CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: October XX, 2025

Behavioral Health Information Notice No.: 25-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators
California Association of Highway Patrolmen
California Association of Public Hospitals
California Children's Hospital Association
California Peace Officers' Association
California State Sheriff's Association
California Statewide Law Enforcement Association
Disability Rights California
Hospital Association of Southern California
Mental Health Rehabilitation Centers
Northern California Peace Officer Association
Psychiatric Health Facilities
Private Essential Access Community Hospitals

SUBJECT: Requirements for Psychiatric Health Facilities (PHFs) and Mental Health Rehabilitation Centers (MHRCs) to admit individuals diagnosed solely with severe substance use disorders.

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State of California
Gavin Newsom, Governor

California Health and Human Services Agency

PURPOSE: To publish requirements for PHFs and MHRCs who opt to apply for Department of Health Care Services (DHCS) approval to admit individuals diagnosed solely with severe substance use disorders.

REFERENCE: Welfare and Institutions (Welf. & Inst.) Code sections 4080.5 and 5675.05.

BACKGROUND:

Senate Bill (SB) 1238 (Eggman, Chapter 644, Statutes of 2024) expanded the range of inpatient and community mental health facilities authorized under the Lanterman-Petris-Short (LPS) Act to admit individuals diagnosed solely with a severe substance use disorder (SUD) or a co-occurring mental health disorder and severe SUD, and broadened the types of facilities that counties may designate to provide involuntary evaluation and treatment under the LPS Act.

SB 1238 includes the following key requirements for implementation:

1. LPS Facility Designation Requirements: SB 1238 requires DHCS, in consultation with specified stakeholders, to develop designation requirements for facilities that admit and treat individuals involuntarily pursuant to the LPS Act. DHCS published interim regulations for LPS facility designation in accordance with bulletin authority granted in Welf. & Inst. Code sections 5008(n)(3) and 5404(e) via BHIN 25-XXX.

2. Medi-Cal Reimbursement Requirements: In addition, SB 1238 requires DHCS to issue guidance regarding Medi-Cal reimbursement for covered Medi-Cal services provided to an individual receiving involuntary treatment pursuant to the LPS Act for a severe SUD. DHCS will issue this guidance in accordance with the bulletin authority granted in Welfare and Institutions Code section 5400.1(b).

3. Requirements for PHFs and MHRCs: Lastly, SB 1238 updated licensing requirements for PHFs and MHRCs to provide the option of admitting individuals for involuntary treatment who are diagnosed solely with a severe SUD, as defined in Welfare and Institutions Code section 5008(o). Among the updated requirements is that PHFs and MHRCs opting to admit individuals diagnosed solely with severe SUDs must:

    - Offer medication assisted treatment (MAT) directly to individuals onsite or have an effective referral process for MAT, including an established relationship with a MAT provider and transportation to appointments for MAT. (Welf. & Inst. Code §§ 4080.5(a)(3) and 5675.05(a)(4).)

- Implement and maintain a MAT policy approved by DHCS. (Welf. & Inst. Code §§ 4080.5(a)(4) and 5675.05(a)(5).)
- Obtain DHCS approval of their policies and procedures for providing SUD services. (Welf. & Inst. Code §§ 4080.5(a)(2) and 5675.05(a)(2).)

MHRCs must also obtain and maintain at least one level of care designation from DHCS or certification from the American Society of Addiction Medicine (ASAM). (Welf. & Inst. Code § 5675.05(a)(1).) DHCS will issue a separate BHIN implementing the requirement for MHRCs to obtain a DHCS level of care designation or ASAM certification to admit individuals diagnosed only with severe SUDs.

This BHIN establishes requirements for PHFs and MHRCs that elect to admit individuals diagnosed solely with severe substance use disorders and seek approval from DHCS for their MAT policy and SUD policies and procedures. This BHIN is issued in accordance with bulletin authority granted in Welf. & Inst. Code sections 4080.5(b) and 5675.05(b).

POLICY:

MAT Policy

MAT refers to medications approved by the United States Food and Drug Administration (FDA) for treating SUDs, including medications for opioid use disorder, alcohol use disorder, and tobacco use disorder. MAT is the standard of care for treating opioid, alcohol, and tobacco use disorders.

