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CIRCULAR LETTER: DHCQ 08-12-501

TO: Hospital Chief Executive Officers, Acute Care Hospitals

FROM: Paul I. Dreyer, Ph.D., Director

RE: Discrete Substance Abuse Treatment Programs Operating under Hospital Licenses

Date: December 2, 2008

Introduction

The purpose of this Circular Letter is to inform acute care hospitals of the recent approval of revisions to the Department of Public Health (DPH), Bureau of Substance Abuse Services' (BSAS) regulations: *Licensure of Substance Abuse Treatment Programs* (105 CMR 164.000). The DPH *Hospital Licensure* regulation (105 CMR 130.365) was also amended to incorporate by reference the revised BSAS regulation. Under the new regulations, which become effective December 26, 2008, certain substance abuse treatment programs operating under hospital licenses will require the approval of the BSAS as more fully explained below.

An unofficial version of the approved BSAS regulation can be found on the DPH website at www.mass.gov/dph. Click on Regulations and Policies/Proposed Amendments to Regulations/Licensure of Substance Abuse Treatment Programs/third bullet. The amendments to the hospital licensure regulation are attached to this letter.

**DPH Licensed Hospitals Operating Discrete
Inpatient or Outpatient Substance Abuse Treatment Programs**

The BSAS regulation, 105 CMR 164.000, requires that DPH-licensed hospitals receive BSAS approval to operate discrete_inpatient or outpatient_substance abuse treatment programs. Any hospital licensed under M.G.L. c.111, § 51, that provides or advertises that it provides a separate identifiable inpatient or outpatient substance abuse treatment program(s) must be approved by BSAS in order for DPH to license the hospital to provide a "Substance Abuse Service". A discrete detoxification unit in an acute care hospital or a discrete outpatient substance abuse treatment program operating under the hospital's license are examples of programs requiring BSAS approval. Substance abuse treatment as an adjunct to medical or

surgical treatment that is not part of a discrete treatment program does not require a BSAS approval. For example, a hospital does not need BSAS approval in order to provide detoxification for a patient admitted for an appendectomy.

The goal of these amendments is to improve the oversight of substance abuse treatment programs, while at the same time not overly burdening hospitals. In developing this new regulation, BSAS worked closely with the Division of Health Care Quality (DHCQ) to avoid duplication. The requirements for BSAS approval of discrete substance abuse treatment programs under a hospital license are limited to those outlined in Appendix A of 105 CMR 164.000, which focus on the effective delivery of substance abuse treatment services. The sole exception to the limited requirements in Appendix A are SAMHSA (Substance Abuse and Mental Health Services Administration) certified outpatient Opiate Treatment Programs (aka methadone maintenance programs), which must meet the full requirements set forth in 105 CMR 164.000.

To comply with the above mentioned regulation, hospitals must apply to the BSAS directly for approval of any discrete substance abuse treatment program by **December 26, 2008**. Applications may be obtained by calling Gerry Romano (617-624-5130) of the BSAS Office of Quality Assurance or email gerry.romano@state.ma.us. The application can also be found on the DPH website at www.mass.gov/dph/dhcq. Click on Announcements and Substance Abuse Treatment Program Licensure Application.

**DPH-Licensed Hospitals Operating Inpatient Psychiatric Units
Licensed by the Department of Mental Health (DMH)**

Any inpatient psychiatric unit licensed by the DMH in an acute care hospital that provides detoxification from alcohol or drugs or opiate maintenance medications such as methadone and buprenorphine, but is not a discrete substance abuse treatment program, is required to develop and follow inpatient medically monitored detoxification or opioid maintenance treatment protocols. Such protocols must be submitted to the BSAS for approval as part of the Department of Mental Health licensure process. An inpatient psychiatric unit that provides detoxification and maintenance services as incidental to the primary mental health diagnosis is an example of a unit that would require BSAS approval of its protocols. In this instance, no separate application to BSAS is necessary; simply submit copies of the protocols with the DMH license. BSAS plans to post best practice examples of detoxification and opioid maintenance protocols on its website by the end of 2008.

Please contact the BSAS directly if you have any questions about the applicability of the new regulation to any individual substance abuse treatment program in a DPH-licensed hospital. Questions may be addressed to:

Hilary Jacobs, LICSW, LADC I
Office of Quality Assurance
Bureau of Substance Abuse Services
617-624-5188
hilary.jacobs@state.ma.us

Thank you in advance for your cooperation in this matter.

Enclosure

Amendments to 105 CMR 130.000 (Hospital Licensure)

130.365: Substance Abuse Services

Each hospital that offers a separate, identifiable substance abuse treatment program for persons with substance use disorders whether as an inpatient or outpatient program shall comply with the applicable regulatory requirements set forth in 105 CMR 164.000, *Licensure of Substance Abuse Treatment Programs*, which are incorporated herein by reference. No hospital may offer a substance abuse treatment program unless the Department's Bureau of Substance Abuse Services has issued an approval for such program.