Attachment 3 - State Opioid Response Special Provisions

Applicable to all State Opioid Response Grant Projects

I. Substance Use Disorder Grant General Provisions

The Grantee agrees to comply with the Provisions outlined in this agreement. The Grantee also agrees to comply with the requirements described in the relevant SUBSTANCE USE DISORDER POLICIES AND TECHNICAL ADVISORIES, which is part of this agreement, outlined under each grant project.

The SUD Policies and Technical Advisories are also available at:
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories

A. Substance Use Disorder Recipient Rights Training

Register or login at

https://www.improvingmipractices.org/practice-areas/substance-use-disorder

Search for **Recipient Rights for Substance Abuse Services**

B. Substance Use Disorder Recipient Rights Resource Documents

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Recipient Rights Resource Documents at

https://www.michigan.gov/lara/0,4601,7-154-89334_63294_30419_79925---,00.html

C. Selected Specific Grant Requirements

1. Block Grant funds shall not be used to pay for inpatient hospital services except under conditions specified in federal law.
2. Funds shall not be used to make cash payments to intended recipients of services.
3. Funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility or purchase major medical equipment.
4. Funds shall not be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding.
5. Funds shall not be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
6. Funds shall not be used to enforce state laws regarding the sale of tobacco products to individuals under the age of 21.
7. Funds shall not be used to pay the salary of an individual at a rate in excess of Level I of the Federal Executive Schedule.

D. Marijuana Restriction

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance

with U.S. statutory requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

E. Inability to Pay

Services may not be denied because of an individual's inability to pay. If a person's income falls within the regional sliding fee scale, clinical need must be determined through the standard assessment and patient placement process. If a financially and clinically eligible person has third party insurance, that insurance must be utilized to its full extent. Then, if benefits are exhausted, or if the person needs a service not fully covered by that third party insurance, or if the co-pay or deductible amount is greater than the person's ability to pay, Community Grant funds may be applied. Community Grant funds may not be denied solely on the basis of a person having third party insurance.

F. Risk Monitoring

Federal authorities conduct national cross-site evaluation at their discretion. Requests may come from federal authorities that require additional reporting. Grantees will receive notice when these requests are made and be given time to respond appropriately.

Grantees are required to participate in an annual site visit.

G. Residency in PIHP Region

The Grantee may not limit access to the programs and services funded by this portion of the Agreement only to the residents of the PIHP's region, because the funds provided by the Department under this Agreement come from federal and statewide resources. Members of federal and state-identified priority populations must be given access to screening and to assessment and treatment services, consistent with the requirements of this portion of the Agreement, regardless of their residency. However, for non-priority populations, the Grantee may give its residents priority in obtaining services funded under this portion of the Agreement when the actual demand for services by residents eligible for services under this portion of the Agreement exceeds the capacity of the agencies funded under this portion of the Agreement.

H. Reimbursement Rates for Services

The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of fund source.

I. Media Campaigns

A media campaign, very broadly, is a message or series of messages conveyed through mass media channels including print, broadcast, and electronic media. Messages regarding the availability of services in the PIHP region are not considered to be media campaigns. Media campaigns must be compatible with MDHHS values, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. The Grantee shall not finance any media campaign using Department administered funding without prior written approval by the LRE.

J. National Outcome Measures (NOMS)

Complete, accurate, and timely reporting of treatment data is necessary for the Department to meet its federal reporting requirements. For the SUD Treatment NOMS, it is the grantee shall ensure that the client information reported on these records accurately describes each client's status at admission first date of service (admission) and on the last day of service (discharge).

K. Claims Management System

The Grantee shall make timely payments to all providers for clean claims. This includes payment at 90% or higher of clean claims from network providers within 60 days of receipt, and 99% or higher of all clean claims within 90 days of receipt.

A clean claim is a valid claim completed in the format and time frames specified by the LRE and that can be processed without obtaining additional information from the provider. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. A valid claim is a claim for services that LRE is responsible for under this Agreement.

L. Persons Involved with the Michigan Department of Health and Human Services (MDHHS)

The Grantee must work with the MDHHS office(s) in its region to facilitate access to prevention, assessment and treatment services for persons involved with MDHHS, including families in the child welfare system and public assistance recipients.

M. Charitable Choice

The Grantee is required to comply with all applicable requirements of the Charitable Choice regulations (45 CFR part 96). The Grantee must ensure that treatment clients and prevention service recipients are notified of their right to request alternative services.

N. Licensure of Subcontractors

The Grantee shall enter into agreements for substance use disorder treatment, and recovery services only with providers appropriately licensed for the service provided as required by Section 6234 of P.A. 501 of 2012, as amended.

