





# License and Certification Reference Guide

## OVERSIGHT STATE AGENCY

-  CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
-  CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)
-  CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)
-  OTHER FACILITY TYPES (NOT LICENSED BY STATE AGENCIES LISTED ABOVE)<sup>2</sup>

## ACRONYMS

1. AOD: Alcohol and Other Drugs
2. ASAM: American Society of Addiction Medicine
3. CALMHS: California Mental Health Services Authority
4. CARF: Commission on Accreditation of Rehabilitation Facilities
5. CMHC: Community Mental Health Clinic
6. CMS: Centers for Medicare and Medicaid Services
7. COA: The Council on Accreditation
8. DEA: Drug Enforcement Administration
9. HCAI: Department of Health Care Access and Information
10. IMS: Incidental medical services
11. JC: The Joint Commission
12. LOC: Level of care
13. LPS: Lanterman-Petris Short
14. NTP: Narcotic Treatment Program
15. OBOT: Office-Based Opioid Treatment
16. SAMHSA: Substance Abuse Mental Health Services Administration
17. SNF/STP: Skilled Nursing Facility with Special Treatment Program
18. STRTP: Short-Term Residential Therapeutic Program
19. SUD: Substance Use Disorder

## MENTAL HEALTH FACILITIES ↓ ↕

*\*The presented list is defined by eligible Behavioral Health Continuum Infrastructure Program (BHCIIP) facility types from past and current funding rounds.*

<p><b>INPATIENT</b></p> <p><b>ACUTE PSYCHIATRIC HOSPITAL<sup>3</sup></b></p> <p>24-hour inpatient care for individuals with mental health disorders.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDPH LICENSE</li> <li>✓ HCAI APPROVAL</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS LPS (5150)<sup>5</sup> DESIGNATION</p>	<p><b>OUTPATIENT</b></p> <p><b>BEHAVIORAL HEALTH URGENT CARE/MENTAL HEALTH URGENT CARE</b></p> <p>Walk-in center providing services less than 24-hours.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <p>N/A</p> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>	<p><b>RESIDENTIAL</b></p> <p><b>CHILDREN'S CRISIS RESIDENTIAL PROGRAM</b></p> <p>Alternative to psychiatric hospitalization to serve children.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDSS LICENSE</li> <li>✓ DHCS MENTAL HEALTH PROGRAM CERTIFICATION</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ ACCREDITATION FROM COA, CARF OR JC</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION</p>	<p><b>OUTPATIENT</b></p> <p><b>COMMUNITY MENTAL HEALTH CLINIC<sup>6</sup></b></p> <p>(OUTPATIENT)</p> <p>24-hour-a-day emergency care services, day treatment or other partial hospitalization services, or psychosocial rehabilitation services.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CMS CERTIFICATION FROM CDPH</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>	<p><b>RESIDENTIAL</b></p> <p><b>COMMUNITY TREATMENT FACILITY</b></p> <p>Residential facilities that provide mental health treatment services to children in a sub-acute, secured, and home-like setting.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDSS LICENSE</li> <li>✓ DHCS MENTAL HEALTH PROGRAM CERTIFICATION<sup>7</sup></li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ ACCREDITATION FROM COA, CARF OR JC</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>
<p><b>RESIDENTIAL</b></p> <p><b>CRISIS STABILIZATION UNIT</b></p> <p>Facility with service that lasts less than 24 hours for condition that requires a more timely response than a regular visit.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS LPS (5150) DESIGNATION</p>	<p><b>INPATIENT</b></p> <p><b>GENERAL ACUTE CARE HOSPITAL FOR BEHAVIORAL HEALTH SERVICES ONLY</b></p> <p>24-hour inpatient care that provides basic medical services.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDPH LICENSE</li> <li>✓ HCAI APPROVAL</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS LPS (5150) DESIGNATION    CMS CERTIFICATION FROM CDPH</p>	<p><b>RESIDENTIAL</b></p> <p><b>MENTAL HEALTH REHABILITATION CENTERS<sup>3</sup></b></p> <p>24-hour program providing intensive support and rehab services to assist persons 18 and older.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS LPS (5150) DESIGNATION    DHCS LOC OR ASAM DESIGNATION</p>	<p><b>RESIDENTIAL</b></p> <p><b>PEER RESPITE<sup>8</sup></b></p> <p>A temporary, voluntary, peer-run residential setting that operates in a homelike environment and is staffed entirely by Certified Peer Support Specialists. Guided by the Intentional Peer Support model, Peer Respite offers non-clinical support, skills development, and linkage to services. Length of stay is short-term and individualized based on member needs.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ PEER SUPPORT SPECIALIST REGISTERED THROUGH CALMHS<sup>9</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>	<p><b>INPATIENT</b></p> <p><b>PSYCHIATRIC HEALTH FACILITY<sup>3</sup></b></p> <p>24-hour inpatient care for individuals with mental health disorders.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS LPS (5150) DESIGNATION    DHCS SPECIAL PERMIT FOR STRUCTURED OUTPATIENT PROGRAMS</p>
<p><b>RESIDENTIAL</b></p> <p><b>PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY<sup>10</sup></b></p> <p>Inpatient psychiatric services to individuals under age 21 in a non-hospital setting.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ ACCREDITATION FROM COA, CARF OR JC</li> <li>✓ CMS CERTIFICATION FROM CDPH</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS LPS (5150) DESIGNATION</p>	<p><b>RESIDENTIAL</b></p> <p><b>SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM<sup>3</sup></b></p> <p>Provides 24-hour care, including specialty mental health services, mental health treatment, and supervision to children and youth.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDSS LICENSE</li> <li>✓ ACCREDITATION FROM COA, CARF OR JC</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ DHCS MENTAL HEALTH PROGRAM CERTIFICATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>RESIDENTIAL</b></p> <p><b>SKILLED NURSING FACILITY WITH SPECIAL TREATMENT PROGRAM<sup>3</sup></b></p> <p>24-hour inpatient care providing continuous supportive care with mental health services for patients with chronic psychiatric impairment and whose adaptive functioning is moderately impaired.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDPH LICENSE</li> <li>✓ HCAI APPROVAL</li> <li>✓ DHCS MENTAL HEALTH PROGRAM CERTIFICATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>RESIDENTIAL</b></p> <p><b>SOCIAL REHABILITATION FACILITY<sup>11</sup></b></p> <p>24-hour non-medical care to adults recovering from a mental illness who temporarily need assistance.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDSS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ DHCS MENTAL HEALTH PROGRAM CERTIFICATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>	

