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

JENNIFER KENT
*DIRECTOR*

EDMUND G. BROWN JR.
*GOVERNOR*

DATE: July 21, 2016

MHSUDS INFORMATION NOTICE NO.: 16-039

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

SUBJECT: INTRODUCTION OF INCIDENTAL MEDICAL SERVICES

## Background

On January 1, 2016, Chapter 744, Assembly Bill 848 was enacted authorizing adult alcoholism or drug abuse recovery or treatment facilities that are licensed by the Department of Health Care Services (DHCS) to provide incidental medical services (IMS). AB 848 amends sections 11834.03 and 11834.36, and adds sections 11834.025 and 11834.026 to the Health and Safety Code to allow licensed residential providers the option to apply to DHCS for approval to provide IMS in their facilities. AB 848 allows DHCS to implement the provisions contained in the bill via a provider bulletin until regulations are adopted. This bulletin serves as guidance until the regulations are adopted on or before July 1, 2018.

Upon receipt of approval by DHCS, a licensed residential provider may choose to voluntarily expand their services to provide IMS, as defined in this bulletin. The requirements in this bulletin only apply to facilities applying to provide IMS. In order to provide IMS at an approved facility, the licensed residential provider must adhere to the conditions outlined in the new sections of the Health and Safety Code and the requirements outlined in this bulletin.

## Definitions

*Incidental Medical Services*: IMS are services provided at a licensed residential facility by a health care practitioner that address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services. IMS do not include the provision of general primary medical care. IMS must be related to the patient's process of moving into long-term recovery.

IMS are limited to services that are not required to be performed in a licensed clinic or licensed health facility as defined in Section 1200 or 1250 and can safely be provided in compliance with the community standard of practice at the licensed alcoholism or drug abuse recovery or treatment facility. The following terms are defined as:

*Health Care Practitioner:* Health Care Practitioner 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 practice of his or her license or certificate.

*Medication Assisted Treatment (MAT)*: MAT includes all drugs approved by the United States Food and Drug Administration for the treatment of substance use disorders.

*Reasonable Period of Time:* For the purposes of Section 11834.025(a)(1), within 24 hours of admission and prior to IMS being provided to a program participant, facilities must obtain the Health Care Practitioner Client Assessment form signed by a health care practitioner for each program participant.

## Categories of IMS

The definition of IMS in Section 11834.026(a) identifies six categories of IMS services that may be provided after receiving approval from DHCS:

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 11 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.

2. Monitoring health status to determine whether the health status warrants transfer of the patient 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.

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.

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.

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.

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.

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.

Licensed residential providers are not permitted to allow any form of surgical procedures at a residential facility.

## Application process

### Initial Applicants

In order for an initial applicant to be eligible to provide IMS they will need to submit the Initial Treatment Provider Application (**DHCS 6002 – 06/16**) to provide licensed 24-hour residential adult alcoholism or drug abuse recovery or treatment services. The applicant is required to provide DHCS with a completed initial application packet and in addition to the initial application requirements, they must also request to provide IMS as an additional treatment service. The initial application packet must include: the Incidental Medical Services Protocols and Policies, the Health Care Practitioners Acknowledgement form (DHCS 5256), a valid copy of the Health Care Practitioner's license and a floor plan indicating a confidential space where the health care practitioner may provide IMS. The applicant must also mark the incidental medical services box on the initial treatment provider application under types of services.

### Currently licensed residential providers

In order for a currently licensed 24-hour residential adult alcoholism or drug abuse recovery or treatment facility to be eligible to provide IMS to a patient in their program they will need prior approval from DHCS. In order to obtain that approval the licensed residential provider will be required to provide DHCS with a completed supplemental

application **DHCS 5255** requesting the additional service. The application packet must include; the Incidental Medical Services Protocols and Policies, the Health Care Practitioners Acknowledgement form(s) (**DHCS 5256)**, a valid copy of the Health Care Practitioner's license, a floor plan indicating a confidential space where the health care practitioner may provide IMS, and the additional services fee.

Once approved by DHCS, the licensed residential provider is approved to provide incidental medical services as an additional service to all residents at the facility. The IMS cannot be restricted to only specific clients and/or beds. It will be the licensed residential provider's responsibility to maintain a copy of the signed admissions agreement in the patient's file, a signed acknowledgement form from the physician or health care practitioner maintained in the patient's file and to monitor the patient that they remain appropriate for IMS. If at any time the patient is no longer appropriate for IMS, the facility shall immediately arrange for the appropriate level of care for the patient.

Licensed residential provider or prospective residential providers interested in receiving DHCS approval to provide IMS may send the application packet to:

Substance Use Disorder Compliance Division
Licensing and Certification Section, MS 2600
PO Box 997413
Sacramento, California 95899-7413

**Fees**

For an initial applicant to apply for IMS, the initial residential application fee must be submitted with the initial residential application packet. There is not a requirement to pay an additional services fee.

For currently licensed programs to add IMS there will be a one-time additional services fee of $1034. This fee will be required at the time of submission of the additional services application.

**Forms**

A licensed residential provider may choose not to use the forms developed by DHCS and referenced in this notice. However, the forms used by the provider must include all of the components contained in the DHCS forms and are subject to approval by DHCS prior to being used.

**Compliance**

The Director may suspend or revoke a licensed residential provider for violations of the regulations and/or statute. Licensed residential providers who are found to be providing IMS without prior approval from DHCS will be cited and may be at risk for civil penalties and/or license suspension or revocation as stated in Section 11834.36 of the Health and Safety Code.

If you have questions pertaining to the provision of IMS, please contact Nadalie Meadows-Martin at (916) 327-3178 or by email at Nadalie.Meadows-Martin@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Attachments