

# LARA 2023 Substance Use Disorders Service Program Administrative Rules FAQs

On June 26, 2023, the Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems Substance Use Disorders (SUD) Service Program [Administrative Rules](#) went into effect. The new rules include important changes such as the addition of branch offices and mobile units; the requirement for programs to offer naloxone to all recipients with a history of opioid use; the expansion of staff development and training requirements; the broadening of the types of counselors who can provide counseling services; and the deregulation of screening and assessment, referral, follow-up (SARF), buprenorphine treatment, and naltrexone treatment services. This Frequently Asked Questions (FAQs) resource addresses some of the most common questions about the new rules.

## Branch Offices

### 1. What is a BRANCH OFFICE?

A BRANCH OFFICE (commonly referred to as a satellite office) is a state-approved office in a physically separate location from the state-licensed SUD services program location. BRANCH OFFICES are under the supervision and administration of the “parent organization,” the state-licensed SUD program location that coordinates, supervises, and exercises control over the branch location.

### 2. Is there a limit on how many hours my BRANCH OFFICE can be open to provide services each week?

Yes, a BRANCH OFFICE cannot be open to program recipients more than 20 hours per week.

## Mobile Units

### 3. What is a MOBILE UNIT?

A MOBILE UNIT is a state-approved, customized vehicle that travels to communities to deliver clinical services. The MOBILE UNIT must be assigned to a state-licensed SUD

services program location. To apply for a MOBILE UNIT License, complete the state licensure application [here](#) and email the completed application to [LARA-BCHS-NLTCCLS@michigan.gov](mailto:LARA-BCHS-NLTCCLS@michigan.gov).

#### **4. Can my SUD service program open a MOBILE UNIT?**

Before opening a mobile unit, SUD service programs that have been licensed for at least two years and are in compliance with the [public health code](#), [mental health code](#), and LARA's SUD Service Program Administrative Rules can apply for a MOBILE UNIT License.

#### **5. Can my MOBILE UNIT provide methadone or buprenorphine treatment for opioid use disorder?**

Drug Enforcement Administration (DEA) registered methadone programs can establish mobile methadone units without obtaining separate DEA registration for each MOBILE UNIT. Qualified practitioners can also provide and prescribe buprenorphine in MOBILE UNITS. We recommend that you review DEA requirements prior to offering these services in a MOBILE UNIT. Each parent organization cannot have more than three MOBILE UNITS.

## **Naloxone Access**

#### **6. What is NALOXONE?**

NALOXONE is an opioid antagonist approved by the Food and Drug Administration to rapidly reverse opioid overdoses.

#### **7. NALOXONE kits must be offered to all SUD service recipients with a history of SUD. What must be included in the kit?**

At a minimum, patients with a history of opioid use or who are otherwise determined to be at risk for overdose should be provided NALOXONE nasal spray or the NALOXONE injection.

#### **8. Will LARA or the Michigan Department of Health and Human Services (MDHHS) supply SUD facilities with NALOXONE kits?**

LARA has no supply of NALOXONE kits. MDHHS will provide NALOXONE spray to jails, law enforcement, and community organizations upon completion of the [Community Organizations: Request Naloxone for Distribution](#).

## Staff Development and Training

### **9. The STAFF DEVELOPMENT AND TRAINING rules list eight different trainings for licensed facilities to provide, at a minimum. Are all staff required to complete these trainings?**

All staff who interact with, treat, and/or monitor SUD service recipients must receive the in-service education program trainings at least once every three years. At a minimum, the in-service education program must include: (1) first aid and cardiopulmonary resuscitation (CPR); (2) identifying the signs and symptoms of a medical emergency; (3) the potential medical risks associated with withdrawal from substances and combinations of substance and appropriate acute interventions; (4) medication administration monitoring; (5) emergency response protocols, including medical, psychiatric, and safety emergencies; (6) signs and symptoms of intoxication and withdrawal, including seizures; (7) vital sign measurement and interpretation; and (8) naloxone administration.

