

# 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

Question: What is a BRANCH OFFICE?

Answer: 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.

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

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

## Mobile Units

Question: What is a MOBILE UNIT?

Answer: 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-NLTCSLS@michigan.gov](mailto:LARA-BCHS-NLTCSLS@michigan.gov).

Question: Can my SUD service program open a MOBILE UNIT?

Answer: 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.

Question: Can my MOBILE UNIT provide methadone or buprenorphine treatment for opioid use disorder?

Answer: 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

Question: What is NALOXONE?

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

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

Answer: 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.

Question: Will LARA or the Michigan Department of Health and Human Services (MDHHS) supply SUD facilities with NALOXONE kits?

Answer: 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

Question: 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?

Answer: 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.

## Limited Certified Counselor

Question: What is the difference between a limited licensed counselor and a LIMITED CERTIFIED COUNSELOR?

Answer: A limited licensed counselor is a professional counselor working toward full licensure who has received a master's degree in psychology from an accredited institution, has obtained at least 2,000 hours of work time, and can practice only under the supervision of a fully licensed psychologist.

A LIMITED CERTIFIED COUNSELOR is an individual on a Michigan Certification Board for Addiction Professionals (MCBAP) development plan who is employed by or volunteers to work at a licensed program providing SUD services. These counselors do not yet hold the specialty certification from MCBAP, but they have completed a minimum set of state-approved requirements.

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

Answer: LARA worked with MCBAP to identify an appropriate maximum number of patients that LIMITED CERTIFIED COUNSELORS can be responsible for. LIMITED CERTIFIED COUNSELORS could not contribute to the recipient-to-counselor ratios in the previous administrative rules. 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

Question: 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?

Answer: 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.

Question: How many days of take-home medications can I offer METHADONE PROGRAM recipients?

Answer: 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](#).

Question: How often must I conduct drug testing for METHADONE PROGRAM recipients?

Answer: 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.

## Withdrawal Management

Question: 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?

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

Question: Can my CLINICALLY MANAGED WITHDRAWAL MANAGEMENT program offer buprenorphine treatment?

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

Question: What staff must always be on site at my CLINICALLY MANAGED WITHDRAWAL MANAGEMENT program?

Answer: At least one staff member, trained according to the requirements listed in R. 325.1351(2) of the SUD Service Program 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.