

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



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

PROGRAM USER MANUAL

Table of Contents

<i>Accessing BSAS eLicensing</i>	4
Go to BSAS eLicensing	4
Managing your Virtual Gateway Account	4
Update Virtual Gateway Account Email	5
<i>New Program License Application</i>	7
Program Type	7
Service setting - Standard	8
Service setting – Penal Facility	9
Correctional Facility Information	10
Program and Organization Information	10
Service Locations	12
Licenses and Accreditations	13
Qualified Service Organizations	13
Program Service - 24 Hour Diversionary Acute Treatment Services	15
Program Service - Outpatient Services	16
Program Services - Opioid Treatment	17
Program Services - Residential Rehabilitation	18
Special Populations	19
Responsible Officials	19
Governing Body	20
Advisory Board	21
Program Staff and Schedule	23
Health and Safety Documents	28
Application Documents	30
Application Fee	30
Submit Application	33
After Application Submission	33
Fax Supporting Documents	34
Application PDF Copy	36
<i>Renewal Application</i>	38
<i>Amendment Application</i>	39
<i>Closure Application</i>	40

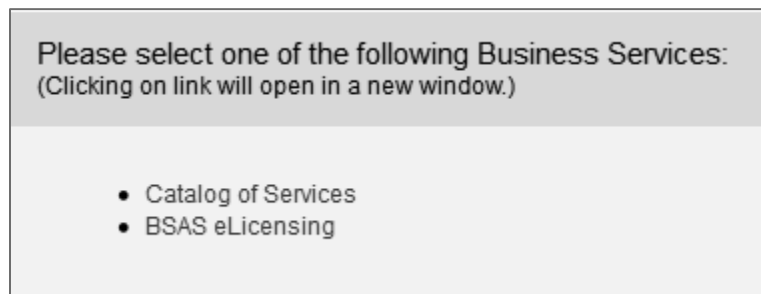
Closure Type	41
Closure Information	41
Program Closure Questions	42
Submit Closure Application	42
After Closure Application Submission	43

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@state.ma.us** for instructions on how to create a Virtual Gateway account.

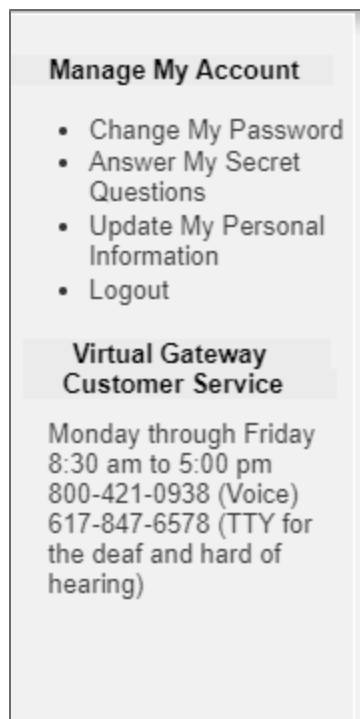
Go to BSAS eLicensing

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 show 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. On the next page 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.

Logged in as : bsasexample

Secret Questions

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

Secret Question 1

What was your first pet's name?

Answer to Secret Question 1

Secret Question 2

What is the name of your elementary school?

Answer to Secret Question 2

Secret Question 3

What was your high school mascot?

Answer to Secret Question 3

Secret Question 4

What was the color of your first car?

Answer to Secret Question 4

Secret Question 5

What was the make of your first car?

Answer to Secret Question 5

Secret Question 6

What was the name of your first grade teacher?

Answer to Secret Question 6

Secret Question 7

What is your father's middle name?

Answer to Secret Question 7

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 change so you will still be able to receive temporary password emails when you use the Forgot Password feature on your account.

On the next page update your email address and click Submit.

Logged in as : bsasexample

Edit Personal Information

First Name

Middle Initial (Optional)

Last Name

Please note: Changing your name does not update your user ID. Each user ID is unique and has already been assigned to your account. If you would like to have your user ID changed to match your name change, please contact your Access Administrator to deactivate your current account and create a new one with your name change.

PIN

Birth Date

Email

Phone Number (Optional)

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, 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 apply for a license/approval for a new Substance Use Disorder Treatment Program that is not listed above, please click "Start New Application" link below.' A button labeled 'START NEW APPLICATION' is located at the bottom of this box.

