

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND
HUMAN SERVICES**



**Department of Public Health
Bureau of Substance Addiction Service
Electronic Licensing System**

PROGRAM USER MANUAL

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BSAS-EXT-PROG-7.3.0

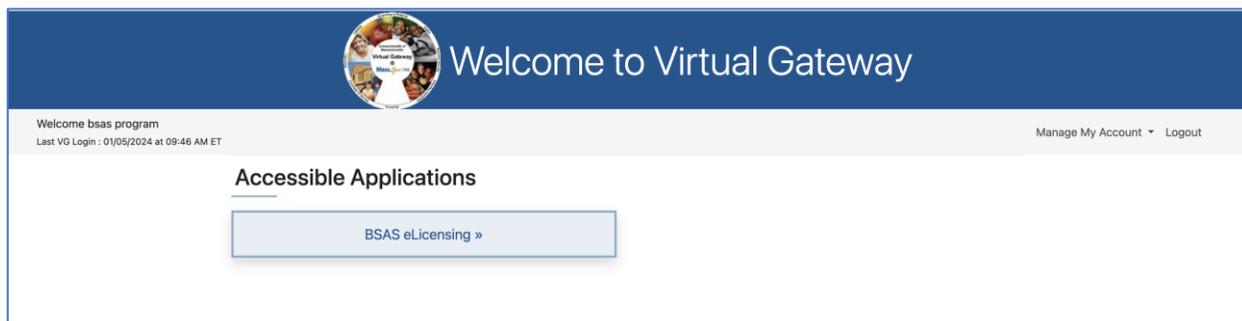
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1. Accessing BSAS eLicensing

Log in to the Virtual Gateway. If you do not have an account, contact Alex Kearns, Special Projects Coordinator for the Bureau of Substance Addiction Services at Alex.Kearns@mass.gov for instructions on how to create a Virtual Gateway account.

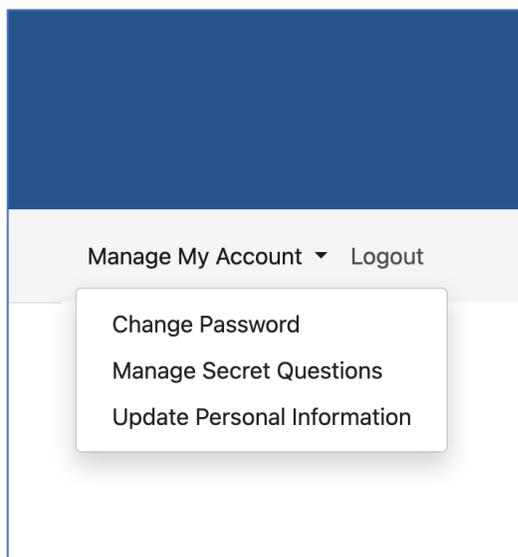
Go to BSAS eLicensing

To proceed to the BSAS eLicensing system, click on the BSAS eLicensing Link shown in the figure below:



Managing your Virtual Gateway Account

Once you log in to the Virtual Gateway you can manage your account using the link on the right side of the page under the Manage My Account section as shown below.



Virtual Gateway Account Secret Questions

If you have not done so you should provide answers to your secret questions by clicking the Answer My Secret Questions link. **Please note** that you will not be able to use the Forgot Password feature if you have not provided answers to your secret questions.

You will be asked to provide answers to five out of seven secret questions. Once you have provided the answers click on the Submit button.

Answer Secret Question

At least 5 secret questions must be answered. These questions will be used if you forget your password or need to change it.

What was your first pet's name?

What is the name of your elementary school?

What was your high school mascot?

What was the color of your first car?

What was the make of your first car?

What was the name of your first grade teacher?

What is your father's middle name?

Submit

Cancel

If your email address has changed make sure to update it by clicking on the Update My Personal Information link. It is important to update your email if it has changed so you will still be able to receive temporary password emails when you use the Forgot Password feature on your account.

Update your email address and click Submit.

Update Profile

First Name :

Middle Initial :

(optional)

Last Name :

PIN :

Birth Date (Month/Day) :

Email

Phone Number:

(optional)

2. New Program License Application

Once you access BSAS eLicensing as described above, the system will display the menu page shown below:

The screenshot shows the 'Bureau of Substance Addiction Services Licensing System' interface. At the top right, there are links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The main header includes the 'Mass.gov' logo and the system name. Below the header, a breadcrumb trail reads 'Home > Programs'. A message states: 'The system could not match your Organization Id to any licenses at this time. If you work for a program that is currently licensed by the Bureau of Substance Abuse Services, please contact alex.kearns@state.ma.us. If the program does not have an existing license and you are applying for a new program license please click on the "New License Application" link below.' Under the 'My Programs' section, there is a box titled 'NEW PROGRAM LICENSE APPLICATION' with the text: 'If your organization would like to create a new application for a brand new program that is not on the list above, please click the "New License Application" link below.' A button labeled 'START NEW APPLICATION' is visible. At the bottom, there is a copyright notice for 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2 and links for 'Help' and 'Download Adobe Reader'.

Read the instructions and click on the “Start New Application” button. The system will now prompt you to choose the program type as shown below.

Program Type

The screenshot shows the 'Program Type' selection page. At the top right, there are links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The main header includes the 'Mass.gov' logo and the system name. Below the header, a breadcrumb trail reads 'Home > New Program Application > Program Type'. Under the 'Instructions' section, it says: 'Please select the program category from the options below. If you are unsure how to respond please contact the licensing inspector for your region from the list below:'. A table lists regional contacts: Central (Robin Marin, Robin.M.Marin@state.ma.us), Western (Gio Vito, GioVito.Vito@state.ma.us), Metro West (Nicolette Smith, Nicolette.Smith@state.ma.us), Northeast (Anthony Liburdi, Anthony.Liburdi@state.ma.us), Greater Boston (Cassandra Newell, Cassandra.Newell@state.ma.us), and Southeast (Ruth Karmelin-Bice, ruth.karmelin-bice@state.ma.us). Under the 'Program Type' section, there are two radio button options: 'Substance Use Disorder Treatment Program - Standard BSAS Program' (with a note: 'Please select to apply for a license to operate separate, identifiable substance use disorder treatment program. This includes substance use disorder treatment programs within a facility licensed by the Department of Mental Health or the Department of Public Health's Bureau of Health Care Safety and Quality.') and 'Substance Use Disorder Treatment Program operated by A Penal Facility 105 CMR 164.005' (with a note: 'Please select to apply for an approval for a Penal Facility to operate a substance use disorder treatment program or provide a substance use disorder treatment.'). At the bottom, there are 'CANCEL' and 'PROCEED' buttons. At the very bottom, there is a copyright notice for 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2 and links for 'Help' and 'Download Adobe Reader'.

You may choose between a standard program and a program operated by a penal facility. A standard program is any program not operated by the Massachusetts Department of Corrections or a Massachusetts House of Corrections. Choose the appropriate program type and click the proceed button. The system will now prompt you to choose a service setting for your program as shown below.

Service Setting

[State Agencies](#) [State A-Z Topics](#) [Logout](#)

 **Mass.gov****Bureau of Substance Addiction Services Licensing System**

[Home](#) > [New Program Application](#) > [Service Setting](#)

Instructions
Please pick the service setting the program is seeking a license/approval to provide from one of the four service setting categories below. If you are unsure how to respond please contact the licensing inspector for your region from the list below:

Central:	Robin Marin, Robin.M.Marin@state.ma.us
Western:	Go Via, Go.Via@state.ma.us
Metro West:	Nicolette Smith, Nicolette.Smith@state.ma.us
Northeast:	Anthony Libardi, Anthony.Libardi@state.ma.us
Greater Boston:	Cassandra Newell, Cassandra.Newell@state.ma.us
Southeast:	Ruth Karmelin-Bice, ruth.karmelin-bice@state.ma.us

Service Setting

24 Hour Diversionary Acute Treatment Services
Please select if the program intends provide one or more of the following 24-Hour Diversionary Services:

- Intensive 24-Hour Diversionary Withdrawal Management- ASAM Level 4
- 24- Hour Diversionary Withdrawal Management- ASAM Level 3.7
- Clinical Stabilization Services-ASAM Level 3.5

Outpatient Services
Please select if the program intends to provide one or more of the following outpatient services:

- Office Based Opioid Treatment
- Counseling only
- Counseling with any of the following services: Day Treatment, First Offender Driver Alcohol or Controlled Substance Education, Second Offender Alcohol or Controlled Substance Education, Acupuncture Withdrawal Management, Outpatient Withdrawal Treatment Services

Opioid Treatment
Please select this option if the program is a federally certified OTP or in the process of becoming a federally certified OTP and intends provide treatment for opioid addiction, providing FDA-approved medications and counseling and other services. Opioid treatment includes interim maintenance, maintenance and medically supervised withdrawal.

Residential Rehabilitation
Please select this option if the program intends to provide organized substance use disorder treatment and education services featuring a planned program of care in a 24-hour residential setting serving:

- Residential Rehabilitation for Adults-Models are as follows:
 - Transitional Support Services
 - Social Model Recovery Homes
 - Recovery Homes
 - Therapeutic Communities
 - Co-Occurring Enhanced
- Residential Rehabilitation for Adult with their Families
- Residential Rehabilitation for Adolescents and Transitional Age Youth
- Residential Programs for Operating Under the Influence-Second Offenders

[BACK](#)[PROCEED](#)

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Your program must fall under one of these four service settings – 24 Hour Diversionary Acute Treatment Services, Outpatient Services, Opioid Treatment, or Residential Rehabilitation. Please review the regulations, available here: [Information for licensed substance use disorder treatment programs | Mass.gov](#) or contact your Licensing Inspector if you need technical assistance. Read the descriptions for these service settings, choose the appropriate service setting, and click the proceed button.

