

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Service Name	Clinically Managed Low-Intensity Residential Services	Clinically Managed Population-Specific High-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	Clinically Managed Residential Withdrawal Management (WM)
Description of Care	24-hour structure with trained and credentialed personnel providing clinically directed program activities and professionally directed treatments to stabilize and maintain substance use disorder (SUD) symptoms, develop and apply recovery skills, and preparation for outpatient treatment	24-hour care with trained and credentialed personnel providing clinical directed, less intense program activities and professional directed treatments to stabilize and maintain SUD symptoms and to develop and apply recovery skills specific for individuals with cognitive or other functioning impairments	24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop and apply recovery skills specific for individuals with co-occurring mental health disorders	24-hour structure and support with trained and credentialed personnel providing organized services in a social setting emphasizing on peer support for individuals with moderate risk of withdrawal

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Program Components¹	A minimum of 5 hours per week of individual counseling, group, and education sessions and/or structured therapeutic activities.	A minimum of 5 hours per week of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cognitive or other functioning impairments.	A minimum of 5 hours per week of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with co-occurring mental health disorders.	<p>DHCS approval to provide detoxification services.</p> <p>Personnel trained in providing detoxification services perform close observation and face-to-face physical checks at least every 30 minutes and monitor vital signs at least once every 6 hours during the first 72 hours following admission. Documentation of observations and checks must be recorded in the resident's file and signed by the trained personnel. (Updated 8/20/21)</p> <p>Physical checks and monitoring of vital signs may be discontinued or reduced after 24 hours following admission</p>

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Program Components (continued)				based upon a determination by personnel trained in providing detoxification services. Documentation supporting the modified frequency of physical checks and monitoring of vital signs shall be recorded in a resident's file. (Updated 8/20/21)

DHCS Level of Care Designation Requirements				
DHCS Level of Care	3.1	3.3	3.5	3.2
Minimum Service Components	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Motivational enhancement and engagement strategies • Daily monitoring of residents' medication adherence • Recovery services • Arrangements of services for resident's family and significant others, as appropriate to 	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Range of cognitive and behavioral therapies administered in individual and group settings • Arrangements for recreational therapy, art, music, physical therapy, and/or vocational rehabilitation • Motivational enhancement and engagement strategies 	<ul style="list-style-type: none"> • Clinically-managed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies • Arrangements for addiction pharmacotherapy and drug screening • Range of cognitive and behavioral therapies administered in individual and group settings • Arrangements for recreational therapy, art, music, physical therapy, and/or vocational rehabilitation • Motivational enhancement and engagement strategies • Regular monitoring of adherence to 	<ul style="list-style-type: none"> • Range of cognitive and behavioral therapies administered on an individual and group settings, depending on the resident's progress through WM • Health education services • Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives

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DHCS Level of Care	3.1	3.3	3.5	3.2
Minimum Service Components (continued)	advance treatment goals and objectives <ul style="list-style-type: none"> Education on benefits of medication assisted treatment (MAT) and arrange for referral to treatment as necessary 	<ul style="list-style-type: none"> Regular monitoring of resident's medication adherence Recovery services Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives Education on benefits of MAT and referral to treatment as necessary 	resident's prescribed medication and over-the-counter medications and supplements <ul style="list-style-type: none"> Daily scheduled professional services and interdisciplinary assessments and treatment designed to develop and apply recovery skills Recovery services Arrangements of services for resident's family and significant others, as appropriate to advance treatment goals and objectives Education on benefits of MAT and referral to treatment as necessary 	

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Personnel Requirements ²	<ul style="list-style-type: none"> Clinical staff, including LPHA Physician and Non-Physician, must provide services within the California State scope of practice statutes. Professional staff, including registered and certified alcohol and other drug counselors, must adhere to all requirements in the California Code of Regulations (CCR), Title 9, Chapter 8. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by clinical, professional and/or administrative staff. Clinical, professional and non-professional staff are required to have work experience and any necessary training at the time of hiring and throughout employment. Clinical and/or professional staff conducting level of care assessments, determining the appropriate level of care for residents, and providing direct treatment services must complete ASAM training³. 			
				<p>For every 15 residents receiving detoxification services, a program shall have a minimum of 1 staff, at all times, physically on duty, awake, certified in providing cardiopulmonary resuscitation and first aid, and trained in the use of naloxone. (Updated 8/20/21)</p>

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Personnel Requirements² (continued)				Facility personnel who provide WM services or who monitor or supervise the provision of such service must meet additional training requirements ⁴ .
Level of Care Assessments	<p>The Level of Care Assessment should integrate <i>The ASAM Criteria</i>®, which includes a comprehensive biopsychosocial assessment addressing all six (6) dimensions and associated risks:</p> <ul style="list-style-type: none"> • Dimension one (1) – Acute intoxication and/or withdrawal potential Exploration of past and current experiences of substance use and withdrawal • Dimension two (2) – Biomedical conditions and complications Exploration of health history and current physical condition • Dimension three (3) – Emotional, behavioral, or cognitive conditions and complications Exploration of thoughts, emotions, and mental health issues • Dimension four (4) – Readiness to change Exploration of readiness and interest in changing • Dimension five (5) – Relapse, continued use, or continued program potential Exploration of unique relationship with relapse or continued use or problems • Dimension six (6) – Recovery/living environment Exploration of recovery or living situation, and the surrounding people, places, and things 			

