CALIFORNIA

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): California regulates Social Rehabilitation Programs (SRP), also known as Social Rehabilitation Facilities (SRF), which are limited to a capacity of 16 beds and fall into three categories:

- Short-term crisis residential treatment programs are of two types and, under no circumstances may the length of stay exceed three (3) months:
  - Short-Term-Crisis Residential Service (Less than 14 days), which means a licensed residential community care facility, and staffed to provide crisis treatment as an alternative to hospitalization. Admissions are generally limited to a stay of less than 14 days for voluntary patients without medical complications requiring nursing care. Twenty-four hour capability for prescribing and supervising medication must be available for patients requiring this level of care. The prescribing capability shall be provided by written agreement.
  - Short-Term Crisis Residential Service (Less than 30 days), have the same requirements as the shorter term facility but are staffed to provide MH treatment services, rather than crisis treatment, to individuals who generally require an average stay of 14-30 days for crisis resolution or stabilization. Respite care, up to a maximum of 30 days, may be provided within this definition.

- Transitional residential treatment programs provide a therapeutic environment in which clients are supported in their efforts to acquire and apply interpersonal and independent living skills. The program also assists the client in developing a personal community support system to substitute for the program's supportive environment and to minimize the risk of hospitalization and enhance the capability for independent living upon discharge from the program. The planned length of stay in the program is designed to be 3-12 months but should be in accordance with the client's assessed need, not to exceed one (1) year; however, a length of stay not exceeding a maximum total of 18 months is permitted to ensure successful completion of the treatment plan and appropriate referral. These programs fall into two categories:
  - Transitional Residential On-Site Service, which is designed to provide a comprehensive program of care consisting of a therapeutic residential community plus an all-inclusive structured treatment and rehabilitation program for individuals

recovering from an acute stage of illness who are expected to move towards a more independent living situation, or higher level of functioning.
    - Transitional Residential Off-Site Service, which are designed to provide a therapeutic residential community including a range of social rehabilitation activities for individuals who are in remission from an acute stage of illness, and interim support to facilitate movement towards the highest possible level of functioning. Individuals may receive day, outpatient, and other treatment services outside the transitional residence.

- Long-term residential treatment programs provide services in a therapeutic residential setting with a full range of social rehabilitation services, including day programming for individuals who require intensive support in order to avoid long-term hospitalization or institutionalization. The planned length of stay is in accordance with the client's assessed needs but under no circumstances may that length of stay be extended beyond eighteen (18) months. Consistent with individual level of care needs, services must be provided in skilled nursing facilities, intermediate care facilities, residential community care facilities, or other similar facilities.

Substance Use Disorder (SUD): California regulates:

- Residential Alcoholism or Drug Abuse Recovery or Treatment Facilities, which are any facility, building, or group of buildings which is maintained and operated to provide 24-hour, residential, nonmedical, SUD recovery or treatment services.

- Detoxification, Recovery or Treatment Services for Individuals with a SUD, which consist of evaluation, withdrawal management, recovery or treatment services, referrals for further care, or social and rehabilitation services for individuals abusing alcohol or illicit substances.

- Incidental Medical Services (IMS), which means optional services provided at a residential facility by a health care practitioner, or staff under the supervision of a health care practitioner, to address medical issues associated with detoxification, treatment, or recovery services. IMS does not include general primary medical care or medical services required to be performed in a licensed health facility. Upon DHCS approval, the following IMS must be provided: (1) Obtaining medical histories; (2) Monitoring health status; (3) Testing associated with detoxification from alcohol or drugs; (4) Providing SUD recovery or treatment services; (5) Overseeing patient self-administered medications; (6) Treating SUD, including detoxification.

Unregulated Facilities: It is possible that there are non-SRFs/SRPs providing adult MH residential treatment in California that would be unregulated.

