COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES



Department of Public Health Bureau of Substance Addiction Services Electronic Licensing System

Program Licensing Regulatory and Contractual Waivers User Manual

Table of Content

1.	ACCESSING BSAS ELICENSING	. 3
	Go to BSAS eLicensing	.3
	Managing your Virtual Gateway Account Virtual Gateway Account Secret Questions	.3 .4
	Update Virtual Gateway Account Email	.5
2.	PROGRAM VIEW	. 6
3.	PREVIOUS WAIVER REQUESTS	. 7
4.	WAIVER REQUEST FORM	. 8
5.	EDIT WAIVER REQUEST FORM	.9
6.	SUBMITTED WAIVER FORM	10
7.	UPLOAD DOCUMENT	11

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 <u>alex.kearns@mass.gov</u> 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:

	Welcome to Virtual Gateway					
Welcome bsas program Last VG Login : 01/05/2024 at 09:46 AM ET		Manage My Account 👻 Logout				
	Accessible Applications BSAS eLicensing »					

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.

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

Update Virtual Gateway Account Email

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 :	
	bsas	
	Middle Initial :	
	(optional)	
	Last Name :	
	program	
	PIN :	
	0001	
	Birth Date (Month/Day) :	
	01/01	
	Email	
	Enter Email Id	
	Phone Number:	
	Enter Phone Number	
	(optional)	
	Submit Cancel	

2. Program View

Login to VG using your 'BSAS_Program' credentials. Inside the Program Menu, there is a separate menu card for Waivers. Click on Select to View all your Waiver requests or Create a new Waiver Request.

Home > Programs > Answer House						
Welcome John Smith (organization Id=0003113) to the Bureau of Substance Ab	use Services Licensing System.					
The Bureau of Substance Abuse Services license numbered 0238 held by your pro	ogram Answer House located at 5 G Street P.O. Box 314 Boston, MA 02127 for Resi	dential Rehabilitation expired on Feb 7, 2022.				
You have created a Bureau of Substance Addiction Services Standard application	numbered 27704 on Jun 21, 2023. To complete your application click the complete li	icense application link below.				
OPEN DEFICIENCY CORRECTION ORDERS (DCOS)	CLOSED DEFICIENCY CORRECTION ORDERS (DCOS)	PROGRAM CONTRACT ACTION ITEMS				
Click here to respond to any pending Deficiency Correction Orders for your program.	Click here to view closed Deficiency Correction Orders for your program.	Click here to respond to pending action items and view action item history for your program's contracted services.				
SELECT	SELECT	SELECT				
COMPLETE APPLICATION	MY PROGRAM LICENSE/APPROVAL CERTIFICATE	PRINT APPLICATION				
Click here to resume your incomplete application from where you left off.	Click here to open your Program License/Approval Certificate as PDF document.	Click here to export your most recent application as a PDF document and save or print it.				
SELECT	GENERATE	PRINT				
WAIVERS						
Click here to request a new Waiver or view Waiver Requests.						
SELECT						

3. Previous Waiver Requests/New Waiver Requests

You may view all the previous waiver requests and their status, start date, end date, citation, and type for the program. Users can also start a new waiver request by clicking "Start New Waiver Request", the form is displayed on the next page of this document.

Home > Program > Waiver Requests Instructions The waiver requests of your Program are listed below. To view the details of a request click the corresponding "View" link. To start new Waiver request click on "Start New Waiver Request" button. Waiver Requests						
Waiver	Status	Start Date	End Date	Citation And Type		
<u>View Waher</u>	Approve	Jun 12, 2024	Jun 13, 2025	Sec 140 - Contractual Sec 150 - Regulatory and Contractual Sec 150 - Regulatory Sec 150 - Contractual Sec 150 - Contractual Sec 150 - Contractual Sec 140 - Contractual Sec 150 - Contractual Sec 150 - Contractual Sec 140 - Contractual Sec 140 - Contractual Sec 140 - Contractual		
View Waiver	Submitted					
View Waiver	Submitted	Jun 01, 2023				
View Waiver	Submitted					
View Waiver	Submitted	Jun 14, 2023	Jun 29, 2023	Sec 40 - Regulatory		
View Walver	Submitted					
START NEW WAIVER REQUEST	START NEW WAIVER REQUEST					

4. Waiver Request Form

To start a new waiver request fill in mandatory fields in requester information and enter grounds for the waiver by responding to questions. After entering responses you may either 'Save' responses or 'Submit' the waiver request by checking off the attestations and clicking the 'Submit Waiver Request' button.

