

## *Department of Mental Health Inpatient Licensing Division*

### ***Clinical Competencies/ Operational Standards Related to Co-occurring Substance Use Disorders (SUD)***

The Department of Public Health Bureau of Substance Addiction Services (BSAS) licenses inpatient psychiatric facilities that also operate a distinct and identifiable inpatient SUD treatment program. These units/facilities must be dually licensed by both the Department of Mental Health (DMH) and BSAS.

A DMH-licensed facility that provides **incidental SUD services**,\* such as medication-assisted treatment (MAT), as part of its broader psychiatric care under 104 CMR 27.00, and does not operate a separate SUD treatment unit or advertise SUD services as a primary or specialty offering, is not subject to BSAS licensure. However, such facilities must comply with DMH licensing requirements under 104 CMR 27.03(13).

### **Requirements for DMH-Licensed Inpatient Psychiatric Facilities (Not Subject to BSAS Licensure)**

Facilities must demonstrate the capacity to:

- **Screen for addictive disorders** using evidence-based tools during the admission assessment.
- **Evaluate, order, and provide MAT** for alcohol, benzodiazepine, and opioid withdrawal, and initiate treatment when clinically indicated. This includes:
  - Assessing appropriateness for induction using FDA-approved medications: buprenorphine, methadone, or naltrexone.
  - Securing outpatient referrals (e.g., OTP, OBOT) once induction begins.
- **Administer methadone or buprenorphine** incident to treatment of a condition other than addiction, including MAT induction for patients with a secondary SUD diagnosis. DEA regulations (21 CFR §1306.07) permit administration without additional oversight under the “three-day rule” for acute withdrawal management.

**Note:** As of December 29, 2022, the **DATA-Waiver (X-Waiver) requirement has been eliminated** under the **Mainstreaming Addiction Treatment (MAT) Act**, part of the Consolidated Appropriations Act of 2023. Any practitioner with a valid DEA registration that includes **Schedule III authority** may prescribe buprenorphine for opioid use disorder (OUD), subject to state law. No special waiver or patient caps apply

- **Maintain naloxone availability** on all units and ensure staff are trained to administer it.
- **Provide therapeutic programming and education** addressing recovery and relapse prevention, delivered by trained staff. For adolescent units, engage and support parents/guardians, including education on the impact of SUD on families.
- **Conduct active discharge planning** that addresses psychiatric, addiction, and biopsychosocial needs. This includes referrals to:
  - Subacute care
  - Partial hospitalization
  - Intensive outpatient programs
  - Peer services
  - Housing supports
  - Outpatient medication management (psychiatric and addiction)
- **Identify and address barriers to discharge**, such as housing instability, medication copay assistance, transportation, and PT-1 prescription forms for eligible patients.
- **Ensure continuity of care**, including:
  - Dispensing buprenorphine or morphine at discharge
  - Providing “bridge” prescriptions until outpatient care is established
- **Train direct care staff** with a general overview of addiction medicine.

### **Recommended Practices**

Facilities are encouraged to:

- Offer access to **all FDA-approved medications** for OUD.
- Integrate **Recovery Coaches or Peer Specialists** into staffing models.
- Employ staff with SUD expertise, ideally credentialed as **LADC or CADC**.
- Establish **referral pathways** for continued SUD treatment and support.
- Formalize partnerships with community providers via **Qualified Service Organization Agreements (QSOAs)**.

### **Admission Denial Protocol**

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director’s physician designee when unavailable\*\* to exceed the facility’s capability at the time admission is sought. The medical director’s determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - *Documentation of Unit Conditions and Facility Denial of Inpatient Care* and 104 CMR 27.05 (3) (d).]

\* Facilities that are licensed as Substance Use Disorder (SUD) units by the Bureau of Substance Addiction Services (BSAS) are required to comply with the regulatory standards set forth by both DMH and BSAS. This includes adherence to **104 CMR 27.00**, which governs DMH-licensed programs, and **105 CMR 164.00**, which outlines requirements for BSAS-licensed services. Compliance with both sets of regulations ensures that programs meet the full scope of clinical, operational, and safety standards applicable to their dual licensure status. This bulletin only applies to facilities that provide incidental SUD services.

\*\*The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.