Disclosure: Title 9, California Code of Regulations is currently under revision to include the requirements for IMS. The information below is a guideline for developing IMS policies and procedures, which is subject to change. Please refer to MHSUDS Information Notice No: 16-039 and the Substance Use Disorder Compliance Division’s webpage for IMS regulatory requirements.

New Applicants may apply for IMS by completing an Initial Treatment Provider Application (DHCS 6002). Current licensed providers may apply to add IMS by completing a Supplemental Application (DHCS 5255).

Important: Licensed residential facilities shall not conduct IMS until approved by DHCS and a revised license issued. Additionally, IMS approved facilities shall not conduct any form of surgical procedures, or order/stock bulk prescription medications.

<table>
<thead>
<tr>
<th>Required Documents and Fees</th>
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<tr>
<td>Initial Treatment Provider Application (DHCS 6002) or Supplemental Application (DHCS 5255) (complete applicable sections)</td>
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<tr>
<td>Health Care Practitioner (HCP) Incidental Medical Services Acknowledgement (DHCS 5256)</td>
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<tr>
<td>Copy of valid HCP’s license</td>
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<tr>
<td>Policies and procedures for each of the six (6) IMS categories applying for</td>
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<tr>
<td>A-5 – Facility Staffing Data (DHCS 5050) (must list all staff associated with IMS)</td>
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<tr>
<td>Job description for all staff associated with IMS</td>
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<td>Organizational chart showing lines of authority including the physician or HCP and personnel</td>
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<td>Program description (including IMS)</td>
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<td>Outline of all services (including IMS)</td>
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<tr>
<td>Admission/Re-admission/Intake Criteria (including IMS)</td>
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<tr>
<td>Admission agreement which meets all requirements of Title 9, Section 10566 and Certification Standards, Section 21000 (if applicable); and includes address of facility, types of treatment services, and costs associated with treatment and IMS</td>
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<tr>
<td>Floor plan showing location and dimensions of IMS room, bedrooms, bathrooms, etc.</td>
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<tr>
<td>Fire clearance form STD 850 (if applicable)</td>
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<tr>
<td>Zoning approval or conditional use permit (if applicable – some counties and/or local jurisdictions may require approval)</td>
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<tr>
<td>Fees in the amount of $1,034, payable to the Department of Health Care Services (if an initial application, this additional services fee is not required)</td>
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INCIDENTAL MEDICAL SERVICES – REQUIREMENT GUIDELINES

Introduction – Provide a description of IMS and the six (6) categories for which you are applying; and a description of the IMS room including set-up and supplies.

Policies and Procedures – Provide a policy and procedure for each of the six (6) IMS categories. If an IMS category will not be provided, a statement indicating which IMS categories will not be provided is required. This statement shall include the process for making a referral for services not provided. Policies and procedures shall reference “residents” not patients, clients or participants, and “substance use” not substance abuse. Any changes or modifications to previously approved IMS policies and procedures require Department review and approval prior to implementing.

IMS Categories:

1. Obtaining Medical Histories – The physician and/or health care practitioner shall assess the patient within a reasonable period of time of admission and prior to receiving IMS and document this assessment (Client Health Questionnaire and Initial Screening Questions Form, (DHCS 5103, Revised 6/16). The assessment form must be completed prior to admission and may be completed by any licensed and/or certified facility staff. At admission or within a reasonable period of time thereafter, the physician and/or health care practitioner must review the assessment and sign/date page 9 of the form. The medical history collects and documents details about the physical health status of the patient, particularly those aspects that will have a direct impact on the course of withdrawal. This includes current medications, major medical illnesses, injuries, surgeries, hospitalizations, and allergies. The medical history shall include substance use disorders and psychiatric comorbidity. Upon initial presentation, it should be determined whether the patient is currently intoxicated, the type and severity of the withdrawal syndrome, and information regarding past withdrawal episodes.