The Grantee must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state that such providers are accredited per the requirements of this Agreement, and that provider staff are credentialed per the requirements of this Agreement.

O. Accreditation of Subcontractors

The Grantee shall enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the following accrediting bodies: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). The Grantee must determine compliance through review of correspondence from accreditation bodies to providers.

Accreditation is not needed in order to provide Access Management System (AMS) services, whether these services are operated by a PIHP or through an agreement with a PIHP or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either

also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

II. State Opioid Response Special Provisions

A. LRE Substance Use Disorder Provider Manual

Grantee will comply with requirements outlined in the **LRE Substance Use Disorder Provider Manual**

a. Manual Link: https://www.lsre.org/for-providers/provider-network

B. State Opioid Response Initiatives

SOR 3 Initiatives	
Each Grantee may not be participating in all initiatives. SOR 3 funding is to be the funding source of last resort. Activities within the initiatives listed, that are not funded through traditional mechanisms, can be funded through this grant; however, these funds may not be used to supplant prior funding for those activities.	
Prevention Initiatives	
Prevention Evidence-Based Programs: To complement the activities of the SOR grant, three evidence-based youth prevention programs will be approved for training and implementation. Grantees will have the4pportunityy to support the following programs in school and community settings:	**Botvin LifeSkills:** This program has been employed as a primary EBP and used in conjunction with other EBPs for several years. It has been shown to be effective across all ages, and greater effects with individuals at higher risk for substance use. https://www.lifeskillstraining.com/
	Prime for Life: This program is designed for individuals who may be making high-risk choices, and can be used across universal, selective and indicated audiences. It has been shown to be effective for youth and college students and works to change substance use behaviors by changing beliefs, attitudes, risk perceptions, motivation and the knowledge of how to reduce their risk of substance related problems throughout their lives. https://www.primeforlife.org/
	Project Towards No Drug Abuse (PTNDA): PTNDA is a classroom-based program targeted at high school age youth that focuses on three factors: motivation, skills and decision making to stop or reduce the use of cigarettes, alcohol, marijuana and other drugs. http://tnd.usc.edu/
	Guiding Good Choices: Guiding Good Choices (GGC) promotes healthy, protective parent–child interactions and addresses children's risk for early substance use. https://www.communitiesthatcare.net/programs/ggc/
	Strengthening Families: The Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour. https://strengtheningfamiliesprogram.org/
	Celebrating Families: The Celebrating Families! Curriculum is an evidence based cognitive behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. Celebrating Families works with every member of the family, from ages 3 through adult, to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. https://celebratingfamilies.net/
Overdose Education and Naloxone Distribution with Harm Reduction:	Grantees will receive funding to support overdose education and naloxone trainings as well as distribution of fentanyl test strips. Grantees may additionally support the purchase of vending machines and Nalox-Boxes modified to dispense NARCAN, fentanyl test strips, and other harm reduction resources in areas of high

