



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

Nursing Facility Bulletin 204

DATE: October 2026

TO: Nursing Facilities Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: **Updated Eligibility Criteria for Substance Use Disorder (SUD) Add-on and New Medications for Opioid Use Disorder (MOUD) Add-on**

Introduction

This bulletin is being issued under 101 CMR 206.10(14): *Substance Use Disorder (SUD) Add-on and Medications for Opioid Use Disorder (MOUD) Add-on*.

This bulletin updates and supersedes the following bulletins:

- [Nursing Facility Bulletin 185](#): Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on (February 2024)
- [Nursing Facility Bulletin 188](#): Updates to Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on (August 2024)
- [Nursing Facility Bulletin 189](#): Requirement for Appropriate Agreements between High-SUD Nursing Facility and Opioid Treatment Programs (August 2024)
- [Nursing Facility Bulletin 191](#): Additional member specific criterion required to receive the Substance Use Disorder (SUD) Add-on (January 2025)
- [Nursing facility Bulletin 192](#): Update to Requirement for Appropriate Agreements between High-SUD Nursing Facilities and Opioid Treatment Programs (April 2025)

This bulletin provides comprehensive guidance regarding both the member-specific and facility-based eligibility criteria to receive per diem SUD and MOUD add-on payments for dates of service beginning October 1, 2026. For SUD and MOUD add-on rates and non-applicability with other payments, facilities should reference the [Nursing Facility Rate Add-ons Billing Guidance \(effective October 2026\)](#). The SUD Induction Period add-on has been discontinued and is no longer billable for dates of service beginning October 1, 2026.

Section I – Facility-Eligibility Criteria Applicable to Both the SUD and the MOUD Add-ons

Under 101 CMR 206.10(14)(a)3, a nursing facility will be eligible to receive the member-specific per diem SUD and MOUD add-ons for dates of service beginning October 1, 2026, only if the facility submits

- 1) an attestation regarding the facility's policies and procedures for providing services to residents with SUD;
- 2) an attestation certifying that the facility has executed an appropriate agreement to share data and collaborate with at least one Opioid Treatment Program (OTP) including agreed-upon policies and procedures for collaboration with the OTP; and
- 3) a copy of the executed agreement with the OTP(s).

(1) Requirements for Attestation Regarding Policies and Procedures for Providing Services to Residents with SUD

For a nursing facility to be eligible to bill the SUD add-on and/or the MOUD add-on for dates of service beginning October 1, 2026, in accordance with 101 CMR 206.10(14)(a)3.a., the facility's administrator must attest that the facility meets all 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, here is [a list of FDA-approved 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, here is [a list of the Bureau of Substance Abuse Services \(BSAS\) licensed SUD programs](#); 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. Learn more about [how to access this technical assistance](#).

(2) Requirements for Executing and Attesting to an Appropriate Agreement with an OTP

For a nursing facility to be eligible to bill the SUD add-on and/or the MOUD add-on for dates of service beginning October 1, 2026, in accordance with 101 CMR 206.10(14)(a)3.b.i., a nursing facility must also attest that the facility has executed an appropriate agreement to share data and collaborate (for example, a Qualified Service

Organization Agreement). The agreement must be with at least one OTP and establish agreed-upon policies and procedures for collaboration between the nursing facility and the OTP that address, at a minimum

- 1) safe and appropriate storage of medication;
- 2) sharing pertinent information in compliance with all applicable state and federal requirements, including, but not limited to, 42 CFR Part 2;
- 3) facilitating admission;
- 4) joint treatment and discharge planning; and
- 5) consultation outside of business hours.

(3) Instructions for Submitting the Combined Attestation Form

The facility's administrator must complete the combined attestation form, included as **Appendix A** to this bulletin, certifying that the facility has met requirements of both Section I.1 and Section I.2. The administrator must submit the signed form by email to NFReporting@umassmed.edu by November 1, 2026. The administrator must also attach a PDF copy of the executed agreement with an OTP to the submission as required by 101 CMR 206.10(14)(a)3.b.ii.

Facilities that previously submitted an attestation and agreement under Nursing Facility Bulletins 188, 189, or 192 are still required to submit an updated attestation and a copy of the facility's most recent executed agreement by November 1, 2026, to be eligible to bill the SUD and/or MOUD add-on for dates of service beginning October 1, 2026.

If a nursing facility does not submit the completed attestation form and a PDF copy of the executed agreement by November 1, 2026, the facility will become ineligible for SUD and MOUD add-on payments for dates of service beginning October 1, 2026.

MassHealth will review attestation submissions in the order in which they are received. MassHealth may, at any time and at its discretion, request documentation or other information to verify the information provided in a nursing facility's attestation.

EOHHS reserves the right to establish additional requirements through subsequent sub-regulatory guidance and to require additional attestations from facilities to maintain eligibility for the SUD and MOUD add-ons.

Section II – Facility Eligibility Criteria Applicable to the MOUD Add-on Only

For a nursing facility to be eligible to bill the MOUD add-on for dates of service beginning October 1, 2026, in accordance with 101 CMR 206.10(14)(a)4., the nursing facility must have an Hours Per Patient Day (HPPD) average of:

- at least **3.01 HPPD** for the fourth calendar quarter of 2026 (October 1, 2026, through December 31, 2026); and

- at least **3.28 HPPD** for calendar quarters beginning January 1, 2027.