The footer contains the copyright notice '© 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. The breadcrumb trail is '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@mass.gov
Western:	Gio Vila, Gio.Vila@mass.gov
Metro West:	Nicolette Smith, Nicolette.I.Smith@mass.gov
Northeast:	Anthony Liburd, Anthony.Liburd@mass.gov
Greater Boston:	Cassandra Newell, Cassandra.C.Newell@mass.gov
Southeast:	Ruth Karmelin-Bice, Michelle.Osory@mass.gov
Penal Facility - Statewide	Angelica Gates, Angelica.Gates@mass.gov

Under the 'Program Type' section, there are two radio button options:

- ☐ Substance Use Disorder Treatment Program - Standard BSAS Program
Please select to apply for a license/approval to operate separate, identifiably substance use disorder treatment program. This includes programs within facilities licensed by DPH Bureau of Health Care Safety and Quality and programs within facilities licensed or operated by the Department of Mental Health.
- ☐ Substance Use Disorder Treatment Program operated by A Penal Facility 105 CMR 164.005
Please select to apply to apply for a Penal Facility to operate a substance use disorder treatment program.

At the bottom, there are 'CANCEL' and 'PROCEED' buttons.


The footer contains the copyright notice '© 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 - Standard

State AgenciesState A-Z TopicsLogout

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:
Western:
Metro West:
Northeast:
Greater Boston:
Southeast:

Rosen Martin, Robin.M.Martin@mass.gov
Gisela Vile, Gisela.Vile@mass.gov
Nicole Smith, Nicole.L.Smith@mass.gov
Anthony Libardi, Anthony.Libardi@mass.gov
Cassandra Newell, Cassandra.E.Newell@mass.gov
Ruth Karmali-Bick, Michella.Quiry@mass.gov

Service Setting

☐ 24 Hour Diversionary Acute Treatment Services

Please select if the program intends provide one or more of the following inpatient 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 an outpatient 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 saving:

- Residential Rehabilitation for Adults-Models are as follows:
 - Transitional Support Services
 - Social Model Recovery Homes
 - Recovery Homes
 - Therapeutic Communities
 - Co-Occurring Enhancers
- 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

Your program must fall under one of these four service settings – 24 Hour Diversionary Acute Treatment Services, Outpatient Services, Opioid Treatment, or Residential Rehabilitation. Read the descriptions for these service settings, choose the appropriate service setting and click the proceed button.

Service setting – Penal Facility

State AgenciesState A-Z TopicsLogout

 **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@mass.gov
Western:	Gio Vila, Gio.Vila@mass.gov
Northeast:	Nicolette Smith, Nicolette.J.Smith@mass.gov
Greater Boston:	Anthony Libardi, Anthony.Libardi@mass.gov
Southeast:	Cassandra Newell, Cassandra.E.Newell@mass.gov
	Ruth Karmelin-Bice, Michelle.Ouvry@mass.gov

Service Setting

☐ **Opioid Treatment**

Please select this option if the Penal Facility will provide Opioid Treatment directly as a federally certified OTP or will provide Opioid Treatment by partnering with an existing, 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. Penal Institutions applying to provide OTP services may do so directly or through and agreement with appropriately OTP certified/BSAS licensed partner.

☐ **Outpatient Services**

Please select this option if the Penal Facility will provide one or more of the following outpatient services directly or by partnering with an existing provider:

- 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

☐ **24 Hour Diversionary Acute Treatment Services**

Please select if the Penal Facility intends provide one or more of the following inpatient 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

☐ **Residential Rehabilitation**

Please select this option if the Penal Facility intends to provide organized substance use disorder treatment and education services featuring a planned program of care in a 24-hour residential setting serving directly or through an existing provider:

- Residential Rehabilitation for Adults-Models are as follows:
 - Transitional Support Services
 - Social Model Recovery Homes
 - Recovery Homes
 - Therapeutic Communities
 - Co-Occuring 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

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)

Your program must fall under one of these four service settings – 24 Hour Diversionary Acute Treatment Services, Outpatient Services, Opioid Treatment, or Residential Rehabilitation. 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

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 Vito, Gio.Vito@state.ma.us

Metro West: Nicolette Smith

Northeast: Anthony Libun

Greater Boston: Cassandra He

Southeast: Ruth Karmel

Please select your penal facility type and location below.

