



Incidental Medical Services (IMS)
Frequently Asked Questions
April 2021

The following answers to frequently asked questions intend to provide applicants and licensed alcoholism or drug abuse recovery or treatment facilities with additional guidance and clarification regarding IMS. This document will be updated as necessary.

For additional information regarding IMS:

- Visit: <https://www.dhcs.ca.gov/provgovpart/Pages/Incidental-Medical-Services.aspx>
- https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_18-031_Incidental_Medical_Services%20FINAL%207.20.18.pdf
- Chapter 744, Assembly Bill 848:
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB848
- Additional information regarding Medication Assisted Treatment (MAT) can be found on the Substance Abuse and Mental Health Services Administration website at: <https://www.samhsa.gov/medication-assisted-treatment/treatment>
- Contact us at: (916) 322-2911 or Toll Free Number: (877) 685-8333

1. What is IMS?

IMS 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. Prior to DHCS approval, the residential facility shall demonstrate how the following IMS will be provided:

- Obtaining medical histories;
- Monitoring health status;
- Testing associated with detoxification from alcohol or drugs;
- Providing alcoholism or drug abuse recovery or treatment services;
- Overseeing patient self-administered medications;
- Treating substance abuse disorders, including detoxification.

2. Does a residential treatment facility have to provide IMS?

No. IMS is an optional service.

3. Can a residential treatment facility provide IMS without DHCS approval?

No. Residential treatment 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.

4. Are residential treatment facilities applying for IMS required to provide all six (6) components of IMS care at the licensed residential facility?

Residential treatment facilities applying for IMS need to demonstrate at the time of application how all six (6) components of IMS care will be provided. For example, if a facility does not provide detoxification services or lab testing, the facility must have a referral policy that outlines how these services will be provided for IMS.

5. What services are not covered under IMS?

IMS does not include general primary medical care or medical services required to be performed in a licensed health care facility, as defined by Health and Safety Code (HSC), Section 1200 or 1250. The county must ensure that all providers are appropriately credentialed and working within their scope of practice when delivering services to beneficiaries.

6. Who can provide IMS?

IMS may only be provided by a Health Care Practitioner (HCP), or a program staff working within the scope of their license, certification, education and/or work experience, and under the supervision of an approved HCP. The HCP is 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.

7. Who can receive IMS?

IMS may be provided to residents of a residential treatment facility. IMS shall not be provided to program staff.

8. What are the minimum requirements for an IMS room?

The IMS room must include the following, at a minimum:

- Enclosed permanent walls for resident confidentiality;
- Storage cabinet(s) for medical equipment;
- Locked cabinet(s) for residential medications; and
- A separate locked cabinet for narcotics.

9. Can residential treatment facilities approved to provide IMS store bulk medication?

No. Licensed residential treatment facilities are not allowed to store any bulk medication. Over the counter medications are excluded from this requirement.

10. Do residential treatment facilities require IMS approval in order to conduct urinalysis (UA) testing?

No. The California Code of Regulations (CCR), Title 9, and the Alcohol and/or Other Drug (AOD) Standards do not prohibit alcohol and/or drug testing in residential treatment facilities, nor do they mandate residential treatment facilities be approved for IMS in order to conduct drug and alcohol testing.

11. Who completes the initial assessment, and the Client Health Care Questionnaire and Initial Screening form (DHCS 5103)?

The initial screening and assessment must be performed by a licensed professional or certified/registered counselor within 24 hours of admission. During the screening and assessment process, the Client Health Care Questionnaire and Initial Screening Questions form (DHCS 5103) must be completed in person, face-to-face, signed and dated by the resident and the program staff performing the initial screening and assessment. The approved HCP must review the Client Health Care Questionnaire and Initial Screening Questions form (DHCS 5103) no later than 72 hours after admission to determine if IMS is medically appropriate for the resident.

12. Can the Client Health Care Questionnaire and Initial Screening form (DHCS 5103) be completed via telehealth?

No. The Client Health Care Questionnaire and Initial Screening form (DHCS 5103) must be completed in person, face-to-face.