## SUBSTANCE USE DISORDER (SUD) FACILITIES ↓ ↕

*\*The presented list is defined by eligible Behavioral Health Continuum Infrastructure Program (BHCIIP) facility types from past and current funding rounds.*

<p><b>RESIDENTIAL</b></p> <p><b>ADOLESCENT RESIDENTIAL SUD TREATMENT FACILITY</b></p> <p>Categorized as a children's residential group home by CDSS. 24-hour care and supervision to children.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDSS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ ACCREDITATION FROM COA, CARF OR JC</li> <li>✓ DHCS LOC OR ASAM DESIGNATION<sup>12</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>RESIDENTIAL</b></p> <p><b>ADULT RESIDENTIAL SUD TREATMENT FACILITY</b></p> <p>24-hour non-medical alcohol or drug abuse recovery or treatment services.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ DHCS LOC OR ASAM DESIGNATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS IMS</p>	<p><b>INPATIENT</b></p> <p><b>CHEMICAL DEPENDENCY RECOVERY HOSPITAL</b></p> <p>24-hour inpatient care for patients with alcohol or other drugs.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ CDPH LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS LPS (5150) DESIGNATION</p>	<p><b>OUTPATIENT</b></p> <p><b>HOSPITAL-BASED OUTPATIENT TREATMENT</b></p> <p>(OUTPATIENT DETOXIFICATION/ WITHDRAWAL MANAGEMENT)</p> <p>Categorized as outpatient treatment for SUD by DHCS. Nonresidential service delivered in a variety of settings in which staff provide treatment for substance related, addictive, and co-occurring disorders.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>OUTPATIENT</b></p> <p><b>NARCOTIC TREATMENT PROGRAMS</b></p> <p>Opioid use disorder treatment program, which offers all of the following: evaluation, maintenance treatment and or withdrawal management treatment, and other behavioral health treatment services in conjunction with medication for opioid use disorder.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DEA REGISTRATION</li> <li>✓ SAMHSA OPIOID TREATMENT PROGRAM CERTIFICATION</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>
<p><b>OUTPATIENT</b></p> <p><b>NARCOTIC TREATMENT PROGRAM MEDICATION UNIT<sup>13</sup></b></p> <p>Established as part of, but geographically separate from, a Narcotic Treatment Programs (NTP) – dispense and/or administer controlled medication for opioid use disorder, and may provide other treatment services.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DEA REGISTRATION</li> <li>✓ SAMHSA OPIOID TREATMENT PROGRAM CERTIFICATION</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>OUTPATIENT</b></p> <p><b>OFFICE-BASED OPIOID TREATMENT</b></p> <p>Outpatient treatment services provided outside licensed opioid treatment programs by clinicians to patients with addiction involving opioid use.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <p>N/A</p> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>N/A</p>	<p><b>OUTPATIENT</b></p> <p><b>OUTPATIENT TREATMENT FOR SUD</b></p> <p>Nonresidential service delivered in a variety of settings in which staff provide professionally directed evaluation in treatment of substance-related, addictive, and co-occurring disorders.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS ADD CERTIFICATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>OUTPATIENT</b></p> <p><b>PARTIAL HOSPITALIZATION PROGRAM<sup>14</sup></b></p> <p>Clinically intensive program designed to address the treatment needs of people with severe SUD and consists of a minimum of 20 hours of clinically intensive programming per week.