Mass.gov	Bureau of Substance Addiction Services Licensing System					
Home > All Waiver Requests > New Waiver Request						
Pursuant to 105 CMR 18 44.023, the Department may in its department, where the applicability of one or more of the requirements of 105 CMR 184.020, upon a written finding that: (2) the facility is in substantial compliance with the spirit of the requirement and has instituted compensating features that are acceptable to the Department; (3) the facility is involved in the spirit of the requirement and has instituted compensating features that are acceptable to the Department; (4) the facility is involved in the spirit of the requirement and has instituted compensating features that are acceptable to the Department; (4) the facility is involved in the spirit of the requirement and has instituted compensating features that are acceptable to the Department; (4) the facility is involved in the spirit of the requirement and has instituted and provide the service, and						
Please have the following information available before you complete the waiver reque • Waiver Requestor's name contact information and the role at the program • The regulatory requirement and citation and/or the contractual requirement you concessed and require the waith or for immoment/relationship	est: u are requesting to be waived. How the program will demonstrate the need for the waiver, current handship, how the program will ensure patient health and safety while ensuring service					
If you have any questions on the waiver request process please reach out to your reg	glonal licensing inspector: Bohin Marin Bohin M Marin@mass.mv					
Western: Metro West: Northeast: Greater Boston:	Gio Vila, Gilon X. Vale Transa oo: Nicolete Smith <u>Nicolete Longth Transa oo:</u> Anthony Liburdi, Anthony Liburdi (Transa oo: Caasaan'n Newel), Caasaan'na, Likewalii (Transa oo:					
Sourneas: Penal Facility - Statewide: Please read each question carefully and provide the required information about your	Michele Uvry, <u>Michele Uvry mass por</u> Angelica Gates, <u>Angelica Gates (mass con</u> program, For each question you may provide a narrative answer and/or upload supporting documentation.					
Requester Information	Middle Name*					
Phone Number:	Email: Requester Role: -Select Type					
Grounds for Waiver Request						
Question 1 Please indicate the regulation number and applicable sections being requested from	105 CMR 164.000. For waivers pertaining to the Clinical Supervisor requirements, indicate which criteria the candidate does not meet and what the plan is for the candidate to meet the					
requirement. (I.e., the candidate does not have supervisory experience but will take s File Edit View Insert Format Tools	supervisory training and receive weekly supervision from X for X length of time).					
今 ♂ 12pt ∨ B I 및 토 프 프						
	POWERED BY THY A					
Question 2 Please explain the reason(s) why the program is unable to meet the current regulation	nn/requirement.					
File Edit View Insert Format Tools						
	POWERED BY TINY					
Question 3 Explain how the facility plans to be in substantial compliance with the spirit of the regul	ulation/requirement.					
File Edit View Insert Format Tools						
Question 4 What alternative means/measures/strategies are in place to ensure the health or enfor	POWERED BY TINY 🏒					
File Edit View Insert Format Tools						
♦ 12pt ∨ B I ¥ F F F E E E E E						
	POWERED BY TRY A					
Attestation						
I hereby attest that the answers and statements in this application are true and dec Iunderstand that by clicking the "Submit" button balow my action has the same less	clare that they are made under the pains and penalties of perjury.					
Please note that you may not modify the information once it is submitted, so make	sure that all the information entered is correct and up to date. If you have made an error on submission, please reach out to your LI for assistance.					
l agree: *						
SUBMIT WAIVER REQUEST SAVE RESPONSE						

5. Edit Waiver Request Form

Users can update the waiver record if the waiver status is 'New', users can update the waiver information by clicking the 'Update' button.

