

**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**

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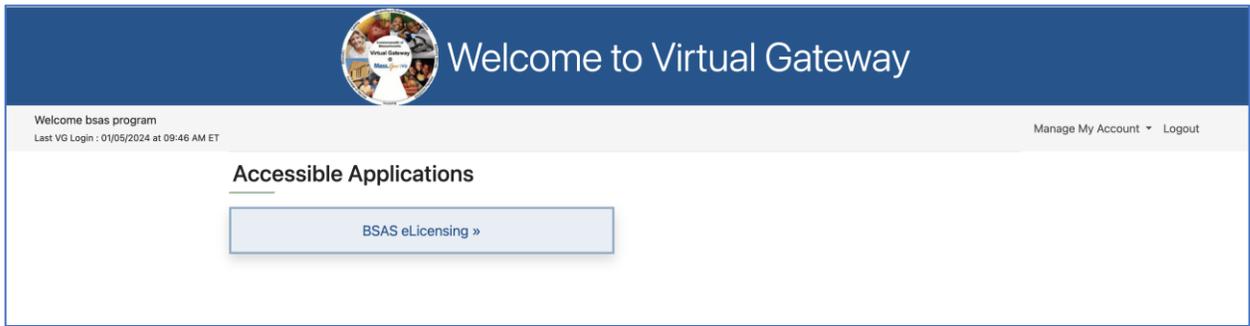
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## 1. Accessing BSAS eLicensing

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](mailto:alex.kearns@mass.gov) for instructions on how to create a Virtual Gateway account.

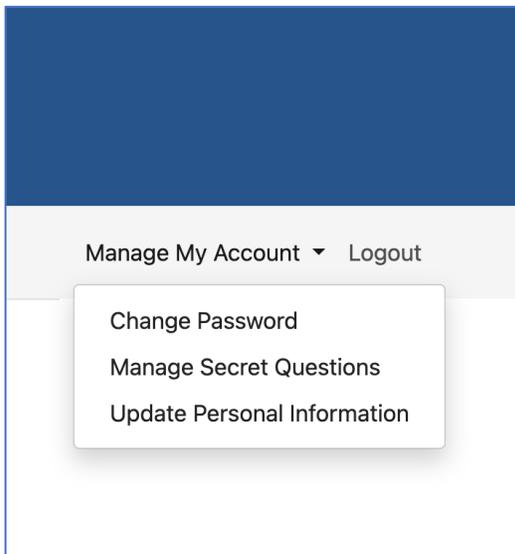
Go to BSAS eLicensing

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

## 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 :

Middle Initial :

(optional)

Last Name :

PIN :

Birth Date (Month/Day) :

Email

Phone Number:

(optional)

## 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 Abuse Services Licensing System.

The Bureau of Substance Abuse Services license numbered 0238 held by your program Answer House located at 5 G Street P.O. Box 314 Boston, MA 02127 for Residential Rehabilitation expired on Feb 7, 2022.

You have created a Bureau of Substance Addition Services Standard application numbered 27704 on Jun 21, 2023. To complete your application click the complete license application link below.

<p><b>OPEN DEFICIENCY CORRECTION ORDERS (DCOS)</b></p> <p>Click here to respond to any pending Deficiency Correction Orders for your program.</p> <p><a href="#">SELECT</a></p>	<p><b>CLOSED DEFICIENCY CORRECTION ORDERS (DCOS)</b></p> <p>Click here to view closed Deficiency Correction Orders for your program.</p> <p><a href="#">SELECT</a></p>	<p><b>PROGRAM CONTRACT ACTION ITEMS</b></p> <p>Click here to respond to pending action items and view action item history for your program's contracted services.</p> <p><a href="#">SELECT</a></p>
<p><b>COMPLETE APPLICATION</b></p> <p>Click here to resume your incomplete application from where you left off.</p> <p><a href="#">SELECT</a></p>	<p><b>MY PROGRAM LICENSE/APPROVAL CERTIFICATE</b></p> <p>Click here to open your Program License/Approval Certificate as PDF document.</p> <p><a href="#">GENERATE</a></p>	<p><b>PRINT APPLICATION</b></p> <p>Click here to export your most recent application as a PDF document and save or print it.</p> <p><a href="#">PRINT</a></p>
<p><b>WAIVERS</b></p> <p>Click here to request a new Waiver or view Waiver Requests.</p> <p><a href="#">SELECT</a></p>		

