

Licensure of Substance Abuse Treatment Programs – Required Amendments to 105 CMR 164



Public Health Council

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Overview



- Brief Overview of Chapter 258 Requirements
- Summary of Testimony from the Public Hearing
- Request for Approval for the Final Draft of the Regulations



Brief Overview of Chapter 258 Requirements



- Chapter 258 of the Acts of 2014 requires the Department to license any corporate entity not already regulated as a hospital or clinic by the Department that is treating more than 300 patients for opioid dependency with agonist therapy.
- Chapter 258 also requires that all licensed services integrate best practices, such as overdose prevention, coordination of care, patient protection, and family support services.



Public Comment



- Public hearing held September 22, 2015; comment period open until September 25, 2015.
- Testimony - five submissions:
 - Community Health Care, Inc. doing business as Community Substance Abuse Centers (oral and written)
 - The Association for Behavioral Healthcare (ABH), a membership organization of behavioral health providers (oral and written)
 - MA Recovery Home Collaborative (RHC), a membership organization of residential treatment program providers (oral and written)
 - North Charles, Inc.
 - Spectrum Health Systems, Inc.



Major Comments



- Support the regulatory oversight for large OBOTs.
- Support the delivery of comprehensive and coordinated care.
- Request details for the operationalization of (1) DCF screens for staff working with individuals under the age of 18; (2) training of staff and education of clients in the benefits and risks of MAT; and (3) coordination of concurrent substance abuse, mental health, primary care, and family supports.
- Are concerned that the additional requirements create an unfunded mandate and recommend the creation of a payment structure to offset all additional costs.



BSAS Response



- BSAS acknowledges the recommendations, concerns, and requests for clarification raised by the commenters.
- Many recommendations/comments are outside scope of this process.
- All comments have been reviewed and addressed as described in Attachment A of the PHC memo.
- The following are changes made based on comments.



Changes Incorporated



“Grandparent-ed” LADC 1:

Requested clarification regarding the language for the definition of Senior Clinician to ensure that “grandparent-ed” LADC1s who do not have a Master’s degree were included.

BSAS Response: Revised the language to ensure that it was clear that all “grandparent-ed” LADC1s were included.

Coordination of Care:

Requested that section 164.075 *Termination and Discharge* (A)(4) be integrated into sections of (A) that address care coordination and referrals for clarity.

BSAS Response: Moved (A)(4) to (A)(1)(d) which specifically focuses on coordination and management of transfers and referrals.



Next Steps



The Department now requests final approval from the Public Health Council to promulgate the regulatory amendments as described herein.