## Limited Certified Counselor

### **10. What is the difference between a limited LICENSED counselor and a limited CERTIFIED counselor?**

A limited LICENSED counselor is a professional counselor working toward full licensure who has received a master's or doctoral degree in counseling from a qualified program, or a degree that has been determined to be substantially equivalent to a counseling degree from a qualified program. Limited LICENSED counselors must also obtain 3,000 hours of post-degree work experience under the supervision of a fully licensed counseling professional.

A limited CERTIFIED counselor is an individual who does not yet hold the specialty certification from Michigan Certification Board for Addiction Professionals (MCBAP) but is employed by or volunteers to work at a licensed program providing SUD services. These counselors have completed a minimum set of state-approved requirements and can practice only under the supervision of a fully licensed or certified counseling professional.

**11. I have LIMITED CERTIFIED COUNSELORS working at my facility. Why must LIMITED CERTIFIED COUNSELORS now be restricted to 32 recipients?**

LARA identified an appropriate maximum number of patients for which LIMITED CERTIFIED COUNSELORS can be responsible as this type of counselor is still in a learning capacity. LIMITED CERTIFIED COUNSELORS could not contribute to the recipient-to-counselor ratios in the previous administrative rules, but under the revised rules, these counselors can be counted. These new rules permit LIMITED CERTIFIED COUNSELORS to be responsible for no more than 32 recipients of outpatient counseling and/or methadone program services and no more than 10 recipients of residential and/or residential withdrawal management program services.

## Medication Assisted Treatment

**12. My facility provides buprenorphine and/or naltrexone to 100 or more patients at one time. Does my facility still need to obtain a SUD Service MEDICATION ASSISTED TREATMENT (MAT) License?**

No, a SUD Service Program MAT License is no longer required for the provision of buprenorphine or naltrexone for the treatment of opioid use disorder.

**13. My facility provides buprenorphine and/or naltrexone for opioid use disorder treatment. How often must I conduct drug testing for buprenorphine and/or naltrexone recipients?**

Since a SUD program license is no longer required for these service types, LARA's SUD Service Program Administrative Rules no longer designate a required frequency of drug testing for recipients of buprenorphine and/or naltrexone for the treatment of opioid use disorder.

**14. How often must I conduct drug testing for METHADONE PROGRAM recipients?**

METHADONE PROGRAMS must conduct at least eight random tests per year for recipients in maintenance treatment according to [42 CFR § 8.12](#). For recipients in short-term withdrawal management programs, METHADONE PROGRAMS must conduct at least one initial drug test. For recipients in long-term withdrawal management programs, one initial test must be conducted, followed by monthly random tests.

**15. How many days of take-home medications can I offer METHADONE PROGRAM recipients?**

The recipients who meet the facility's take-home criteria are permitted take-home medications in accordance with the take-home schedule included in [42 CFR § 8.12](#).

## Withdrawal Management

**16. My facility wants to provide ASAM 3.2: Clinically Managed Residential Withdrawal Management or social detoxification services. What license must I obtain to provide these services?**

CLINICALLY MANAGED WITHDRAWAL MANAGEMENT is now included as a program under the residential withdrawal management licensure category.

**17. Can my CLINICALLY MANAGED WITHDRAWAL MANAGEMENT program offer buprenorphine treatment?**

No. Under the SUD Service Program Administrative Rules, CLINICALLY MANAGED WITHDRAWAL MANAGEMENT programs cannot offer or administer schedule II-V controlled substances for withdrawal management treatment. This includes buprenorphine and methadone.

**18. What staff must always be on site at my CLINICALLY MANAGED WITHDRAWAL MANAGEMENT program?**

At least one staff member, trained according to the requirements listed in R. 325.1351(2) of the SUD Service Program Administrative Rules, must be on site during all hours of operation. A physician, physician's assistant, advanced practice registered nurse, registered professional nurse, or licensed practical nurse under the supervision of a registered professional nurse or physician must be on-call, during all hours of operation and be available to be on site within 30 minutes of notification of a recipient emergency.