Approach

The California Department of Health Care Services (DHCS), Community Services Division, oversees the MH components of and certifies SRP/SRFs but the facilities are licensed by the Department of Social Services (DSS). The DHCS, Behavioral Health Licensing and Certification Division, regulates and licenses residential SUD treatment. Additionally, a law was recently passed that will require all California adult SUD residential treatment facilities to receive an ASAM designation.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Licensure by the DSS and certification by the DHCS are required for operation of all SRFs/SRPs. DHCS certification is required prior to DSS licensure.

- Accreditation is not required.
- An onsite certification review will be conducted by the DHCS within 60 days following the mailing date of the letter approving the application for certification. Onsite certification review by DHCS is conducted annually. Within 90 days of the facility accepting its first client, DSS also will inspect the facility to review compliance with application materials and regulations.
- No Certificate of Need requirements were identified.
- DHCS certification duration is one year from the date of issuance.

Substance Use Disorder (SUD): Licensure by the DHCS is required for all residential SUD treatment, except for facilities operated by a state agency. The DHCS also will certify a program upon request if it meets certain accreditation requirements. One purpose of certification is to identify programs that exceed minimal levels of service quality, are in substantial compliance with DHCS standards, and merit the confidence of the public, third-party payers, and county alcohol and drug programs.

- Accreditation is not required for licensure but is for voluntary certification. For certification, accreditation must be granted by a statewide or national SUD program accrediting body recognized by the DHCS, where accreditation meets or exceeds DHCS standards.
- An inspection is required for licensure and at least once during every two-year licensure period.
- No Certificate of Need requirements were identified.

- All initial SUD facility licenses are provisional for the first year, after which licensure duration is two years. Certification is for no more than two years.

Cause-Based Monitoring

Mental Health (MH): Cause-based monitoring may be conducted by the DHCS and/or by the DSS:

- If the DHCS identifies deficiencies, a letter of deficiencies will be sent with a due date for the SRF/SRP to submit a written plan of correction. DHCS reviewers also may conduct reviews to ensure deficiencies have been corrected. DHCS may decertify an SRF/SRP at any time for good cause including, but not limited to: Failure to implement or maintain the approved program plan/plan of operation; Substantial noncompliance with applicable statutory and regulations requirements; Revocation of the SRF/SRP's license by the DSS.

- If, during the DSS licensing process, the evaluator determines that a deficiency exists, the evaluator will issue a notice of deficiency and, jointly with the facility, develop a plan for correcting each deficiency. A license also may be revoked or suspended for cause and civil penalties may be levied. The premises may be inspected at any time, with or without notice. Unannounced visits occur "as often as necessary to ensure the quality of care provided."

Substance Use Disorder (SUD): An authorized employee or agent of DHCS may enter and inspect any SUD treatment facility at any reasonable time, with or without advance notice. A licensing report is issued when there are no deficiencies; a notice of deficiency is issued when there are deficiencies. DHCS also has authority to investigate complaints. DHCS may suspend or revoke the license of a SUD treatment facility for violations of regulations or statute. DHCS also has the authority to act against a facility that provides licensable residential services without a valid license from DHCS.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Wait-time requirements were not found.

Mental Health (MH): Short-term crisis residential facilities must be open for admission 24 hours a day.

Staffing

Mental Health (MH): All SRPs/SRFs must have an administrator and a program director. Qualifications and responsibilities are included in the regulations, with qualifications for the program director varying by facility type. Facility personnel must be competent to provide the services necessary to meet individual client needs and, at all times, be employed in numbers necessary to meet such needs. There are specific staffing requirements, including staffing levels and ratios, based on facility type. Requirements also are in place for direct care staff qualifications and training. All personnel must receive a minimum of 20 hours of relevant training per year.

