

DEPARTMENT OF HEALTH CARE SERVICES PROPOSED TRAILER BILL LEGISLATION

Aligning Evidence-Based Standards for Substance Use Disorder Treatment

FACT SHEET

Issue Title: Aligning Evidence-Based Standards for Substance Use Disorder

Treatment. The Department of Health Care Services (DHCS) proposes statutory updates to align state standards for substance use disorder (SUD) treatment facilities licensed or certified by the Department with current, evidence-based standards of care. To implement the American Society of Addiction Medicine's (ASAM) Criteria, 4th Edition, this TBL eliminates detoxification as a standalone licensable service, effective June 30, 2027, and instead integrates non-medical withdrawal management services into standard residential treatment. DHCS further proposes to amend state licensure and certification statutes for SUD treatment facilities, including Narcotic Treatment Programs (NTPs), to replace references to "detoxification" with the modern, industry-standard term "withdrawal management." These updates are needed to modernize California's licensure and certification laws and ensure consistency with current clinical and payer standards.

Background: California law currently requires health payers of SUD treatment services to align with evidence-based treatment guidelines, and specifically the ASAM Criteria. For Medi-Cal, this requirement is codified in state law (Welfare and Institutions Code Section 14184.402(e)(1)) and is further reinforced in the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 waiver Special Terms and Conditions, DHCS policy guidance, and Medi-Cal managed care contracts. For commercial plans regulated by the Department of Managed Health Care (DMHC), the requirement is outlined in DMHC [All Plan Letter 24-007](#) and codified in California Code of Regulations, Title 28, Section 1300.74.721. State law also requires licensed SUD treatment facilities to provide care consistent with ASAM Level of Care standards or an equivalent, evidence-based standard (HSC Section 11834.015(a)).

At the end of 2023, ASAM released updated standards known as the ASAM Criteria, 4th Edition. Between 2025 and 2027, DHCS is implementing corresponding updates to state standards for licensed and certified SUD treatment facilities and Medi-Cal policy.



For licensed residential facilities, the ASAM Criteria, 4th Edition formally eliminates Level 3.2 - the level of care previously known as “Clinically Managed Residential Withdrawal Management” – from clinical guidelines. ASAM concluded that withdrawal management (the updated industry-standard term for “detoxification”) should not exist as a standalone residential level of care, but rather as a service integrated within the continuum of care. This change reflects the updated clinical understanding that withdrawal management, even when non-medical, should not be separated from the broader treatment process.

California law currently defines an “alcoholism or drug abuse recovery or treatment facility,” (also known as a SUD treatment facility) as any premises, place, or building that provides “residential non-medical services” to adults recovering from alcohol, drug, or alcohol and drug misuse or abuse (Health and Safety Code (HSC) Section 11834.02). Existing California statute includes a category of residential licensure for detoxification only (or “standalone detoxification”). DHCS proposes to eliminate this licensure type effective July 1, 2027, to align with ASAM standards.

State statute also uses the term “detoxification” to refer to services that may be provided by DHCS-certified outpatient SUD facilities [HSC, Chapter 7.1, Section 11832] and NTPs ([HSC, Chapter 10, Section 11839](#)). As part of DHCS’ implementation of ASAM 4th Edition standards and the ongoing effort to modernize the state’s SUD treatment systems, DHCS proposes to replace outdated references to “detoxification” with “withdrawal management.”

This modernization of guidance is also taking place at the federal level. Effective April 2, 2025, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated [42 Code of Federal Regulation \(CFR\) Part 8](#) to remove all references to detoxification and define withdrawal management in [42 CFR, Part 8, Section 8.2](#). According to the [Federal Register: Medications for the Treatment of Opioid Use Disorder](#), “outdated terms such as detoxification have been revised to remove stigmatizing language”. The terminology change aligns with current evidence-based practices and terminology to promote patient-centered treatment activities. On June 17, 2025, DHCS issued [Behavioral Health Information Notice \(BHIN\) 25-008 - NTP Regulation Changes](#) to further align and comply with the federal law changes. However, BHIN 25-008 still defines and utilizes the term “detoxification” because detoxification is still referenced in NTP statutes ([HSC, Chapter 10, Section 11839](#)). DHCS proposes to update these references.

DHCS recognizes that licensed and certified facilities will need to review and adjust their existing program structures, policies, and service delivery models to ensure compliance



with the ASAM Criteria, 4th Edition. The elimination of detoxification-only licensure and integration of withdrawal management into other residential levels of care will require many licensed facilities to make significant programmatic changes. To facilitate a smooth transition, DHCS is providing an extended implementation period through July 1, 2027. During this time the Department will continue to collaborate with stakeholders, issue detailed policy guidance, and provide technical assistance to support successful implementation. This approach can ensure that facilities have adequate time to update their operations, and where needed, complete updates to their licensure and level of care designations, while maintaining uninterrupted care for clients.

Justification for the Change: To provide state oversight of SUD facilities and NTPs that is consistent with clinical best practices and health payer expectations, and for alignment with the state and federal laws referenced above, DHCS proposes to remove detoxification as a standalone category of residential licensure, effective July 1, 2027, and update statutory references to “detoxification” that impact licensed and certified SUD facilities, including NTPs, to adopt the current industry-standard term “withdrawal management.”

The elimination of detoxification as a standalone licensable service does not require new funding or create new costs for DHCS. Instead, the TBL will enable DHCS to avoid expending state funds to license and monitor a facility type that does not conform to industry standards of care and that health care payers will decline to contract with as they seek to comply with state law that requires use of evidence-based standards.

Consolidating withdrawal management within the existing treatment continuum will also allow DHCS and the Medi-Cal behavioral health delivery systems to allocate resources more effectively and eliminate inefficiencies that can occur as a result of managing overlapping or redundant levels of care.

Specifically, the proposed trailer bill language would:

- Require DHCS to adopt regulations by January 1, 2030, and make technical updates to DHCS’ authorization to implement the minimum standard of care provided by licensees by means of information notices until regulations are adopted (HSC Section 11834.015(b)).
- Remove detoxification services as a standalone license along with conforming changes (HSC Sections 11834.015(a), 11834.29, 11834.30, and 11834.31).
- Authorize a licensee to provide detoxification services only until June 30, 2027 (HSC Section 11834.26(b)(1)).

- Prohibit DHCS from issuing a new license to provide detoxification only services and not extend an existing license to provide detoxification only services after June 30, 2027 (HSC Section 11834.26(b)(2) and (3)).
- Amend AOD certification statutes (HSC Section 11832) to incorporate the term “withdrawal management services” in place of “detoxification.”
- Amend NTP statutes HSC, Chapter 10, Section 11839 to incorporate the term “withdrawal management services” in place of “detoxification.”

Summary of Arguments in Support:

- Eliminates outdated licensure and avoids use of state resources for a discontinued ASAM level of care.
- Aligns licensure and certification terminology with industry-standard clinical guidelines and payer requirements.
- Supports streamlined, evidence-based care delivery.
- Enhances clarity and efficiency in program licensing and oversight.
- Removes the outdated term “detoxification” from all SUD levels of care laws ensuring consistency and clarity across the behavioral health delivery system.