### 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
<a href="#">View Waiver</a>	Approve	Jun 12, 2024	Jun 13, 2025	Sec 140 - Contractual Sec 150 - Regulatory and Contractual Sec 140 - Regulatory Sec 150 - Contractual Sec 150 - Regulatory Sec 140 - Contractual Sec 150 - Contractual Sec 140 - Regulatory and Contractual Sec 150 - Contractual Sec 140 - Regulatory and Contractual Sec 140 - Contractual Sec 150 - Regulatory and Contractual
<a href="#">View Waiver</a>	Submitted			
<a href="#">View Waiver</a>	Submitted	Jun 01, 2023		
<a href="#">View Waiver</a>	Submitted			
<a href="#">View Waiver</a>	Submitted	Jun 14, 2023	Jun 29, 2023	Sec 40 - Regulatory
<a href="#">View Waiver</a>	Submitted			

**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

**Instructions**

Pursuant to 105 CMR 184.023, the Department may, in its discretion, waive the applicability of one or more of the requirements of 105 CMR 184.000, upon a written finding that:

- (1) compliance would cause undue hardship to the facility; the licensee shall document such hardship in a manner defined by the Department;
- (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 a non-compliance does not jeopardize the health or safety of its clients and does not limit the facility's capacity to provide the service; and
- (4) the facility provides to the Department written documentation supporting its request for a waiver.

Please have the following information available before you complete the waiver request:

- Waiver Requestor's name contact information and the role at the program
- The regulatory requirement and citation and/or the contractual requirement you are requesting to be waived. How the program will demonstrate the need for the waiver, current hardship, how the program will ensure patient health and safety while ensuring service capacity and meeting the spirit of the waiver requirement(s).

If you have any questions on the waiver request process please reach out to your regional licensing inspector:

Central:	Robin Marin, <a href="mailto:Robin.M.Marin@mass.gov">Robin.M.Marin@mass.gov</a>
Western:	Gio Vila, <a href="mailto:Gio.Vila@mass.gov">Gio.Vila@mass.gov</a>
Metro West:	Nicolette Smith, <a href="mailto:Nicolette.L.Smith@mass.gov">Nicolette.L.Smith@mass.gov</a>
Northeast:	Anthony Libardi, <a href="mailto:Anthony.Libardi@mass.gov">Anthony.Libardi@mass.gov</a>
Greater Boston:	Cassandra Newell, <a href="mailto:Cassandra.E.Newell@mass.gov">Cassandra.E.Newell@mass.gov</a>
Southeast:	Michelle Ovrly, <a href="mailto:Michelle.Ovrly@mass.gov">Michelle.Ovrly@mass.gov</a>
Penal Facility - Statewide:	Angelica Gates, <a href="mailto:Angelica.Gates@mass.gov">Angelica.Gates@mass.gov</a>

Please read each question carefully and provide the required information about your program. For each question you may provide a narrative answer and/or upload supporting documentation.

**Requester Information**

First Name: \*  Middle Name:  Last Name: \*

Phone Number:  Email:  Requester Role:

**Grounds for Waiver Request**

**Question 1**  
Please indicate the regulation number and applicable sections being requested from 105 CMR 184.000. 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 supervisory training and receive weekly supervision from X for X length of time).

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**Question 2**  
Please explain the reason(s) why the program is unable to meet the current regulation/requirement.

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**Question 3**  
Explain how the facility plans to be in substantial compliance with the spirit of the regulation/requirement.

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**Question 4**  
What alternative means/measures/strategies are in place to ensure the health or safety of any patient, resident, staff, or public?

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**Attestation**

- 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.
- 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 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.

I 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 > Request View Page

<b>Requester Name:</b>	Taha Khan	<b>Requester Phone:</b>	N/A
<b>Email:</b>	N/A	<b>Role :</b>	Executive Director
<b>Waiver Status :</b>	New	<b>Submission Date:</b>	N/A

[UPDATE WAIVER](#) [SUBMIT WAIVER](#)

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Home > Waiver View Page > Edit Waiver Request

**Instructions**

Pursuant to 105 CMR 164.023, the Department may, in its discretion, waive the applicability of one or more of the requirements of 105 CMR 164.000, upon a written finding that:

- (1) compliance would cause undue hardship to the facility; the licensee shall document such hardship in a manner defined by the Department;
- (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 non-compliance does not jeopardize the health or safety of its clients and does not limit the facility's capacity to provide the service; and
- (4) the facility provides to the Department written documentation supporting its request for a waiver.