If your program is operated by a penal facility, you will see an additional page to choose the type (Department of Correction or House of Correction) and the location of the penal facility.

Correctional Facility Information

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > New Program > Application

Program Type: Penal Facility Service Setting: Opioid Treatment Application Type: New License Application Application #: 27346

[Correctional Facility Info](#)

Instructions

Welcome to the BSAS eLicensing System. Substance Abuse Treatment Program licenses/approvals must be applied for and renewed in accordance with 105 CMR 164.000. Please review the following instructions before starting your application. If you are renewing a program license/approval and did not see the name of your program when you logged in or would like technical assistance with the application process please contact Alex Kearns at alex.kearns@state.ma.us to schedule a short training session.

Important Points

- The system will automatically save your work when you click save and proceed.
- You may edit your application up until the time you submit it.
- Following the submission of your application you will be prompted to upload/fax health and safety and other supporting documents and pay the required licensing fee.
- Once your application is submitted your regional licensing inspector will contact you to schedule a site visit.

If you are unsure how to respond please contact the licensing inspector for your region from the list below:

Central:	Robin Marin, Robin.M.Marin@state.ma.us
Western:	Gio Vlla, Gio Vlla
Metro West:	Nicolette Smill
Northeast:	Anthony Liburi
Greater Boston:	Cassandra Ne
Southeast:	Ruth Karmeln

Please select your penal facility type and location below.

Penal Facility Type

Department of Correction Facility

Select Location:

House of Correction Facility

PROCEED

Dropdown Menu:

- Select --
- Boston Pre-Release Center
- Bridgewater State Hospital
- Lemuel Shattuck Hospital Correctional Unit
- MASAC at Plymouth
- MCI-Cedar Junction
- MCI-Concord
- MCI-Framingham
- MCI-Norfolk
- MCI-Shirley
- Massachusetts Treatment Center
- North Central Correctional Institution**
- Northeastern Correctional Center
- Old Colony Correctional Center
- Pondville Correctional Center
- South Middlesex Correctional Center
- Souza-Baranowski Correctional Center

After choosing the type and location, click the proceed button to move to the Program and Organization Information Page.

Program and Organization Information

The Program and Organization Information page is divided into three sections. The first section is the organization information section.

Organization Information

Legal Name: *

Organization Type: *

Massachusetts Department of Mental Health

Other Massachusetts Department, Agency or Institution

For Profit Corporation (EIN/TIN Required)

Not for Profit Corporation (EIN/TIN Required)

Partnership

Sole Proprietor

Other

EIN/TIN (99-1234567)

Incorporation State: -- Select --

If the organization is a corporation please select the incorporation state above.

Mailing Address Line 1: *

Mailing Address Line 2:

City: *

State: * -- Select --

Zip Code: *

Phone (Ex.111-222-3333): *

Fax (Ex.111-222-3333):

In this section, enter the information about the parent organization of the program, such as the organization name, type, mailing address, and phone number. If the organization is a corporation, you will also need to enter the EIN/TIN number and the incorporation state. If the program is a penal facility, the organization name, type, and incorporation state will be read-only fields and the organization mailing address will be pre-populated.

In the second section, you will need to enter information about the main site of the program such as the program name, addresses, and contact numbers as shown below. If the program is a penal facility, the program operating address will be pre-populated.

Program Main Site Information

Program Name: *

Website:

Number of Clients Served: *

Is this Program Adolescent Only? * Yes No

Operating Address Line 1: *

Operating Address Line 2:

City: *

State: *

Zip Code: *

Operating Address Location Instructions:

Mailing Address Same as Operating Address?

Mailing Address Line 1: *

Mailing Address Line 2:

City: *

State: *

Zip Code: *

Phone (ex: 111-222-3333): *

Fax (ex: 111-222-3333):

TTY/TTD Number:

Emergency Contact Number: *

Do You Have an After Hours Dosing Verification Information Number? * Yes No

In the third section, enter the hours of operation for the program's main site for each day. If the main site is closed or open 24 hours for that day, tick off the appropriate checkbox.

Main Site Hours Of Operation

Day	Closed?	Open 24 Hrs?	From *	To *
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>

Once you have entered all the information, click the save and proceed button to move to the service locations page as shown below. Please note that if your program is a residential rehabilitation program, you will not see the service locations page and instead move to the licenses and accreditations page.

Service Locations

The screenshot shows the 'Bureau of Substance Addiction Services Licensing System' interface. At the top, there are navigation links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The main header includes the 'Mass.gov' logo and the system name. Below the header, a breadcrumb trail reads 'Home > Programs > Sample Program > Application'. The application details are displayed: 'Program Type: Standard', 'Service Setting: 24 Hour Diversionary Acute Treatment Services', 'Application Type: New License Application', and 'Application #: 27342'. On the right, there are two menu items: 'Program and Organization Info' (checked) and 'Service Locations' (active). The main content area is titled 'Program Service Locations' and contains a form for 'Add New Service Location'. The form includes fields for 'This location is a mobile unit?' (checkbox), 'Number of Clients Served' (text input), 'Is this Service Location Adolescent Only?' (radio buttons for Yes/No), 'Operating Address 1' and '2' (text inputs), 'City' (dropdown menu showing 'Abington'), 'State' (dropdown menu showing 'Massachusetts'), 'Zip Code' (text input), 'Operating Address Location Instructions' (text input), 'Phone' and 'Fax' (text inputs), and 'Emergency Contact Number' (text input). There is also a question 'Do You Have an After Hours Dosing Verification Information Number?' with Yes/No radio buttons. A table for 'Hours of Operation' has columns for 'Day', 'Closed?', 'Open 24 Hrs?', 'From', and 'To'. The 'From' and 'To' columns contain dropdown menus. At the bottom of the form are 'CANCEL' and 'ADD SERVICE LOCATION' buttons. The footer contains copyright information for the Commonwealth of Massachusetts and a link to 'Download Adobe Reader'.

If your program has service locations, click on the “Add Service Location” button. A service location is any location other than the program's main site where the program provides services. If the service location is a mobile unit, you will need to check the corresponding box, and then enter the license plate number for the vehicle. Note that if the location is a mobile unit, the operating address should be the address where the vehicle is garaged. Enter the service location's address, contact numbers, and hours of operation, then, click on “Add service location” again. You may continue to add locations in the same way. You may also edit or delete any previously entered locations by clicking the corresponding edit or delete button.

Once you have finished entering service locations, click on the “Save & Proceed” button to move to the Licenses and Accreditations Page as shown below.

Licenses and Accreditations

Licenses & Accreditations | Program Main Site | 27 Congress Salem, MA 01970

Current Licenses

MA-DPH/DHCQ Clinic License ⓘ
 Is The License Applicable? * Yes No
 License No: * Expiration Date: * Upload Document: No file chosen

MA-DPH/DHCQ Hospital License ⓘ
 Is The License Applicable? * Yes No

MA-DMH License ⓘ
 Is The License Applicable? * Yes No

Current Registrations

MA-DCP Controlled Substance Registration ⓘ
 Is The Registration Applicable? * Yes No
 Registration No: * Expiration Date: * Approval Pending: Upload Document: No file chosen

MA-DCP Controlled Substance Registration (Second) ⓘ
 Is The Registration Applicable? * Yes No
 Registration No: * Expiration Date: * Approval Pending: Upload Document: No file chosen

On this page add information about licenses, registrations, accreditations, or OTP certifications held by the program. If a license, registration, accreditation, or OTP certification is applicable because your program has it, or has a pending application for it, click yes on the corresponding item, enter the information for it, or indicate if an approval is pending. To upload a copy of the license, registration, accreditation, or OTP certification, choose a file from your computer by clicking on choose file, and then click the corresponding upload button. After entering the information for the main site and any service locations, click the proceed button. The system will redirect you to the Qualified Service Organization Information page as shown below.

Qualified Service Organizations

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type: Standard Service Setting: 24 Hour Diversionary Acute Treatment Services Application Type: New License Application Application #: 27342

Instructions: Please enter the information for each of the Qualified Service Organizations you are working with to provide substance use disorder services. Please provide information on each separate agreement you have with each organization and upload a copy of the agreement.

Program and Organization Info
 Service Locations
 Licenses and Accreditations
 QSO Information

Qualified Service Organization (QSO) Information

Qualified Service Organization Information

Organization Name: *

Physical Address 1: *

Physical Address 2:

City: *

State: *

Zipcode: *

Phone (ex: 111-222-3333): *

Fax (ex: 111-222-3333):

Qualified Service Organization Agreements (QSOAs)

Please record all the agreements this program has with other organization(s) by clicking 'Add QSOAs' button.

Service *	Agreement Start Date *	Agreement End Date *	Actions
Medication for the treatment of <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ⓘ"/>
Other <input type="text"/> Other Service <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ⓘ"/>
-- Select -- <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="ⓘ"/>

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Enter information about any Qualified Service Organizations that your program is working with to provide substance use disorder services. Click on Add QSO to begin. Enter the name, physical address, phone, and fax numbers. Then record the agreements the program has with this organization, by clicking Add QSOA. You will need to select the service type and the start and end dates of the agreement. After entering each Agreement, click Add QSO. You may continue to add Organizations and agreements in the same way. You may edit or delete any previously entered Organizations by clicking the corresponding edit or delete button. After adding information about the Qualified Service Organization, click the Save & Proceed button. The system will now prompt you to upload documents for each Qualified Service Organization Agreement as shown below.

