



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: July 20, 2018

MHSUDS INFORMATION NOTICE NO.: 18-031

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS  
CALIFORNIA STATE ASSOCIATION OF COUNTIES

SUPERSEDES: [MHSUDS Information Notice No. 16-039](#)

SUBJECT: Incidental Medical Services

### **PURPOSE**

This Information Notice (IN) provides guidance to applicants and licensed alcoholism or drug abuse recovery or treatment facilities seeking approval from the Department of Health Care Services (DHCS) to provide incidental medical services (IMS). All references in this Information Notice to licensed residential facility mean an alcoholism or drug abuse recovery or treatment facility licensed by DHCS.

### **BACKGROUND**

On January 1, 2016, Chapter 744, Assembly Bill (AB) 848 authorized alcoholism or drug abuse recovery or treatment facilities licensed by DHCS to provide IMS. AB 848 amends Health and Safety Code (HSC) Division 10.5 Chapter 7.5 Sections 11834.03 and 11834.36, and adds Sections 11834.025 and 11834.026 to allow licensed residential facilities the option to apply for approval from DHCS to provide IMS in their facilities. AB 848 allows DHCS to implement the provisions contained in the bill via a provider bulletin until the adoption of regulations.

In addition to the requirements set forth in this provider bulletin, a licensed residential facility approved to provide IMS must comply with applicable sections of the HSC.

## **DEFINITIONS**

**“Assessment”** means an in-depth review of a resident in order to determine the appropriate level of care and resident’s strengths and needs including, but not limited to alcohol and/or other drug use, physical and mental health, employment, legal, social, family, environment and ancillary needs.

**“Health Care Practitioner”** (HCP) means a person duly licensed and regulated under Division 2 (commencing with Section 500) of the Business and Professions Code, who is acting within the scope of their license or certificate.

**“Incidental Medical Services”** means optional services provided at a 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 must be provided at the facility in compliance with the community standard of practice. IMS does not include general primary medical care or medical services required to be performed in a licensed health facility, as defined by HSC Section 1200 or 1250.

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 alcoholism or drug abuse recovery or treatment services;
5. Overseeing patient self-administered medications;
6. Treating substance abuse disorders, including detoxification.

**“Medication Assisted Treatment”** (MAT) means the use of any drug approved by the United States Food and Drug Administration for the treatment of substance use disorders prescribed to assist an individual in detoxification services, treatment services, or recovery services.

## **APPLICATION PROCESS**

The process for obtaining a license to operate an alcoholism or drug abuse recovery or treatment facility is set forth in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, Subchapter 2. Initial applicants seeking to provide IMS shall

submit an Initial Treatment Provider Application ([DHCS 6002](#)), together with applicable fees and supporting documentation. DHCS will review the application in accordance with Title 9, CCR Section 10522.

Existing licensed residential facilities seeking to provide IMS shall submit a Supplemental Application ([DHCS 5255](#)), together with applicable fees and supporting documentation. Within forty-five (45) working days of receipt of the application, DHCS will review and notify the licensee whether the application is complete or incomplete. Notification of an incomplete application shall specify the missing information or documentation.

The Department shall terminate review of an incomplete application if the licensee does not provide the missing information or documents within sixty (60) calendar days from the date of the notification of an incomplete application. Termination of the application review process shall not constitute denial of licensure or a licensing action, and shall not change the licensee's existing license. Upon termination of review, a licensee seeking to add IMS may reapply by submitting a new application to the Department.

Upon determining that an application is complete, the Department shall complete a site visit to determine the licensee's ability to comply with the requirements of all applicable laws and regulations. No later than one hundred and twenty (120) working days after determining that a supplemental application is complete, the Department shall issue to the licensee a new license reflecting the addition of IMS.

### **APPROVAL TO PROVIDE IMS**

IMS may only be provided following approval from DHCS. IMS shall be an additional service to all residents at an approved licensed residential facility. IMS cannot be limited to specific residents and/or beds. A licensed residential facility's HCP must ensure that IMS is appropriate for all residents. If IMS is not appropriate for a resident (as determined by a HCP), then the licensed residential facility must immediately refer the resident for placement in an appropriate level of care. A licensed residential facility approved to provide IMS cannot order or stock bulk prescription medications.