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

- Assessment prior to admission - Client Health Care Questionnaire and Initial Screening Questions form DHCS 5103 (must be face-to-face)
- Location where assessment is conducted
- Who performs screenings and assessments
- Review of assessment by physician or HCP within 24-hours of admission (must be face-to-face) date and signature required
- Incidental Medical Services Certification Form DHCS 4026 must be completed in person (face-to-face), signed and dated by physician or HCP
- Referral for individuals not appropriate for level of service
- Resident file documentation
2. **Monitoring health status to determine whether the health status warrants transfer of resident in order to receive urgent or emergent care** – Monitoring the health status of patients shall occur throughout the course of treatment for each patient in a licensed residential facility approved to provide IMS. An assessment shall be conducted prior to admission to determine if the patient is appropriate for care. This may include a physical exam, the monitoring of patients vital signs, and the use of standardized rating scales. Monitoring activities shall be conducted by physicians, health care practitioners and/or facility staff acting within their allowable scope of practice and/or job descriptions. While non-licensed staff may conduct routine monitoring activities such as vitals, non-licensed staff may not perform any monitoring activities which require a medical license.

If it is determined at any time during the course of treatment that a patient’s current health status is beyond the scope of the residential license, the physician, health care practitioner and/or facility staff must immediately transfer the patient to a facility where they can receive urgent or emergent care.

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

- **Monitoring health status throughout treatment**
  - Who monitors residents
  - Type of monitoring
  - How monitoring is conducted
  - Where monitoring takes place
  - Documentation of monitoring

- **Types of assessments**
  - Physical exam
  - Instant/rapid read alcohol/drug screens
  - Vital signs
  - Standardized rating scales

- **Administration assessment**
  - Who conducts tests
  - Collection of specimen
  - Disposal of specimen
  - Reading of results

- **Urgent or Emergent Care**
  - Who determines current health status of residents
  - Who makes decision to transfer resident to urgent or emergent care

- **Readmission of resident**
  - Who determines if resident health status warrants readmission
  - Who determines if resident is eligible for IMS services
3. **Testing associated with detoxification from alcohol or drugs** – Licensed residential providers approved to provide detoxification services and IMS shall outline all testing conducted for detoxification services in their licensing protocol for initial and ongoing review and approval by DHCS. The protocol must describe staff duties, policies, procedures, testing conducted and the review of testing results in a timely manner. Laboratory testing shall include an assessment of the patient’s health status to determine the safest course of managing the detoxification process. Testing may include toxicology for drugs and alcohol including urine drug screens, blood alcohol concentrations, and confirmatory laboratory analysis when appropriate. This includes analyses for electrolyte disturbances, nutrition deficiencies, organ dysfunction, and other markers impacted by substance use and the withdrawal process. The physician and/or health care practitioner is responsible for reading and making the final determination on test results. The test results shall be dated and signed or initialed by the physician and/or health care practitioner.

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

- **Assessment of resident’s health status to determine safest course of managing detoxification**
  - Who determines the course of detoxification treatment
  - How is the course of treatment determined

- **Types of testing – specify all types**
  - Toxicology for drugs and alcohol
  - Urine drug screens
  - Blood alcohol concentrations
  - Confirmatory laboratory analysis for:
    - Electrolyte disturbances
    - Nutrition deficiencies
    - Organ dysfunction
    - Other markers impacted by substance abuse and withdrawal

- **Administration of tests**
  - Who administers tests
  - How tests are administered
  - Where tests are administered
  - Review of test results (who, how, when)
  - Documentation of tests and results (who, how, where)

4. **Providing alcoholism or drug abuse recovery or treatment services** – As a part of ongoing treatment and recovery in a residential facility, laboratory testing may be conducted to monitor the stabilization of the patient through the provision of ongoing treatment. Testing may include administering and reviewing TB, HIV, Hepatitis, drug and alcohol testing and other screenings that impact the provision of treatment services. Licensed residential providers shall outline all testing conducted for services in their licensing protocol for initial and ongoing review and approval by DHCS.
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The protocol shall describe staff duties, policies, procedures, testing conducted and the review of testing results in a timely manner. The physician and/or health care practitioner is responsible for reading and making the final determination on test results.