Penal Facility Type

☒ Department of Correction Facility

Select Location:

☐ House of Correction Facility

PROCEED

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: *

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: *	<input type="text"/>
Website:	<input type="text"/>
Number of Clients Served: ⓘ *	<input type="text"/>
Is this Program Adolescent Only? ⓘ *	<input type="radio"/> Yes <input type="radio"/> No
Operating Address Line 1: *	<input type="text"/>
Operating Address Line 2:	<input type="text"/>
City: *	-- Select --
State: *	Massachusetts
Zip Code: *	<input type="text"/>
Operating Address Location Instructions:	<input type="text"/>
Mailing Address Same as Operating Address?	<input type="checkbox"/>
Mailing Address Line 1: *	<input type="text"/>
Mailing Address Line 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	Massachusetts
Zip Code: *	<input type="text"/>
Phone (ex: 111-222-3333): *	<input type="text"/>
Fax (ex: 111-222-3333):	<input type="text"/>
TTY/TTD Number:	<input type="text"/>
Emergency Contact Number: ⓘ *	<input type="text"/>
Do You Have an After Hours Dosing Verification Information Number? ⓘ *	<input type="radio"/> Yes <input type="radio"/> No

In the third section, enter the hours of operation for the program 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"/>	Select	Select
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select
Friday	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	Select	Select
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	Select	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.

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

☒ Program and Organization Info

☐ Service Locations

Instructions
Please provide the address and contact information for each of your program's service locations other than the main site.

Program Service Locations

Add New Service Location

This location is a mobile unit? ☐

Number of Clients Served: *

Is this Service Location Adolescent Only? * ☐ Yes ☐ No

Operating Address 1: *

Operating Address 2:

City: * Abington

State: Massachusetts

Zip Code: *

Operating Address Location Instructions:

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

Fax (ex: 111-222-3333):

Emergency Contact Number: *

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

Hours of Operation	Closed?	Open 24 Hrs?	From *	To *
Monday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Friday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	Select ▼	Select ▼

CANCEL

ADD SERVICE LOCATION

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

Help Download Adobe Reader

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, and 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

Home > Programs > Test ATS > Application

Program Type: Standard Service Setting: 24 Hour Diversionary Acute Treatment Services Application Type: New License Application Application #: 29642

Instructions

Please enter the information for each of the Qualified Service Organizations or Business Associates you have an agreement with to provide substance use disorder services and upload copy of their corresponding agreement(s).

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.

☒ [Program and Organization Info](#)
☒ [Service Locations](#)
☒ [Licenses and Accreditations](#)
☐ [QSO Information](#)

Enter information about any Qualified Service Organizations or Business Associates 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 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's 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. On the right, there's a sidebar with a list of items: 'Program and Organization Info', 'Service Locations', 'Licenses and Accreditations', and 'QSO Information'. The main area contains a form for 'Qualified Service Organization Agreement Document Upload'. It includes fields for 'Program Type' (Standard), 'Service Setting' (24 Hour Diversionary Acute Treatment Services), 'Application Type' (New License Application), and 'Application #' (27342). Below these, there's a section for 'Instructions' and a 'Qualified Service Organization Agreement Document Upload' section. This section contains a table with columns for 'Service', 'Agreement Start Date', 'Agreement End Date', and 'Agreement Document'. The table has one row with the following data: 'Medication for the treatment of Addiction (074.A)', 'Nov, 01 2020', 'Dec, 31 2021', and a 'Choose File' button with the text 'No file chosen' and an 'UPLOAD' button. At the bottom of the form, there are 'BACK' and 'SAVE & PROCEED' buttons. The footer of the page includes 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: *	<input type="text" value="0"/>	
Populations Served for Level 4: *	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Transgender
Level 3.7 - 24 Hour Diversionary Withdrawal Management		
Number of Beds for Level 3.7: *	<input type="text" value="0"/>	
Populations Served for Level 3.7: *	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Transgender
Level 3.5 - Clinical Stabilization Services		
Number of Beds for Level 3.5: *	<input type="text" value="0"/>	
Populations Served for Level 3.5: *	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Transgender
Total Number of Beds:	0	
Medications		
Please check off the medications used at this location:		
<input checked="" type="checkbox"/> Buprenorphine or Buprenorphine derivative		
for the following purpose(s):		
<input type="checkbox"/> Withdrawal Management		
<input type="checkbox"/> Maintenance - Inpatient		
<input type="checkbox"/> Maintenance - Outpatient		
Please check off if the medications used are available Directly from the Program or through a Qualified Service Organization Agreement (QSOA): ⓘ		
<input type="radio"/> Dispensed by the Program Directly - Sample Program		
<input type="radio"/> Dispensed by Qualified Service Organization 1 - Health and Wellness		
<input type="checkbox"/> Methadone		
<input type="checkbox"/> Naltrexone		
Non-Opioid Withdrawal Management		
Are non-opioid withdrawal management treatment options also available for opioid withdrawal treatment at this location?		
<input type="radio"/> Yes <input type="radio"/> No		

