



Nursing Facility Bulletin 188

DATE: August 2024

TO: Nursing Facilities Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Updates to 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) and applies to nursing facilities participating in the MassHealth program that did not submit, per [Nursing Facility Bulletin 185](#): Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on (February 2024), an attestation to MassHealth by March 12, 2024, confirming that they have processes in place to provide services to SUD patients.

This bulletin announces requirements for such facilities to become eligible for the SUD Add-on and/or SUD Induction Period Add-on payments under 101 CMR 206.10(14) beginning October 1, 2024.

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

In order for a nursing facility to regain eligibility for the SUD Add-on and/or the SUD Induction Period Add-on in accordance with 101 CMR 206.10(14) as of October 1, 2024, the facility's administrator must attest that the facility meets all of the following criteria:

- 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 residents. 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://hhsvglapps03.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 regain eligibility for SUD Add-on and/or SUD Induction Period Add-on payments for dates of service beginning October 1, 2024, the facility's administrator must attest to the requirements 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 NfReporting@umassmed.edu by September 30, 2024.

If a nursing facility does not submit a completed attestation form by September 30, 2024, the facility may become ineligible for SUD Add-on and SUD Induction Period Add-on payments for dates of service from October 1, 2024, through September 30, 2025.

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 or 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.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

 [MassHealth on Facebook](#)  [MassHealth on LinkedIn](#)  [MassHealth on X](#)  [MassHealth on YouTube](#)

MassHealth Nursing Facility Bulletin 188

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) for 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.