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

- Monitoring the stabilization of residents
  - Who monitors ongoing treatment of residents
- Types of testing – specify all types
  - Tuberculosis
  - HIV
  - Hepatitis
  - Drug and alcohol testing
  - Other screenings that impact treatment services
- Administration of tests
  - Who administers tests
  - How tests are administered
  - Where tests are administered
  - Review of test results (who, how, when)
  - Documentation of tests and results (who, how, where)
- Referral for urgent emergent care
  - Who determines current health status of resident’s
  - Who makes decision to transfer resident to urgent or emergent care
- Readmission of resident
  - Who determines if resident health status warrants readmission
  - Who determines if resident is eligible for IMS services

5. **Overseeing patient self-administered medications** – A physician and/or a health care practitioner, acting within their scope of practice, may advise or make recommendations to any patient regarding any prescribed or over the counter medication. During a patient’s initial detoxification and withdrawal the physician and/or health care practitioner must evaluate and adjust the medications that a patient is prescribed. This is not limited to just those medications provided for management of detoxification and withdrawal but any medication used to assist the patient through the treatment and recovery process. All prescription medications that a patient self-administers shall be upon the order of a person lawfully authorized under their scope of practice. A physician and/or health care practitioner affiliated with the residential facility may prescribe (order) medications that keep the patient safe and comfortable during detoxification and/or to assist with their treatment. A physician and/or health care practitioner may also adjust the doses of or discontinue medications that may interfere with a safe withdrawal or treatment.
IN INCIDENTAL MEDICAL SERVICES – REQUIREMENT GUIDELINES

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

- Medications
  - Who determines which medications are required for resident
  - How are medications prescribed
  - Who prescribes medications
  - How are prescribed medications obtained
  - What types of medications are allowable
  - Documentation of resident medications
  - Where are medications are stored
  - Destruction and documentation of unused medications

- Self-administration of medications – describe the process
- Refusal to take medications – describe outcome and documentation

6. Treating substance abuse disorders, including detoxification – Physicians and/or health care practitioners should work with a patient’s primary care physician to coordinate care for any complex conditions which may impact the patient’s success in treatment. The provision of ongoing medication assisted treatment (MAT) is allowable in a residential setting. Licensed residential providers shall document in their protocols the storage of any scheduled narcotics for MAT. Storage requirements must adhere to state and federal guidelines. Licensed residential providers shall also describe in their protocol the procedures for how injectable MAT will be administered, stored and disposed. Physician and/or health practitioner staff are allowed to administer injectable or implantable subdermal MAT with the written consent of the patient.

For patients needing medication assisted treatment (MAT), the introduction of MAT for substance use disorders should be implemented at the appropriate time in the withdrawal process and maintained during the course of treatment as determined by the treating physician. This may include the prescribing and administering of oral and/or injectable and/or implantable subdermal medication assisted treatment. All patients prescribed detoxification or maintenance medication shall be seen face-to-face by the physician or health care practitioner prior to the initiation of medication. For patients receiving methadone, licensed residential providers shall collaborate with Narcotic Treatment Programs to coordinate how the patient will receive their medication.

Licensed residential providers utilizing relapse prevention medications should ensure staff are trained on the use of the medication and may have it available on site for staff use. Licensed residential providers are not permitted to order or stock prescription bulk medications for utilization during detoxification or treatment nor have them at the facility.
INCIDENTAL MEDICAL SERVICES – REQUIREMENT GUIDELINES

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

- Coordinating care for any complex conditions which may impact the resident’s success in treatment
  - Who is responsible for coordinating care
  - How is it documented

- Medication assisted treatment (MAT)
  - Type of MAT services
  - Who determines level of MAT services required
  - What assessment is conducted for MAT
  - Who will provide the service
  - Storage of scheduled narcotics (must adhere to state and federal guidelines)
    - Documentation of MAT services (who, how, where)

- Administration of MAT services
  - Who administers
  - How administered
  - Where administered
  - Documentation of MAT services (who, how, where)
  - Written consent