Substance Use Disorder (SUD): All SU facilities must have a facility administrator who meets certain criteria. Facility personnel, including volunteers, must be competent to provide the services necessary to meet resident needs and be adequate in numbers necessary to meet such needs. Competence must be demonstrated by work, personal, and/or educational experience and/or on-the-job performance. All personnel must receive job training on a variety of topics. Additionally, SUD treatment facilities approved for DHCS voluntary certification must have a program director with no less than two years of work in the field of SUD treatment and recovery. Excluding licensed professionals, all individuals providing counseling services within a SUD treatment facility must be registered or certified by a DHCS approved counselor certifying organization.

Placement

Mental Health (MH): SRPs/SRFs must use an admission agreement and a written assessment that encompasses specific topics. For residential programs, no client may be admitted prior to a determination of the facility's ability to meet the needs of the client, which must include an appraisal of his/her individual service needs. This requires an interview with the prospective client and a medical assessment.

Substance Use Disorder (SUD): In addition to abiding by ASAM standards for placement in levels of care, programs must ensure that every resident completes a health questionnaire which identifies any health problems or conditions which require medical attention, or which are of such a serious nature as to preclude the person from participating in the program.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): All SRPs/SRFs must develop individual treatment. Timing of plan review is dependent on the facility type:

- Short-term Crisis Residential Treatment Programs, at least weekly.

- Transitional Residential Treatment Programs, at least once every 30 days.

- Long Term Residential Treatment Programs, at least once every 60 days.

Discharge planning, beginning at admission, also is required.

Substance Use Disorder (SUD): All programs must develop individual treatment plans for all clients, which should be goal and action oriented with objective and measurable criteria. The plans should be developed no later than 10 days after admission to the program and updated no later than every 90 days. SUD treatment facilities approved for DHCS voluntary certification also must complete a discharge or continuing recovery plan for residents that includes individual strategies for sustaining long-term recovery and referrals to appropriate resources.

Treatment Services

Mental Health (MH): Services in all SRPs/SRFs must include, but not be limited to: (1) Individual and group counseling; (2) Crisis intervention; (3) Planned activities; (4) Counseling, with available members of the client's family, when indicated in the client's treatment/rehabilitation plan; (5) The development of community support systems for clients to maximize their utilization of non-mental health community resources; (6) Pre-vocational or vocational counseling; (7) Client advocacy, including assisting clients to develop their own advocacy skills; (8) An activity program that encourages socialization within the program and general community, and which links the client to resources which are available after leaving the program; and, (9) Use of the residential environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills. In addition, both transitional and long-term residential treatment programs must provide vocational services.

Substance Use Disorder (SUD): SUD treatment services should promote treatment and maintain recovery from SUD and include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and/or alcoholism or drug abuse recovery or treatment planning. According to state staff, residential programs also must provide access to MAT or refer residents in need of medications for MAT to qualified prescribers.

Patient Rights and Safety Standards

Mental Health (MH): The rights of residents of MH residential treatment facilities include but are not limited to the right to be treated with dignity, safety, freedom from abuse, and to be informed of mechanisms for filing of complaints. Critical incidents must be reported. Restraint and seclusion are regulated.

Substance Use Disorder (SUD): The rights of residents of SUD residential treatment facilities include but are not limited to the right to be treated with dignity, confidentiality, safety, freedom from abuse, and to be informed of mechanisms for filing of complaints. Critical incidents must be reported to DHCS. Regulations governing restraint or seclusion were not found.

Quality Assurance or Improvement

Mental Health (MH): Quality assurance or improvement requirements applicable to adult MH residential treatment were not found.

Substance Use Disorder (SUD): Quality assurance or improvement requirements applicable to adult SUD residential treatment were not found but the certification policy does require policies and procedures for continuous quality improvement.

Governance

Mental Health (MH): A governing board and policies and procedures are required.

Substance Use Disorder (SUD): Governance requirements applicable to adult SUD residential treatment were not found but policies and procedures are required.

Special Populations

Mental Health (MH): Special population requirements applicable to adult MH residential treatment were not found.