Mass.gov Bureau of Substance Addiction Services Licensing System					
Home > Waiver Requests > Re	equest View Page				
Requester Information Requester Name:	Taha Khan		Requester Phone:	N/A	
Email:	N/A		Role :	Executive Director	
Waiver Status :	New		Submission Date:	N/A	
					UPDATE WAIVER SUBMIT WAIVER
r					
Home > Waiver View Page >	Edit Waiver Request				
Instructions					
Pursuant to 105 CMR 164.023, the De	partment may, in its discretion, waive the applica	bility of one or more of the requirements	of 105 CMR 164.000, upon a written findir	ng that:	
 compliance would cause undue ha the facility is in substantial compliance 	rdship to the facility; the licensee shall document nce with the spirit of the requirement and has ins	such hardship in a manner defined by the tituted compensating features that are a	te Department; cceptable to the Department;		
(3) the facility is non-compliance does (4) the facility provides to the Department	s not jeopardize the health or safety of its clients	and does not limit the facility s capacity for a waiver	to provide the service; and		
(4) the facility provides to the Departm	ent whiten documentation supporting its request	ici a waivu.			
Please have the following information	available before you complete the waiver reques	t:			
 Waiver Requestor's name containing 	act information and the role at the program				
 The regulatory requirement and capacity and meeting the spirit of 	of the waiver requirement(s).	are requesting to be waived. How the pro	gram will demonstrate the need for the wa	liver, current hardship, how the program	will ensure patient health and safety while ensuring service
If you have any questions on the waive	er request process please reach out to your region	nal licensing inspector:			
Central:		Robin Marin, Robin.M.Marin@mas	s.gov		
Western:		Gio Vila, Gilson.Vila@mass.gov			
Northeast:		Anthony Liburdi, Anthony Liburdi	mass.gov		
Greater Boston:		Cassandra Newell, Cassandra.E.N	lewell@mass.gov		
Southeast: Penal Facility - Statewide		Michelle Ouvry, Michelle.Ouvry@n Angelica Gates Angelica Gates	nass.gov		
Please read each month and a	nd provide the required information about	norram For each ducation	ide a parrative approx for	orting documentatio-	
mease read each question carefully at	in provide the required information about your pr	ogram. For each question you may prov	we a narrative answer and/or upload supp	orang documentation.	
Requester Information					
First Name:* Terrence		Middle Name:		Last Name:* Kelly	
Phone Number: 111-111-11	11	Email: terrance@te	st.com	Requester Role: Progra	m Director ~
Grounds for Waiver Request					
Question 1					
Please indicate the regulation number requirement. (I.e., the candidate does	and applicable sections being requested from 1 not have supervisory experience but will take su	05 CMH 164.000. For waivers pertaining pervisory training and receive weekly su	to the Clinical Supervisor requirements, in pervision from X for X length of time).	dicate which criteria the candidate does	not meet and what the plan is for the candidate to meet the
File Edit View Insert Format	t Tools				
ら (*) 12pt ~ 1	B I ⊻ ⋿ च च ≡ i≘ i≡	- - -			
the second second second					and the second s
make a type specimen book. It	y text of the printing and typesetting indu t has survived not only five centuries, but	stry. Lorem ipsum has been the ind	ting remaining essentially unchange	ed	printer took a galley of type and scrambled it to
indice () pe opeoniter been in		and the toop and the test sine () pees	tung, tottaning occontiant, anotang		
					POWERED BY TINY
Question 2					
Please explain the reason(s) why the	program is unable to meet the current regulation.	requirement.			
File Edit View Insert Format	t Tools				
5 C 12pt ~ 1	B I V F F F F F F F F F F F F F F F F F F	<i>-</i>			
Lorem Ipsum is simply dumm	y text of the printing and typesetting indu	stry. Lorem Ipsum has been the ind	ustry's standard dummy text ever sir	nce the 1500s, when an unknown p	printer took a galley of type and scrambled it to
inake a type specimen book. It	t has survived not only five centuries, but	also the leap into electronic typese	tong, remaining essentially unchange	eu.	
					POWERED BY TINY 🦽
Question 3					
Explain how the facility plans to be in s	substantial compliance with the spirit of the regula	ation/requirement.			
File Edit View Insert Format	Tools				
う (* 12pt ~ E	5 / ⊻ ≕ ≓ ≡ ≡ ⊞ ⊞	≦ <i>§</i>′			
A second damage for the second	and of the original second		and a standard standard standard standards		detected a collected to a state of the second
Lorem Ipsum is simply dummy	y text of the printing and typesetting indus	try. Lorem ipsum has been the indi	ting remaining escentially unabout	ice the 1500s, when an unknown p	rinter took a galley of type and scrambled it to
make a type specimen book. It	has survived not only five centuries, but a	also the leap into electronic typese	tting, remaining essentially unchange	łd.	
					POWERED BY TINY
Question 4					
What alternative means/measures/stra	tegies are in place to ensure the health or safety	of any patient, resident, staff, or public?			
		-			
File Edit View Insert Format	Tools				
5 ♂ 12pt ~ ₽	3 / 9 = = = = = = = =	a a 8			
Lorem Ipsum is simply dummy	y text of the printing and typesetting indus	try. Lorem Ipsum has been the inde	ustry's standard dummy text ever sin	ice the 1500s, when an unknown p	rinter took a galley of type and scrambled it to
make a type specimen book. It	has survived not only five centuries, but	also the leap into electronic typeset	tting, remaining essentially unchange	ed.	
	-				
					POWERED BY TINY 🖌
UPDATE CANCEL					
	-				

