORIZED SERVICES MATRIX



**BENEFITS AND AUTHORIZED SERVICES MATRIX
State Plan Drug Medi-Cal (DMC), DMC Organized Delivery
System Waiver (DMC-ODS), and Substance Abuse
Prevention and Treatment Block Grant (SABG)**

STATE PLAN DMC BENEFITS	DMC-ODS BENEFITS	SABG AUTHORIZED SERVICES
Outpatient Services ¹	Outpatient Services ¹	Outpatient Services ¹
Intensive Outpatient Services	Intensive Outpatient Services	Intensive Outpatient Services
Residential Treatment Services ²	Residential Treatment Services ³	Residential Treatment Services ⁴
Inpatient Hospital Detoxification	Withdrawal Management ⁵	Free-Standing Residential Detoxification
Narcotic Treatment Services ⁶	Narcotic Treatment Services ⁶	Narcotic Treatment Services ⁶
Recovery Support Services ⁷	Recovery Support Services ⁸	Recovery Support Services ⁹
NA	Case Management	Case Management
NA	Physician Consultation	NA
NA	Additional Medication Assisted Treatment ¹⁰	Additional Medication Assisted Treatment ¹¹
NA	Partial Hospitalization ⁱ	NA
NA	NA	Ancillary Services ¹³
NA	NA	Support Services ¹⁴
NA	NA	Primary Prevention ¹⁵
NA	NA	Secondary Prevention ¹⁶

¹ Rehabilitative/Ambulatory Intensive Outpatient (Day Care Rehabilitative); Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) – Group; Rehabilitative Outpatient or Outpatient Drug Free (ODF) – Individual

² Perinatal Only with 16 bed limitation

³ Multiple levels of care for all enrollees with no bed limitation

⁴ Residential Detoxification; Residential/Recovery Long Term (over 30 days); Residential/Recovery Short Term (up to 30 days); Perinatal Residential Treatment

⁵ Continuum

⁶ Outpatient Methadone Detoxification (OMD); Inpatient Methadone Detoxification (IMD); Naltrexone Treatment; Rehabilitative Ambulatory Detoxification (Other than Methadone); Narcotic Replacement Therapy (Dosing and Counseling Services including Methadone, Group Counseling, and Individual Counseling)

⁷ Transitional Housing (TH) only

⁸ Recovery Residences (RR) only

⁹ Room and Board TH/RR; infrastructure; linkages to permanent housing

¹⁰ Optional

¹¹ Payer of last resort

¹² Optional

¹³ Perinatal Outreach; Tuberculosis (TB) Services; Interim Services (within 48 hours); Case Management; Intravenous Drug User (IDU or IVDU); Referrals, Screening, and Intake; Primary Medical Care (Perinatal Only); Pediatric Medical Care (Perinatal Only); Transportation (Perinatal and Youth Only)

¹⁴ County Support; Quality Assurance; Training – Post Employment; Program Development; Research and Evaluation; Planning, Coordination, and Needs Assessment

¹⁵ Six Strategies: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-Based Process; and Environmental

¹⁶ Early Intervention; Outreach and Intervention

[Back to Top](#)

APPENDIX H – SABG FREQUENTLY ASKED QUESTIONS



Substance Abuse Prevention and Treatment Block Grant (SABG) Frequently Asked Questions

Block Grants

[What is the SABG?](#)

[What is the purpose of the SABG?](#)

[What is the obligation and expenditure period for SABG funds and can these dates be extended?](#)

[Are there required assurances the State must sign in order to receive SABG funding?](#)

[Do SABG requirements need to be handed down to the subrecipient/subcontractor?](#)

[Are there Maintenance of Effort \(MOE\) requirements in order to receive SABG funds?](#)

[Can changes be made to the SABG requirements?](#)

[Can SABG funds be contracted to “for-profit” agencies?](#)

[Do SABG funds need to be fiscally tracked?](#)

[What services cannot be provided with SABG funding?](#)

[Can funds from one federal grant be used as matching funds for another federal grant or can the same non-federal funds be used to match two federal grants?](#)

[Can SABG funds be expended to provide services that are not covered by Title XIX?](#)

[Can SABG funds be expended to support application for a 501\(c\)\(3\)?](#)

[Can SABG funds be expended to buy food at meetings?](#)

[Are there rules about purchasing equipment with SABG funds?](#)

[Is licensing substance use disorder \(SUD\) programs an authorized activity under the SABG?](#)

[Is there a specific requirement that treatment and/or prevention activities be an evidence based practice \(EBP\)?](#)

[Can SABG funds be expended to provide services to individuals who have a co-occurring general mental health disorder, or a serious mental illness?](#)

[Can State General Funds \(SGF\) counted toward the SABG MOE be used to match another federal grant?](#)

To what SABG set-asides can the costs of Resource Development activities be applied?

Can SABG funds be expended for Tobacco Cessation Counseling?

Is an expenditure for Vocational Rehabilitation Services authorized under the SABG?

Can SABG funds be expended for Transitional Housing (TH), recovery residences (RR), or residential treatment services?

Can SABG funds be expended for infrastructure development?

Can SABG funds be expended for linkages to permanent housing?

Can SABG funds be expended to augment funding for programs that receive insufficient program funding?

Are there required SABG set-asides?

What happens when one or more SABG set-asides are not met?

Can SABG funds be expended for drug testing?

Can a county or private provider contract with a for-profit organization for drug testing?

Can counties expend SABG funds to contract with out-of-state providers?

Do the SABG regulations contain a non-supplantation requirement?

What is the difference between the SABG MOE requirement and the non-supplantation requirement contained in SABG regulations, 45 C.F.R. §96.134(a)?

Must SABG funds be expended as the payer of last resort?

What activities can be funded with SABG funds?

What other types of SUD activities can be funded with SABG ?

Can all services be supported with SABG funds?

Will the SABG pay for all types of assessments?

Can SABG funds be expended for HIV Early Intervention activities or services?

Can SABG funds be expended for incentives?

