**Section 2060.413 Medical Services**

a) Medical Director

1) Any organization providing treatment services shall designate a medical director, who is licensed and in good standing to practice medicine in all its branches in Illinois, who shall oversee all medical procedures.

2) The medical director may be part-time or serve on a consulting basis and the name and professional license number of the medical director shall be designated on the application for licensure.

3) The medical director as well as all medical and nursing staff shall read and comply with this Part.

4) The Department shall be notified in writing, within 10 calendar days, of any change in medical directors.

b) Medical Screening

1) The medical director shall develop and authorize a medical screening form that shall be completed for each patient prior to admission to Levels I-IV care that shall be used, at a minimum, to assess acute intoxication and/or withdrawal potential, biomedical conditions or complications, and emotional/behavioral conditions and complications. The medical screening shall include, but not be limited to, inquiry in the following areas:

A) primary complaint per patient;

B) date of last physical exam and the name of the patient's primary care physician;

C) history of substance use;

D) history of past withdrawal symptoms;

E) history of concurrent medical symptoms, complications or conditions, including sexual activity and risk for pregnancy;

F) history of concurrent psychiatric symptoms, complications or conditions, including suicide/homicide potential;

G) history of recent trauma (including physical/sexual abuse);

H) hospitalizations;

I) medications currently prescribed and any allergies to medications; and

J) infectious or communicable diseases.

2) The medical director shall designate the factors in a medical screening, including a determination of the patient's risk for HIV and tuberculosis infection, and the specific medications prescribed or used by a patient that would require physician review if such medical screening is not conducted by a physician.

3) The purpose of physician review is to determine the immediate need for a medical referral for a physical or psychiatric examination. If determined necessary, physician review may be by phone, facsimile transmission, or in person, and shall occur no later than 24 hours after admission to Level IV care, within 48 hours after admission to Level III care, and within 72 hours after admission to Levels I and II care.

4) A patient shall be referred for medical, surgical, obstetric, prenatal or psychiatric treatment or laboratory services as determined necessary by the medical director or other physician.

5) All pregnant women admitted for any type of detoxification shall be subject to physician review as defined in subsection (b)(3) of this Section.

6) Any patient under the age of 12 admitted to adolescent treatment shall be subject to physician review as defined in subsection (b)(3) of this Section.

c) Physical Examinations

1) The medical director shall develop protocol and authorize procedures for any physical examination of a patient that shall, at a minimum, specify the professional requirements for any individual who shall conduct the physical examinations under the supervision of the medical director.

2) Physical examinations are not required for any patient in Level I or II care unless otherwise indicated by the specifications in subsection (b)(3) of this Section.

3) All inpatients (Levels III and IV care), with the exception of those individuals in residential extended care as defined in this Part, shall undergo a physical examination within 72 hours after admission if on prescription medication or pregnant. All other patients in such care shall undergo a physical examination within 7 days after admission.

4) Patients may provide documentation of a physical examination completed within 7 calendar days prior to admission to Level III and IV care and 30 calendar days prior to admission to residential extended care that may be accepted by the medical director in lieu of an additional physical examination.

d) All organizations shall have first aid kits and, when such services are not directly provided, a written agreement with a licensed hospital or medical center for the provision of physical examinations, laboratory tests and emergency medical services and, if applicable, for high risk prenatal care and transportation during emergencies.

e) When nursing services are provided, a registered nurse shall plan, assign, supervise and evaluate all nursing care.

f) Medication dispensary services shall be in accordance with the Medical Practice Act of 1987 [225 ILCS 60]; the Pharmacy Practice Act [225 ILCS 85]; the Illinois Controlled Substances Act [720 ILCS 570]; the Poison Prevention Packaging Act (15 USC 1471); substances requiring special packaging (16 CFR 1700.14); and rules and regulations of the U.S. Drug Enforcement Administration (see Section 2060.103).

g) The administration or dispensing of patient-owned medications shall comply with the following:

1) patients shall surrender all medications on admission;

2) medications brought by patients shall not be administered unless they can be absolutely identified and unless written orders to administer these specific drugs are given by the authorized prescriber and are confirmed in writing in the patient record;

3) self-administration of medication shall be permitted only when specifically ordered by the authorized prescriber;

4) self-administration of medication shall be documented, including the date, time, and dosage of all medications issued;

5) in those cases where patients are unable to self-medicate, medication shall be dispensed or administered only by a practitioner. An exemption from these requirements may be requested provided that an alternate protocol for handling patient-owned medications is submitted and that the protocol is approved by the medical director;

6) any drugs that the patient brings that are not used shall be packaged, sealed, and stored, and, if approved by the authorized prescriber, returned to the patient, family, or significant others at the time of discharge; and

7) medications for minors who are in residence with patients shall be reviewed by the authorized prescriber. Permission to keep medication at bedside in their possession and self administer to one's dependent minors shall be given by the authorized prescriber.

h) Opioid Maintenance Therapy

1) Any treatment service that uses methadone or LAAM for the treatment of opioid addiction shall comply with the provisions of 21 CFR 291.505 (2001, no later amendments or editions included).

2) The social security number for each patient shall be obtained and used in all circumstances requiring patient identification; i.e., medication logs, take-home bottles, exception requests, and general correspondence.

3) Organizations shall obtain prior written approval from the Department for exceptions as referenced in 21 CFR 505 (2001) relative to more than a three day supply of take-home medication and shall utilize the Department's Schedule H when requesting such exceptions. Documentation of each such exception granted or any other exception granted by organization staff shall be maintained in the patient record. Such documentation shall include, but need not be limited to:

A) the circumstances that made the exception necessary;

B) the dates and locations involved and the methadone or LAAM dosage; and

C) the name, title and signature of the staff person who granted the exception.

4) On the first day of each month a log listing all exceptions granted during the previous month shall be forwarded to the Department. Organizations shall also utilize medication accounting forms supplied by the Department. These forms shall be completed weekly and maintained for inspection by State and federal inspectors or investigators either on-site or via mail.

5) Triplicate medication logs for dispensing methadone or LAAM shall also be used. These logs are provided by the Department and are official prescription forms that shall be signed by the authorized prescriber and forwarded to the Department every week. Computer generated medication logs may be utilized when approved by and compatible with Department data/prescription needs.

(Source: Amended at 25 Ill. Reg. 11063, effective August 14, 2001)