Record the services and medications provided by your 24 Hour Diversionary Services program at the main site, if additional service locations have been entered you will be prompted to record services for these 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 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 *
<input checked="" type="checkbox"/> Counseling ⓘ
Please check off medications used at this location:
<input checked="" type="checkbox"/> 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): ⓘ
<input type="radio"/> Directly - Sample OP Program
<input type="radio"/> Qualified Service Organization 1 - Health and Wellness
<input type="radio"/> Qualified Service Organization 2 - Therapeutics Inc.
<input type="checkbox"/> Medications for the Treatment of Alcoholism
<input type="checkbox"/> Naltrexone
<input type="checkbox"/> Driver Alcohol Education (DAE) ⓘ
<input type="checkbox"/> Operating Under the Influence Second Offender Aftercare ⓘ
<input type="checkbox"/> Day Treatment ⓘ
<input type="checkbox"/> Mental Health Services ⓘ
<input type="checkbox"/> Acupuncture Withdrawal Treatment Service ⓘ
<input checked="" type="checkbox"/> Outpatient Withdrawal Treatment Service ⓘ
Please check off medications used at this location:
<input type="checkbox"/> Buprenorphine or Buprenorphine derivative
<input type="checkbox"/> Methadone
<input type="checkbox"/> Naltrexone
Please indicate if non-opioid withdrawal management treatment options also available as part of this location's Outpatient Withdrawal Treatment Services: *
<input type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Office Based Opioid Treatment (OBOT) ⓘ
Please indicate whether the Office Based Opioid Treatment (OBOT) service is provided for Maintenance, Withdrawal Management, or both: *
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Withdrawal Management
Please check off medications used at this location:
<input type="checkbox"/> Buprenorphine or Buprenorphine derivative
<input type="checkbox"/> 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, and 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 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.

<p>Program Services</p> <p>Program Main Site 27 Congress Salem, MA 01970</p> <p>Substance use disorder counseling</p> <p><input checked="" type="checkbox"/> Counseling is provided at this location</p> <p>Please check off if these services are provided directly by the Program or through a Qualified Service Organization Agreement (QSOA): ⓘ</p> <p><input type="checkbox"/> Provided by the Program Directly - Sample OTP Program</p> <p><input type="checkbox"/> Provided by Qualified Service Organization 1 - Health and Wellness</p> <p><input type="checkbox"/> Provided by Qualified Service Organization 2 - Therapeutics Inc.</p>
<p>Medications</p> <p><input checked="" type="checkbox"/> Buprenorphine or Buprenorphine derivative is available at this location</p> <p>for the following purpose(s):</p> <p><input type="checkbox"/> Withdrawal Management</p> <p><input type="checkbox"/> Maintenance</p> <p>Please check off if the medications used are available Directly from the Program or through a Qualified Service Organization Agreement (QSOA): ⓘ</p> <p><input type="radio"/> Directly - Sample OTP Program</p> <p><input type="radio"/> Qualified Service Organization 1 - Health and Wellness</p> <p><input type="radio"/> Qualified Service Organization 2 - Therapeutics Inc.</p> <p>Please indicate whether Buprenorphine or Buprenorphine derivative is stored overnight at this location:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> Methadone is available at this location</p> <p><input type="checkbox"/> Naltrexone is available at this location</p>

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 Residential Rehabilitation, you will see the page shown below.