The screenshot displays the 'Bureau of Substance Addiction Services Licensing System' interface. At the top, there is a navigation bar with 'Mass.gov' and 'Bureau of Substance Addiction Services Licensing System'. Below this, a breadcrumb trail reads 'Home > Programs > Sample Program > Application'. The main content area is divided into several sections:

- Program Information:** A table with columns for Program Type (Standard), Service Setting (24 Hour Diversionary Acute Treatment Services), Application Type (New License Application), and Application # (27342).
- Instructions:** A text block stating 'Please upload a copy of each Qualified Service Organization Agreement.'
- Qualified Service Organization Agreement Document Upload:** A section with a dropdown menu currently showing 'QSO - 1 | Health and Wellness'. Below this, a table lists details for a QSO:

Physical Address:	123 Salem Street Malden, MA 01970
Phone:	111-111-1111
Fax:	No information entered
- Qualified Service Organization Agreements (QSOAs):** A table with columns for Service, Agreement Start Date, Agreement End Date, and Agreement Document. One agreement is listed:

Medication for the treatment of Addiction (074.A)	Nov, 01 2020	Dec, 31 2021	Choose File No file chosen
---	--------------	--------------	----------------------------

At the bottom of the main content area, there are two buttons: 'BACK' and 'SAVE & PROCEED'. The footer contains the copyright notice '© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2' and links for 'Help' and 'Download Adobe Reader'.

For each QSOA, click the choose file button to choose a file from your computer and then click upload to upload it to the system. Click the save and proceed button to move to the Program Services Page.

Program Service - 24-Hour Diversionary Acute Treatment Services

The Program Services page will be different depending on the service setting of the program. If the service setting for your program is 24-Hour Diversionary Acute Treatment Services, you will see the page shown below.

Program Services

Program Main Site | 27 Congress Salem, MA 01970

24-Hour Diversionary Services

Level 4 - 24 Hour Diversionary Withdrawal Management

Number of Beds for Level 4: *

Populations Served for Level 4: * Male Female Transgender

Level 3.7 - 24 Hour Diversionary Withdrawal Management

Number of Beds for Level 3.7: *

Populations Served for Level 3.7: * Male Female Transgender

Level 3.5 - Clinical Stabilization Services

Number of Beds for Level 3.5: *

Populations Served for Level 3.5: * Male Female Transgender

Total Number of Beds: 0

Medications

Please check off the medications used at this location:

Buprenorphine or Buprenorphine derivative
for the following purpose(s):

Withdrawal Management
 Maintenance - Inpatient
 Maintenance - Outpatient

Please check off if the medications used are available Directly from the Program or through a Qualified Service Organization Agreement (QSOA):

Dispensed by the Program Directly - Sample Program
 Dispensed by Qualified Service Organization 1 - Health and Wellness

Methadone
 Naltrexone

Non-Opioid Withdrawal Management

Are non-opioid withdrawal management treatment options also available for opioid withdrawal treatment at this location?

Yes No

Record the services and medications provided by your 24-Hour Diversionary Services program at the main site and each of its service locations. Enter the number of beds and genders supported for each service. Leaving the number of beds as zero will indicate that the service is not being provided. Next, select the medications that are available at the program, which treatment setting they are available in, and which entity provides the medication. The entity responsible for the medications may be the program itself or one of the Qualified Service Organizations entered earlier in the application. Lastly, indicate whether there are non-opioid withdrawal management treatment options at this location.

Program Service - Outpatient Services

If the service setting for your program is Outpatient Services, you will see the page shown below.

Outpatient Services

Program Main Site | 27 Congress Salem, MA 12323

Services Provided *

Counseling ⓘ

Please check off medications used at this location:

Buprenorphine or Buprenorphine derivative

Please check off if the medications used are available Directly from the Program or through a Qualified Service Organization Agreement (QSOA): ⓘ

Directly - Sample OP Program

Qualified Service Organization 1 - Health and Wellness

Qualified Service Organization 2 - Therapeutics Inc.

Medications for the Treatment of Alcoholism

Naltrexone

Driver Alcohol Education (DAE) ⓘ

Operating Under the Influence Second Offender Aftercare ⓘ

Day Treatment ⓘ

Mental Health Services ⓘ

Acupuncture Withdrawal Treatment Service ⓘ

Outpatient Withdrawal Treatment Service ⓘ

Please check off medications used at this location:

Buprenorphine or Buprenorphine derivative

Methadone

Naltrexone

Please indicate if non-opioid withdrawal management treatment options also available as part of this location's Outpatient Withdrawal Treatment Services: *

Yes No

Office Based Opioid Treatment (OBOT) ⓘ

Please indicate whether the Office Based Opioid Treatment (OBOT) service is provided for Maintenance, Withdrawal Management, or both: *

Maintenance

Withdrawal Management

Please check off medications used at this location:

Buprenorphine or Buprenorphine derivative

Naltrexone

Record the services and medications provided by your Outpatient Services program at the main site and each of its service locations. For each location select the services provided by the program by checking the corresponding checkboxes. If your program is providing counseling, indicate which medications are used, and what entity is responsible for the medications. The entity responsible may be the program itself or one of the Qualified service organizations entered earlier in the application. If your program provides Outpatient withdrawal treatment services, indicate which medications are available, what entity is responsible for the medications, and whether non-opioid withdrawal management treatment options are available. If your program is providing Office-based opioid treatment services, indicate whether the service is provided for maintenance, withdrawal, or both. Then select the medications, and the entity responsible for the medications.

Program Services - Opioid Treatment

If the service setting for your program is Opioid Treatment, you will see the page shown below.

Program Services

Program Main Site | 27 Congress Salem, MA 01970

Substance use disorder counseling

Counseling is provided at this location

Please check off if these services are provided directly by the Program or through a Qualified Service Organization Agreement (QSOA):

Provided by the Program Directly - Sample OTP Program

Provided by Qualified Service Organization 1 - Health and Wellness

Provided by Qualified Service Organization 2 - Therapeutics Inc.

Medications

Buprenorphine or Buprenorphine derivative is available at this location

for the following purpose(s):

Withdrawal Management

Maintenance

Please check off if the medications used are available Directly from the Program or through a Qualified Service Organization Agreement (QSOA):

Directly - Sample OTP Program

Qualified Service Organization 1 - Health and Wellness

Qualified Service Organization 2 - Therapeutics Inc.

Please indicate whether Buprenorphine or Buprenorphine derivative is stored overnight at this location:

Yes No

Methadone is available at this location

Naltrexone is available at this location

Record the services and medications provided by your OTP program at the main site and each of its service locations. Check whether counseling is provided, and which entities are providing counseling. Also, check what medications are available at the location, which entity is providing them, and if they are being stored overnight at the location. The entity responsible for the medications may be the program itself or one of the Qualified service organizations entered earlier in the application.

Program Services - Residential Rehabilitation

If the service setting for your program is Residential Rehabilitation, you will see the page shown below.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample RR Program > Application

Program Type Standard	Service Setting Residential Rehabilitation	Application Type New License Application	Application # 27345
--------------------------	---	---	------------------------

Instructions
Please indicate which services are provided by your program by selecting them from the list below.

Residential Rehabilitation

Services Provided*

Adults - Transitional Support Services	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adults - Social Model Recovery Home	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adults - Recovery Home	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adults - Therapeutic Community	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adults - Co-occurring Enhanced	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adolescents and Transitional Age Youth	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Adults with their Families	<input type="checkbox"/>
Number of Families	<input type="text" value="0"/>
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>
Operating Under the Influence Second Offender	<input type="checkbox"/>
Number of Beds	<input type="text" value="0"/>
Serving	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Accepts Clients on Pharmacological Therapy	<input type="checkbox"/>

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Record the services provided by your Residential Rehabilitation Services program, by checking the corresponding checkboxes. For each service that the program is providing, enter the number of beds, indicate which genders are supported, and whether or not pharmacological therapies are offered. Once you are done entering this information, click on the save and proceed button to move to the special populations page as shown below.

Special Populations

[State Agencies](#) | [State A-Z Topics](#) | [Logout](#)


Bureau of Substance Addiction Services Licensing System

Home > Sample Program > Special Populations

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Program and Organization Info <input checked="" type="checkbox"/> Service Locations <input checked="" type="checkbox"/> Licenses and Accreditations <input checked="" type="checkbox"/> QSO Information <input checked="" type="checkbox"/> Program Services <input checked="" type="checkbox"/> Special Populations
--------------------------	--	---	------------------------	---

Instructions
Please select the appropriate special populations served at each of the service locations below.

Special Populations

Program Main Site | 27 Congress Salem, MA 01970

- Adolescents 
- Disabled 
- Elders (60+) 
- Persons with co-occurring disorders 
- Pregnant Women 
- Transitional Age Youth 

Service Location 1 of 1 | 123 Boston Street Boston, MA 02143

- Adolescents 
- Disabled 
- Elders (60+) 
- Persons with co-occurring disorders 
- Pregnant Women 
- Transitional Age Youth 

Check all the special populations served for the main site and each service location. Definitions for each special population can be viewed by hovering over the question mark tooltip next to the option. Click the "Save & Proceed" button. The system will redirect you to the Responsible Officials page as shown below.