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Level of Care Assessments (continued)	<p>A multidimensional assessment must be conducted and completed within 72 hours following resident admission by an LPHA. However, the following may conduct and complete the assessment when a LPHA reviews and approves the assessment and makes the final determination of care:</p> <ul style="list-style-type: none"> ▪ An alcohol or other drug counselor that is either certified or registered by an organization recognized by the Department of Health Care Services and accredited with the NCCA, and meets all of the applicable California state qualifications. (Updated 8/20/21) <ul style="list-style-type: none"> • A resident receiving detoxification services upon admission is exempt from the multidimensional assessment, if completion of a pre-assessment within 72 hours following admission for detoxification services occurs and there are contingency plans to transfer the resident to a subsequent level of care where a full assessment would be conducted. (Updated 8/20/21) • Resident referrals shall be provided for urgent or emergent care and to another level of care when medically appropriate. <p>Note: ASAM© offers a web-based assessment available for purchase.</p>			

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Treatment and Recovery Plans	<ul style="list-style-type: none"> • A full treatment and/or recovery plan shall be developed within 10 calendar days from the date of the resident's admission. • Only clinical and professional staff shall develop or review a treatment plan or collaborate with resident to develop a recovery plan. • The resident's progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and no later than every 30 calendar days thereafter. 			<p>A resident receiving detoxification services in a facility is exempt from this requirement during the detoxification phase of treatment. (Updated 8/20/21)</p>
Treatment and Recovery Services Documentation	<p>The following treatment and recovery services shall be documented by a facility staff, in a resident's record, within 72 hours of the provision of the service:</p> <ul style="list-style-type: none"> (a) Assessment; (b) Case management; (c) Individual counseling; (d) Group counseling; (e) Education session; and (f) Treatment or recovery plan development. <p>Documentation of each resident's participation in the aforementioned services shall include:</p> <ul style="list-style-type: none"> (a) Type of service; (b) Start and end times of each service; (c) Topic of each educational or counseling session; and (d) Name and title of staff who provided each service. 			<p>A resident receiving detoxification services in a facility is exempt from this requirement during the detoxification phase of treatment. (Updated 8/20/21)</p>

Legal Disclaimer: The DHCS LOC Designations are not equivalent to, or affiliated with the ASAM Level of Care Certifications developed by ASAM®, in partnership with CARF International.

¹ If the adult alcoholism or drug abuse recovery or treatment (AOD) facility is both DHCS licensed and certified, the requirements of a minimum of 20 hours per week would take precedence in accordance to the DHCS Alcohol and/or Other Drug Program Certification Standards, regardless of whether the facility has obtained its LOC designation through ASAM or through DHCS.

² Additional requirements apply for licensed AOD facilities approved for Incidental Medical Services.

³ ASAM training opportunities are made available through a DHCS contract with the University of California, Los Angeles. Licensees may also contact ASAM directly for additional trainings.

⁴ Additional training requirements for 3.2 WM include: (a) completing 6 hours of orientation training that covers the needs of residents who receive WM services for personnel providing WM services or monitoring or supervising the provision of these services; (b) repeating the orientation training within 14 calendar days of return if staff is returning to work after a break in employment of more than 180 consecutive calendar days; (c) on an annual basis, completing 8 hours of training that covers the needs of residents who receive WM services. Documentation of training must be maintained in personnel records. Personnel training shall be implemented and maintained by the licensee pursuant to the California Code of Regulations, Title 9, Section 10564(k). **(Updated 8/20/21)**

DHCS Level of Care Designation Definitions

Administrative Staff: Under this provision, referred to a Facility Administrator or Program Director that must be designated by the entity to act on its behalf in the overall management and operation of the program.

Clinically Managed: Services directed by non-physician staff.

Counselors: As defined in CCR, Title 9, Section 13005(a)(2) or 13005(a)(8).

Licensed Practitioner of the Healing Arts (LPHA) Non-Physician: Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include: Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), and interns registered with the California Board of Psychology or the California Board of Behavioral Sciences.
(Updated 8/20/21)

LPHA Physician: Physicians are a sub-category of the LPHA definition and must be licensed, registered, certified, or recognized under California State scope of practice statutes. Physicians shall provide services within their individual scope of practice.

Withdrawal Management: An organized service delivered by trained personnel who provide 24-hour onsite supervision, observation, and support for residents who are intoxicated or experiencing withdrawal from SUDs.