Is it Permissible under the SABG for a county to purchase a vehicle to provide necessary transportation to beneficiaries of SUD prevention, treatment, and recovery support services?

Can SABG funds be expended to cover start-up costs for SUD programs?

Prevention

What is "Primary Prevention?"

Can SABG funds be expended to pay police officers and teachers to do prevention programs?

Can SABG funds be expended to pay salaries for prevention specialists to write other grants?

Are there restrictions on the expenditure of SABG funds for prevention services?

Treatment Services

What populations are to be served with SABG funding?

Must persons be actively using a substance to be accepted into a SABG funded program?

Are there age restrictions on the population to be served?

Does SABG funding support detoxification services?

Can Providers charge a co-payment or sliding-scale fee for SABG-funded treatment services?

If a person refuses treatment, is a no show, cancels treatment or says they are not interested in treatment, do interim services need to be provided, and does the wait list report need to be completed?

Women's and IV Drug Treatment Services

When do interim services need to be provided?

If a person identifies a treatment need for residential, detoxification, or intensive outpatient and the client is able to start that identified treatment within 14 days, are interim services needed?

What if the identified treatment is not currently available?

BLOCK GRANTS

What is the SABG?

The SABG, provided through the federal Substance Abuse and Mental Health Services Administration (SAMHSA), is a formulary grant provided to California to address SUDs.

[\[Back to Top\]](#)

What is the purpose of the SABG?

States use the SABG program for prevention, treatment, recovery supports, and other services that supplement services covered by Medicaid, Medicare and private insurance. Specifically, the SABG funds are directed toward four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Fund primary prevention – universal, selective and indicated prevention activities and services.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.

[\[Back to Top\]](#)

What is the obligation and expenditure period for SABG funds and can these dates be extended?

Per Title 42, USC §300x-62, SABG funds are available for obligation and expenditure until the end of the fiscal year following the fiscal year for which the funds were appropriated. For example, the obligation and expenditure period for the Federal Fiscal Year (FFY) 2018 SABG award is 10/1/2017 to 9/30/2019. The obligation and expenditure periods are fixed by federal statute and no extensions can be authorized.

[\[Back to Top\]](#)

Are there required assurances the State must sign in order to receive SABG funding?

Yes, The State must sign agreements and assurances which then are passed on to subrecipients and contractors. Like the State, subrecipients and contractors must assure they are in compliance with the following:

- Have not been debarred or suspended;

- Will not use SABG funds for lobbying activities;
- Have enacted a drug-free workplace policy; and
- Have enacted an indoor anti-smoking policy in all SUD facilities.

[\[Back to Top\]](#)

Do SABG requirements need to be handed down to the subrecipient/subcontractor?

Yes, when funds are distributed to the State, all requirements must be passed on to every county subrecipient/subcontractor that receives SABG funding from the Single State Agency (which is the California Department of Health Care Services).

[\[Back to Top\]](#)

Are there Maintenance of Effort (MOE) requirements in order to receive SABG funds?

Yes, the SABG program requires the State to maintain state expenditures for SUD services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

[\[Back to Top\]](#)

Can changes be made to the SABG requirements?

Federal and State mandates are not negotiable and DHCS does not have the authority to waive requirements or mandates in the contracting process. DHCS's acceptance of such mandates are preconditions of receiving SABG allocations.

[\[Back to Top\]](#)

Can SABG funds be contracted to "for-profit" agencies?

No, restrictions on the expenditure of grant funds include a prohibition on awards of financial assistance to for-profit entities. Specifically, the PHS Act § 1931 (a)(1)(E) and 1916(a)(5) and 45 CFR § 96.135(a)(5) prohibit States and Territories from expending SABG funds "to provide financial assistance to any entity other than a public or nonprofit private entity."

An exception exists that allows use of funds through contracts that create a procurement/acquisition fee-for-service relationship. Characteristics indicative of payment for goods and services received by a vendor are when the organization:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers;
- Operates in a competitive environment;

- Provides goods or services that are ancillary to the operation of the federal program; and
- Is not subject to compliance requirements of the federal program.

[\[Back to Top\]](#)

Do SABG funds need to be fiscally tracked?

Title 42, USC Section 300x-62 requires that SABG funds be obligated by the end of the FFY appropriated, and if obligated within such year, remains available for expenditure until the end of the succeeding FFY. These funds must be carefully tracked and reported.

[\[Back to Top\]](#)

What services cannot be provided with SABG funding?

SABG funding cannot be used for the following:

- To provide inpatient hospital services;
- To make cash payments to intended recipients of health services;
- To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- To provide financial assistance to any entity other than a public or nonprofit private entity;
- To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS;
- To pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see: http://grants.nih.gov/grants/policy/salcap_summary.htm;
- To purchase treatment services in penal or correctional institutions.

[\[Back to Top\]](#)

Can funds from one federal grant be used as matching funds for another federal grant or can the same non-federal funds be used to match two federal grants?

Neither the federal nor the nonfederal share of a particular grant program may be used by a grantee to match funds provided under another federal grant program, unless specifically authorized by law. In other words, a grantee may neither use funds received

under one federal grant to meet the matching funds requirement of a separate grant, nor may it use the same grantee dollars to meet two separate matching requirements. It is also important to note that the use of federal funds and grantee funds to match more than one federal grant is prohibited.

[\[Back to Top\]](#)

Can SABG funds be expended to provide services that are not covered by Title-XIX?

Yes. SABG funding may be expended for services not covered by Title XIX; however, the provider must adhere to the priority population funding requirements.

[\[Back to Top\]](#)

Can SABG funds be expended to support application for a 501(c)(3)?

No, because funding is to be used for providing services.

[\[Back to Top\]](#)

Can SABG funds be expended to buy food at meetings?

Yes, if the primary purpose of the meeting and/or conference is the dissemination of technical information. This includes cost of meals, transportation, rental of facilities, speakers' fees, and other items incidental to such meetings or conferences. Costs must be necessary and reasonable for proper and efficient performance, and administration of Federal awards, and be adequately documented. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstance prevailing at the time the decision was made to incur the cost.