13. Can the HCP review the Client Health Care Questionnaire and Initial Screening form (DHCS 5103) via telehealth?

Yes.

14. When must the Incidental Medical Services Certification Form (DHCS 4026) be completed?

Prior to providing IMS, the approved HCP must complete the Incidental Medical Services Certification form (DHCS 4026) with the resident. This certifies that the HCP reviewed the resident's initial screening to determine medical appropriateness to receive IMS. This certification form shall be placed in the resident's file.

15. Can the approved HCP complete the Incidental Medical Services Certification form (DHCS 4026) for all residents during the resident screening and assessment?

Yes. The approved HCP may complete the Incidental Medical Services Certification form (DHCS 4026) for any residents, upon a review of the Client Health Care Questionnaire and Initial Screening form (DHCS 5103).

16. Who completes the Health Care Practitioner Incidental Medical Services Acknowledgement (DHCS 5256)?

DHCS 5256 shall be completed and signed all licensed professionals (commencing with Section 500) of the Business and Professions Code, who are acting within the scope of their license or certificate and provide or oversee IMS. This includes those in contract with or employed by a facility. (E.g. Physician, Registered Nurse, LVN, Physician Assistant, etc...).

17. Are narcotic medications required to be stored in a separate locked cabinet?

Yes. All narcotic medications must be securely stored behind a separate locked cabinet.

18. Can Medication Assisted Treatment (MAT) be provided within residential treatment facilities?

Yes. MAT is allowable and encouraged in all residential treatment facilities. MAT medications may also be prescribed within IMS approved facilities through licensed prescribers. A licensed residential treatment facility cannot deny admission to an individual based solely on the individual having a valid prescription from a licensed health care professional for a medication approved by the United States Food and Drug Administration (FDA) for the purpose of the MAT for substance use disorders. The Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver permits qualified HCPs to prescribe Buprenorphine and other Schedule III, IV, and V narcotic medications. Please visit the website for the Substance Abuse and Mental Health Services Administration for more information on how to become a DATA 2000 waived prescriber.

19. What MAT medications can be used in a residential facility?

All FDA approved medications for MAT for substance use disorders. Examples include Acamprosate; Buprenorphine and buprenorphine products (controlled); Disulfiram; Methadone (controlled); and Naltrexone (Vivitrol). Acamprosate and Disulfiram– used for treatment of alcoholism. Buprenorphine products and Methadone – used for treatment of opioid use disorders (OUDs). Naltrexone – used for treatment of OUDs and alcoholism. DHCS also permits and encourages the storage of naloxone on the grounds and premises of a residential treatment facility or AOD outpatient program. Naloxone is approved to reverse an opioid overdose in an emergency situation. It comes in intranasal spray (Narcan), intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. Please refer to DHCS' Information Notice 17-048 (https://www.dhcs.ca.gov/Documents/MHSUDDS_Information_Note_17_048_Naloxone.pdf) for more information on the use of Naloxone.

20. Can the HCP provide sample medications?

Yes. However, a valid prescription must be issued for the medication.

21. Can registered or certified counselors oversee the self-administration of medication?

Yes.

22. Can a Licensed Vocational Nurses (LVN) be a Health Care Practitioner (HCP)?

Yes. HCP include licensed vocational nurses acting within their scope of nursing practice.

23. What documents are required to be submitted to the Department prior to a HCP providing or overseeing IMS?

- DHCS 5256
- Copy of contract between HCP and licensee, including list/statement of staff working under the same contract to provide or oversee IMS; or direct employees of the facility, a copy of application for employment
- Copy of the professional license to practice in California as issued by the licensing board
- Proof of Addiction and Other Drugs (AOD) trainings. Examples include, but not limited to:
 - understanding of AOD impacts on individuals and as a disease;
 - treatment and recovery approaches according to the facility program;
 - detoxification and withdrawal symptoms, side effects, and dangers;
 - medication, including MAT and Naloxone, side effects and dangers; and
 - other AOD trainings specific to the individual's duties as outlined in the job description and associated with IMS.

24. Is there a minimum number of hours of addiction medicine training required?

No