Responsible Officials

Responsible Officials Information

President or chairperson of board
The individual duly appointed by the governing body of the agency to as the President or Chairperson of the Board.

Is the position applicable? Yes No

First name: *	<input type="text"/>	Middle Initial:	<input type="text"/>	Last Name: *	<input type="text"/>
Email: *	<input type="text"/>	Re-enter Email: *	<input type="text"/>		
License Type: *	-- Please select a license --	Board Certification #:	<input type="text"/>		
License Start Date:	<input type="text"/>	License End Date:	<input type="text"/>		
Address Line 1: *	<input type="text"/>	Address Line 2:	<input type="text"/>		
City: *	<input type="text"/>	State: *	Massachusetts	Zip Code: *	<input type="text"/>
Phone: *	<input type="text"/>	Phone Extension:	<input type="text"/>	Fax:	<input type="text"/>

Executive Director
The individual duly appointed by the governing body of the agency, who is responsible for the day-to-day operations of the agency providing substance abuse treatment.

Is the position applicable? Yes No

First name: *	<input type="text"/>	Middle Initial:	<input type="text"/>	Last Name: *	<input type="text"/>
Email: *	<input type="text"/>	Re-enter Email: *	<input type="text"/>		
License Type: *	-- Please select a license --	Board Certification #:	<input type="text"/>		
License Start Date:	<input type="text"/>	License End Date:	<input type="text"/>		
Address Line 1: *	<input type="text"/>	Address Line 2:	<input type="text"/>		
City: *	<input type="text"/>	State: *	Massachusetts	Zip Code: *	<input type="text"/>
Phone: *	<input type="text"/>	Phone Extension:	<input type="text"/>	Fax:	<input type="text"/>

Program Director
The individual employed by the licensee who is responsible for the day-to-day operations of the a program of substance abuse treatment services.

Is the position applicable? Yes No

Read the descriptions for each of the positions displayed and choose whether they are applicable or not for your program. For those that are, enter the name, contact information, and license and certification information. Once you are done entering all the responsible officials, click the “Save & Proceed” button to proceed to the Governing Body page shown below. Please note that you will skip this page if your program has a DPH-DHCQ or a DMH License, or if it is operated by a Massachusetts Department, Agency, or Institution.

Governing Body

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type	Service Setting	Application Type	Application #
Standard	24 Hour Diversionary Acute Treatment Services	New License Application	27342

Instructions

Please enter contact information for the Program's governing body members, all fields marked with an asterisk (*) are required. After you have entered all information for a governing body member please click on the Add button to add the member. Each governing body member that has been added will appear above the blank governing body member form. When you have finished adding all governing body member click on the Save and Proceed button below.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

Governing Body

Add a New Governing Member

Name: *

Role: *

City: *

Phone (ex: 111-222-3333): *

Expertise type: *

Start Date: *

State: *

Phone Extension:

Please use the "Add" button below to add the governing body member once all their information has been entered. Continue to add governing body members using this button. Only when all the governing body members have been entered should the "Proceed" button be clicked. When you click the "Proceed" button all information entered in the form above will be lost.

ADD

BACK **PROCEED**

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- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body

Enter information about governing body members including name, expertise type and role, start date, city, state of residence, and phone number, then click Add. You may continue to add members in the same way. Note that you must enter at least two governing body members. You may also edit or delete any previously entered members by clicking the corresponding edit or delete button. Once you are done, proceed to the advisory board page shown below. Please note that you will only see this page if none of the governing body members reside in Massachusetts.

Advisory Board

The screenshot shows the 'Add a New Advisory Board Member' form within the Bureau of Substance Addiction Services Licensing System. The page header includes 'Mass.gov' and 'Bureau of Substance Addiction Services Licensing System'. The breadcrumb trail is 'Home > Programs > Sample Program > Application'. The form displays the following information: Program Type: Standard; Service Setting: 24 Hour Diversionary Acute Treatment Services; Application Type: New License Application; Application #: 27342. A sidebar on the right contains a list of menu items with green checkmarks, including 'Program and Organization Info', 'Service Locations', 'Licenses and Accreditations', 'QSO Information', 'Program Services', 'Special Populations', 'Responsible Officials', 'Governing Body', and 'Advisory Board'. The main form area has an 'Instructions' section and a form titled 'Add a New Advisory Board Member' with fields for Name, Start Date, City, Phone, Expertise type, and State. Below the form is an 'ADD' button and 'BACK' and 'PROCEED' buttons. The footer contains copyright information for 2018 and a 'Download Adobe Reader' link.

On this page, you will enter information about the advisory board members including name, expertise type, start date, city, state of residence, and phone number, then click Add. You may continue to add members in the same way. You may also edit or delete any previously entered members by clicking the corresponding edit or delete button. Please note that you must enter at least two advisory board members. Click the "Proceed" button to move to the Program Questions page as shown below.

Program Questions

The screenshot shows the 'Program Questions' page with tabs for 'Service Design', 'Administration', 'Personnel', and 'Service Components'. The active tab is 'Service Components'. The page displays 'Question 1: Treatment Goals and Approach'. The question text asks to describe the applicant's service(s) and lists five sub-questions (a-e) regarding program goals, treatment methods, special populations, off-site services, and assessment methods. Below the question is a list of regulations: 164.540, 164.074, 164.574, 164.582, 164.082, 164.038, 164.040. The 'Answer:' section contains a rich text editor with a menu bar (File, Edit, Insert, View, Format, Tools) and a toolbar with icons for undo, redo, font size, bold, italic, underline, bulleted list, numbered list, link, and unlink. The text area below the toolbar is empty.

On this page, you will need to provide answers to various questions about your program. The questions are divided into different categories, and you can move to a previous category by clicking the corresponding tab. You may be asked to provide a narrative response (as shown above), upload supporting documents, or affirm a statement to answer the question (shown below). The question will be associated with one or more regulations, which you can view by clicking that regulation number. To move to the next tab, click Save and Proceed.

Question 4

Completion and Discharge:

The following policies are in place. Upload the corresponding polices:

- a. Successful Completion of Treatment
- b. Voluntary Discharge
- c. Involuntary Discharge
- d. Appeal Process for Discharges
- e. Transfer and Referral

Please enter "Not Applicable" if the question does not apply to your program.

Regulations: [164.575](#) [164.075](#)

I affirm the above statement:

Select a file to upload: No file chosen

After answering all of the questions, click the "Save & Proceed" button in the last category to proceed to the program staff page.

On the program staff page, you will add information on staff members for your program. The staff entry page is divided into three sections and the information is saved in the system after completing each section. The first section of the staff entry page is shown below.

Program Staff and Schedule

State Agencies | State A-Z Topics | Logout

Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
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Instructions

Please note that the staff entry form has been divided into three sections and the staff schedule is now entered when entering the staff member. You will be able to review a complete overview of the programs schedule on the next page.

Please enter information for each of the program's staff members who meet the roles listed in the form below. After you have entered all information for a staff member please click on the Save New Staff Member and Proceed button to move to the next section and continue entering information. On the last page click the Save New Staff Member button to complete adding the staff member. If you begin to enter a staff member and you need to remove them you can click on the corresponding Delete button to the right of the staff member's name and role.

Once the staff member is entered you may upload any associated documents by clicking the corresponding Upload Documents button to the right of the staff member's name and role.

When you have completed adding all program staff members and uploading associated document click on the Proceed button below.

Program Staff

Add New Staff Member

Please enter the information below for this staff member. Then click on the "Save Staff Member and Proceed" button to continue entering information for this staff member. You must complete all the information for this staff member before entering additional staff.

First Name *	Middle Name	Last Name *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Year of Birth *	Gender *	Email	
<input type="text"/>	-- Select --	<input type="text"/>	
Employment Type *	Work Status *	Average Hours Per Week *	
-- Select --	-- Select --	<input type="text"/>	
Annual Pay Range *			
-- Select --			

Primary Role *

<input type="radio"/> Advanced Practice Registered Nurse	<input type="radio"/> Aftercare Coordinator	<input type="radio"/> Assistant Program Director
<input type="radio"/> Case Aide	<input type="radio"/> Case Manager	<input type="radio"/> Clinical Supervisor/Senior Clinician/Clinical Director
<input type="radio"/> Clinician	<input type="radio"/> Food service personnel	<input type="radio"/> Licensed Mental Health Counselor
<input type="radio"/> Licensed Practical Nurse	<input type="radio"/> Licensed Social Worker	<input type="radio"/> Medical Director
<input type="radio"/> Nurse Practitioner	<input type="radio"/> OB/GYN	<input type="radio"/> Physician
<input type="radio"/> Physician Assistant	<input type="radio"/> Program Director	<input type="radio"/> Psychiatrist/Psychologist
<input type="radio"/> Receptionist	<input type="radio"/> Recovery Specialist	<input type="radio"/> Registered Nurse
<input type="radio"/> Substance Use Disorder Counselor		

Years In Primary Role *	Years In Addiction Services *	NPI Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
In-Service Training Past 12 Mo. *	CPR Certified *		
<input type="text"/>	-- Select --		

Coordinator Responsibilities

<input type="checkbox"/> Access Coordinator	<input type="checkbox"/> HIV/AIDS Coordinator	<input type="checkbox"/> Tobacco Education Coordinator
---	---	--

Please use the "Save New Staff Member and Proceed" button below to save the staff member and continue to enter information about them.

