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TO: BSAS LICENSEES, PROVIDERS, AND STAKEHOLDERS

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

SUBJECT: UPDATES TO REGULATIONS RELATED TO SUPERVISION 105 CMR 164.000 – LICENSURE OF SUBSTANCE USE DISORDER TREATMENT PROGRAMS

DATE: NOVEMBER 11, 2022

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 new requirements for supervision in BSAS' regulation for *Licensure of Substance Use Disorder Treatment Programs*, 105 CMR 164.000.

BSAS recognizes that each situation has its unique facts and circumstances and encourages stakeholders with specific questions to contact your Regional License Inspector: <https://www.mass.gov/service-details/information-for-licensed-substance-use-disorder-treatment-programs>

BSAS encourages all providers to review the updated regulation in its entirety, which may be found at the following link: <https://www.mass.gov/regulations/105-CMR-16400-licensure-of-substance-abuse-treatment-programs>

Revisions Related to 164.044: Supervision

The revisions to the Regulation are intended to provide for more consistent supervision of staff, protect patient health and safety, and ensure that qualified staff are providing supervision.

Revisions include:

- Revised definitions of "Clinical Supervision" and "Supervision," providing clarification on requirements for clinical supervision, making it distinct from administrative/programmatic supervision.
- Removed the frequency requirements for supervision, allowing the discretion of Licensed and Approved Providers in supervision and supervision policies.

- Programs must ensure that supervision provided meets the needs of all staff. This means that there is no “one size fits all” approach to supervision, and supervision should be tailored to the individual staff and service setting.
- Supervision must be provided by qualified staff, preferably in the discipline of the supervisee.
- Supervision of nursing staff may be provided by a practitioner, registered nurse, or licensed practical nurse (LPN), or other qualified health care professional provider defined under 164.005. LPNs may provide supervision in accordance with the Board of Registration in Nursing:
<https://www.mass.gov/doc/ar-9802-the-lpn-in-charge-or-nurse-supervisor-role-0/download>

Clinical Supervision

The regulation defines clinical supervision as regular and specified time set aside to provide training, education, and guidance to direct care staff and to oversee the provision of patient and resident services. Clinical supervision must be delivered by a qualified staff member qualified, preferably in the discipline of the supervisee; must be sufficient to meet the needs of supervised staff; and may be provided on an individual or group basis.

Requirements include:

- Clinical supervision shall be provided to direct care staff by a qualified individual. Direct care staff encompasses those who engage and interact with patients and residents, including staff such as Recovery Specialists that facilitate non-clinical groups, and provides transportation and case management.
- Clinical supervision must be provided by qualified staff; staff providing supervision do not necessarily need to be licensed clinicians or senior clinicians, but the program needs to demonstrate that these staff have education and experience in providing such supervision.
 - Clinical Directors/Senior Clinicians should receive supervision by staff qualified to deliver supervision to them, including demonstrating clinical substance use disorder experience and supervisory experience.
- Clinical supervision needs to be documented in order to ensure consistency and context of supervision.

Supervision of All Staff

As defined by the Regulation, supervision is a regular and specified time set aside to provide training, education, and guidance to staff. Supervision must be sufficient to meet the needs of supervised staff and may be provided on an individual or group basis.

Requirements include:

- Supervision must be sufficient to meet the needs of supervised staff.

- This means that there is no “one size fits all” approach to supervision, and supervision should be tailored to the individual staff.
- In addition to all directly employed staff, supervision needs to be provided to volunteers, interns, and contractors.
- Supervision must be documented in order to ensure consistency and provide a description of topics covered during supervision.
- A written plan for supervision must be created by a designated program staff. The plan should be updated as appropriate and must specify the frequency and goals of supervision for all staff. Supervision topics should include, but are not limited to:
 - Adherence to program policies and procedures
 - Ethics and boundaries, including appropriate staff-patient and staff-resident relationships, as well as appropriate relationships between patients and residents
 - Best practices for substance use disorder care

Resources

Link: [SAMHSA TIP 52 Clinical Supervision and Professional Development of the Substance Abuse Counselor](#)