[\[Back to Top\]](#)

Are there rules about purchasing equipment with SABG funds?

Yes, the rules are contained in Title 45, Part 92-Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments, Sec. 92.32 Equipment, (d) Management Requirement. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part with grant funds, until disposition takes place, must be in place.

<https://www.gpo.gov/fdsys/pkg/CFR-2004-title45-vol1/pdf/CFR-2004-title45-vol1-sec92-32.pdf>

[\[Back to Top\]](#)

Is licensing substance use disorder (SUD) programs an authorized activity under the SABG?

Yes. Licensing SUD treatment programs is part of the provision of Quality Assurance. Quality Assurance includes activities to assure conformity to acceptable professional standards and identify problems that need to be remedied. Quality Assurance is part of treatment, which is authorized pursuant to Title 42 USC §300x-21(b).

[\[Back to Top\]](#)

Is there a specific requirement that treatment and/or prevention activities be an evidence based practice (EBP)?

Yes, for use of SABG funds, EBPs for prevention are required.

[\[Back to Top\]](#)

Can SABG funds be expended to provide services to individuals who have a co-occurring general mental health disorder, or a serious mental illness?

SABG funding may be used to cover the SUD treatment services for co-occurring individuals; however, the provider must adhere to the priority population placement and funding requirements.

[\[Back to Top\]](#)

Can State General Funds (SGF) counted toward the SABG Maintenance of Effort (MOE) obligation be used to match another federal grant?

The SABG MOE provision requires federal grant recipients to maintain non-federal funding for activities described in the application at a level which is not less than expenditures for activities during the fiscal year. The purpose of a MOE requirement is to ensure that funds provided by the federal government are used to fund an increased level of program activity, and that the grantee does not simply replace SGF dollars with federal dollars. Generally, SGFs counted toward the SABG MOE obligation can be used to match another federal grant, but the statutory and regulatory requirements governing the other federal grant(s) must be reviewed prior to making a final determination as to whether or not this is allowable. For example, SGF included in the state's SABG MOE requirement can be used to match federal Medicaid funds for SUD treatment services, but SGF funds included in the state's SABG MOE are not Qualified State Expenditures under the Temporary Assistance for Needy Families (TANF) block grant program. Any amount of the SABG MOE used to match one federal grant (e.g. Medicaid) cannot be used to match another federal grant.

[\[Back to Top\]](#)

To what SABG set-asides can the costs of Resource Development activities be applied?

The costs of Resource Development activities can be applied to SUD treatment and the twenty-percent primary prevention set-aside, and to Administration, but not any other set-aside. Per the SABG Block Grant instructions, Resource Development activities can be distributed between treatment and prevention. Resource Development activities include planning, coordination, and needs assessment, quality assurance, training (post-employment), program development, research and evaluation, and information systems.

[\[Back to Top\]](#)

Can SABG funds be expended for Tobacco Cessation Counseling?

SABG funds can be used for Tobacco Cessation Counseling as long as this counseling is part of the clients' substance abuse treatment plan and not a stand-alone program or initiative. Title 42, USC §300x-21(b) authorizes the use of SABG funds only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse, and for related activities contained in 42 USC §300x-24.

[\[Back to Top\]](#)

Is an expenditure for Vocational Rehabilitation Services authorized under the SABG?

The use of SABG funds is not allowed for Vocational Rehabilitation Services. Vocational Rehabilitation Services provide for gaining and maintaining job skills, which allow for productive employment. Vocational rehabilitation includes vocational testing, counseling, guidance, job training, job placement, and other relevant activities designed to improve a person's ability to become economically self-supporting. Per Title 42, USC §300x-21(b), SABG Block Grant funds can ONLY be expended for planning, carrying out, and evaluating activities to prevent and treat substance abuse.

[\[Back to Top\]](#)

Can SABG funds be expended for Transitional Housing (TH), Recovery Residences (RR), or residential treatment services?

Room and Board

SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiary's only), may be utilized to cover the cost of room and board for the following services:

Transitional Housing (TH)

Counties contracting to provide State Plan SUD services may offer TH as an

essential support service in their SUD continuum of care in adherence with the following guidance:

- TH does not provide SUD services or require licensure by DHCS;
- All TH residents must be actively engaged in SUD treatment services to be provided off-site;
- Payment of room and board is for food and lodging expenses only.
- TH residents stay is limited to short term (up to 24 months);
- Counties shall ensure the TH is secure, safe, and alcohol and drug free; and
- Counties shall develop guidelines for contracted TH providers, provide monitoring and oversight and fulfill all SABG reporting requirements.

Recovery Residences (RRs)

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver may offer RR services as an ancillary component of the DNC-ODS Waiver in adherence with the following guidance:

- RRs do not provide SUD services or require licensure by DHCS;
- All RR residents must be actively engaged in medically necessary recovery support or SUD treatment services to be provided off-site;
- Payment of room and board is for food and lodging expenses only;
- RR residents stay is limited to short term (up to 24 months);
- Counties shall ensure the RR is secure, safe, and alcohol and drug free; and
- Counties shall develop guidelines for contracted RR providers, provide monitoring and oversight and fulfill all SABG reporting requirements.

Residential Treatment

Counties entering into a state-county intergovernmental agreement to participate in the DMC-ODS Waiver are required to provide at least one American Society of Addiction Medicine (ASAM) level of residential treatment for approval of a county implementation plan in the first year. As the room and board portion of the required residential services is not a Medicaid billable activity, SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), may be utilized to cover the cost of room and board in adherence with the following guidance:

- Residential treatment is a non-institutional, 24-hour, non-medical, short –term residential program providing rehabilitation services to beneficiaries with a SUD diagnosis;
- A Medical Director or Licensed Practitioner of the Healing Arts must determine that the residential treatment is medically necessary and in accordance with the beneficiary’s individualized treatment plan.
- Counties must ensure payment of room and board is for food and lodging expenses only.