CANCEL
SAVE NEW STAFF MEMBER AND PROCEED

BACK
PROCEED

- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body
- Advisory Board
- Program Questions
- Program Staff

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Here, enter the staff member's personal and professional information. Then proceed to the next section shown below by clicking the "Save New Staff Member and Proceed" button.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
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Instructions

Please note that the staff entry form has been divided into three sections and the staff schedule is now entered when entering the staff member. You will be able to review a complete overview of the programs schedule on the next page.

Please enter information for each of the program's staff members who meet the roles listed in the form below. After you have entered all information for a staff member please click on the Save New Staff Member and Proceed button to move to the next section and continue entering information. On the last page click the Save New Staff Member button to complete adding the staff member. If you begin to enter a staff member and you need to remove them you can click on the corresponding Delete button to the right of the staff member's name and role.

Once the staff member is entered you may upload any associated documents by clicking the corresponding Upload Documents button to the right of the staff member's name and role.

When you have completed adding all program staff members and uploading associated document click on the Proceed button below.

Program Staff

Staff Member Degrees, Licenses, Certifications, and Schedule | Doe, Joseph - Advanced Practice Registered Nurse

Please enter the information below for this staff member's Degrees, Licenses, Certifications, and Schedule. Then click on the "Save Staff Member and Proceed" button to continue entering information for this staff member. You must complete all the information for this staff member before entering additional staff.

Degrees Held By Staff Member (at least one) *

Degree *	Subject *	Location *	Year Completed *	Actions:
<input type="text" value="Select Degree"/>	<input type="text" value="Select Subject"/>	<input type="text" value="Select Location"/>	<input type="text"/>	

ADD ADDITIONAL DEGREE

Licenses Held By Staff Member

Type *	Issuing Location *	License Number *	Issue Date *	Expiration Date *	Actions
<input type="text" value="-- Select --"/>	<input type="text" value="-- Select --"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>

ADD LICENSE

Certifications Held By Staff Member

Certification Type *	Certifying Body *	Cert. # *	Issue Date *	Expiration Date *	Actions
<input type="text" value="Select Certification Type"/>	<input type="text" value="Select Certifying Body"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>

ADD CERTIFICATION

Schedule for Staff Member (at least one) *

For each day this staff member is working, select which location and service they are assigned to, select the day, enter the number of hours they are working for each shift (Day, Evening, Overnight) and indicate if they are an emergency designee. An emergency designee is a staff member designated to initiate an emergency response as described in [105 CMR 164.062](#)

Assigned Location *	Assigned Service *	Day of the Week *	Day *	Evening *	Overnight *	Emergency Designee *	Actions
<input type="text" value="-- Select Location --"/>	<input type="text" value="-- Select Service --"/>	<input type="text" value="-- Select Day --"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>	

ADD SCHEDULE HOURS

Please use the "Save Staff Member and Proceed" button below to save the staff member and continue to enter information about them.

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In this section, add information about the degrees, licenses, certifications, and schedule for the staff member. For each day the staff member is working, enter the service location, service, and the hours worked by the staff member for the day evening, and overnight shifts, and indicate if the staff member is an emergency designee or not. Proceed to the next section shown below by clicking the "Save Staff Member and Proceed" button.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
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Instructions

Please note that the staff entry form has been divided into three sections and the staff schedule is now entered when entering the staff member. You will be able to review a complete overview of the programs schedule on the next page.

Please enter information for each of the program's staff members who meet the roles listed in the form below. After you have entered all information for a staff member please click on the Save New Staff Member and Proceed button to move to the next section and continue entering information. On the last page click the Save New Staff Member button to complete adding the staff member. If you begin to enter a staff member and you need to remove them you can click on the corresponding Delete button to the right of the staff member's name and role.

Once the staff member is entered you may upload any associated documents by clicking the corresponding Upload Documents button to the right of the staff member's name and role.

When you have completed adding all program staff members and uploading associated document click on the Proceed button below.

Program Staff

Staff Member Workforce Questions | Doe, Joseph - Advanced Practice Registered Nurse

Please enter the information below for this staff member. When filling out the staff member Gender, Race, and Ethnicity sections please explicitly ask the staff member on how they identify themselves in regards to these questions. The answers to these questions must strictly come from the staff member and should not be guessed or decided upon other than from the staff member.

Please note that the demographic information being collected for staff members is being used to support workforce development programs in the field of substance addiction services.

Without using an interpreter, in which languages (other than English), is the staff member fluent enough to provide adequate care for and speak with patients/clients? Check all that apply. *

<input type="checkbox"/> Albanian	<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Arabic
<input type="checkbox"/> Cape Verdean Creole	<input type="checkbox"/> Chinese	<input type="checkbox"/> Farsi
<input type="checkbox"/> French	<input type="checkbox"/> Greek	<input type="checkbox"/> Haitian Creole
<input type="checkbox"/> Italian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Korean
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian	<input type="checkbox"/> Somali
<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other
<input type="checkbox"/> None	<input type="checkbox"/> Decline to Answer	

Does the staff member identify as Hispanic/Latino? *

-- Select --

Race *

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Decline to Answer		

Ethnicity *

<input type="checkbox"/> African	<input type="checkbox"/> African American	<input type="checkbox"/> American
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Cape Verdean	<input type="checkbox"/> Caribbean Islander	<input type="checkbox"/> Chinese
<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican
<input type="checkbox"/> European	<input type="checkbox"/> Filipino	<input type="checkbox"/> French Canadian
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Haitian	<input type="checkbox"/> Honduran
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Russian	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other	<input type="checkbox"/> Decline to Answer

Please use the "Save Staff Member" button below to save the staff member once all their information has been entered. To add a new staff member click the "Cancel" Button below. Only when all the staff members have been entered should the "Proceed" button be clicked. When you click the proceed button all information entered in the form above will be lost.

BACK SAVE STAFF MEMBER

BACK PROCEED

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In this section, enter demographic information. The answers to these questions must strictly come from the staff member and should not be guessed. Please note that this is being collected to support workforce development programs in the field of substance addiction services. Click the "Save Staff Member" button to save the staff member. The system will now prompt you to upload documents for the staff member as shown below.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
--------------------------	--	---	------------------------

Instructions

Please note that the staff entry form has been divided into three sections and the staff schedule is now entered when entering the staff member. You will be able to review a complete overview of the programs schedule on the next page. Use this page to upload any required documentation for the staff member. Once you have completed uploading documents for this staff member, click on the 'Return to Staff Page' button to go back to the staff entry page.

Program Staff

Doe, Joseph | Advanced Practice Registered Nurse

Upload Documents

Please Upload any required documentation for the staff member listed above. These include Resumes, Licenses, CPR certifications, Training Materials. After you have upload all of the documentation please click on the 'Return to Staff Page' button to return to the Program Staff page.

Uploaded Documents
No documents found.

Upload Supporting Document

Select the document type: *

Document comments:

Select the file to upload: * No file chosen

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Supporting documents for the staff member, such as resumes, CPR certifications, licenses, and training materials can be uploaded here. To upload a document, choose the document type, add any comments, choose the file from your computer, and click the "Upload" button. When you are done uploading documents, click on "Return to Staff Page". From the page shown below you can add more staff in the same way. You can also edit, delete, or upload documents for already entered staff by clicking the corresponding button to the right of their name.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
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Instructions

Please note that the staff entry form has been divided into three sections and the staff schedule is now entered when entering the staff member. You will be able to review a complete overview of the programs schedule on the next page.

Please enter information for each of the program's staff members who meet the roles listed in the form below. After you have entered all information for a staff member please click on the Save New Staff Member and Proceed button to move to the next section and continue entering information. On the last page click the Save New Staff Member button to complete adding the staff member. If you begin to enter a staff member and you need to remove them you can click on the corresponding Delete button to the right of the staff member's name and role.

Once the staff member is entered you may upload any associated documents by clicking the corresponding Upload Documents button to the right of the staff member's name and role.

When you have completed adding all program staff members and uploading associated document click on the Proceed button below.

Program Staff

Doe, Joseph Advanced Practice Registered Nurse	<input type="button" value="UPLOAD DOCUMENTS"/>	<input type="button" value="EDIT"/>	<input type="button" value="DELETE"/>	▼
Rogan, Nancy Licensed Social Worker	<input type="button" value="UPLOAD DOCUMENTS"/>	<input type="button" value="EDIT"/>	<input type="button" value="DELETE"/>	▼
Smith, Harry Case Manager	<input type="button" value="UPLOAD DOCUMENTS"/>	<input type="button" value="EDIT"/>	<input type="button" value="DELETE"/>	▼

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- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body
- Advisory Board
- Program Questions
- Program Staff

Once you have entered all staff members, click the proceed button. The system will display the schedule for your program based on the staff schedule you entered.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type: Standard Service Setting: 24 Hour Diversionary Acute Treatment Services Application Type: New License Application Application #: 27342

Instructions: Please review the hours for each of the programs staff members for each shift for this service. To view each day of the week click on the corresponding tab below. If any changes need to be made click the back button to return to the staff page and update the staff member's schedule information.