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <p>N/A</p> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup></p>	<p><b>RESIDENTIAL</b></p> <p><b>PERINATAL RESIDENTIAL SUD FACILITIES</b></p> <p>Categorized as adult residential SUD treatment facility by DHCS. Non-medical, residential program that provides rehabilitation services to pregnant and postpartum people with SUD diagnosis.</p> <p><b>MANDATORY REQUIREMENTS:</b></p> <ul style="list-style-type: none"> <li>✓ DHCS LICENSE</li> <li>✓ DHCS MEDI-CAL CERTIFICATION<sup>4</sup></li> <li>✓ DHCS LOC OR ASAM DESIGNATION</li> </ul> <p><b>VOLUNTARY CERTIFICATIONS, DESIGNATIONS, OR PERMITS:</b></p> <p>DHCS ADD CERTIFICATION    DHCS DRUG MEDI-CAL CERTIFICATION<sup>4</sup>    DHCS IMS</p>

### FOOTNOTES

1. In accordance with Section 5960,15 of CA Welfare & Institutions Code (WIC), grantees will be required to commit to operating services in the facility for the intended purpose for a minimum of 30 years.
2. These facility types may not require a state license but may still be subject to certification, accreditation, or other oversight mechanisms.
3. Guidance on the determination of whether a facility is an IMD can be found in section 4390 of the State Medicaid Manual. Contact DHCS at MHIMD@dhcs.ca.gov for additional IMD information.
4. A DHCS Medi-Cal Certification is not a requirement to obtain facility licensure from the respective oversight agency/department. However, BHCIIP/Bond BHCIIP awarded applicants must commit to serve Medi-Cal members and obtain a DHCS Medi-Cal Certification, if applicable.
5. W&I Code § 5150
6. Additional type of Community Mental Health Clinic includes an Outpatient Mental Health Facility which would seek certification through the County for Medi-Cal Certification. CDPH refers to this facility as a Community Mental Health Center.
7. Certification is a mandatory requirement as part of the Behavioral Health Continuum Infrastructure Program.
8. Mental Health Wellness Act Peer Respite Project Outline
9. [California Mental Health Services Authority](#) (CalMHS)
10. Licensee must obtain and maintain CMS Certification to provide Medi-Cal inpatient psychiatric services for individuals under 21 years of age.
11. Also referred to as Social Rehabilitation Program (SRP). The California Department of Social Services (CDSS) licenses Social Rehabilitation Facilities (SRF), and DHCS provides the SRP certifications as either a Short-Term Crisis Residential Treatment Program, Transitional Residential Treatment Program, or Long-Term Residential Treatment Program. The SRP is a certification and does not exist without the SRF license.
12. If participating through the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver as part of the Special Terms and Conditions (STCS) requirement, it is required to obtain a DHCS LOC or ASAM Designation. However, if you are not a DMC-ODS provider, then you are not eligible to apply for a DHCS LOC or ASAM designation.
13. Medication Units are a brick and mortar location and do not include mobile narcotic treatment programs
14. Partial Hospitalization Program must meet Cal. Code Regs. Tit. 9, § 690 - Minimum Professional Staff requirements. In addition, if providing Outpatient AOD services must apply for AOD certification.
15. DHCS Community Supports Policy Guide

\*As of March 2026