

## ADMINISTRATIVE POLICY

- 1 The health care of each person served in OPTIONS' residential services is under the continuing supervision of the physician responsible for the evaluation of the person's immediate and long-term medical needs. The physician must be duly licensed under the provisions of the California Business and Professional Code.
  - 1.1 OPTIONS is not liable for the results of any procedures, treatments or services rendered the person under the general and special instructions of a physician.
  - 1.2 The name, address, and telephone number of each attending physician will be clearly recorded in each person's record.
  - 1.3 Alternate physician coverage will be designated by the attending physician in the event the attending physician is not available.
- 2 It is the attending physician's responsibility for services which include, but need not be limited to:
  - 2.1 Medical evaluation on admission and annual update for ICF and CCL homes, including a written history and physical examination. The physical evaluation will include examinations of vision and hearing and lab exams as necessary.
  - 2.2 Indicating diagnoses.
  - 2.3 Orders for medications, treatments, diet, diagnostic tests, consultations and postural supports.
  - 2.4 Notification of person and/or representative(s) of health conditions.
  - 2.5 Office visits for Medi-Cal recertification for applicable ICF/ID-H persons.
  - 2.6 Review and updating of medication and medical treatment orders at least once every 60 days (ICF/ID-H only).
  - 2.7 Participation as a member of the Interdisciplinary (ID) Team when requested by the Program Manager in consultation with the RN.
- 3 Physicians are expected to comply with all state and federal regulations, accepted tenets of professional practice, and OPTIONS policies.
  - 3.1 OPTIONS will seek alternative providers for Physicians who cannot meet

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OPTIONS' licensing and certification or regulations or tenets of professional practice.

### 4 Physician Responsibilities at Admission

4.1 In Residential Programs, the person's attending physician will be notified upon the admission of their patient at an OPTIONS residential program. The physician will be notified of any unusual or significant changes in the person's condition.

### 4.2 Change of Attending Physician

4.2.1 The new physician will evaluate the person and review the orders for care and treatment on change of attending physicians.

4.3 The attending physician will be responsible for the supported person's initial health services assessment and documentation, which will include but not be limited to:

4.3.1 Indicating diagnosis.

4.3.2 Evaluation including a physical examination completed prior to admission. In some instances an inter-facility transfer form may be accepted as immediate medical information; however, the physician will complete a history and physical within 48 hours after admission if a history and physical are not available from the transferring facility.

4.3.3 Physician's Orders:

4.3.3.1 Medication(s) including time, dosage, reason

4.3.3.2 Treatment(s)

4.3.3.3 Special procedures, e.g. laboratory and other diagnostic tests

4.3.4 Designation of an emergency physician: In the absence of specified emergency physician, the after hours on-call service of the physician group will be utilized. In the event of a medical emergency, the person will be taken to the Emergency Room.

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- 5 Medical Care Plan (Physician's Orders) and Progress Notes
  - 5.1 Orders for medications and treatments are in effect for the specified number of days indicated by the physician, but in no case will they exceed a period of 365 days.
  - 5.2 Telephone orders will be accepted only when necessary and may be accepted by either the contracting pharmacist, the Registered Nurse or RN Consultant. Telephone orders will be written into the person's health record by the person receiving them and will include the time and date of each order. The orders must be countersigned by the ordering physician. No standing orders will be accepted by OPTIONS.
  - 5.3 Orders will be verified with the attending physician upon admission, and/or current orders will be obtained by the Registered Nurse.
  - 5.4 Orders for PRN medications will state dosage, time and reason(s) for administration.
  - 5.5 Progress notes (Health Care Appointment Checklist) will be written and signed by the physician at the time of each medical appointment.
  - 5.6 Consultations will be documented in the clinical record by a report written, dated and signed by the consulting physician.
- 6 Drugs for behavioral control will be ordered only as an integral part of a person's Behavior Intervention Program. In some cases the treating physician may opt to refer a person to Psychiatric Services for treatment.
  - 6.1 The physician will order the medication, and the specific behavior to be treated will be identified in the person's record.
  - 6.2 Upon request, the prescribing physician will have available for review and evaluation all information regarding the behavior to be treated with the drug. The physician will continue assessments of the drug's effectiveness.
  - 6.3 The physician will provide feedback regarding care which will contribute to the development of the Individual Service Plans (ISPs) of persons whose behavioral plans include drug treatment.
- 7 Availability of Physicians for Emergency Care

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- 7.1 When a person's attending physician is not available, another physician from the physician group or health center may be used.
  - 7.2 The OPTIONS Policy and Procedures Manual, available at the OPTIONS website ([www.optionsfs.org](http://www.optionsfs.org)) and electronically at the OPTIONS central office, states specific procedures to be followed in an emergency.
  - 7.3 Physician's orders will be obtained from the physician who has responsibility for the emergency care, if medical orders for the immediate care of the person cannot be otherwise obtained.
  - 7.4 In the case of an emergency, OPTIONS Community Support Specialists will record a description of the incident, all action taken, and a record of the emergency physician contact. Documentation of the physician contact will include the date, time, and circumstances of the contact and the name of person spoken to at the physician's office.
  - 7.5 The emergency physician will record their findings, observations, treatment and orders, whether the person is seen directly or care, treatment or transfer are ordered by telephone.
  - 7.6 The person's parent(s), conservator(s), guardian(s), Regional Center Service Coordinator or other responsible party will be notified of the emergency at the earliest opportunity.
  - 7.7 The Program Manager, QIDP or Registered Nurse will notify the attending physician of the emergency action as soon as the physician is available.
  - 7.8 If an unusual incident was involved in the emergency, an *Special Incident Report* will be completed by the person observing the incident in accordance with the procedures outlined in Administrative Policy #200.5.1.
- 8 Annual History and Physical Examination
    - 8.1 The physical examination in the person's record will be updated at least once annually and will include vision/hearing screenings, lab examinations as necessary, and any other indicated procedures. The examination method (e.g. doctor visit) will be specified in the record.
- 9 Tuberculosis Screening
    - 9.1 All persons served in OPTIONS' residential and licensed programs will be

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screened for tuberculosis upon admission and as often thereafter as required by the County Health Department. Tuberculosis screening will be optional for persons in OPTIONS' other programs unless ordered by the County Health Department.

- 9.2 Each person's attending physician will be responsible for choosing and ordering the method of tuberculosis screening on admission.
- 9.3 Results of tuberculosis screening may be obtained from the transferring facility if the person is being transferred from another health care facility and the screening meets regulatory guidelines.
- 9.4 All OPTIONS employees will be screened for tuberculosis upon hiring and as often thereafter as required by the County Health Department.

### 10 Changes in Weight

- 10.1 Weights of persons provided services in Residential Programs will be recorded per physician's order or at least once each month, and a record of these weights will be maintained in the person's record.
- 10.2 The attending physician for the persons in the Residential Programs will be notified any time a person has a significant and/or unanticipated weight change. The notification will be recorded on the weight record and Health Care Appointment Checklist provided to the physician at the time of the next visit.
- 10.3 The attending physician or care provider will be notified by the Program Manager of any significant weight changes in persons served in non-residential OPTIONS Programs.

POLICY DATE: February 1996  
REVISED: March 2004, August 2007, January 2011, May 2012, April 2014, September 2015, September 2016  
REVIEWED: October 2017, October 2018, March 2019, September 2019  
REVIEWED: November 2019  
REVISED: November 2020  
REVIEWED: April 2021  
REVISED: January 2022, January 2023