For more information, you may access MHSUDS IN No.: 16-059 - Substance Abuse Prevention and Treatment Block Grant Funded Room and Board For Transitional Housing, Recovery Residences and Residential Treatment Services at: http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/MHSUDS_I_N_16-059.pdf

[\[Back to Top\]](#)

Can SABG funds be expended for infrastructure development?

SABG discretionary and/or prevention set-aside allocations can be utilized for statewide SUD system infrastructure development and capacity improvements to reduce substance abuse and improve the lives of those affected by it. Some examples are:

- Increased availability of services for diverse and underserved populations.
- Increased development and implementation of evidence-based practices (EBPs).
- Improved development and collection of specific outcome measures.
- Increased development and maintenance of State data management systems.
- Increased workforce development.

[\[Back to Top\]](#)

Can SABG funds be expended for linkages to permanent housing?

Permanent Supportive Housing (PSH) is an evidence-based practice that includes access to decent, safe, and affordable housing. In the PSH model, the housing is linked to voluntary and flexible supports and services designed to meet individual needs and preferences. Individuals who can most benefit from PSH include people with disabilities (including those with mental and/or substance use disorders) who are homeless, or at risk of homelessness. Learn more about supportive housing from the SAMHSA [Permanent Supportive Housing Evidence-Based Practices \(EBP\) KIT – 2010](#). Learn more about [Housing First at the National Alliance to End Homelessness](#).

Find information about the housing resources available through the [Continuum of Care Program](#) at the Department of Housing and Urban Development (HUD) [Exchange](#).

[\[Back to Top\]](#)

Can SABG funds be expended to augment funding for programs that receive insufficient program funding?

Yes, if all the following conditions are met:

- The SABG funds are used ONLY for planning, carrying out, and evaluating activities to prevent or treat substance abuse;
- The expenditure does not violate a state law or procedure for expending of state funds; and

- The expenditure does not circumvent a requirement, term or condition, or other restriction or prohibition of another federal grant.

[\[Back to Top\]](#)

Are there required SABG set-asides?

Yes, the SABG statute and regulations requires that:

- At least five (5) percent of grant funds be used to increase availability of treatment services (either by establishing new programs or expanding the capacity of existing programs) for pregnant women and women with dependent children;
- No less than 70 percent will be expended for prevention, treatment and recovery support activities regarding alcohol and other drugs; and
- No less than 20 percent for primary prevention. Funds utilized under this set-aside must be identified and tracked in order to maintain accountability.

[\[Back to Top\]](#)

What happens when one or more SABG set-asides are not met?

There are two potential outcomes. One occurs when a set-aside was not met because the funds were not expended. In this case, the unexpended federal funds would be returned to the federal government. The second outcome occurs when the set-aside was not met and the federal funds were expended. In this instance, the Department may not be able to establish that it is entitled to retain the funds. The Department would be subject to repaying, with interest, the amount by which it failed to comply with a given set-aside. Since the grant funds were expended, repayment would be made from non-Federal funds. The penalties for failure to comply with the SABG requirements/agreements are contained in Title 42, USC §300x-55.

[\[Back to Top\]](#)

Can SABG funds be expended for drug testing?

If the cost is part of an SUD treatment program and regime, and is not a stand-alone cost, SABG funds can be used for drug testing.

[\[Back to Top\]](#)

Can a county or private provider contract with a for profit organization for drug testing?

First, the drug testing must be part of an SUD treatment program and regime, and not a standalone cost. If this test is met, then the answer is yes. The organization providing the drug testing would be a vendor and not be a recipient of financial assistance.

[\[Back to Top\]](#)

Can counties expend SABG funds to contract with out-of-state providers?

Counties may contract with out-of-state providers if all the following conditions are met:

- A county complies with all applicable state and relevant "border" county contracting and procurement rules and guidelines;
- A county complies with all the SABG regulations; and
- A county is only billed by the out-of-state provider for the treatment costs for eligible California residents.

[\[Back to Top\]](#)

Do the SABG regulations contain a non-supplantation requirement?

Yes. In addition to the SABG MOE, Title 45, CFR, Part 96, §96.134(a) contains a non-supplantation requirement. Section 96.134(a) reads in part: "The Block Grant shall not be used to supplant state funding of alcohol and other drug prevention and treatment programs." The Federal Register dated March 31, 1993, contains the statement: "In addition to the maintenance of effort by the principal agency, the Secretary requires the state not to use the Block Grant to supplant State funding of substance abuse prevention and treatment programs."

[\[Back to Top\]](#)

What is the difference between the SABG MOE requirement and the non-supplantation requirement contained in SABG regulations, 45 C.F.R. §96.134(a)?

The SABG MOE applies to the Department as the Principal State Agency (PSA). The non-supplantation requirement applies to state funding of SUD prevention and treatment programs.

Pursuant to Title 42, USC §300x-30(a), the SABG MOE is derived from a mathematical calculation. Per §300x-30(a), the PSA's current fiscal year's state expenditures for authorized activities must be at least equal to the average of such expenditures for the two preceding fiscal years. If the non-supplantation provision of 45 CFR §96.134(a) were applied to the PSA, the PSA would be required to maintain current year's state expenditures at a level of at least equal to the preceding fiscal year. This would conflict with and change the SABG MOE provisions of Title 42 USC §300x-30(a). Since

regulations cannot conflict with or change statutory provisions, the non-supplantation provision of 45 CFR, §96.134(a) apply to state funding of SUD prevention and treatment programs.

[\[Back to Top\]](#)

Must SABG funds be expended as the payer of last resort?

SABG funds administered by DHCS are to be used by counties and providers as the last source of payment for a beneficiary. If a client qualifies for Medicaid funding, has full or partial insurance, or private funds available, these sources are primary and should be billed first.

