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TO: BSAS LICENSEES, PROVIDERS, AND STAKEHOLDERS

FROM: DEIRDRE CALVERT, DIRECTOR, BUREAU OF SUBSTANCE ADDICTION SERVICES

SUBJECT: UPDATES TO STAFFING GRIDS UNDER 105 CMR 164.000 – LICENSURE OF SUBSTANCE USE DISORDER TREATMENT PROGRAMS

DATE: AUGUST 2, 2023

This document is intended to issue guidance to all providers licensed/approved by the Massachusetts Department of Public Health's (DPH) Bureau of Substance Addiction Services (BSAS) regarding compliance with sub-regulatory staffing expectations. Pursuant to 105 CMR 164.048 (D), the Department may issue guidance specifying minimum numbers of staff. This document intends to make providers aware of updated sub-regulatory staffing standards and identify key changes from the previous sub-regulatory staffing standards.

On April 1, 2023, MassHealth updated their specifications relating to staffing requirements in substance use disorder (SUD) treatment settings. See the updated MassHealth specifications here: <https://www.mass.gov/doc/substance-use-disorder-treatment-services-bulletin-11-supervision-and-staffing-requirements-for-substance-use-disorder-treatment-providers-corrected-0/download>

To align with the updated MassHealth specifications, pursuant to 105 CMR 164.048 (D), BSAS subsequently adopted staffing pattern updates for their inpatient service settings. These updates are reflected in sub-regulatory staffing grids. BSAS expects Licensed and Approved Providers to staff to licensed capacity, however, staffing may be adjusted to meet the patient or resident census. Providers may staff to census but must still follow the ratios as defined in the sub-regulatory staffing standards.

105 CMR 164.048 (D) indicates the Department may issue guidance specifying minimum numbers of staff and may determine that a staffing pattern is insufficient to ensure 105 CMR 164.048(C)(1) through (3). Providers must make every reasonable effort to provide sufficient staff in order to guarantee admissions up to their licensed capacity. Licensed and Approved Providers must comply with the updated staffing standards no later than July 1, 2023.

Key Updates to Co-Occurring Capable Residential Rehabilitation Service Staffing Standards:

- Minimum of one counselor/case manager and one recovery specialist scheduled on each day and evening shift, 7 days/week.
 - Day and evening shifts may overlap to meet the needs of the patients.
 - Programs have the flexibility to determine how day and evening shifts are configured.
 - Counselor/case manager hours (Column D) represents an average of clinical hours based on a program's weekly counselor/case manager coverage total (Column E).
 - COC RRS RS 1st and 2nd shift staffing grid coverage (Column B) reflects increases in 4-hour increments, based on program's size and staffing expectations.
 - RRS providers can practice flexibility scheduling, while adhering to the minimum requirement of 16 hours daily (1 counselor/case manager and 1 RS on both 1st and 2nd shifts).
- Minimum of two recovery specialists scheduled on each overnight shift, 7 days/week.
 - RS overnight staffing requirements double (Column C) when house/program census surpasses 100 residents.
- Counselor/Case Manager coverage based on the existing 1:9 Case Manager/resident ratio.
- Minimum of 1FTE clinical supervisor, prorated upwards for residential programs with more than 30 beds.
 - COC RRS clinical supervisor staffing grid coverage reflects increases in 4-hour increments (Column F), based on program's size and staffing expectations.
- Minimum of 2FTE medication specialists, prorated upwards for residential programs with more than 30 beds.
 - COC RRS medication specialist staffing grid coverage reflects increases in 4-hour increments (Column G), based on program's size and staffing expectations.

Key Updates to Clinical Stabilization Service Staffing Standards:

- Minimum of 40 hours of weekly coverage for nursing; prorated upwards as beds increase.
- Case Managers coverage updated to weekly; previously Monday through Friday.

Key Updates to Acute Treatment Service Staffing Standards:

- Nursing coverage must be a minimum of 16 hours per shift, three shifts daily, seven days per week.
- Ratio for nursing is 16:1 per shift.

BSAS understands the updates to the sub-regulatory staffing standards may be complicated. Licensed and Approved Providers are encouraged to submit questions to your regional licensing inspector and contract manager.

Regional Licensing Inspectors Contact Information

For contact information for licensing inspectors please see here: <https://www.mass.gov/info-details/information-for-licensed-substance-use-disorder-treatment-programs>

Regional Contract Managers Contact Information

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