State AgenciesState A-Z TopicsLogout

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

Program and Organization Info

Licenses and Accreditations

QSO Information

Program Services

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

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adults - Social Model Recovery Home

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adults - Recovery Home

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adults - Therapeutic Community

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adults - Co-occurring Enhanced

Number of Beds

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adolescents and Transitional Age Youth

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

Adults with their Families

Number of Families
0

Accepts Clients on Pharmacological Therapy
☐

Operating Under the Influence Second Offender

Number of Beds
0

Serving
☐ Male ☐ Female ☐ Transgender

Accepts Clients on Pharmacological Therapy
☐

BACK

SAVE & PROCEED


© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

HelpDownload Adobe Reader

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](#)

 **Mass.gov** **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

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 ⓘ

BACK

SAVE & PROCEED

☒ Program and Organization Info
☒ Service Locations
☒ Licenses and Accreditations
☒ QSO Information
☒ Program Services
☒ Special Populations

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

Instructions
Please enter the responsible officials associated with your program. Please confirm they reflect the most up to date information prior to the submission of your application, all fields marked with an asterisk *are required.
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.

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: *

Middle Initial:

Last Name: *

Email: *

Re-enter Email: *

License Type: *

-- Please select a lic v

Board Certification #:

If Applicable

License Start Date:

License End Date:

Address Line 1: *

Address Line 2:

City: *

State: *

Massachusetts v

Zip Code: *

Phone: *

Phone Extension:

Fax:

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

Program Director
The individual employed by the licensee who is responsible for the day-to-day operations of 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

Mass.gov Bureau of Substance Addiction Services Licensing System

State Agencies State A-Z Topics Logout

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 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: * Expertise type: *

Role: * Start Date: *

City: * State: *

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

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2 Help Download Adobe Reader

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 resided in Massachusetts.

Advisory Board

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 demographic information for the advisory board member. All fields marked with an asterisk (*) are required. Click on the Add button after entering in the information to add the member. When you have completed adding all program advisory board members click on the Save and Proceed button below to continue.

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.

Advisory Board

Add a New Advisory Board Member

Name: * Start Date: * City: * Phone: * Expertise type: * State: * Phone Extension:

ADD BACK PROCEED

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2 Help Download Adobe Reader

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

Service Design Administration Personnel Service Components

Question 1

Treatment Goals and Approach:

Describe Applicant's service(s), including the following, listed in the order presented below, and identified by letter and topic (e.g. "a. Service Goals").

- Program Goals, Objectives and Philosophy: Include description of program expertise, target populations (including ethnic groups and languages of communities served) and expected outcomes.
- Treatment Methods: For each applied for service describe treatment methods used, specifying how treatment methods are expected to achieve program goals. Include standards used to determine appropriateness of methods, identifying which methods are evidence-based.
- Special Populations: Describe special populations (e.g., pregnant women, adolescents, Transitional aged youth and young adults, elders, clients with co-occurring disorders) served and design of programs/services for these populations. NOTE: This question is applicable to any program serving one or more persons in a special population.
- Off-Site Services: In addition to your main program site and any satellites or medication units, do you provide services off-site? If so, list the off-site location(s), the type of service(s) provided, and affirm that each off-site location is ADA accessible.
- Method of Assessing Effectiveness of services, including methods for determining client satisfaction.

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

Regulations: 164.540 164.074 164.574 164.582 164.082 164.038 164.040

Answer:

File Edit Insert View Format Tools

Font Sizes B I U

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 to 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 policies:

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: *

Choose File

 No file chosen

UPLOAD

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

[Home](#) > [Programs](#) > [Test ATS](#) > [Application](#)

Program Type

Standard

Service Setting

24 Hour Diversionary Acute Treatment Services

Application Type

New License Application

Application #

28642

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.

If your all or part of program services are being provided through a QSOA with a licensed BSAS provider enter the person responsible for oversight of the program. Check with Licensing Inspector if you have any additional questions on staffing requirements.