Title 45, CFR, Part 96, §96.137, also emphasizes that the SABG is the funding of last resort for services authorized under §300x-22(b), which pertains to services to pregnant women and women with dependent children and tuberculosis services. Subrecipients and/or contractors that receive SABG funding and provide these services must make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to:

- Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, and other public assistance program for medical expenses, any grant program, any private health insurance and any other benefit program.
- Secure from patients or clients' payments for services in accordance with their ability to pay.

[\[Back to Top\]](#)

What activities can be funded with SABG funds?

Title 42, USC §300x-21(b) contains the authorized activities for the SABG. This section states that the State will expend the grant only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities authorized in Section 300x-24.

Title 42, USC. §300x-22(a) requires 20 percent of a SABG award to be used for Primary Prevention.

Title 42, USC. §300x-22(b) requires that the sum of five (5) percent of the Federal Fiscal Year 1993 SABG award, and five (5) percent of the FFY 1994 SABG award be expended to increase, relative to FFY 1992, treatment services designed for pregnant women and women with dependent children. For FFYs subsequent to FFY 1994, the state must maintain this level of effort for such treatment services. Per Title 42, USC §300x-22(b), the Department is required to expend not less than \$26,349,141 in a fiscal

year for services to pregnant women and women with dependent children, and of the \$26,349,141, \$15,554,000 must be SABG funds.

Per Title 45, Code of Federal Regulations, Part 96, §96.137, the SABG Block Grant must be the funding of last resort for services authorized under Section 300x-22(b)

Section 300x-24 contains the requirements governing the use of SABG Block Grant funds for HIV Early Intervention Services (California is no longer a HIV designated state) and Tuberculosis Services.

Just because an activity is authorized does not necessarily mean that the corresponding expenditure is allowable. For example, any cost allocable to other federal grant awards or programs may not be charged to the SABG to overcome any restrictions, to fund deficiencies, to avoid restrictions imposed by law or terms of the federal awards, or for other reasons.

Full definitions as well as additional information on the authorized services are contained Title 45, Code of Federal Regulations Part 96.

[\[Back to Top\]](#)

What other types of SUD activities can be funded with SABG?

- Projects for the development and implementation of SUD prevention, treatment and recovery activities , including:
 - Treatment: assessment, outpatient counseling, residential rehabilitation-including therapeutic communities, hospital based care (not inpatient hospital services); vocational counseling, case management;
 - Outreach;
 - Detoxification;
 - Prevention: education, counseling and other activities designed to reduce the risk of substance abuse;
 - Program Administration,
 - Peer-to-peer services,
- SAMHSA encourages states to use SABG funding for the provision of short-term (up to 24 months) support services and linkages to housing, including the payment of room and board, for beneficiaries.

[\[Back to Top\]](#)

Can all services be supported with SABG funds?

Due to limits on public funding from all sources managed by DHCS, and the increasing demands on this funding, it is necessary to remind providers that these public funds are intended to provide professional SUD treatment services for those who are most clinically in need of these services, and financially unable to pay the cost of these

needed services. Persons who do not meet active SUD diagnosis criteria may not be eligible for public funding supports beyond an initial screening or assessment, and/or a minimum initial service period. Such persons may elect, independently or with court directive, to participate in educational, or other services, without proper authorization, but may be expected to pay privately for these services, with advance notice of fees from the program to the client. A person who claims no recurring use of alcohol or other drugs within the past year is not considered actively using.

[\[Back to Top\]](#)

Will the SABG pay for all types of assessments?

Full assessment, funded by the SABG, are to be provided only for clients who are requesting treatment and/or who, based on screening or observation, have a clear and present need to enter some level of professional SUD treatment beyond the assessment. DHCS block grant funding shall not be used for procedural “assessments-only”, or evaluations ordered of the client by a court or other authority primarily for fact-finding purposes of an external agency, or for driver’s license re-evaluations, or reinstatement, or for Child Protective Services directed assessments for evaluative purposes only. Clients seeking only assessments or evaluations, to meet court obligations may be expected to be financially responsible for the cost of these services, and the nature of service provided, and charges, are at the discretion of the provider. New clients, who request an “assessment only” visit for external report purposes, should be informed that they may be financially responsible for this service, and what the cost will be prior to the delivery of the service.

[\[Back to Top\]](#)

Can SABG funds be expended for HIV Early Intervention activities or services?

No, California is not considered an HIV designated State therefore SABG funds cannot be used for HIV activities or services.

[\[Back to Top\]](#)

Can SABG funds be expended for Incentives?

SAMHSA policy supports the appropriate, judicious, and conservative use of non-monetary incentives in providing SUD prevention and treatment services. SAMHSA has indicated that non-cash incentives are essential to encourage attendance, retention, and attainment of prevention and treatment goals. The following guidance must be adhered to:

- Non-cash incentives should be the minimum amount necessary to meet the program and evaluation goals of the grant, and may not exceed \$30. Some

examples include; gift cards, bus passes, prizes, food, and outreach items such as pencils, t-shirts, etc., containing program identification.

- Non-cash incentives should not provide an “undue inducement” that removes the voluntary nature of participation in an SUD prevention and/or treatment program.
- SAMHSA grant funds may not be used to make direct cash payments to individuals to induce them to enter SUD prevention and/or treatment programs or for any other purpose.

Costs of entertainment, **including amusement**, diversion, and social activities and any associated costs **are unallowable**. Utilizing SABG funding to provide non-cash incentives, including food must be necessary and reasonable for proper and efficient performance, and administration of the SABG program, and be adequately documented. The use of SABG funding for non-monetary incentives must be for the purpose of encouraging attendance, retention, and attainment of SUD prevention and treatment goals.

[\[Back to Top\]](#)

Is it permissible under the SABG for a county to purchase a vehicle to provide necessary transportation to beneficiaries of SUD prevention, treatment, and recovery support services?

Yes. According to the terms of the State/County Contract, regarding procurement, and guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), at the Single State Agency’s discretion, a County may purchase a vehicle for use in their SUD prevention, treatment, and recovery support services program using SABG discretionary funds or if the vehicle is to be used solely for the perinatal or youth services program(s), the SABG perinatal or youth set-aside can be utilized.