Any change to the licensed residential facility's HCP requires a written notice to DHCS. The licensee shall submit the following documents to the Department: qualifications of new HCP, Health Care Practitioner Incidental Medical Services Acknowledgement ([DHCS 5256](#)), and Facility Staffing Data ([DHCS 5050](#)). A proposed change in physician staffing requires DHCS approval prior to their estimated start date. Physician staffing changes shall be approved by the Department within ten (10) working days of receipt of the request unless the new physician does not meet the requirements of this IN. The

Department shall notify a licensee if a proposed change of physician staffing is denied. The Department's decision shall be final.

If following approval to provide IMS, a licensed residential facility chooses to remove IMS from its license, it must submit a Supplemental Application ([DHCS 5255](#)), together with supporting documentation to DHCS.

### **COMPLIANCE**

The Director may suspend or revoke a licensed residential facility for violations of Chapter 7.5 of the HSC and regulations adopted pursuant to that chapter. Licensed residential facilities that provide IMS without prior approval from DHCS will be cited and subject to disciplinary action, including, but not limited to license suspension or revocation.

### **REQUIRED DOCUMENTS AND FEES**

- Initial Treatment Provider Application ([DHCS 6002](#)) or Supplemental Application ([DHCS 5255](#));
- Fee ([MHSUD Information Notice No: 14-022](#));
- Fire clearance form STD 850 (if applicable);
- Floor plan;
- Facility Staffing Data ([DHCS 5050](#)), including all facility staff who provide or oversee IMS;
- Job description for each staff position at the facility;
- Health Care Practitioner (HCP) Incidental Medical Services Acknowledgement ([DHCS 5256](#)) for all HCP's who provide or oversee IMS;
- Copy of all HCP's valid license to practice in California and proof of addiction medicine training;
- Organizational Chart, including all facility staff;
- Services and Activities – written description, including IMS;
- Program description, including IMS;
- Admission, Readmission, and Intake Criteria, including IMS;
- Admission Agreement, including IMS;
- Detoxification Services (if applicable) – Policies and procedures, including IMS;
- Medication Policy – Policy, procedures, and tasks for all forms of prescribed and over-the-counter medications; and
- Incidental Medical Services (IMS) - Policies, procedures, and tasks for IMS. See below guidelines.

## **IMS POLICIES AND PROCEDURES**

Initial applicants and licensed residential facilities seeking approval to provide IMS must submit:

1. IMS policies and procedures;
2. A description of IMS medications and medication storage;
3. A written statement verifying IMS room meets minimum requirements<sup>1</sup>; and
4. Policies and procedures that address each of the following: (a) biofluids, including the process from collection to disposal; and (b) referrals, including resident referrals for urgent or emergent care and referrals to a higher or lower level of care when medically appropriate.

Any changes or modifications to previously approved IMS policies and procedures shall be reported to the Department through submission of the revised policies and procedures within 30 calendar days after the date such change becomes effective. Within forty-five (45) working days of receipt to amend IMS policies and procedures, DHCS shall review and notify the licensee whether the change is approved, or incomplete with the missing information or documentation specified. Failure of licensee to provide the missing information or documents within thirty (30) calendar days from the date of the notification shall result in a denial of the request.

## **IMS REQUIREMENTS**

The following services must be provided by HCP, or staff under the supervision of an HCP.

### **1. Obtaining Medical Histories**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Process for conducting resident screening and assessment.
  - The screening and assessment must be performed by a licensed professional or certified counselor within twenty-four (24) hours of admission.
  - The Client Health Care Questionnaire and Initial Screening Questions form ([DHCS 5103](#)) form must be reviewed, in person, face-to-face, signed and dated by the resident and program staff.

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<sup>1</sup> IMS room, at minimum, must include the following:

- Enclosed with permanent walls;
- Cabinet(s) for storage of medical equipment;
- Locked cabinet for medications; and
- Separate locked cabinet for narcotics.

- Process to determine if an individual is currently intoxicated and the severity of withdrawal.
- Process for reviewing the assessment ([DHCS 5103](#)).
  - A HCP must review the assessment ([DHCS 5103](#)) no later than seventy-two (72) hours after admission. As part of the assessment the HCP must determine if IMS is medically appropriate.
  - Prior to providing IMS, a HCP must complete, with the resident, Incidental Medical Services Certification Form ([DHCS 4026](#)).
- Process for ensuring [DHCS 5103](#) and [DHCS 4026](#) are complete, current, signed, dated, and maintained in a resident's file.