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 *

Year of Birth *

Employment Type *

-- Select --

Annual Pay Range *

-- Select --

Primary Role *

☐ Acupuncturist
☐ Case Manager
☐ Counselor
☐ Medical Director
☐ Physician
☐ Psychiatrist/Psychologist
☐ Registered Nurse

Years in Primary Role *

In-Service Training Past 12 Mo. *

Coordinator Responsibilities

☐ Access Coordinator
☐ HIV/AIDS Coordinator

Middle Name

Gender *

-- Select --

Work Status *

-- Select --

Years in Addiction Services *

CPR Certified *

-- Select --

☐ Assistant Program Director
☐ Clinical Supervisor/Senior Clinician
☐ Food service personnel
☐ Nurse Practitioner
☐ Physician Assistant
☐ Receptionist

Last Name *

Email

Average Hours Per Week *

☐ Case Aide/Orderly/Unit Assistant
☐ Clinician
☐ Licensed Practical Nurse
☐ OB/GYN
☐ Program Director
☐ Recovery Specialist

NPI Number

☐ Tobacco Education Coordinator

CANCEL

SAVE NEW STAFF MEMBER AND PROCEED

[Program and Organization Info](#)
[Service Locations](#)
[Licenses and Accreditations](#)
[QSOA Information](#)
[Program Services](#)
[Special Populations](#)
[Responsible Officials](#)
[Program Questions](#)
[Program Staff](#)

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.

On 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.

On 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 save member. The system will now prompt you to upload documents for the staff member as shown below.

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”. Form 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.

BSAS-EXT-PROG-7.2.0

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
---------------------------------	--	---	------------------------

Instructions

Please review the hours for each 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

- ☒ [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](#)

BSAS-EXT-PROG-7.2.0

Health and Safety Documents

State AgenciesState A-Z TopicsLogout

 **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

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

☒ **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**

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)

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.

BSAS-EXT-PROG-7.2.0


Page 28 of 43

Application Documents

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

✓ 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

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
- The following Health and Safety Documents do not have the required documentation uploaded.
 - Fire Inspection - Feb 11, 2019 to Feb 13, 2021 - Program Main Site

Application Documents
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 Document

Select the document type: *
-- Select Document Type --

Select the site the document applies to: *
-- Select Site --

Document comments:

Select the file to upload: *

Choose File

 No file chosen

CANCEL

UPLOAD

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)


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, and 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

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

✓ 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

Instructions
Before submitting your application a payment of \$375 is required to be made to the Commonwealth of Massachusetts. Click on the Pay Fee button below to proceed to make a payment. After clicking on the button you will be redirected to the payment site where you will be able to complete a payment transaction. You will have the option of paying by credit card, debit, or by an Electronic Funds Transfer with your bank account number.

Application Fee Payment
Payment Transaction Caution Message
Please note that while you are completing your transaction, do not click on the Back, Stop or refresh buttons on your browser. Also, do not close your browser during the payment process. Once a payment transaction has been processed, you will be redirected back to the BSAS eLicensing System where you may continue to submit the application.

PAY FEE

BACK

PROCEED TO SUBMISSION

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)

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.

Commonwealth DPH BSAS
Bill Pay Site

Secure Site

Add to Favorites

Make A One-Time Payment

1 Add Account Information

2 Add Payment Information

3 Authorize Payment

4 Confirmation

Account Information

Application Number

P19960

First Name

john

Last Name

smith

Enter Payment Information

* Indicates required field

☒ Credit Card

☐ Debit Card

☐ Bank Account

There is no fee to use this service

Payment Method *

Card Number *

Card Expiration Date *

12 - Dec ▼ 2016 ▼

ZIP/Postal Code *

Payment Amount

Enter dollars and cents

\$450.00

E-Mail Address

To receive confirmation e-mail

Re-type E-Mail Address

Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Edit Account Information" button above, do not use your browser Back button.

Continue

No Thanks

Privacy Statement

Refund Policy

Enter your payment information and click the "Continue" button. You will then proceed to the payment review page shown in the figure below:

BSAS-EXT-PROG-7.2.0

Page 31 of 43

Commonwealth DPH BSAS
Bill Pay Site

Secure Site 



Add to Favorites

Make A One-Time Payment

1 Add Account Information 2 Add Payment Information **3 Authorize Payment** 4 Confirmation

Account Information

Application Number P19960
First Name john
Last Name smith

Payment Information

To make changes, click on the ?Edit Payment Information? button. Do not use your browser Back button.