DHCS pre-approval is required for vehicle purchases utilizing SABG funds. A County must submit a formal letter of request to DHCS (on County letterhead) with justification for a vehicle purchase that must address the questions below. DHCS will then review and issue a determination (approval/denial) on a case-by-case basis.

Please submit your formal request for SABG funded vehicle purchases to:

Vehicle Purchase Request

California Department of Health Care Services
Substance Use Disorder, Program, Policy and Fiscal Division
Program Support and Grants Management Section
1500 Capitol Avenue, MS 2624, P.O. Box 997413
Sacramento, California 95899-7413

Please address the following questions in your formal request for SABG funded vehicle purchases:

1. Is the purchase necessary? You must provide justification.
2. Can the grantee organization purchase the vehicle with its own funds or finance it? This allows the value of the vehicle to be depreciated over the useful life budgeted using grant funds.
3. Can the vehicle be purchased with another source of funding (federal or non-federal, e.g., program income, foundation funds, county funds, etc.)?
4. Has your organization considered a used vehicle?
5. If purchasing or financing is not possible, you must submit a lease and purchase agreement (signed and dated on the leasing agents or car dealership's letterhead) as stated under 45 CFR 74.44 or 45 CFR 92.36. This analysis of lease and purchase alternatives will determine which would be the most economical and practical procurement for the recipient and the federal government. In other words, contact a car dealership and request on their letterhead, signed and dated, the purchase price of a vehicle. Then request from a leasing agent the cost of leasing a vehicle, on its letterhead, signed and dated.
6. Will other programs occupy this vehicle? Or will the vehicle be dedicated to the proposed project only? If so, what would be the other program's portion of the expense? What would be the SABG project's fair share?
7. How many clients would utilize this vehicle? How many other vehicles are available for these clients to use? Why would your organization need more than one?
8. Who would drive the vehicle? Will you budget for the driver's salary?
9. Will non-grant funds be used for maintenance, insurance, and gasoline? If not, why?

If DHCS approves the vehicle purchase request, a County may purchase a vehicle using SABG discretionary funds (or perinatal/youth set-aside funds as described above), but must follow the terms outlined in Exhibit D(F), Procurement Rules, and Exhibit D(F), Equipment Ownership/Inventory/Disposition, of the State/County Contract. See Appendix F for a copy of the most recent State/County Contract Boilerplate Language. You may also refer to Appendix E of the SABG Policy Manual for state regulations regarding this topic.

List the legal owner as:

California Department of Health Care Services
1501 Capitol Avenue, MS 4000
Sacramento, California 95899-7413

It should be noted that Exhibit D(F), Paragraph (4)(g) of the State/County Contract requires that within 60 calendar days prior to the end or termination of the agreement, the Contractor shall ask DHCS as to the requirements, including manner and method, of returning DHCS equipment to the DHCS. DHCS may, at its discretion, authorize the

continued use of state equipment for performance of work under a different State agreement.

[\[Back to Top\]](#)

Can SABG funds be expended to cover start-up costs for SUD programs?

Costs associated with the initial development of an SUD program within 90 days prior to the provider's ability to provide services is an allowable SABG expenditure. Start-up costs include administrative and staff salaries, training, rent, supplies, and utilities.

It does not mean that counties can use SABG funds indiscriminately to cover start-up costs for multiple new treatment programs. The county would be required, through documentation, to justify the need to increase the availability of treatment services by a specific modality. In the documentation, counties would also need to show that there are no other options to increase the availability of treatment services, such as contracting with an appropriate, established facility.

[\[Back to Top\]](#)

Prevention

What is “primary prevention?”

Primary prevention programs are:

- For individuals who do not require treatment for substance abuse;
- To educate and counsel the individuals on such abuse;
- To provide activities to reduce the risk of such abuse by the individual; and
- Activities that address one or more of the six strategies: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-based Process; or Environmental.

[\[Back to Top\]](#)

Can SABG funds be expended to pay police officers and teachers to do prevention programs?

Generally, no, police and teachers usually have inherent governmental duties and their salaries are already being paid. In this case supplanting would occur if SABG funds were used to pay them.

[\[Back to Top\]](#)

Can SABG funds be expended to pay salaries for prevention specialist to write other grants?

No, it is not allowable to use SABG funds to pay the salary of people applying for other Federal funds.

[\[Back to Top\]](#)

Are there restrictions on the expenditure of SABG funds for prevention services?

Yes, there are restrictions. SABG funds may not be used for anything that cannot be tied directly to a prevention activity. Examples include: Internet and/or cable service, rent, utilities, televisions, shoes, personal items (i.e., denture cream, feminine hygiene products, etc.), diapers, grocery items for non-prevention activities, cell phones, sporting good for non-prevention activities, car payments, and 501(c)(3) applications).

[\[Back to Top\]](#)

Treatment Services

What populations are to be served with SABG funding?

The following populations can be served (in order of priority) with SABG funding:

- Pregnant females who use drugs by injection;
- Pregnant females who use substances;
- Other persons who use drugs by injection;
- Substance using females with dependent children and their families, including women who are attempting to regain custody of their children; and
- As funding is available - all other clients with a SUD, regardless of gender or route of use.

[\[Back to Top\]](#)

Must persons be actively using a substance to be accepted into a SABG funded program?

Persons must indicate active substance use within the previous 12-months to be eligible for SABG services. This also includes individuals who were incarcerated, after release, and reported using while incarcerated.

[\[Back to Top\]](#)

Are there age restrictions on the population to be served?

No, persons of all ages meeting SABG criteria can be served.

[\[Back to Top\]](#)

Does SABG funding support detoxification services?

Yes. However, the State has the discretion to determine which treatment services will be funded with SABG funds based on need and financial constraints.

[\[Back to Top\]](#)

Can Providers charge a co-payment or sliding-scale fee for SABG-funded treatment services?

