CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: July 10, 2026

Behavioral Health Information Notice No: 26-025

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 Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Behavioral Health Association
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

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

PURPOSE: To publish licensing requirements for PHFs and MHRCs that elect 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.

California Department of Health Care Services
Deputy Director's Office, Behavioral Health
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS Code 2710 | Phone (916) 440-7800
www.dhcs.ca.gov

State of California
Gavin Newsom, Governor
California Health and Human Services Agency

BACKGROUND:
Senate Bill 1238 (Eggman, Chapter 644, Statutes of 2024) updated licensing requirements for PHFs and MHRCs to provide the option of admitting individuals for involuntary treatment pursuant to the Lanterman-Petris Short (LPS) Act who are diagnosed solely with a severe substance use disorder (SUD), as defined in Welf. & Inst. Code section 5008(o).[1] In addition, SB 1238 required DHCS to publish updated regulations for designation and approval of facilities to provide involuntary treatment under the LPS Act. On February 24, 2026, DHCS issued LPS Facility Designation Interim Regulations as Attachment A to BHIN 26-009. Section 11(c) of the LPS Facility Designation Interim Regulations requires all facilities designated and approved to provide involuntary treatment under the LPS Act, regardless of whether they admit individuals diagnosed solely with severe SUDs, to directly provide all medications for addiction treatment on site, except for methadone.[2]

For licensing purposes, PHFs and MHRCs electing to admit individuals diagnosed solely with severe SUDs must:

- Admit these individuals only involuntarily pursuant to the LPS Act (Part 1 of Division 5 of the Welf. & Inst. Code, commencing with section 5000). (Welf. & Inst. Code §§ 4080.5(a)(2) and 5675.05(a)(3).)
- Offer medications for addiction treatment (MAT) directly to individuals on site 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).) As described above, all PHFs and MHRCs that are designated and approved to provide involuntary treatment under the LPS Act must directly provide MAT on site, except for methadone, regardless of whether they admit individuals diagnosed only with severe SUDs. Facilities that admit individuals for involuntary treatment but are not required to obtain LPS designation and approval may choose to have a referral process for MAT.
- 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 the facility's policies and procedures for providing SUD services. (Welf. & Inst. Code §§ 4080.5(a)(1) and 5675.05(a)(2).)

---

[1] Severe SUD means "a diagnosed substance-related disorder that meets the diagnostic criteria of 'severe' as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders."
[2] Designation and approval is not required for MHRCs that only admit individuals under the LPS Act for conservatorships in accordance with Chapter 3 (Welf. & Inst. Code § 5350, et seq.).

MHRCs electing to admit individuals diagnosed solely with severe SUDs must also obtain and maintain at least one level of care designation from DHCS or at least one level of care certification from the American Society of Addiction Medicine (ASAM). (Welf. & Inst. Code § 5675.05(a)(1).) MHRCs must contact ASAM directly to obtain information regarding its certification process and requirements to obtain a level of care certification. DHCS will issue a separate BHIN to MHRCs on obtaining a DHCS level of care designation.

This BHIN establishes requirements for PHFs and MHRCs seeking DHCS approval of the facility's policies and procedures for providing SUD services and MAT policy to admit individuals diagnosed solely with severe SUDs. DHCS issues this BHIN pursuant to Welf. & Inst. Code sections 4080.5(b) and 5675.05(b).

POLICY:

MAT Policy

Medications for addiction treatment (MAT) means all medications approved by the United States Food and Drug Administration (FDA) for treating SUDs.