Substance Use Disorder (SUD): The state has specific requirements regarding residential treatment services for women and children. These are provided through the Women and Children's Residential Treatment Services (WCRTS) program, which was established by the state legislature. The program is designed to, among other things: (A) Demonstrate that SUD treatment services delivered in a residential setting and coupled with primary health, mental health, and social services for women and children, can improve overall treatment outcomes for women, children, and the family unit as a whole. (B) Demonstrate the effectiveness of six-month or 12-month stays in a comprehensive residential treatment program. (C) Develop models of effective comprehensive service delivery for women and their children that can be replicated in similar communities. (D) Provide services to promote safe and healthy pregnancies and perinatal outcomes. Data reporting was to be a component of this.

Location of Regulatory and Licensing Requirements

Standards for Certification of Social Rehabilitation Programs[1], Residential Licensure Regulations[2]; Licensure of Residential Alcoholism or Drug Abuse Recovery or Treatment Facilities[3], Women and Children's Residential Treatment Services[4], DHCS Alcohol and/or Other Drug Program Certification Standards[5]. Regulatory data collected May 17, 2019.

Other Information Sources

M. Perez, H. Omoregie, P. Abimbola (DHCS); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[1] See https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I9A50D8D0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

[2] See https://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential.

[3] See https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I36CEFDD0D45411DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

[4] See https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=10.5.&title=&part=1.&chapter=2.1.&article=.

[5] See https://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards_1.pdf.

CALIFORNIA MEDICAID

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Approach

The California Department of Health Care Services (DHCS) oversees the state Medicaid program. Medi-Cal Specialty Mental Health Services are provided through a mental health plan (MHP) which contracts with the state Medicaid agency to provide such services. The California state Medicaid plan permits Medicaid expenditures for perinatal substance use disorder (SUD) treatment in facilities that do not meet the definition of an Institution for Mental Disease (IMD). The state also has a Section 1115 waiver that allows reimbursement of perinatal and other SUD treatment in IMDs for otherwise eligible individuals in counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot. These facilities include, but are not limited to, residential facilities for residential treatment and withdrawal management services." The state has not historically relied on the in lieu of provision or on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of certain IMD services.

Types of Facilities

Mental Health (MH): Unless the enrollee is between the ages of 21-64 years and the services are provided in an IMD, Medicaid reimbursement is available for the following residential Specialty Mental Health Services:

- "Adult Residential Treatment Services," which are rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems.

- "Crisis Residential Treatment Service" provides therapeutic or rehabilitative services in a structured residential program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems.

Substance Use Disorder (SUD): Adult residential non-IMD SUD services are reimbursable by the state Medicaid program.

- Perinatal residential SUD services for pregnant and postpartum women also are covered as rehabilitation services in non-IMDs under the state plan and in IMDs pursuant to the state Section 1115 waiver in pilot counties. Each beneficiary lives on the premises and is supported in her efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems.

- Pursuant to the state Section 1115 waiver, the pilot "Drug Medi-Cal Organized Delivery System (DMC-ODS)" will cover expenditures for services not otherwise covered that are furnished to otherwise eligible individuals who are DMC-ODS beneficiaries, including services for individuals who are short-term residents in facilities that meet the definition of an IMD. These facilities include, but are not limited to, DHCS licensed residential facilities for residential treatment, and withdrawal management services. Pursuant to the waiver, any beneficiary receiving residential services pursuant to DMC-ODS, regardless of the length of stay, is a "short-term resident" of the residential facility in which they are receiving the services. Residential services under the waiver can be provided in facilities of any size and are provided regardless of perinatal status. The pilot includes services in the following residential IMDs, defined using the ASAM criteria, as follows:
    - Level 3.1 Clinically Managed Low-Intensity Residential Services
    - Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
    - Level 3.5 Clinically Managed High-Intensity Residential Services
    - Level 3.2-WM Clinically Managed Residential Withdrawal Management
    - Levels 3.7 and 3.7-WM are only available in inpatient settings under the waiver. These levels also are available in residential settings funded by other means than the waiver.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): An applicant to be a Medicaid-enrolled provider in California must meet certain criteria, including being certified by DHCS to participate and licensure as otherwise required by state law.