While a primary goal of the SABG is to reduce barriers to treatment, both perceived and actual; contractors shall conform to revenue collection requirements in the California Health and Safety Code (HSC), Section 11841, and the SABG State/County Contract, Exhibit B, Part 1, Section 2 A, by raising revenues in addition to the funds allocated by DHCS. These revenues include, but are not limited to, fees for services (sliding scale

fees), private contributions, grants, or other governmental funds. These revenues shall be used in support of additional alcohol and other drug services or facilities. Each alcohol and drug program shall set and collect client fees **based on the client's ability to pay**.

The fee requirement **shall not apply to prevention and early intervention services**. Contractor shall identify in its annual cost report the types and amounts of revenues collected.

[\[Back to Top\]](#)

If a person refuses treatment, no shows, cancels treatment or the patient says they are not interested in treatment, do interim services need to be provided, and does the wait list report need to be completed?

Yes, interim services must be provided to all clients. If a person refuses treatment, does not show or cancels referral/treatment, the wait list reporting needs to be completed by providers with their engagement activities indicated.

[\[Back to Top\]](#)

Women's and IV Drug Treatment Services

When do interim services need to be provided?

Each individual who requests and is in need of treatment for intravenous drug abuse shall be admitted to a program of such treatment not later than:

- 1) 14 days after making the request for admission to such a program; or
- 2) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request, and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.

[\[Back to Top\]](#)

If a person identifies a treatment need for residential, detoxification, or intensive outpatient and the client is able to start that identified treatment 14 days, are interim services needed?

Yes, if the identified services are available within the required timeframes, interim services should still be provided within 48 hours. Also, if the person is reassessed as needing a treatment service that is not currently available, interim services are required.

[\[Back to Top\]](#)

What if the identified treatment is not currently available?

If a person is referred to a treatment or level of care that has been identified as a clinical need and is not available, the client is to be put on a waiting list. Interim services must then be provided within 48 hours and continuously provided until the most appropriate treatment or level of care becomes available.

[\[Back to Top\]](#)

APPENDIX I – E-CFR 45 PART 75 – UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS

Title 45 → Subtitle A → Subchapter A → Part 75

Title 45: Public Welfare

PART 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS

Contents

Subpart A—Acronyms and Definitions

§75.1 Acronyms.

§75.2 Definitions.

Subpart B—General Provisions

§75.100 Purpose.

§75.101 Applicability.

§75.102 Exceptions.

§75.103 Authorities.

§75.104 Supersession.

§75.105 Effect on other issuances.

§75.106 Agency implementation.

§75.107 OMB responsibilities.

§75.108 Inquiries.

§75.109 Review date.

§75.110 Effective/Applicability date.

§75.111 English language.

§75.112 Conflict of interest.

§75.113 Mandatory disclosures.

Subpart C—Pre-Federal Award Requirements and Contents of Federal Awards

§75.200 Purpose.

§75.201 Use of grant agreements (including fixed amount awards), cooperative agreements, and contracts.

§75.202 Requirement to provide public notice of Federal financial assistance programs.

§75.203 Notices of funding opportunities.

§75.204 HHS funding agency review of merit of proposals.

§75.205 HHS awarding agency review of risk posed by applicants.

- §75.206 Standard application requirements, including forms for applying for HHS financial assistance, and state plans.
- §75.207 Specific award conditions.
- §75.208 Certifications and representations.
- §75.209 Pre-award costs.
- §75.210 Information contained in a Federal award.
- §75.211 Public access to Federal award information.
- §75.212 Reporting a determination that a recipient is not qualified for a Federal award.
- §75.213 Suspension and debarment.
- §75.214 Metric system of measurement.
- §75.215 Disclosure of lobbying activities.
- §75.216 Special provisions for awards to commercial organizations as recipients.
- §75.217 Special provisions for awards to Federal agencies.
- §75.218 Participation by faith-based organizations.

Subpart D—Post Federal Award Requirements

Standards for Financial and Program Management

- §75.300 Statutory and national policy requirements.
- §75.301 Performance measurement.
- §75.302 Financial management and standards for financial management systems.
- §75.303 Internal controls.
- §75.304 Bonds.
- §75.305 Payment.
- §75.306 Cost sharing or matching.
- §75.307 Program income.
- §75.308 Revision of budget and program plans.
- §75.309 Period of performance and availability of funds.
- §§75.310-75.315 [Reserved]

Property Standards

- §75.316 Purpose of property standards.
- §75.317 Insurance coverage.
- §75.318 Real property.
- §75.319 Federally-owned and exempt property.
- §75.320 Equipment.
- §75.321 Supplies.
- §75.322 Intangible property and copyrights.
- §75.323 Property trust relationship.
- §§75.324-75.325 [Reserved]

Procurement Standards

- §75.326 Procurements by states.
- §75.327 General procurement standards.

- §75.328 Competition.
- §75.329 Procurement procedures.
- §75.330 Contracting with small and minority businesses, women's business enterprises, and labor surplus area firms.
- §75.331 Procurement of recovered materials.
- §75.332 Contract cost and price.
- §75.333 HHS awarding agency or pass-through entity review.
- §75.334 Bonding requirements.
- §75.335 Contract provisions.
- §§75.336-75.340 [Reserved]

Performance and Financial Monitoring and Reporting

- §75.341 Financial reporting.
- §75.342 Monitoring and reporting program performance.
- §75.343 Reporting on real property.
- §§75.344-75.350 [Reserved]

Subrecipient Monitoring and Management

- §75.351 Subrecipient and contractor determinations.
- §75.352 Requirements for pass-through entities.
- §75.353 Fixed amount subawards.
- §§75.354-75.360 [Reserved]

Record Retention and Access

- §75.361 Retention requirements for records.
- §75.362 Requests for transfer or records.
- §75.363 Methods for collection, transmission and storage of information.
- §75.364 Access to records.
- §75.365 Restrictions on public access to records.
- §§75.366-75.370 [Reserved]

Remedies for Noncompliance

- §75.371 Remedies for noncompliance.
- §75.372 Termination.
- §75.373 Notification of termination requirement.
- §75.374 Opportunities to object, hearings, and appeals.
- §75.375 Effects of suspension and termination.
- §§75.376-75.380 [Reserved]

Closeout

- §75.381 Closeout.
- §§75.382-75.385 [Reserved]

Post-Closeout Adjustments and Continuing Responsibilities

§75.386 Post-closeout adjustments and continuing responsibilities.
§§75.387-75.390 [Reserved]

Collection of Amounts Due

§75.391 Collection of amounts due.