Please have the following information available before you complete the waiver request:

- Waiver Requestor's name contact information and the role at the program
- The regulatory requirement and citation and/or the contractual requirement you are requesting to be waived. How the program will demonstrate the need for the waiver, current hardship, how the program will ensure patient health and safety while ensuring service capacity and meeting the spirit of the waiver requirement(s).

If you have any questions on the waiver request process please reach out to your regional licensing inspector:

Central:	Robert Marin, <a href="mailto:Robert.M.Marin@mass.gov">Robert.M.Marin@mass.gov</a>
Western:	Gio Vito, <a href="mailto:Gio.Vito@mass.gov">Gio.Vito@mass.gov</a>
Metro West:	Nicolette Smith, <a href="mailto:Nicolette.J.Smith@mass.gov">Nicolette.J.Smith@mass.gov</a>
Northeast:	Anthony Libardi, <a href="mailto:Anthony.Libardi@mass.gov">Anthony.Libardi@mass.gov</a>
Greater Boston:	Cassandra Newell, <a href="mailto:Cassandra.E.Newell@mass.gov">Cassandra.E.Newell@mass.gov</a>
Southeast:	Michelle Ouvry, <a href="mailto:Michelle.Ouvry@mass.gov">Michelle.Ouvry@mass.gov</a>
Penal Facility - Statewide:	Angelica Gates, <a href="mailto:Angelica.Gates@mass.gov">Angelica.Gates@mass.gov</a>

Please read each question carefully and provide the required information about your program. For each question you may provide a narrative answer and/or upload supporting documentation.

<b>Requester Information</b>			
First Name:*	<input type="text" value="Terrence"/>	Middle Name:	<input type="text"/>
Phone Number:	<input type="text" value="111-111-1111"/>	Email:	<input type="text" value="terrence@test.com"/>
		Last Name:*	<input type="text" value="Kelly"/>
		Requester Role:	<input type="text" value="Program Director"/>

---

**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 supervisory training and receive weekly supervision from X for X length of time).

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Lorem ipsum is simply dummy text of the printing and typesetting industry. Lorem ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer 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 typesetting, remaining essentially unchanged.

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**Question 2**  
Please explain the reason(s) why the program is unable to meet the current regulation/requirement.

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**Question 3**  
Explain how the facility plans to be in substantial compliance with the spirit of the regulation/requirement.

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**Question 4**  
What alternative means/measures/strategies are in place to ensure the health or safety of any patient, resident, staff, or public?

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Lorem ipsum is simply dummy text of the printing and typesetting industry. Lorem ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer 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 typesetting, remaining essentially unchanged.

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[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**

<b>Requester Name:</b>	Terrence Kelly	<b>Requester Phone:</b>	111-111-1111
<b>Email:</b>	terrance@test.com	<b>Role :</b>	Program Director
<b>Waiver Status :</b>	Submitted	<b>Submission Date:</b>	Jul 30, 2023

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**Grounds for Waiver**

**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 supervisory training and receive weekly supervision from X for X length of time).

**Answer:**  
Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer 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 typesetting, remaining essentially unchanged.

**Question 2**  
Please explain the reason(s) why the program is unable to meet the current regulation/requirement.

**Answer:**  
Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer 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 typesetting, remaining essentially unchanged.

**Question 3**  
Explain how the facility plans to be in substantial compliance with the spirit of the regulation/requirement.

---

**Question 4**  
What alternative means/measures/strategies are in place to ensure the health or safety of any patient, resident, staff, or public?

**Answer:**  
Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer 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 typesetting, remaining essentially unchanged.

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**Upload Documents**

Name	Type	Uploaded Date	Menu
<a href="#">Test Document.pdf</a>	Supporting Document	Jul 30, 2023	

---

**Waiver Citations**  
No citations have been recorded.

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**Attestation**

- 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.
- 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 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.

I 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**

<b>Requester Name:</b>	Terrence Kelly	<b>Requester Phone:</b>	111-111-1111
<b>Email:</b>	terrance@test.com	<b>Role :</b>	Program Director
<b>Waiver Status :</b>	NEW	<b>Submission Date:</b>	N/A

**Waiver Documents**

Name	Type	Uploaded Date	Menu
<a href="#">Test Document.pdf</a>	Supporting Document	Jul 30, 2023	<a href="#">Delete</a>

**Upload New Document**

Document Type: \*

Select the file to upload: \*  No file chosen