**2. Monitoring health status to determine whether the health status warrants transfer of resident in order to receive urgent or emergent care.**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Process for determining health status of a resident throughout treatment.
- Specify all types of health assessments to be conducted.
  - Example of assessments include:
    - Physical exam;
    - Monitoring vital signs;
    - Instant/rapid read alcohol/drug screens; and
    - Standardized rating scales.
- Process for administering and reviewing health assessment(s).
  - Assessment(s) must be conducted in an IMS approved licensed residential facility.
- Documentation of monitoring and assessment(s) must be complete, signed, dated and maintained in a resident's file.

**3. Testing associated with detoxification from alcohol or drugs**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Specify all types of tests that will be used.
  - Examples of types of tests include:
    - Toxicology for drugs and alcohol;
    - Urine drug screens;
    - Blood alcohol concentrations; and
    - Confirmatory laboratory analysis for:
      - Electrolyte disturbances;
      - Nutrition deficiencies;
      - Organ dysfunction;

- Other markers impacted by substance abuse and withdrawal.
- Process for administering and reviewing all tests associated with detoxification.
- Process for assessing a resident's health status during detoxification.
- Tests and results must be complete, current, signed, dated, and maintained in the resident's file.

**4. Providing alcoholism or drug abuse recovery or treatment services**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Process for monitoring the stabilization of residents through the provision of ongoing treatment.
- Specify all types of tests that will be used.
  - Examples of types of tests include:
    - Drug and alcohol testing;
    - Hepatitis;
    - HIV; and
    - Tuberculosis.
- Process for administering all tests.
  - Location of where testing is conducted.
  - Review/determination of test results.
- Tests and results must be complete, current, signed, dated, and maintained in a resident's file.

**5. Overseeing patient self-administered medications**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Process for determining which approved medications will be used for a resident's detoxification, withdrawal, and management.
- Process for storing medications:
  - Locked room;
  - Locked cabinet for medications;
  - Separate locked cabinet for narcotics;
  - Staff access; and
  - Key access.
- Process for overseeing self-administration of medications.
- Process for documenting all medications including sample medications
- Process for destroying medications.
- Plan when a resident refuses to take medications.

- Process for documenting and returning medications to a resident upon discharge, including a policy for returning narcotics and/or medications for the treatment of addiction.
- Process for the documentation of medications in a resident's file.

**6. Treating substance abuse disorders, including detoxification**

Describe in detail, and provide a policy and procedure, which includes, at minimum, the following:

- Method for coordinating care for any complex conditions, which may impact a resident's success in treatment.
- Specify approved medication for medication assisted treatment (MAT) to be used at the facility.
  - Examples of MAT medications include:
    - Acamprosate;
    - Buprenorphine and buprenorphine products;
    - Disulfiram;
    - Methadone; and
    - Naltrexone.
- HCP must assess a resident prior to the initiation of MAT.
- Method for storing scheduled narcotics.
  - Staff access;
  - Key access; and
  - Locked narcotic cabinet.
- Method for administering, storing, and disposing injectable or implantable subdermal MAT medication.
- Method for coordinating care with Narcotic Treatment Programs for any resident receiving methadone.
- Staff training on the use, storage, and disposal of MAT medications.

**RESOURCES**

Chapter 744, Assembly Bill 848:

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160AB848](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB848)

Additional information regarding IMS can be found on the DHCS website at:

<http://www.dhcs.ca.gov/provgovpart/Pages/Incidental-Medical-Services.aspx>

Additional information regarding MAT can be found on the Substance Abuse and Mental Health Services Administration and DHCS websites at:

<https://www.samhsa.gov/medication-assisted-treatment/treatment>



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If you have questions pertaining to the provision of IMS, please contact  
Nadalie Meadows-Martin at (916) 345-7585 or by email at  
[Nadalie.Meadows-Martin@dhcs.ca.gov](mailto:Nadalie.Meadows-Martin@dhcs.ca.gov).

Sincerely,

Original signed by Don Braeger for

Brenda Grealish, Acting Deputy Director  
Mental Health and Substance Use Disorder Services