	need such as libraries, drop-in centers, and jail lobbies. The Grantee is expected to work with their provider network to order NARCAN from the MDHHS online NARCAN Direct portal.
SOR 3 Treatment Initiatives	
Peer Outreach and Linkage	This project will implement peer services in emergency departments, outpatient settings such as FQHC's or Urgent Care facilities, and community settings such as libraries and engagement centers. Peers will utilize an SBIRT model to provide assessment with a resulting referral to treatment and recovery services. Follow up on referred clients will be required by the coaches within 30 days to assess for the need of additional services and peer support.
Mobile Care Units	Mobile care units are retrofitted vans/buses that will bring counseling, therapeutic, and physical health services to OUD patients. The units will have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. Harm reduction activities including overdose education and naloxone and fentanyl test strip distribution are expected to be provided within the mobile care units. The units may also have a telehealth component. GPRA incentives for individuals receiving mobile care unit treatment services may be purchased in this funding category. Grantees or subrecipients purchasing mobile care units must abide by §75.320 Equipment in the Code of Federal Regulations.
OUD/StUD Treatment	Funding will be awarded specifically to cover the costs of uninsured/under-insured patients for OUD and stimulant use disorder treatment services, including MOUD, case management, and transportation costs. This is for coverage beyond what is provided through Block Grant. Providers that receive these funds will be required to collect GPRA data on all patients covered under this grant. Contingency management incentives may also be made available to any individual engaged in MOUD, no matter their funding source. Training in the intervention is required for any provider agency offering this service. Provider agencies will be required to report the number of individuals engaged in contingency management and follow the federal guidelines regarding incentive limits for this purpose. This is $15 per incentive and no more than $75 per year per person. Additionally, funds will be made available to support the start-up costs of new MAT providers in areas with indicated need. GPRA incentives for individuals receiving OUD/StUD treatment services may be purchased in this funding category.
Jail-Based MOUD Expansion	Grantees will have the opportunity to expand the development of jail-based MAT programs. Collaboration with jail-based partners will need to be established for the expansion of MAT services to individuals presenting with an OUD currently incarcerate. The first few weeks after release are known to be the most critical in preventing recidivism and overdose death, thus a collaboration in service provision for persons post-release will be required. Linkages with peer support upon re-entry into the community is strongly encouraged. GPRA incentives for individuals receiving jail-based treatment services may be purchased in this funding category.
SOR 3 Recovery Initiatives	
Recovery Housing	Following the National Alliance for Recovery Residencies (NARR) guidelines, recovery housing will be increased within the state for OUD clients. OROSC will partner with the Michigan Chapter of NARR to provide oversight of recovery residences in the state. Each Grantee will be provided funding to cover the housing costs of individuals with OUD and stimulant use disorder. Funding may also be used to provide minor updates and repairs to existing recovery housing to house individuals with OUD and/or to assist recovery housing facilities in bringing outpatient services to the location as needed. All recovery houses must be in compliance with the NARR guidelines. GPRA incentives for individuals receiving recovery housing services may be purchased in this funding category.
OUD/StUD Recovery	Grantees will receive funding to support outreach and engagement activities of local Recovery Community Organizations, peer recovery coaching services, drop-in/engagement centers, and housing assistance for individuals entering long term recovery. Grantees will similarly support case managers at opioid treatment programs and other outpatient providers to assist individuals with securing employment and applying for public assistance benefits. Lastly, Grantees will have

	the opportunity to assist individuals with housing supports and legal assistance as needed. GPRA incentives for individuals receiving ongoing recovery support services may be purchased in this funding category.

C. SOR 3 Purpose, Objectives, and Audience

The purpose of the Michigan SOR 3 project is to 1) increase access to MOUD using the three FDA approved medications; 2) reduce unmet treatment needs; 3) reduce overdose related deaths through the provision of prevention, treatment, harm reduction, and recovery activities for OUD and StUD; and 4) improve quality of treatment for StUD and OUD.

Funding from this grant will serve the following objectives: improving the state infrastructure for individuals with an OUD and StUD; training PIHP and provider administration on infrastructure improvements, training provider staff on evidence based interventions and fidelity measures, and increasing educational opportunities for certified peers; implementing evidence based prevention and treatment interventions; expanding overdose education and harm reduction services including naloxone distribution; increasing supportive peer services to probationers and parolees; supporting the use of peers in medical and community settings; expanding recovery friendly communities that include housing and employment support; improving access for racial and ethnic minorities; and disseminating educational messaging regarding anti-stigma, OUD, and StUD.

The primary target of Michigan's SOR initiative is adults aged 25 to 44 with OUD. Additional populations of focus are African Americans, adolescents and transitional age youth, and American Indians/Alaska Natives. Michigan's SOR will: increase the availability of prevention focused evidence-based practices (EBP); increase access to naloxone and harm reduction services; improve outcomes for justice-involved individuals; expand SUD education in medical and social work schools; increase statewide treatment and recovery capacity to address gaps in needs; increase access to MOUD using the three FDA-approved medications; increase availability of treatment and recovery support services for individuals with OUDs and StUD; improve the quality of services for individuals with OUDs and StUD by providing training on EBPs and continuing education for peers, to promote positive treatment outcomes and long-term recovery.

D. SOR Special Terms

Project implementation is expected to begin by the third month of the grant.

SOR funds must be used to address the opioid overdose crisis by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. SOR funds may also support the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.

State Meetings: Grantee will attend monthly state technical assistance calls or assign SOR coordinator to do this on your behalf and report out to staff as needed.

1. Funding Limitations/Restrictions

    a. Grantee must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantee is required to describe how they will improve retention in care, using a chronic care model or other innovative model which has shown to improve retention in care.

b. Only U.S. Food and Drug Administration (FDA) – approved products which address opioid use disorder and/or opioid overdose can be purchased with Opioid SOR grant funds.

c. SOR Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of 26 substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable or buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider determines the medication is clinically beneficial. Grantee must assure clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

d. No funding may be used to procure DATA waiver training by Grantee or subrecipients of this funding as this training is offered free of charge from SAMHSA at pcssnow.org. No funding may be used to procure DATA waiver training by Grantee or subrecipients of SOR funding.

