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| --- | --- |
| **Title** | **Routine Responses** |
| **Purpose** | The Bureau of Health Professions Licensure adopts this policy to facilitate staff responses to routine correspondence and requests for extensions, on behalf of each of the ten Boards of Registration within the Bureau. |
| **Dates Adopted** | Board of Registration in Pharmacy: April 5, 2016  Board of Registration in Dentistry: April 6, 2016  Board of Registration in Nursing: January 13, 2016  Board of Registration in Nursing Home Administrators:  Board of Registration in Respiratory Care:  Board of Registration of Physician Assistants:  Board of Registration of Perfusionists:  Board of Registration of Genetic Counselors:  Board of Certification of Community Health Workers: **July 10, 2018** |
| **Definitions** | Bureau: Bureau of Health Professions Licensure within the Department of Public Health.  Boards (plural): The Boards of Registration within the Bureau of Health Professions Licensure under the supervision of the Commissioner of the Department of Public Health.  Board (singular): The particular Board that has issued a license to a Monitored Certificate holder and imposed conditions on such licensure. |
| **Board Authorization** | A Board’s adoption of this policy authorizes the Board’s Executive Director to act on the Board’s behalf as specified in this policy. The Board further authorizes the Executive Director to delegate actions authorized under this policy to any Bureau staff person who reports directly to the Executive Director, provided that the Executive Director supervised the authority exercised. |
| **Complainant Concerns with Board Resolution**  **Incomplete Petitions for Reinstatement** | The Board’s Executive Director may respond to a Complainant who expresses concerns with the Board’s resolution of an investigation or complaint using Template B, attached with this policy.  The Board’s Executive Director may respond or direct the response, that the Board will not review an incomplete petition for reinstatement using Template A, attached with the policy. |
| **Requests for Extension** | The Board’s Executive Director may grant a request to extend time limits set for in 801 CMR 1.01 (11) as follows:   1. Up to 14 days extension on time to file Objections to a Tentative Decisions 2. Up to 10 days extension on time to file Responses to Objections on a Tentative Decision. |
| **Report to Board** | Board staff shall submit to the Board a written report at each regularly scheduled meeting of the Board. The report shall list all actions taken on the Board’s behalf pursuant to this policy since the previous meeting of the Board. |

**TEMPLATE A**

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Professions Licensure

Board of Certification of Community Health Workers

239 Causeway Street, Suite 500, Boston, MA 02114

Tel: 617-973-0806

Fax: 617-973-0980

TTY : 617-973-0988

[www.mass.gov/dph/boards/chw](http://www.mass.gov/dph/boards/chw)

[DATE]

[CERTIFICATE HOLDER NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIP CODE]

RE: In the Matter of [CERTIFICATE HOLDER NAME], Docket Number CHW-2018-

Board of Certification of Community Health Workers

Dear [CERTIFICATE HOLDER NAME]:

On [DATE], Board staff received your petition to the Board requesting reinstatement of your certification. On [DATE], Board staff advised you that you did not include with your petition all information and documentation required by the terms of:

Consent Agreement that you entered into with the Board on [DATE]

Final Decision and Order issued by the Board on [DATE]

Board’s Reinstatement Policy [No]

Board’s regulations at [cite]

Specifically, your petition did not include the following item(s):

[list]

Please be advised that your petition will not be reviewed by the Board due to the fact that it is incomplete. You may resubmit a new petition but it must include all required elements.

Sincerely,

[ED]

Executive Director

**TEMPLATE B**

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Professions Licensure

Board of Certification of Community Health Workers

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[DATE]

[CERTIFICATE HOLDER NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIP CODE]

RE: In the Matter of [CERTIFICATE HOLDER NAME], Docket Number CHW-2018-

Board of Certification of Community Health Workers

Dear

I have learned of your concerns relating to the resolution of the above-referenced disciplinary proceeding. I understand that the outcome of this proceeding is important to you.

*For Complaints*

Formal disciplinary proceedings before the Board of Certification of [BOARD] (“Board”) are conducted in accordance with the State Administrative Procedure Act, M.G.L. c. 30A. The parties to that proceeding are the Board and the licensed individual. As the individual who brought the information or allegations of misconduct to the Board’s attention, you may be called as a witness, but you are not a party in the proceeding. As such, you do not have standing to appeal the Board’s decision. On the other hand, the Board’s decision was not a determination of your rights and liabilities in this or any other forum.

*For Staff Assignments that are closed*

The Board of Certification of [BOARD] (“Board”) directs investigation of allegations against a certificate holder. The Board may direct that the investigation be closed without taking action where the Board lacks jurisdiction, where there is insufficient evidence of misconduct, or where the allegations, if true, do not warrant disciplinary action.

The Board’s resolution of this matter was based on consideration of all of the evidence presented. The Board regrets that you may be dissatisfied with the outcome; however, the Board will not take any further action on the complaint and considers the matter closed.

Sincerely,

[ED]

Executive Director