Subpart E—Cost Principles

General Provisions

§75.400 Policy guide.
§75.401 Application.

Basic Considerations

§75.402 Composition of costs.
§75.403 Factors affecting allowability of costs.
§75.404 Reasonable costs.
§75.405 Allocable costs.
§75.406 Applicable credits.
§75.407 Prior written approval (prior approval).
§75.408 Limitation on allowance of costs.
§75.409 Special considerations.
§75.410 Collection of unallowable costs.
§75.411 Adjustment of previously negotiated indirect (F&A) cost rates containing unallowable costs.

Direct and Indirect (F&A) Costs

§75.412 Classification of costs.
§75.413 Direct costs.
§75.414 Indirect (F&A) costs.
§75.415 Required certifications.

Special Considerations for States, Local Governments and Indian Tribes

§75.416 Cost allocation plans and indirect cost proposals.
§75.417 Interagency service.

Special Considerations for Institutions of Higher Education

§75.418 Costs incurred by states and local governments.
§75.419 Cost accounting standards and disclosure statement.

General Provisions for Selected Items of Cost

§75.420 Considerations for selected items of cost.
§75.421 Advertising and public relations.
§75.422 Advisory councils.
§75.423 Alcoholic beverages.

- §75.424 Alumni/ae activities.
- §75.425 Audit services.
- §75.426 Bad debts.
- §75.427 Bonding costs.
- §75.428 Collections of improper payments.
- §75.429 Commencement and convocation costs.
- §75.430 Compensation—personal services.
- §75.431 Compensation—fringe benefits.
- §75.432 Conferences.
- §75.433 Contingency provisions.
- §75.434 Contributions and donations.
- §75.435 Defense and prosecution of criminal and civil proceedings, claims, appeals, and patent infringements.
- §75.436 Depreciation.
- §75.437 Employee health and welfare costs.
- §75.438 Entertainment costs.
- §75.439 Equipment and other capital expenditures.
- §75.440 Exchange rates.
- §75.441 Fines, penalties, damages and other settlements.
- §75.442 Fund raising and investment management costs.
- §75.443 Gains and losses on disposition of depreciable assets.
- §75.444 General costs of government.
- §75.445 Goods or services for personal use.
- §75.446 Idle facilities and idle capacity.
- §75.447 Insurance and indemnification.
- §75.448 Intellectual property.
- §75.449 Interest.
- §75.450 Lobbying.
- §75.451 Losses on other awards or contracts.
- §75.452 Maintenance and repair costs.
- §75.453 Materials and supplies costs, including costs of computing devices.
- §75.454 Memberships, subscriptions, and professional activity costs.
- §75.455 Organization costs.
- §75.456 Participant support costs.
- §75.457 Plant and security costs.
- §75.458 Pre-award costs.
- §75.459 Professional service costs.
- §75.460 Proposal costs.
- §75.461 Publication and printing costs.
- §75.462 Rearrangement and reconversion costs.
- §75.463 Recruiting costs.
- §75.464 Relocation costs of employees.
- §75.465 Rental costs of real property and equipment.
- §75.466 Scholarships and student aid costs.

- §75.467 Selling and marketing costs.
- §75.468 Specialized service facilities.
- §75.469 Student activity costs.
- §75.470 Taxes (including Value Added Tax).
- §75.471 Termination costs.
- §75.472 Training and education costs.
- §75.473 Transportation costs.
- §75.474 Travel costs.
- §75.475 Trustees.

HHS Selected Items of Cost

- §75.476 Independent research and development costs.
- §75.477 Shared responsibility payments.

Subpart F—Audit Requirements

General

- §75.500 Purpose.

Audits

- §75.501 Audit requirements.
- §75.502 Basis for determining Federal awards expended.
- §75.503 Relation to other audit requirements.
- §75.504 Frequency of audits.
- §75.505 Sanctions.
- §75.506 Audit costs.
- §75.507 Program-specific audits.

Auditees

- §75.508 Auditee responsibilities.
- §75.509 Auditor selection.
- §75.510 Financial statements.
- §75.511 Audit findings follow-up.
- §75.512 Report submission.

Federal Agencies

- §75.513 Responsibilities.

Auditors

- §75.514 Scope of audit.
- §75.515 Audit reporting.
- §75.516 Audit findings.
- §75.517 Audit documentation.
- §75.518 Major program determination.

§75.519 Criteria for Federal program risk.

§75.520 Criteria for a low-risk auditee.

Management Decisions

§75.521 Management decision.

Appendix I to Part 75—Full Text of Notice of Funding Opportunity

Appendix II to Part 75—Contract Provisions for Non-Federal Entity Contracts Under Federal Awards

Appendix III to Part 75—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs)

Appendix IV to Part 75—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations

Appendix V to Part 75—State/Local Governmentwide Central Service Cost Allocation Plans

Appendix VI to Part 75—Public Assistance Cost Allocation Plans

Appendix VII to Part 75—States and Local Government and Indian Tribe Indirect Cost Proposals

Appendix VIII to Part 75—Nonprofit Organizations Exempted from Subpart E of Part 75

Appendix IX to Part 75—Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals

Appendix X to Part 75—Data Collection Form (SF-SAC)

Appendix XI to Part 75—Compliance Supplement

Appendix XII to Part 75—Award Term and Conditions for Recipient Integrity and Performance Matters

Authority: 5 U.S.C. 301.

Source: 79 FR 75889, Dec. 19, 2014, unless otherwise noted.

¹ Optional

[Back to Top](#)