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. Code 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,[3] licensed nursing staff, alcohol and other drug (AOD) counselors, or other direct care staff[4]);

d. What information the facility will provide (e.g., pamphlets, websites, counseling) explaining the benefits and risks of MAT, including the risks of declining 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 the 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:[5]
        1. Eligibility requirements for MAT;
        2. The FDA-approved medications available at the facility;
        3. Procedures for initiation of MAT and continuity of care for individuals who have established care for MAT prior to admission; and
        4. A process as specified in 2.b, below, for accessing any MAT not available at the facility.
    b. If MAT is not available at the facility:
        1. The facility must have documented formal agreements with physicians who prescribe all FDA approved MAT, including Narcotic Treatment Programs (NTPs)[6] 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

[3] "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; or marriage and family therapist.
[4] "Direct care staff" means any person who has contact with patients in the provision of services.
[5] As described above, PHFs and MHRCs that are designated and approved to provide involuntary treatment pursuant to the LPS Act must directly provide all MAT onsite, except for methadone.
[6] Facilities may use the Open Data Portal to determine local availability of NTPs, including medication units, mobile NTPs, and office-based narcotic treatment networks.

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;
    c. Process for conducting the evidence-based assessment, which states:
        1. The evidence-based assessment shall be performed by a behavioral health professional, alcohol and other drug (AOD) counselor, 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 or other authorized prescriber who can determine if MAT initiation is appropriate and prescribe the medication(s).
            b. The facility must provide the prescribed MAT 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 all direct care 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 (at minimum, upon hire and annually; facilities may include quarterly refreshers);
b. Qualifications of trainers; and
c. Documentation of training in personnel files.

6. An outline of the training the facility will provide to all direct care 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 (at minimum, upon hire and annually; facilities may include quarterly refreshers);
    b. Qualifications of trainers; and
    c. Documentation of training in personnel files.

SUD Policies and Procedures

In addition to the required MAT policy described above, MHRCs and PHFs electing 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 a ASAM-based Level of Care 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, including continuity of MAT post-discharge.
- Individualized treatment planning for SUD, including conducting an ASAM-based multidimensional treatment planning assessment.
- Provision of SUD treatment and recovery services, including patient assessment, observation, and management of withdrawal symptoms.
- Confirmation the facility stocks opioid overdose reversal and tobacco cessation medication.

A facility shall train its direct care staff on the contents of its SUD P&Ps, including on

overdose prevention and response (at a minimum, upon hire and annually; facilities may include quarterly refreshers).

Application Process

MHRCs and PHFs applying for DHCS approval 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 for all direct care staff.
3. Proof of completion of MAT training for all direct care staff, 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 must verify the staff member's ability to apply MAT concepts effectively in the delivery of SUD care.
    - Training policy documentation outlining staff MAT training requirements.
4. MAT policy and SUD P&Ps as specified in this BHIN.
5. A copy of the facility's formal agreements with physicians and NTPs for the provision of MAT.
6. Proof of direct care staff completion of training on the facility's SUD P&Ps.
7. A copy of the MHRC's ASAM level of care certification, if applicable[7].

Current PHF and MHRC licensees and future applicants for initial licensure seeking DHCS approval to admit individuals diagnosed solely with severe SUDs shall submit a MAT and SUD Policy Application form DHCS 25-0027 (3/2026). 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 25-0027 (04/2026) is available at the following link:

MAT SUD Policy Application

[7] A facility seeking only a DHCS level of care designation will need to await issuance of the forthcoming BHIN, which will provide the formal process and requirements for obtaining a DHCS level of care designation.

Application Review Process

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.

Informal Review Process for Denials

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.

Modifications to Approved Policies

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.

Notifying DHCS of Adverse Actions - ASAM Level of Care Certification

A MHRC holding an ASAM level of care certification shall notify DHCS of any nonrenewal or other adverse action affecting its certification within 72 hours of receiving notice of the nonrenewal or adverse action. The written notice to DHCS shall include all documentation provided by ASAM supporting the nonrenewal or adverse action. If the facility's ASAM level of care certification is not renewed, revoked, or

suspended, the MHRC shall immediately cease admitting individuals diagnosed solely with severe SUDs and transfer its SUD clients to an appropriate facility.

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

The California DHCS Opioid Response Overview
The California DHCS Opioid Response Expansion Project
Choose Change California - Learn more about MAT
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)