

Not Every “Treatment Center” Is a Medical Facility: What California Families Must Ask Before Admission

A closer look at how the state licenses residential addiction programs, who is actually staffing the building overnight, and the gap that can turn a medical emergency into a tragedy.

When a family places an elderly or medically fragile relative in a skilled nursing facility, one assumption is built in: trained medical professionals are on the premises around the clock. That assumption is backed by federal rules. It does not automatically carry over to residential addiction treatment, even though the people entering those programs can be just as vulnerable, and sometimes more unstable.

Public safety advocates say that mismatch is one of the least understood risks in the treatment industry. A polished website, a reassuring name and the phrase “24-hour care” can leave families believing they are buying round-the-clock medical supervision. In many cases, they are not.

What nursing homes are required to have

Federal regulation for Medicare- and Medicaid-certified nursing homes (42 CFR §483.35) requires facilities to have sufficient nursing staff, around the clock, to meet residents’ needs. Licensed nurses must be on duty 24 hours a day, and unless a waiver applies, a registered nurse must be on site for at least eight consecutive hours every day, seven days a week. RNs supervise care delivered by LPNs, LVNs and nurse aides, and handle higher-level tasks such as assessments and physician consultation.

Society has accepted these requirements without controversy because the reason is obvious: frail residents can decline quickly, and someone with clinical judgment must be present when they do.

What a California residential addiction license actually means

In California, the Department of Health Care Services (DHCS) holds sole authority to license adult residential alcohol and drug recovery facilities, and it describes them as providing residential nonmedical services. Depending on authorization, such programs may offer detoxification, individual and group counseling, education, treatment planning and certain incidental medical services. But a DHCS residential license is not the equivalent of a hospital or skilled nursing facility license.

State law (Health and Safety Code §11834.015) also requires licensed adult residential facilities to hold at least one DHCS Level of Care designation, or a residential ASAM Level of Care certification, that matches the services they provide. The designations are:

- Level 3.1: clinically managed low-intensity residential services
- Level 3.2: clinically managed residential withdrawal management
- Level 3.3: clinically managed, population-specific high-intensity residential services
- Level 3.5: clinically managed high-intensity residential services

The differences are meaningful. Not every residential facility is equipped to manage the same patient. Not every rehab provides detox, and not every detox provides hospital-level medical care. A sober living home, which is a different setting again, is not a treatment facility at all.

Who is counseling your loved one

Advocates stress that this is not criticism of addiction counselors, many of whom do lifesaving work every day. The concern is that counseling training and medical training are different disciplines, and families often do not realize how far apart they are.

Under California rules, individuals who are not yet certified may provide counseling in a licensed program if they are registered with a DHCS-approved certifying organization. They generally have up to five years from initial registration to become certified. DHCS itself does not certify counselors; it enforces the counselor certification regulations. A registered counselor is not a nurse, physician or psychologist, and should not be expected to function like an emergency-room nurse, catch every dangerous medication interaction, or decide whether serious withdrawal requires a hospital.

The population most at risk

People entering addiction treatment may arrive intoxicated, in withdrawal, taking multiple medications, medically compromised, psychiatrically unstable, or at risk of seizure, overdose and respiratory depression. Those are medical events. Withdrawal is healthcare. Medication management is healthcare. A seizure is healthcare.

Yet placement into settings where the frontline staffing model may be overwhelmingly nonmedical has become routine. The public safety question is what happens when a patient's condition exceeds what the program was built to handle, and who has both the training and the authority to recognize it and call 911.

Questions every family should ask before admission

- Who is physically inside the building overnight?
- Is there an RN on site? Is there an LVN? When is a physician actually present?
- Who administers medications, and who monitors the patient afterward?
- Who evaluates a person who arrives intoxicated?
- Who decides whether withdrawal can be safely managed there?
- Who recognizes respiratory depression, and what happens if the person has a seizure?
- Who makes the decision to call 911?
- What exact level of care is this facility authorized to provide? Ask for the DHCS license and Level of Care designation in writing, and verify them with DHCS.

The policy gap

Advocates argue that when a person's condition exceeds what a residential program is equipped to manage, there must be a clear, enforceable line where residential treatment ends and medical care begins. Families should not learn that distinction after something catastrophic has happened. They should know it before admission.

Until that line is clear to every family, the safest course is to treat every admission decision like a medical one: verify the license, confirm the level of care, and ask who is in the building when the lights go out.

Sources and where to verify

DHCS Facility Licensing: <https://www.dhcs.ca.gov/providers-partners/facility-licensing/>

DHCS Level of Care Designation: <https://www.dhcs.ca.gov/providers-partners/dhcs-level-of-care-designation-formerly-dhcs-asam-level-of-care-designation/>

DHCS Counselor Certification: <https://www.dhcs.ca.gov/providers-partners/counselor-certification/>

Federal nursing home staffing rule, 42 CFR §483.35:

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.35>

CMS State Operations Manual guidance:

<https://www.cms.gov/files/document/r225soma.pdf>