2. <u>SOR 2022 Special Terms:</u>

a. Medication for Opioid Use Disorder (MOUD) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder. MOUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, and injectable extended-release naltrexone.

b. SOR grant funds must be used to fund prevention, harm reduction, treatment, and recovery support services and evidence-based practices which are appropriate for the population(s) of focus.

c. SOR funds shall not be utilized for services which can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, ((e.g., HHS, CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA)), and non-federal funds, third party insurance, and sliding scale self-pay among others.

d. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids or stimulants misuse shall not receive treatment or recovery services with SOR grant funds.

e. Grantee must implement prevention and education services including training of peers, first responders, and other key community sectors on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, developing evidence-based community prevention efforts such as strategic messaging on the consequences of opioid and stimulant misuse, implementing schoolbased prevention programs and outreach, and purchasing and distributing opioid overdose antidote reversal naloxone, based on the naloxone distribution and saturation plan, and train on its use.

f. Grantee is expected to report client level data into SAMHSA's Performance Accountability and Reporting System (SPARS) in the required timelines set forth in the NOFO. Grantee are expected to report program-level data on a quarterly basis in SPARS. Grantees are also required to comply with all additional data collection requirements of the grant. Grantees shall fully participate in any SAMHSA sponsored evaluation of the SOR grant program. The submission of these data in the form required by SAMHSA is a requirement of funding. Noncompliance with this requirement may result in restricted access to funding for this year or limited or no access to funding in the future grant year.

g. Grantee is required to work with SAMHSA-funded SOR/Tribal Opioid Response Technical Assistance Training (TA/T) grant as the primary means of TA provision.

h. Grantee must ensure all practitioners eligible to obtain a DATA waiver employed by an organization receiving funding through SOR receives such a waiver.

i. SOR funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a Data Waiver or any type of Professional Development Training.

j. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder and stimulant use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended ... in full accordance with U.S. statutory ... requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

k. Contingencies may be used to reward and incentivize treatment compliance. Clients may not receive contingencies totaling more than $75 per budget period. The contingency amounts are subject to change.

E. SOR 3 Special Conditions

1. Participant Protection Concerns

a. Confidentiality and Participant Protection The Committee reviewed the applicant organization's plans for ensuring confidentiality and SAMHSA participant protection and had comments about the inadequacy of the discussion of the following:

i. Protection of clients and staff from potential risks: The applicant organization briefly identifies one foreseeable risk for participants being confidentiality, but does not

provide any other foreseeable risks. Additionally, the applicant organization does not provide foreseeable risks for staff.

ii. Fair selection of participants: While the applicant organization provides options for treatment, it is unclear if participation in the evaluation process is a requirement for treatment. Additionally, the applicant organization states that it does not plan to exclude or include vulnerable groups and that inclusion will be based on participation in the grant goals and not on individual characteristics. Therefore, it is unclear how the applicant organization plans to ensure the fair selection of participants in evaluative activities.

iii. Absence of coercion: The applicant organization does not indicate how it will inform participants that they may receive services event if they chose not to participate in the data collection component of the proposed project.

iv. Risks and benefits of participation: Although the applicant organization discusses potential risks and benefits for participants, it does not discuss potential risks and benefits for staff.

F. SOR 3 Standard Terms and Conditions

Reporting Requirements

1. Data Collection/Performance Measurement

   Government Performance and Results (GPRA) Requirements:

   All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Data will be collected via face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantee is required to complete a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Grantee should enter their data within 1 day—but no later than 7 days—after the GPRA interview is conducted. This guidance applies to Grantee who manually enter their data and batch upload their data. Grantee will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality.

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

2. SOR Reporting Requirements

   SOR program outcomes have a significant influence on the determination of continued funding and so participation in the evaluation process is mandatory.

   Grantees are expected to comply with GPRA data collection for all clients receiving ongoing treatment and recovery services funded by the grant. To remain in compliance with the grant, there will be a required completion rate of 100% at initial collection, 100% at discharge, and

80% at the six-month follow up point. Participants may receive a $30 gift card incentive for completing the six-month follow-up interview.

G. SOR 3 Standard Terms for Awards

Grantee must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. SAMHSA's Terms and Conditions Webpage is located at:

https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions

1. Reasonable Costs for Consideration

   Grantee must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. 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 circumstances prevailing at the time the decision was made to incur the cost.

2. Consistent Treatment of Costs

   Grantee must treat costs consistently across all federal and non-federal grants, projects and cost centers. Grantee may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of 45 CFR 75.364, 45 CFR 75.371, 45 CFR 75.386 and 45 CFR Part 75, Subpart F, Audit Requirements.