Mental Health (MH): MHPs must implement provider selection criteria that comply with regulatory requirements, the terms of the contract between the MHP and the Department, and other requirements that include possession of necessary licensure or certification for the scope of practice.

- Adult Residential Treatment Services must be certified as a Social Rehabilitation Program by the DHCS as either a Transitional Residential Treatment Program or a Long Term

Residential Treatment Program. In addition to Social Rehabilitation Program certification, programs which provide Adult Residential Treatment Services must be licensed as a Social Rehabilitation Facility or Community Care Facility by the DSS or authorized to operate as a Mental Health Rehabilitation Center by the DHCS.

- Crisis Residential Treatment Services shall be certified as a Social Rehabilitation Program (Short-term Crisis Residential Treatment Program) by the DHCS. In addition to Social Rehabilitation Program certification, programs providing Crisis Residential Treatment Services must be licensed as a Social Rehabilitation Facility or Community Care Facility by the State DSS or authorized to operate as a Mental Health Rehabilitation Center by the DHCS.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, to enroll in California Medicaid as a provider, all residential providers must be DHCS licensed residential facilities that also are designated to have met the ASAM requirements. The waiver includes additional information regarding how this process will occur.

Staffing

Mental Health (MH): MHPs must implement provider selection criteria that comply with regulatory requirements, the terms of the MHP contract with the DHCS, and other requirements that include possession of necessary licensure or certification for the scope of practice, staffing ratios, and staffing qualifications.

Substance Use Disorder (SUD): State Medicaid regulations establish required qualifications for Licensed Substance Use Disorder Treatment Professionals, a Managing Employee, a Substance Use Disorder Medical Director (which all SUD clinics must have), Substance Use Disorder Nonphysician Medical Practitioners, and Substance Use Disorder Treatment Professionals.

According to the state Section 1115 waiver, additional requirements apply to DMC-ODS staff, including credentials and supervision for professional staff, and training and supervision requirements for non-professional staff. Staff must be trained in the ASAM Criteria prior to providing services.

Placement

Mental Health (MH): Access to MHP services, such as Medi-Cal Specialty Mental Health Services, may be by beneficiary self-referral or through referral by another person or organization.

Substance Use Disorder (SUD): The DMC-ODS waiver requires the use of ASAM standards in program development and structure. To receive services through the DMC-ODS pilot, the beneficiary must be enrolled in Medi-Cal, reside in a participating county and meet specific medical necessity criteria. The initial medical necessity determination for the DMC-ODS benefit must be performed through a face-to-face review or telehealth by a qualified professional. After establishing a diagnosis, the ASAM Criteria will be applied to determine placement into the level of assessed services. Medical necessity qualification for ongoing receipt of DMC-ODS is determined at least every six months through the reauthorization process for individuals determined by the appropriate staff to be clinically appropriate. Under the waiver, counties must provide prior authorization for residential services within 24 hours of the prior authorization request being submitted by the provider.

For ASAM Level 3 services under the waiver, the length of residential services ranges from 1 to 90 days with a 90-day maximum for adults, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. The average length of stay for residential services is 30 days. Peri-natal clients may receive a longer length of stay based on medical necessity. Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (60 days after the pregnancy ends).

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): Medicaid-specific requirements for treatment and discharge planning or aftercare services or follow-up were not found for adult residential MH treatment.

Substance Use Disorder (SUD): Intake is a component service for state 1115 waiver services and includes the admission of a beneficiary into a SUD treatment program. Intake includes evaluation or analysis of SUDs; the diagnosis of SUDs; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for SUD treatment. Treatment and discharge planning are also component services.

Treatment Services

Mental Health (MH): Services for both adult residential and crisis services include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Crisis intervention are also a component of residential crisis services.