A PHF or MHRC may admit individuals diagnosed only with severe SUDs if DHCS approves its MAT policy and it complies with all other requirements set forth in Welf. & Inst. section 4080.5 (PHFs) or 5675.05 (MHRCs). A facility's MAT policy shall include the following six elements:

1. Procedures for how the facility will provide information to an individual about the benefits and risks of MAT. (Welf. & Inst. Code §§ 4080.5(a)(4)(A) and 5675.05(a)(5)(A).) Information must be specific to each type of FDA-approved MAT, including:
    a. When the facility will provide an individual and/or authorized representative with information (e.g., at intake, during treatment, at the time of medication administration, at discharge).
    b. Whether the facility will present follow-up information to an individual about MAT, if they initially decline MAT;
    c. Who will present MAT information to an individual (e.g., behavioral

health professionals[1], licensed nursing staff, or other facility staff);
   d. What information the facility will provide (e.g., pamphlets, counseling) clearly explaining the benefits and risks of MAT; and
   e. What the facility will document when providing MAT to an individual (e.g., progress notes, informed consent, declination of MAT, history of MAT use).

2. Procedures regarding availability of MAT at the facility or the facility's process to provide individuals admitted to the facility with access to MAT. (Welf. & Inst. Code §§ 4080.5(a)(4)(B) and 5675.05(a)(5)(B).), including:
   a. If MAT is available at the facility:
      1. Eligibility requirements for MAT;
      2. The FDA-approved medications available at the facility;
      3. Procedures for individuals who have established care for MAT prior to admission; and
      4. A process as specified in 2.b, below, for accessing any FDA-approved SUD medication not available at the facility.
   b. If MAT is not available at the facility:
      1. The facility must have a documented continuity of care network for initiation and continuation of MAT consisting of formal affiliations with physicians who can prescribe all FDA approved MAT, including Narcotic Treatment Programs (NTPs)[2] for access to methadone (unless a NTP is locally unavailable).
      2. Procedures for initiation of MAT and continuity of care for individuals who have established care for MAT prior to admission; and
      3. Safe and secure transportation to/from MAT locations, if individuals are transported offsite, or procedures for obtaining and distributing MAT in the facility.

3. A description of the evidence-based assessment the facility will use for determining an individual's MAT needs. (Welf. & Inst. Code §§ 4080.5(a)(4)(C) and 5675.05(a)(5)(C).), including:
   a. Procedures for selecting an evidence-based assessment;
   b. Description of the evidence-based assessment selected by the facility;

[1] "Behavioral Health Professional" means a physician or any of the following, acting within the scope of their license, waiver, or registration: psychologist; clinical social worker; professional clinical counselor; marriage and family therapist; nurse practitioner fulfilling the requirements of section 2837.103 or 2837.104 of the Business and Professions Code and holding a certification in the psychiatric-mental health category specified in section 1481 of title 16 of the California Code of Regulations; registered nurse with a master's degree in psychiatric-mental health nursing and two years of nursing experience in a behavioral health setting; or registered nurse with four years of nursing experience in a behavioral health setting.
[2] Facilities may use the Open Data Portal to determine local availability of NTPs.

c. Process for conducting the evidence-based assessment, which states:
    1. The evidence-based assessment shall be performed by a behavioral health professional or licensed nursing staff within the first 24 hours of admission.
    2. If the evidence-based assessment indicates MAT would be beneficial for the individual, then within 48 hours of the admission:
        a. The individual must be evaluated by a physician who can determine if MAT initiation is appropriate and prescribe the medication(s).
        b. The prescribed MAT must be provided to the individual in alignment with the facility's approved policies and procedures.

4. Procedures regarding administration, storage, and disposal of MAT (Welf. & Inst. Code §§ 4080.5(a)(4)(D) and 5675.05(a)(5)(D).), including:
    a. If MAT is administered, stored, or disposed of differently than non-MAT medications, a separate medication policy addressing:
        1. Requirements for medication self-administration and documentation thereof;
        2. Storage requirements, including location, accessibility, inventory, handling, and documentation; and
        3. Medication disposal procedures, including frequency, methods of destruction, and documentation.
    b. If MAT is administered, stored, or disposed of in the same manner as non-MAT medications, inclusion of MAT in the current medication administration, storage, and disposal policies and procedures.

5. An outline of the training the facility will provide to staff about the benefits and risks of MAT. Information shall be specific to each type of FDA-approved MAT. (Welf. & Inst. Code §§ 4080.5(a)(4)(E) and 5675.05(a)(5)(E).), including:
    a. Frequency of training (upon hire, quarterly, annual, etc.);
    b. Qualifications of trainers;
    c. Staff positions required to receive training; and
    d. Documentation of training in personnel files.

6. An outline of the training the facility will provide to staff on the facility's MAT policy. (Welf. & Inst. Code §§ 4080.5(a)(4)(F) and 5675.05(a)(5)(F).), including:
    a. Frequency of training (upon hire, quarterly, annual, etc.);
    b. Qualifications of trainers;
    c. Staff positions required to receive training; and
    d. Documentation of training in personnel files.