Level 4 - 24 Hour Diversionary Withdrawal Management Schedule | Program Main Site - 27 Congress Salem, MA 01970

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Day Shift

Name - Position	CPR Certified	Hours	Emergency Designee
Doe, Joseph - Advanced Practice Registered Nurse	Yes	5	No
Smith, Harry - Case Manager	Yes	5	No
Rogan, Nancy - Licensed Social Worker	Yes	5	Yes

Evening Shift

Name - Position	CPR Certified	Hours	Emergency Designee
Doe, Joseph - Advanced Practice Registered Nurse	Yes	5	No
Smith, Harry - Case Manager	Yes	5	No

Overnight Shift

Name - Position	CPR Certified	Hours	Emergency Designee
Rogan, Nancy - Licensed Social Worker	Yes	5	Yes

Level 3.7 - 24 Hour Diversionary Withdrawal Management Schedule | Program Main Site - 27 Congress Salem, MA 01970

Level 3.7 - 24 Hour Diversionary Withdrawal Management Schedule | Service Location 1 of 1 | 123 Boston Street Boston, MA 02143

Level 3.5 - Clinical Stabilization Services Schedule | Service Location 1 of 1 | 123 Boston Street Boston, MA 02143 | No Hours Entered

BACK SAVE & PROCEED

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The system will display the schedule for each service provided at each service location. Click on the corresponding tabs to view the schedule for each day of the week. If the schedule is correct, you may proceed to the Health and Safety Documents Information page shown below. If not go back to the previous page and edit the schedule of the incorrect staff member. Please note that you will skip the Health and Safety Documents Information page if your program has a DPH-DHCQ or a DMH License, or if it is operated by a Massachusetts Department, Agency, or Institution.

Health and Safety Documents

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Instructions
Please Provide information on your Health and Safety Documents for all of your program sites. Health and safety documents include fire inspections, building inspection, and proof of insurance. To add information about additional health and safety documents please click "Add a Document".
You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

Program Type: Standard Service Setting: 24 Hour Diversionary Acute Treatment Services Application Type: New License Application Application #: 27342

Important Health and Safety Document Dates

Program Main Site | 27 Congress Salem, MA 01970

Fire Inspection
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Building Inspection
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Commercial (General Liability) Insurance
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Professional Liability Insurance
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Workers Compensation Insurance
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

ADD OTHER HEALTH AND SAFETY DOCUMENT INFORMATION

Service Location 1 of 1 | 123 Boston Street Boston, MA 02143

Vehicle Inspection
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Vehicle Registration
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

Vehicle Insurance
Not Applicable Based on Governmental Rules/Regulations:
Issue Date: Expiration Date:

ADD OTHER HEALTH AND SAFETY DOCUMENT INFORMATION

BACK **SAVE & PROCEED**

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- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body
- Advisory Board
- Program Questions
- Program Staff
- Health and Safety

Enter information about important Health and Safety Documents including their issue and expiration dates. If a particular document is not applicable Based on Governmental Rules or Regulations, you may skip it by checking the check box. After entering all information, click the "Save & Proceed" button. The system will now prompt you to upload the Health and Safety Documents.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Instructions

Please Provide information on your Health and Safety Documents for all of your program sites. Health and safety documents include fire inspections, building inspection, and proof of insurance. To add information about additional health and safety documents please click "Add a Document".

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

Program Type	Service Setting	Application Type	Application #
Standard	24 Hour Diversionary Acute Treatment Services	New License Application	27342

Upload Health and Safety Documents

Program Main Site | 27 Congress Salem, MA 01970

Fire Inspection

Issue Date:	Feb 11, 2019	Expiration Date:	Feb 13, 2021	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
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Building Inspection

Issue Date:	Feb 18, 2019	Expiration Date:	Feb 25, 2021	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
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Commercial (General Liability) Insurance

Issue Date:	Nov 01, 2019	Expiration Date:	Nov 12, 2022	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
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Professional Liability Insurance

Issue Date:	Nov 19, 2019	Expiration Date:	Nov 28, 2022	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
-------------	--------------	------------------	--------------	---	---------------------------------------

Workers Compensation Insurance

Not Applicable Based on Governmental Rules/Regulations

Service Location 1 of 1 | 123 Boston Street Boston, MA 02143

Vehicle Inspection

Not Applicable Based on Governmental Rules/Regulations

Vehicle Registration

Issue Date:	Sep 28, 2020	Expiration Date:	Sep 13, 2021	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
-------------	--------------	------------------	--------------	---	---------------------------------------

Vehicle Insurance

Issue Date:	Apr 29, 2021	Expiration Date:	Apr 29, 2022	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="UPLOAD"/>
-------------	--------------	------------------	--------------	---	---------------------------------------

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- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body
- Advisory Board
- Program Questions
- Program Staff
- Health and Safety

Upload copies of these documents by selecting the files from your computer and clicking on the corresponding upload button. After uploading all the documents, click the "Save & Proceed" button to proceed to the Application Documents page as shown below.

Application Documents

On this page, you will see all of the documents uploaded during the application process. Review the instructions carefully to see if you missed uploading any documents. To upload the missing or additional documents for your application, click on Upload document. This will display the upload form. Choose the type, and associated application record, add any comments, choose the file to upload, and then click Upload. Once all the documents are uploaded, click the “Save & Proceed” button to move to the Application Fee Payment page shown below. If there is no fee for your application, you will skip this page.

Application Fee

Pay the fee associated with the application by clicking on pay fee. This will take you to an external payment processing website shown below, where you will be able to make the payment either by credit, debit, or ACH/Bank Account.

Bureau of Substance Addiction Services (BSAS)

Questions?
 Contact: alex.kearns@mass.gov
 Web: <https://www.mass.gov/orgs/bureau-of-substance-addiction-services>

250 Washington St
 Boston, Massachusetts 02108
 Phone: 617-624-5111

Payment
MA RedirectToCMS
Receipt

Payment

You have elected to pay for the following item(s).

Description	ID	Amount
LADC I Application - Renewal	C37959	\$50.00
		\$50.00
		Convenience Fee: \$0.00
		Total Amount Due: \$50.00

Billing Information

International Address

Company Name

OR

First Name

Last Name

Address 1

Address 2

Zip

City

State/Territory

Phone Number

Email

Confirm Email

Payment Information

Credit/Debit Card Electronic Check/ACH

Card Type
 VISA DISCOVER

Card Number *Invalid Card Number

CVV Code

Expiration

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.
 I Accept

Important Information

Transaction will appear on your financial statement as NCOURT*MA DPH BSAS

Please provide the correct billing address associated with the account being used to make the payment.

To receive an email confirmation of your payment, please include a valid email address.

If you would like a text notification payment confirmation sent to your mobile phone, enter the following:

Mobile Number

Please verify the above information before the Submit Payment button is pressed. Do not click Submit Payment button more than one time.

Submit Payment

powered by nCourt

Enter your payment information and click the "Submit Payment" button. You will then proceed to application submission page.

Submit Application

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type New License Application	Application # 27342
--------------------------	--	---	------------------------

Submit

Please review the following statements and agree to them by checking then check box "I Agree" below.

- I affirm that the program is in compliance with all applicable state and federal regulations including the Americans with Disabilities Act.
- I hereby attest that the answers and statements in this application are true and declare that they are made under the pains and penalties of perjury. At any time, if any of the above information changes, I will notify the Bureau of Substance Abuse Services within 30 days.
- I understand that by clicking the "Submit" button below my action has the same legally binding effect as my physical signature.
- Please note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date.

I agree:

BACK SUBMIT

- Program and Organization Info
- Service Locations
- Licenses and Accreditations
- QSO Information
- Program Services
- Special Populations
- Responsible Officials
- Governing Body
- Advisory Board
- Program Questions
- Program Staff
- Health and Safety
- Upload Documents

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Note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date. Agree to the application attestation by clicking the "I agree" checkbox and, clicking on the "Submit" button to submit your application. Once your application is submitted, you will be redirected to the menu page shown below.

After Application Submission

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program

Welcome **John Smith (organization id=7654092)** to the Bureau of Substance Addiction Services Licensing System.

You have submitted a Bureau of Substance Abuse Services Standard application numbered 27342 on Apr 29, 2021 for processing. The bureau is processing your application. You will be notified by email or in writing when the application is processed. Please note that the application will not be approved until all the required supporting documents have been faxed. For instructions on how to fax the supporting documents click on the fax supporting documents link below.

CLOSED DCOS

Click here to view Deficiency Correction Orders for your program application that have been closed.

SELECT

FAX SUPPORTING DOCUMENTS

Click here to print fax cover sheet to use when faxing supporting documents to the Bureau of Substance Addiction Services.

SELECT

UPLOAD SUPPORTING DOCUMENTS

Click here to upload supporting documents to the Bureau of Substance Addiction Services Licensing System.

SELECT

PRINT APPLICATION

Click here to export your application as a pdf document and save or print it.

SELECT

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Fax Supporting Documents

Now that you have submitted your application, if necessary, you may click on the Fax Supporting Documents button to generate fax cover sheets to use when faxing any additional documents. The system displays the fax supporting documents page shown in the figure below.

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Detoxification House > Upload Documents

Supporting Documents Standard Application # 21660

Document Descriptions:

To complete your application you need to prepare and fax the following supporting documents to the Bureau of Substance Abuse Services. You will need to preface each group of documents with the appropriate fax cover sheet and fax to the following number (617) 887-8705

Proof of Insurance:
A list of insurance policies held for each program location, including satellites and medication units, identifying which policies cover which location(s). Include: commercial (general) and professional liability insurance and workers compensation insurance. Attach copies of declaration pages reflecting coverage for program site(s).

Building Inspection:
A copy of the building inspection certificate(s). Note that submitted inspections certificates must be current at the time the renewal license is issued.

Fire Inspection:
A copy of the Fire inspection certificate(s). Note that submitted inspections certificates must be current at the time the renewal license is issued.

Staff Resumes:
Copies of up to date staff resumes.