Card Number ****5454
Payment Amount \$450.00
E-Mail Address email@example.com
ZIP/Postal Code 12345

Edit Payment Information

Your payment is not processed until you click "Authorize Payment". Only click once to avoid duplicate payments. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back button.

Please click "Authorize Payment" to charge your account, and to receive a confirmation number.


Authorize Payment **No Thanks**

[Privacy Statement](#) | [Refund Policy](#)

Review your payment information and click the "Authorize Payment" button to complete the payment. You will then be taken to the Application Submit page as shown in the figure below:

Submit Application

State AgenciesState A-Z TopicsLogout

 **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


© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)

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 click 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 AgenciesState A-Z TopicsLogout

 **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


© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [Download Adobe Reader](#)

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

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 6.0 [Download Adobe Reader](#)

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:



PA13901

License Number:



13901

Document Type:



FIRE

License Type:



Programs

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.

The screenshot displays the 'Bureau of Substance Addiction Services Licensing System' interface. At the top, there's a navigation bar with 'Mass.gov' and 'Bureau of Substance Addiction Services Licensing System'. Below this, a breadcrumb trail shows 'Home > Programs > Sample Program > Upload Documents'. The main content area includes a header with 'Program Type: Standard', 'Service Setting: 24 Hour Diversionary Acute Treatment Services', 'Application Type: New License Application', and 'Application #: 27342'. An 'Instructions' section states that certain documents need to be uploaded. Below this, a table titled 'Upload Documents for Program Application' lists one document: 'dmh.pdf' of type 'Registrations and Licenses' for '27 Congress Salem, MA 01970 (Main Site)', uploaded on 'Apr 29, 2021 08:17 AM'. The 'Upload Supporting Documents' section features dropdown menus for 'Select the document type' and 'Select the site the document applies to', a text area for 'Document comments', and a file upload section with a 'Choose File' button and 'No file chosen' text. At the bottom, there are 'CANCEL' and 'UPLOAD' buttons. The footer contains copyright information and links for 'Help' and 'Download Adobe Reader'.

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, and 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
---------------------	---

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:

The screenshot shows the 'Bureau of Substance Addiction Services Licensing System' interface. At the top, there's a navigation bar with 'State Agencies', 'State A-Z Topics', and 'Logout'. Below this is a header with the 'Mass.gov' logo and the system name. The main content area has a breadcrumb trail: 'Home > Programs > Test ATS 2'. A welcome message for 'John Smith (organization Id=0001959)' is displayed, along with program details: 'Your program Test ATS 2 located at 27 Congress St Malden, MA 02148 currently holds a Bureau of Substance Abuse Services 24 Hour Diversionary Acute Treatment Services license numbered 50123 expiring on Oct 19, 2022. Your Bureau of Substance Abuse Services Standard application numbered 29662 and submitted on Sep 19, 2022 has been approved.' There are four main action cards: 'RENEWAL APPLICATION' with a 'SELECT' button, 'MY PROGRAM LICENSE/APPROVAL CERTIFICATE' with a 'GENERATE' button, 'CLOSURE APPLICATION' with a 'SELECT' button, and 'PRINT APPLICATION' with a 'PRINT' button. Each card contains a brief instruction. 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 Renewal Application Card and the system will display the renewal application confirmation page.

The screenshot shows the 'Warning Message' page for the renewal application. The breadcrumb trail is 'Home > Programs > Sample Program > Warning Message'. A warning message states: 'You are about to create a license renewal application for the program below.' Below this is a 'Program Information' table with the following details: Program name: Sample Program; Operating Address: 27 Congress Salem, MA 01970; Service Setting: 24 Hour Diversionary Acute Treatment Services; License/Approval No: z014; License Expiration Date: Apr 30, 2021. At the bottom of the table are two buttons: 'CANCEL' and 'PROCEED'. The footer is identical to the previous screenshot, showing the copyright notice and links for 'Help' and 'Download Adobe Reader'.

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.