SUD Policies and Procedures

In addition to the required MAT policy described above, MHRCs and PHFs opting to admit individuals diagnosed solely with severe SUDs must adopt written policies and procedures (P&Ps) for the provision of SUD treatment. Facilities must submit their SUD P&Ps to DHCS for review and approval prior to admitting individuals diagnosed solely with severe SUDs. (Welf. & Inst. Code §§ 4080.5(a)(1), 5675.05(a)(2).)

A facility's SUD P&Ps must address the following:

- Admission of individuals diagnosed only with SUDs, including reviewing or conducting an ASAM-based assessment prior to admission if possible and no later than 24 hours following admission, confirming the facility provides the appropriate level of care for the individual.
- Care coordination, discharge, and transitioning individuals to other levels of SUD care, as appropriate.
- Individualized treatment planning for SUD.
- Provision of SUD treatment and recovery services.
- Provision of withdrawal management services, if provided.[3]

Application Process

MHRCs and PHFs opting to admit individuals diagnosed solely with severe SUDs must include the following documentation with their application:

1. Copy of facility's accreditation (if applicable).
2. Staff roster with credentials.
3. Proof of completion of MAT training for all direct care staff,[4] including:
    - Training certificates from accredited organizations (ASAM, etc.).
    - Continuing education credits related to MAT.
    - In-service training records, including sign-in sheets, agendas, and training summaries.
    - Competency assessments demonstrating a clear understanding of MAT principles. These assessments should verify the staff member's ability to

[3] For LPS-designated facilities, P&Ps for withdrawal management shall include physical and vital signs checks as required by the LPS Facility Designation Interim Regulations (BHIN 25-XXX).
[4] "Direct care staff" means any person who has contact with patients in the provision of services, including but not limited to volunteers and administrative personnel who directly provide services to patients.

apply MAT concepts effectively in the delivery of care to individuals with severe SUDs.
- Training policy documentation outlining staff MAT training requirements.

4. MAT policy and SUD P&Ps as specified in this BHIN.

Current PHF and MHRC licensees and future applicants for initial licensure that wish to admit individuals diagnosed solely with severe SUDs shall submit a MAT and SUD Policy Application form DHCS XX (date). The application shall include the required supporting documentation described above. Facilities shall submit all materials to DHCS via email at mhlc@dhcs.ca.gov. The MAT and SUD Policy Application form DHCS XX (date) is available at the following link:

Within 30 days of receiving an application, DHCS will notify the facility whether the application is complete or incomplete. If the application is incomplete, DHCS will identify the missing information required to complete the application. The facility shall have 30 days to submit the required information. If the facility does not submit the required information within 30 days, DHCS will terminate review of the application, and the facility may reapply.

Within 60 days of notifying the facility of a complete application, DHCS will either approve or deny the facility's MAT policy and SUD P&Ps. If DHCS approves a PHF's MAT policy and SUD P&Ps, the PHF may thereafter admit individuals diagnosed solely with severe SUDs. If DHCS approves a MHRC's MAT policy and SUD P&Ps, the MHRC may not admit individuals diagnosed solely with severe SUDs until after DHCS issues a level of care designation to the MHRC or the MHRC submits an ASAM level of care certification to DHCS and receives final approval to admit individuals diagnosed solely with severe SUDs. DHCS will issue guidance to MHRCs on applying for a level of care designation in a forthcoming BHIN.

If DHCS denies approval of a facility's MAT policy or SUD P&Ps, the facility may request an informal review in writing within 30 days of receiving the denial. The request for review shall include all information the facility wishes DHCS to consider concerning the application. DHCS will issue a written decision on the informal review within 60 days of receiving the request for review. DHCS' decision on informal review shall be final. A facility may reapply at any time following the issuance of an informal review decision.

DHCS' prior approval is required to modify a facility's approved MAT policy or SUD P&Ps. To apply for approval, a facility shall submit the modified MAT policy or SUD P&Ps to DHCS via email at mhlc@dhcs.ca.gov. DHCS will process the modified MAT policy or SUD P&Ps as described above for initial applications.

Once approved, the facility's MAT policy and SUD P&Ps will be subject to monitoring and evaluation during routine licensing reviews.

If you have any questions regarding this Information Notice, please contact the Mental Health Licensing and Certification Branch at mhlc@dhcs.ca.gov or (916) 323-1864.

Sincerely,

Original signed by

Janelle Ito-Orille, Chief
Licensing and Certification Division

Resources

Medication Assisted Treatment Expansion Project Overview
California Medication Assisted Treatment Expansion Project
Learn more about Medication Assisted Treatment
DHCS Naloxone Distribution Project (NDP) – distribution of free naloxone to providers, first responders, and other organizations.
National Harm Reduction Coalition's Opioid Overdose Basics
Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit
TIP 63: Medications for Opioid Use Disorder (samhsa.gov)