Licenses Registrations and approvals:
Copies of any licenses, registrations or approvals held by the program.

[BACK](#) [PRINT FAX COVER SHEETS](#)

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Read the instructions and prepare all the required documents, then click the Print Fax Cover Sheets button. A new window will open up a PDF file that contains the fax cover sheets as shown in the figure below.

Department of Public Health
Bureau of Substance Abuse Services
Program License Application

Fire Inspection FAX COVER SHEET

Fax To:(617) 887-8705
From:abcde

Application #:PA13901

Please use this cover sheet to fax the fire inspection certificate(s) for each program location, including satellites. Note that submitted inspections certificates must be current at the time the renewal license is issued.

Application Number:



License Number:



Document Type:



License Type:



Licensee Name:

Print all the cover sheets. Follow the instructions to fax the documents with the cover sheets to the fax number printed at the top of the sheets.

Upload Documents After Application Submission

You may also upload any additional documents at this time. To do this, go back to the main menu and click the Upload Documents button. The system will display the Upload Documents for Program Applications shown below.

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Upload Documents

Program Type: Standard Service Setting: 24 Hour Diversionary Acute Treatment Services Application Type: New License Application Application #: 27342

Instructions

The table below shows all of your previously uploaded documents. The following documents still need to be uploaded below or on their respective pages in the application:

- The following Qualified Service Organization Agreements (QSOA) do not have the required documentation uploaded.
 - Health and Wellness - Medication for the treatment of Addiction (074.A) - Nov 01, 2020 to Dec 31, 2021

Upload Documents for Program Application

Uploaded Documents

File Name	Type	Program Site	Comment	Uploaded Date	Delete
dmh.pdf	Registrations and Licenses	27 Congress Salem, MA 01970 (Main Site)		Apr 29, 2021 08:17 AM	

Upload Supporting Documents

Select the document type: *

Select the site the document applies to: *

Document comments:

File Edit Insert View Format Tools

Font Sizes **B** *I* U

Select the file to upload: * No file chosen

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To upload the missing or additional documents for your application, click on Upload document. This will display the upload form. Choose the type, and associated application record, add any comments, choose the file to upload, and then click Upload.

Application PDF Copy

You may also generate a PDF copy of your application to print or save for your records. To do this, go back to the main menu and click the Print Application button. The system will display the Upload Documents for Program Applications shown below:

Bureau of Substance Abuse License Application #27342

Application Number:	27342	Application Type:	Standard
Application Status:	Pending	Created Date:	Apr 28, 2021
Program Type:	Standard	Level of Care:	24 Hour Diversionary Acute Treatment Services
License Number:	New Program Application - No License Number		

Program Information

Program Name:	Sample Program	Number of Clients Served:	100
Adolescents Only:	No	Website:	
Operating Address:	27 Congress Salem, MA 01970	Location Instructions:	N/A
Mailing Address:	27 COngress Salem, MA 01970	Phone:	123-123-1231
Fax:	123-123-1231	TTY/TTD:	123-123-1231

Organization Information

Legal Name:	Health and Wellness	Organization Type:	For Profit Corporation
EIN/TIN:	21-3123213	Incorporation State:	Massachusetts
Mailing Address:	27 Congress Salem, MA 01970	Phone:	111-111-1111
Fax:	111-111-1111	TTY/TTD:	N/A

Services

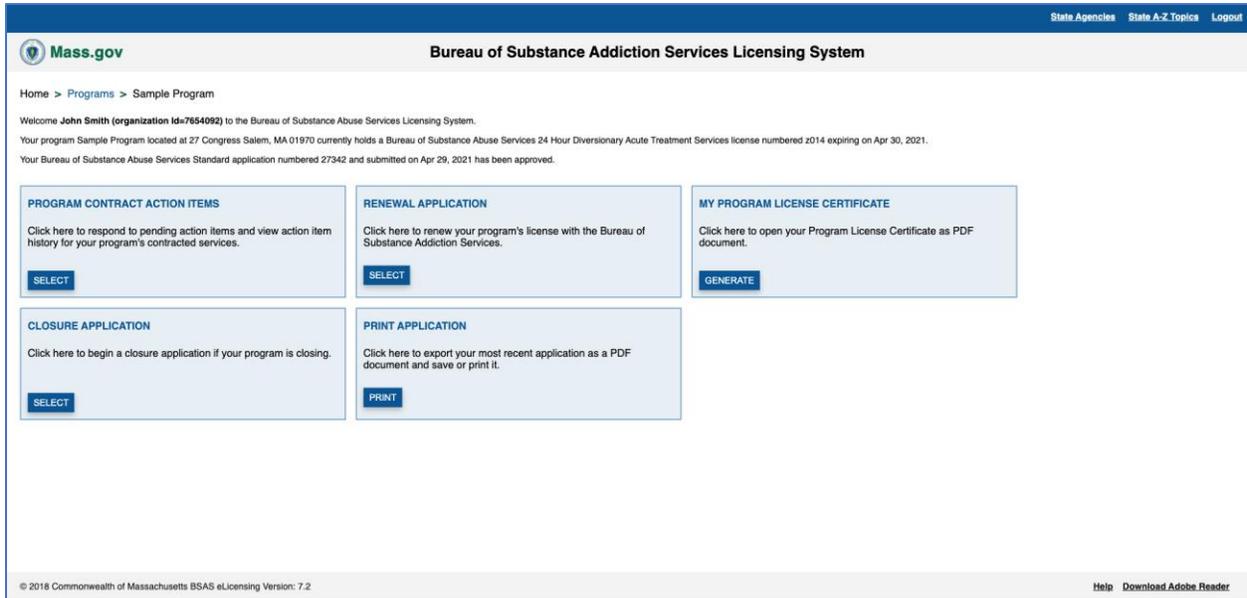
Level 4-24 Hour Diversionary Withdrawal Management:	No of Beds: 5 ,Gender: Male
Level 3.7-24 Hour Diversionary Withdrawal Management:	No of Beds: 5, Gender: Male, Female, Transgender

Medications

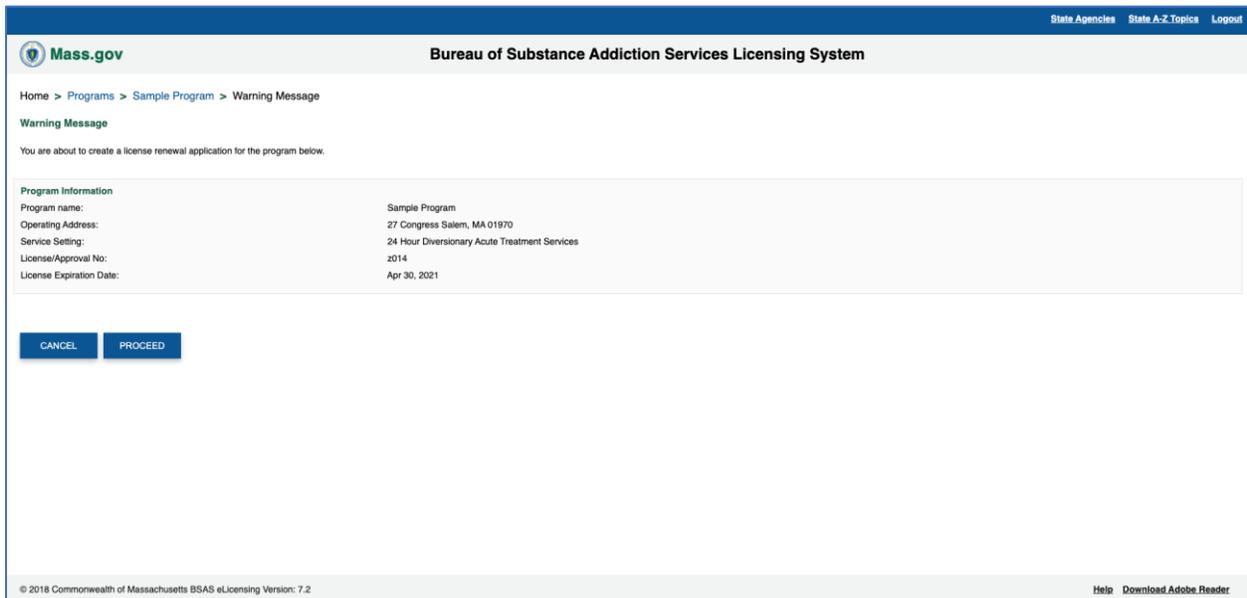
Medications:	Buprenorphine or Buprenorphine Derivative is being dispensed at this location for treatment setting(s): Withdrawal Management
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3. Renewal Application

Once you access BSAS eLicensing as described above, select the program that you need to renew from the list of your organization’s programs and the system will display the menu page shown below:



Click the “Select” button on the Renewal Application Card and the system will display the renewal application confirmation page.



Click the Proceed button to start the renewal application. The renewal application steps are identical to those of a new application except the pages are prepopulated with existing data for ease of use. For detailed instructions about the steps refer to section 1 of this document.