Substance Use Disorder (SUD): In accordance with the state 1115 waiver, pilot counties must describe in their implementation plan how they will guarantee access to medication assisted

treatment (MAT) services. Counties currently with inadequate access to MAT services must describe in their implementation plan how they will provide it.

The waiver requires the following for ASAM residential services: intake; individual and group counseling; patient education; family therapy; safeguarding medications; collateral services; crisis intervention services; treatment planning; transportation services for medically necessary treatment; and discharge services. The components of withdrawal management services are: intake; observation; medication services; and discharge services. Under the waiver, participating counties must also include the following provider requirements in their contracts with providers: (a) culturally competent services; (b) MAT; and (c) evidenced based practices [at least two of the following: (i) Motivational Interviewing; (ii) Cognitive-Behavioral Therapy; (iii) Relapse Prevention; (iv) Trauma-Informed Treatment; (v) Psycho-Education].

Care Coordination

Mental Health (MH): MHPs must provide coordination of physical and mental health care.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, Level 3.1, 3.3, and 3.5 providers must coordinate with levels 3.7 and 4.0 (funded separately from the waiver under FFS and managed care). The waiver also includes other extensive requirements for care coordination by the administering county. Among other things, counties' implementation plans and state/county contracts (managed care contracts per federal definition) will describe their care coordination plan for achieving seamless transitions of care. Counties are responsible for developing a structured approach to care coordination to ensure that beneficiaries successfully transition between levels of SUD care without disruptions to services. In addition to specifying how beneficiaries will transition across levels of acute and short-term SUD care without gaps in treatment, the county will describe in the implementation plan and state/county intergovernmental agreement how beneficiaries will access recovery supports and services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment. The county implementation plan and state/county intergovernmental agreement will indicate whether their care transitions approach will be achieved exclusively through case management services or through other methods. The county implementation plan and state/county intergovernmental agreement will indicate which beneficiaries receiving SUD services will receive care coordination. Specific elements are part of a required MOU that must be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers.

Quality Assurance or Improvement

Mental Health (MH): MHPs must establish a Quality Management Program that includes, among other things, a Quality Improvement Program and a Utilization Management Program. Requirements specific to the facilities were not found.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, providers must meet quality assurance standards and any additional standards established by the county or other evaluation process. The state will maintain a plan for oversight and monitoring of DMC-ODS providers and counties to ensure compliance and corrective action with standards, access, and delivery of quality care and services. Counties will be required to monitor providers at least once per year, and the state will monitor counties at least once per year through External Quality Review Organizations. If significant deficiencies or significant evidence of noncompliance with required standards are found in a county, the DHCS will engage the county to determine if there challenges that can be addressed. If the county remains noncompliant, the county must submit a corrective action plan to DHCS. Additionally, the state has taken action to ensure the integrity of oversight processes and will continue to closely monitor for any wrongdoing that impacts the DMC-ODS. The state also will conduct a monitoring review for residential facilities to provide an ASAM designation prior to facilities providing pilot services. This review will ensure that the facility meets the requirements to operate at the designated ASAM level. Among the state's other foci for quality are timely access and program integrity.

Special Populations

Mental Health (MH): No Medicaid-specific requirements were found regarding special populations served in adult residential MH treatment facilities.

Substance Use Disorder (SUD): Perinatal residential SUD programs are offered under the state Medicaid program and under the waiver. In addition, the waiver expects implementing counties to coordinate MH services for beneficiaries with co-occurring disorders.

Location of Medicaid Requirements

California Code of Regulations, Title 22, Division 3[6]; California Code of Regulations, Title 9, Division 1[7]; California Section 1115 waiver[8]. Regulatory data collected December 16, 2019.

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[6] See https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I43C0E6C0D4B811DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

[7] See https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I94869BB0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[8] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/ca-medi-cal-2020-ca.pdf.