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 are links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The main header includes the 'Mass.gov' logo and the system title. Below the header, a breadcrumb trail reads 'Home > Programs > Test ATS 2'. A welcome message for 'John Smith (organization Id=0001959)' is displayed, along with program details for 'Test ATS 2'. The main content area features four cards: 'AMENDMENT APPLICATION' with a 'SELECT' button, 'MY PROGRAM LICENSE/APPROVAL CERTIFICATE' with a 'GENERATE' button, 'CLOSURE APPLICATION' with a 'SELECT' button, and 'PRINT APPLICATION' with a 'PRINT' button. The footer contains copyright information and a 'Download Adobe Reader' link.

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, a table displays 'Program Information' for 'Sample Program', including its address, service setting, and license details. A section titled 'An amendment application should only be used if one of the following scenarios apply:' lists three scenarios: Capacity Change, Location Change, and Service Change. A confirmation prompt 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 'CANCEL' and 'PROCEED' buttons. The footer includes copyright information and a 'Download Adobe Reader' link.

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.

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. At the top, there are links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The main header includes the 'Mass.gov' logo and the system title. Below the header, a breadcrumb trail reads 'Home > Programs > Test ATS 2'. A welcome message for 'John Smith (organization Id=0001959)' is displayed, along with program details for 'Test ATS 2'. The main content area features four cards: 'AMENDMENT APPLICATION' with a 'SELECT' button, 'MY PROGRAM LICENSE/APPROVAL CERTIFICATE' with a 'GENERATE' button, 'CLOSURE APPLICATION' with a 'SELECT' button, and 'PRINT APPLICATION' with a 'PRINT' button. The footer contains copyright information 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, a table displays 'Program Information' for 'Sample Program', including the operating address, service setting, license number, and expiration date. A note explains that a closure application is only for temporary or permanent closure. At the bottom, there are 'CANCEL' and 'PROCEED' buttons. The footer includes copyright information 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

The screenshot shows the 'Closure Type' page within the 'Bureau of Substance Addiction Services Licensing System'. The page header includes 'Mass.gov' and navigation links for 'State Agencies', 'State A-Z Topics', and 'Logout'. The breadcrumb trail is 'Home > Programs > Sample Program > Application'. The 'Instructions' section states: 'Please select the program closure type information below. Please note that all fields marked with an asterisk (*) are required.' The page displays a table with the following data:

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

Below the table, the 'Program Closure Type' section contains a 'Program Information' box with the following details:

- Program name: Sample Program
- Operating Address: 27 Congress Salem, MA 01970
- Service Setting: 24 Hour Diversionary Acute Treatment Services
- Closure Type: * Temporary (Less than 30 days) (selected from a dropdown menu)

A 'PROCEED' button is located at the bottom left of the form. The footer includes the copyright notice '© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2' and links for 'Help' and 'Download Adobe Reader'.

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

Closure Information

The screenshot shows the 'Closure Information' page within the 'Bureau of Substance Addiction Services Licensing System'. The page header and breadcrumb trail are identical to the previous page. The 'Instructions' section states: 'Please select the program closure information below. Please note that all fields marked with an asterisk (*) are required.' The table below the instructions shows the same data as the previous page:

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

The 'Program Closure Information' section contains a 'Program Information' box with the same details as the previous page. Below this, the 'Closure Information' box contains the following fields:

- Closure Type: Temporary (Less than 30 days) (selected from a dropdown menu)
- Temporary Closure Date From *: [text input field]
- Temporary Closure Date To *: [text input field]
- Records storage facility name *: [text input field]
- Storage address Line 1 *: [text input field]
- Storage address Line 2: [text input field]
- Storage city *: Salem (selected from a dropdown menu)
- Storage state *: Massachusetts (selected from a dropdown menu)
- Storage zipcode *: 01970 (text input field)
- How can records be accessed?: [text input field]

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

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

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

Program Closure Questions

Service Design

Question 1:

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 Insert View Format Tools

Font Sizes B I U Text alignment Bulleted list Numbered list Indented list Link

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
--------------------------	--	-------------------------------------	------------------------

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 click 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

State AgenciesState A-Z TopicsLogout

Mass.gov

Bureau of Substance Addiction Services Licensing System

Home > Programs > New 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 Program Closure application numbered 27349 on Apr 30, 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

© 2018 Commonwealth of Massachusetts BSAS eLicensing Version: 7.2

[Help](#) [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.