



SUBSTANCE USE DISORDER TREATMENT PROGRAM ANNUAL REPORT FORM

Commonwealth of Massachusetts | Executive Office of Health and Human Services

Submit this Annual Report Form and all related documents via email to OBH.mailbox@mass.gov.

Satellite programs must submit separate, individualized Annual Report Forms and related documentation.

Substance Use Disorder Treatment Program Name, including DBA:

Substance Use Disorder Treatment Program NPI:

(Satellite programs must submit separate, individualized related documentation. Please list satellite programs by NPI here.)

Primary Point of Contact for Clinical Operations

(This individual should be knowledgeable of the content of this report and available to respond to related questions.)

Name:

Title:

Email:

Phone:

Please list current administrative and clinical and medical management staff as outlined in 130 CMR 418.406(A)(2), identifying the staff name, license number, type of license, and board certification, if applicable, and a list of the clinical supervisor for any clinical staff who are unlicensed or not independently licensed. Please use the [Facility Staffing Pattern](#) template to complete the staffing reports. Please attach the following electronic documents for each site.

- (A) a statement that the program has reviewed and updated, as necessary, its written policies and procedures during the reporting period. Each program must provide a copy of the program's written policies and procedures as requested by the MassHealth agency;
- (B) a statement describing the current language capacities, capacity to provide services to specialized populations, and utilization of evidenced-based modalities of the program; and
- (C) written attestation that the program complies with 130 CMR 418.000.

The MassHealth agency may, at any time, request additional information including, but not limited to, written policies and procedures or staffing and personnel information.