6. Submitted Waiver Form

Users can view the waiver requests by clicking the "View Waiver" link as shown in the screenshot in Section 3 of this document.

Home > Waiver Requests > Request View Page								
Requester Information								
Requester Name:	Terrence Kelly	Requester	Phone:	111-111-1111				
Email:	terrance@test.com	Role :		Program Director				
Waiver Status :	Submitted	Submission	n Date:	Jul 30. 2023				
Grounds for Waiver								
Question 1								
Please indicate the regulation number requirement. (I.e., the candidate do	per and applicable sections being requested from 105 CM es not have supervisory experience but will take supervisor	R 164.000. For waivers pertaining to the Clinical Supe ory training and receive weekly supervision from X for	rvisor requirements, indicate X length of time).	e which criteria the candidate does not m	neet and what the plan is for the candidate to meet the			
Answer:								
Lorem Ipsum is simply dummy tex not only five centuries, but also the	t of the printing and typesetting industry. Lorem Ipsum has leap into electronic typesetting, remaining essentially unc	been the industry's standard dummy text ever since t hanged.	he 1500s, when an unknow	n printer took a galley of type and scram	bled it to make a type specimen book. It has survived			
Question 2								
Please explain the reason(s) why the	ne program is unable to meet the current regulation/requir	ement.						
Answer:								
Lorem Ipsum is simply dummy tex not only five centuries, but also the	t of the printing and typesetting industry. Lorem Ipsum has leap into electronic typesetting, remaining essentially unc	been the industry's standard dummy text ever since t hanged.	he 1500s, when an unknow	n printer took a galley of type and scram	bled it to make a type specimen book. It has survived			
Question 3								
Explain how the facility plans to be	in substantial compliance with the spirit of the regulation/r	equirement.						
Question 4								
What alternative means/measures/s	trategies are in place to ensure the health or safety of an	y patient, resident, staff, or public?						
Answer:								
Lorem Ipsum is simply dummy text not only five centuries, but also the	of the printing and typesetting industry. Lorem Ipsum has eap into electronic typesetting, remaining essentially unc	been the industry's standard dummy text ever since hanged.	the 1500s, when an unknow	wn printer took a galley of type and scrar	nbled it to make a type specimen book. It has survived			
Upload Documents								
Name	Туре		Up	bloaded Date	Menu			
Test Document.pdf	Supporting D	locument	Jul	30, 2023				
Waiver Citations	Walver Citations							
No citations have been recorded.								
Attestation								
I intercept attest mat the answers and statements in this application are true and declare that they are made under the pans and penalties of perjury. I understand that by clicking the "Submit" button below may action has the same legally binding effect as my physical signature. Please note that you may not modify the information once it is submitted, so make sure that all the information entered is correct and up to date. If you have made an error on submission, please reach out to your 11 for assistance.								
Lagree: Yes			,					
		agree: Yes						

7. Upload Document

Users can upload documents to the waiver record if the status of the waiver is 'New' or 'Reopen'.

Home > All Waiver Requests > Waiver View Page							
Waiver Information Requester Name: Email: Waiver Status :	Terrence Kelly terrance@test.com NEW		Requester Phone: Role : Submission Date:	111-111-1111 Program Director N/A			
Waiver Documents							
Name		Туре	U	ploaded Date	Menu		
Test Document.pdf		Supporting Document	Ju	1 30, 2023	Delete		
Upload New Document Document Type: * Select the file to upload: * UPLOAD CANCEL		Select Document Type V Choose File No file chosen					