HPPD calculations will be made in accordance with the methodology described in 101 CMR 206.13(3). Facilities that claim the MOUD add-on that are subsequently determined not to have met the applicable HPPD requirements will be entitled only to the SUD add-on rate for the applicable dates of service. The difference between the MOUD add-on rate paid to the facility and the SUD add-on rate for those dates of service will constitute an overpayment subject to recovery under 130 CMR 450.237: *Overpayments: Determination*.

Section III – Member-Specific Eligibility Criteria for the SUD Add-on

For dates of service beginning **October 1, 2026**, a nursing facility that meets the applicable facility-level requirements will be eligible to bill the per diem **SUD add-on** for each member residing in the facility for whom MassHealth is the primary payer and who meets all applicable member-specific criteria described in this bulletin.

To qualify for the SUD add-on, the member must:

- 1) Have a documented eligible diagnosis of F10 (alcohol-related disorders) and/or F19 (other psychoactive substance use-related disorders);
- 2) Have a BIMS score between 8 and 15, based on the member's most recent MDS 3.0 assessment; and
- 3) Receive at least one qualifying SUD service or treatment described in this bulletin during the calendar month in which they claim the SUD add-on ("applicable month"):

1. Medication Treatment for SUD

The member is currently prescribed and receiving one of the following medications for the treatment of SUD.

- Acamprosate (Campral)
- Disulfiram (Antabuse) and/or Naltrexone (ReVia, Depade, or Vivitrol)
- Gabapentin (Neurontin)
- Topiramate (Topamax)

Facilities must maintain documentation that identifies the medication prescribed or administered for the member's SUD and demonstrate that it was provided during the applicable month.

2. Individual or Group Counseling

The member is currently receiving individual or group counseling provided by a licensed professional that addresses the member's SUD diagnosis and treatment needs.

Facilities must maintain documentation that identifies the licensed professional providing counseling, demonstrates that the counseling addresses the member's SUD

diagnosis or treatment needs, and demonstrates that it was provided during the applicable month.

3. Recovery or Peer Support

The member attends at least three of the following qualifying in-person recovery and/or peer support meetings per month:

- Alcoholics Anonymous (AA);
- Narcotics Anonymous (NA); or
- Other in-person recovery or peer support meetings that address the member's SUD and are approved by EOHHS in writing. To request approval, the facility can email InstitutionalPrograms@mass.gov with the following information: the type and purpose the meeting, the frequency of the meetings, and the name of the individual or organization responsible for facilitating them.

Facilities must maintain documentation that demonstrates the member participated in at least three qualifying recovery or peer support meetings, including the date of each meeting, during the applicable month.

Section IV – Member-Specific Eligibility Criteria for the Medications for Opioid Use Disorder (MOUD) Add-on

For dates of service beginning **October 1, 2026**, a nursing facility that meets the applicable facility-level requirements will be eligible to bill the per diem **MOUD add-on** for each member residing in the facility for whom MassHealth is the primary payer and who meets all applicable member-specific criteria described in this bulletin.

MOUD Member-Specific Eligibility Requirements

To qualify for the MOUD add-on, the member must:

1. Have a documented eligible diagnosis of F11 (opioid-related disorders); and
2. Be currently prescribed and receiving one or more of the qualifying medications for opioid use disorder (MOUD) identified in this list.
 - Naltrexone (e.g., ReVia, Vivitrol)
 - Buprenorphine (e.g., Subutex)
 - Buprenorphine and Naloxone (e.g., Suboxone)
 - Methadone (e.g., Methadose)

Facilities must maintain sufficient documentation to demonstrate that the member is currently prescribed a qualifying MOUD medication from the preceding list and is currently receiving the prescribed medication. The documentation must identify the name of the medication, dosage, and frequency of administration and demonstrate that the medication is being administered or otherwise provided to the member.

For members receiving **methadone through an Opioid Treatment Program (OTP)**, the nursing facility must also maintain documentation demonstrating the member's current MOUD treatment and the facility's coordination with the OTP, consistent with applicable EOHHS and Department of Public Health requirements found under [Updated Admission of Residents on Medication for Opioid Use Disorder \(MOUD\) to Long-Term Care Facilities](#).

Section V – Enforcement for Non-Compliance

Any nursing facility that receives a SUD Add-on and/or MOUD 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 MOUD Add-on as an overpayment, pursuant to 130 CMR 450.237: *Overpayments: Determination*.

Facilities that fail to meet the applicable requirements of 101 CMR 206.10(14) may also be denied further SUD and MOUD add-on payments.

A facility that refuses to admit a resident with SUD solely because of the resident's SUD diagnosis may be denied the SUD and MOUD add-ons for the remainder of the rate year and may be subject to sanctions under 130 CMR 450.238: *Sanctions: General*.

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.

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
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Appendix A

Nursing Facility Provider Attestation for SUD Add-on and MOUD Add-on

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator of _____, MassHealth Provider ID _____, 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);
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 the Department of Public Health (DPH) for free.

I further represent and warrant that the facility has executed an appropriate agreement to share data and collaborate (e.g., a Qualified Service Organization Agreement) with at least one Opioid Treatment Program (OTP) and that the agreement contains agreed-upon policies and procedures for:

1. Safe and appropriate storage of medication;
2. Sharing pertinent information in compliance with all applicable state and federal requirements, including, but not limited to, 42 CFR Part 2;
3. Facilitating admission;
4. Joint treatment and discharge planning; and
5. Consultation outside of business hours.

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 must submit a PDF copy of the executed agreement with this attestation. The nursing facility should also maintain the original executed copy of this attestation, along with a copy of the executed agreement, in its files.