4. Amendment Application

Once you access BSAS eLicensing as described above, select the program you need to amend from the list of your organization's programs and the system will display the menu page shown below:

The screenshot shows the 'Bureau of Substance Addiction Services Licensing System' interface. At the top, there is a navigation bar with 'State Agencies', 'State A-Z Topics', and 'Logout'. Below this is the 'Mass.gov' logo and the system title. The breadcrumb trail reads 'Home > Programs > Sample Program'. A welcome message for 'John Smith' is displayed, along with program details: 'Sample Program' located at '27 Congress Salem, MA 01970' with a license numbered '2014' expiring on 'Apr 30, 2023'. A recent application is noted as approved. The main content area contains five cards: 'PROGRAM CONTRACT ACTION ITEMS' (SELECT), 'AMENDMENT APPLICATION' (SELECT), 'MY PROGRAM LICENSE CERTIFICATE' (GENERATE), 'CLOSURE APPLICATION' (SELECT), and 'PRINT APPLICATION' (PRINT). The footer includes the copyright notice '© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2' and links for 'Help' and 'Download Adobe Reader'.

Click the “Select” button on the Amendment Application Card and the system will display the amendment application confirmation page.

The screenshot shows the 'Warning Message' page for creating an amendment application. The breadcrumb trail is 'Home > Programs > Sample Program > Warning Message'. A warning message states: 'You are about to create an amendment application for the program below.' Below this is a 'Program Information' table:

Program name:	Sample Program
Operating Address:	27 Congress Salem, MA 01970
Service Setting:	24 Hour Diversionary Acute Treatment Services
License/Approval No:	2014
License Expiration Date:	Apr 30, 2023

Below the table, a note states: 'An amendment application should only be used if one of the following scenarios apply:' followed by a bulleted list:

- Capacity Change: There was an increase or decrease in the number of beds served by the program.
- Location Change: Temporary or permanent relocation of the program or one of the satellites.
- Service Change: A change to the special populations served by the program or any of the program satellite locations.

A confirmation question asks: 'Are you sure you would like to continue? To continue press the Proceed button, otherwise press the Cancel button.' At the bottom, there are two buttons: 'CANCEL' and 'PROCEED'. The footer is identical to the previous screenshot.

Click the Proceed button to start the amendment application. The amendment application steps are identical to those of a new application except the pages are prepopulated with existing data for ease of use. For detailed instructions about the steps refer to section 1 of this document.

5. Closure Application

Once you access BSAS eLicensing as described above, select the program you need to close from the list of your organization's programs and the system will display the menu page shown below:

The screenshot shows the 'Bureau of Substance Addiction Services Licensing System' interface. The breadcrumb trail is 'Home > Programs > Sample Program'. A welcome message for John Smith (organization ID=7654092) is displayed, along with program details: 'Sample Program' located at 27 Congress Salem, MA 01970, holding a 2014 license expiring on Apr 30, 2023. A recent standard application (numbered 27342) submitted on Apr 29, 2021, is noted as approved. The main content area contains five cards: 'PROGRAM CONTRACT ACTION ITEMS' (SELECT), 'AMENDMENT APPLICATION' (SELECT), 'MY PROGRAM LICENSE CERTIFICATE' (GENERATE), 'CLOSURE APPLICATION' (SELECT), and 'PRINT APPLICATION' (PRINT). The footer includes the copyright notice '© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2' and links for 'Help' and 'Download Adobe Reader'.

Click the "Select" button on the Closure Application Card and the system will display the amendment application confirmation page as shown below.

The screenshot shows the 'Warning Message' page in the BSAS eLicensing system. The breadcrumb trail is 'Home > Programs > Sample Program > Warning Message'. A warning message states: 'You are about to create a closure application for the program below.' Below this is a 'Program Information' table:

Program Information	
Program name:	Sample Program
Operating Address:	27 Congress Salem, MA 01970
Service Setting:	24 Hour Diversionary Acute Treatment Services
License/Approval No:	2014
License Expiration Date:	Apr 30, 2023

Below the table, a note states: 'A closure application should only be used if the program located at the address above plans to close temporarily (less than 30 days) or permanently. Are you sure you would like to continue? To continue press the Proceed button, otherwise press the Cancel button.' At the bottom of the message area are two buttons: 'CANCEL' and 'PROCEED'. The footer includes the copyright notice '© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2' and links for 'Help' and 'Download Adobe Reader'.

Click the proceed button to confirm and start the closure application. The system will display the program closure type page where you will be required to choose between a temporary or permanent closure.

Closure Type

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Answer House > Application

Instructions
Please select the program closure type information below. Please note that all fields marked with an asterisk (*) are required.

Closure Type

Program Type	Service Setting	Application Type	Application #
Standard	Residential Rehabilitation	Program Closure	30032

Program Closure Type

Program Information

Program name: Answer House
Operating Address: 5 G Street P.O. Box 314 Boston, MA 02127
Service Setting: Residential Rehabilitation
Closure Type: * Temporary (6 months or less)

PROCEED

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Choose the type and click the proceed button. The system will then display a more detailed Program Closure Information page shown below.

Closure Information

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Sample Program > Application

Instructions
Please select the program closure information below. Please note that all fields marked with an asterisk (*) are required.

Closure Type Closure Information

Program Type	Service Setting	Application Type	Application #
Standard	24 Hour Diversionary Acute Treatment Services	Program Closure	27349

Program Closure Information

Program Information

Program name: Sample Program
Operating Address: 27 Congress Salem, MA 01970
Service Setting: 24 Hour Diversionary Acute Treatment Services

Closure Information

Closure Type: Temporary (Less than 30 days)

Temporary Closure Date From *
Temporary Closure Date To *
Records storage facility name *
Storage address Line 1 *
Storage address Line 2
Storage city * Salem
Storage state * Massachusetts
Storage zipcode * 01970
How can records be accessed? *

BACK SAVE & PROCEED

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Enter the program closure information and click the Save & Proceed button. The system will

display the Program Closure Questionnaire page shown below.
Program Closure Questions

State Agencies State A-Z Topics Logout

Mass.gov Bureau of Substance Addiction Services Licensing System

Home > Programs > Answer House > Application

Instructions
Please answer the following questions about the program closure.

Program Type: Standard Service Setting: Residential Rehabilitation Application Type: Program Closure Application #: 30032

Program Closure Questions

Service Design

Question 1:
If proposed closure is temporary, describe reason for temporary closure, the dates the program expects to close and re-open to provide services, and explain program's plan to ensure continuity of treatment for clients during the closure.
Regulations: [164.087](#)

Answer:

File Edit View Insert Format Tools
12pt B I U [Text Alignment] [List] [Link]

POWERED BY TINY

Question 2:
Describe how records will be destroyed in a manner that protects their confidential nature at the end of the contracted storage period.
Regulations: [164.085](#)

Answer:

File Edit View Insert Format Tools
12pt B I U [Text Alignment] [List] [Link]

POWERED BY TINY

Question 3:

- a. Affirm that substance abuse treatment records will be stored in a secure place for seven years from the date of each client's termination of services unless required by law to do so for a longer period.
- b. Fax contract with storage company
- c. Fax receipt showing that program has pre-paid the storage fee for the full seven-year period.

Regulations: [164.085](#)

Answer:

File Edit View Insert Format Tools
12pt B I U [Text Alignment] [List] [Link]

POWERED BY TINY

Question 4:
Describe how the program plans to transfer clients who wish to continue substance abuse treatment. Affirm that clinical records will accompany clients upon transfer.
Regulations: [164.087](#)

Answer:

File Edit View Insert Format Tools
12pt B I U [Text Alignment] [List] [Link]

POWERED BY TINY

Question 5:
Affirm that the program will notify each client orally and in writing that the program will be closing at least 30 days prior to the last day the program will be open to provide services. Affirm that this notification will be documented in each client treatment record.
Regulations: [164.087](#)

Answer:

File Edit View Insert Format Tools
12pt B I U [Text Alignment] [List] [Link]

POWERED BY TINY

BACK SAVE & PROCEED

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Answer the questions and click the Save & Proceed button. The system will then display the Submit Closure page shown below.

Submit Closure Application

Home > Programs > Sample Program > Application

Program Type Standard	Service Setting 24 Hour Diversionary Acute Treatment Services	Application Type Program Closure	Application # 27349
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Submit Closure

Please review the following statements and agree to them by checking the check box marked "I Agree".

I hereby attest that the answers and statements in this application are true and declare that they are made under the pains and penalties of perjury. At any time, if any of the above information changes, I will notify the Bureau of Substance Abuse Services within 30 days. I understand that by clicking the 'Submit' button below my action has the same legally binding effect as my physical signature.

Please note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date.

I agree:

[BACK](#) [SUBMIT](#)

Note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date. Agree to the application attestation by clicking the "I agree" checkbox and clicking on the "Submit" button to submit your closure application. Once your application is submitted, you will be redirected to the menu page shown below.

After Closure Application Submission

The screenshot shows the user interface of the Bureau of Substance Addiction Services Licensing System. At the top, there is a navigation bar with links for "State Agencies", "State A-Z Topics", and "Logout". Below this is the "Mass.gov" logo and the system title "Bureau of Substance Addiction Services Licensing System". The main content area includes a breadcrumb trail "Home > Programs > New Program" and a welcome message for "John Smith (organization id=7654092)". A notice states that a closure application numbered 27349 was submitted on April 30, 2021, and is currently being processed. Below the notice are four interactive boxes: "CLOSED DCOS" (with a "SELECT" button), "FAX SUPPORTING DOCUMENTS" (with a "SELECT" button), "UPLOAD SUPPORTING DOCUMENTS" (with a "SELECT" button), and "PRINT APPLICATION" (with a "SELECT" button). Each box contains instructions on how to use the respective function. At the bottom of the page, there is a copyright notice for 2018 and a link to "Download Adobe Reader".

If you need to provide any supporting documents, you may fax them or upload them by clicking the respective buttons. The process of faxing or uploading supporting documents after application submission is described above in section 1.