



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Nursing Facility Bulletin 185

DATE: February 2024

TO: Nursing Facilities Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on

Background

This bulletin is being issued in accordance with 101 CMR 206.10(14): *Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on*. This bulletin applies to nursing facilities participating in the MassHealth program that seek Substance Use Disorder (SUD) Add-on and/or SUD Induction Period Add-on payments under 101 CMR 206.10(14).

Eligibility Criteria for SUD Add-on and SUD Induction Period Add-on

In order for a nursing facility to be eligible to receive the SUD Add-on and/or the SUD Induction Period Add-on in accordance with 101 CMR 206.10(14), the facility's administrator must attest that the facility meets all of the criteria described in the following sub-sections 1 -4:

- 1) The facility has Naloxone available on site;
- 2) The facility has policies and procedures in place for access to all Federal Drug Administration (FDA)-approved Medications for Addiction Treatment (MAT). For reference, a list of FDA-approved MAT can be found at www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions#medications-used-in-mat;
- 3) The facility has policies and procedures in place to contact Opioid Treatment Programs (OTPs), Office Based Addiction Treatment (OBAT) programs, and Office Based Opioid Treatment (OBOT) programs in their geographic area to obtain access to treatment for residents. For reference, a list of the Bureau of Substance Abuse Services (BSAS)-licensed SUD programs can be found at <https://hhs.vgapps03.hhs.state.ma.us/licensing-pubweb/prog/main.htm>; and
- 4) The facility has policies and procedures in place to ensure that staff will, as needed, utilize individualized technical assistance available from the Department of Public Health (DPH) for free. More information about how to access this technical assistance is available at www.mass.gov/info-details/sud-in-ltc.

Submission of Attestation of Compliance

For a nursing facility to receive SUD Add-on and/or SUD Induction Period Add-on payments for dates of service beginning October 1, 2023, the facility's administrator must attest to the requirements of criteria 1-4, listed in the preceding section. The facility's administrator must (1) attest using the attestation form included as Appendix A, and (2) submit the signed form by email to NFRreporting@umassmed.edu by March 12, 2024.

If a nursing facility does not submit a completed attestation form by March 12, 2024, the facility may become ineligible for SUD Add-on and SUD Induction Period Add-on payments for dates of service from October 1, 2023, through September 30, 2024.

MassHealth will review attestation submissions in the order they are submitted. MassHealth may, for any reason and at its discretion, request documentation or other information to verify information attested to by a nursing facility in the attestation form.

MassHealth reserves the right to announce additional requirements via further sub-regulatory guidance and to require additional attestations from facilities to maintain their eligibility for the SUD Add-on and SUD Induction Period Add-on.

Enforcement for Non-Compliance

Any nursing facility that receives a SUD Add-on and/or SUD Induction Period Add-on is subject to audits, inspections, or requests for information or documentation by MassHealth regarding its compliance with the criteria established in this bulletin and in 101 CMR 206.10(14).

If a nursing facility is determined to be out of compliance with the criteria established in this bulletin and 101 CMR 206.10(14), MassHealth may recoup the paid SUD Add-on and SUD Induction Period Add-on as an overpayment, pursuant to 130 CMR 450.237: *Overpayments: Determination*.

Additionally, if MassHealth determines that a nursing facility provider has made false or misleading representations through the submissions required by this bulletin, MassHealth may pursue sanctions against such provider under 130 CMR 450.238: *Sanctions: General*. MassHealth will also refer such providers to the Medicaid Fraud Division in the Attorney General's Office, as appropriate.



Questions

If you have any questions about the information in this bulletin, please email your inquiry to NFReporting@umassmed.edu.

MassHealth Website

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MassHealth Nursing Facility Bulletin 185

Appendix A

Nursing Facility Provider Attestation for SUD Add-on and SUD Induction Period Add-on

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator of _____, located at _____, (hereinafter “nursing facility”) and that the information provided in this attestation is a true and accurate representation.

Specifically, I represent and warrant that the nursing facility has:

- 1) Naloxone available on site;
- 2) Policies and procedures in place for access to all Federal Drug Administration (FDA)-approved Medications for Addiction Treatment (MAT) to residents;
- 3) Policies and procedures in place to contact Opioid Treatment Programs (OTPs), Office Based Addiction Treatment (OBAT) programs, and Office Based Opioid Treatment (OBOT) programs in my geographic area to support induction and ongoing treatment of residents; and
- 4) Policies and procedures in place to ensure that my staff, as needed, understand how to access and utilize individualized technical assistance available from DPH for free.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

The nursing facility should maintain the original executed copy of this submitted attestation, along with any accompanying documentation, in its files.