

State Regulations Pertaining to Medical Director

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

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420-5-10-.03 Administrative Management.

(21) Medical director. The facility must designate a physician to serve as medical director.

(22) The medical director is responsible for:

- (a) Implementation of resident care policies; and
- (b) The coordination of medical care in the facility.

ALASKA

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07 AAC 012.260. Medical Director.

A medical director who is employed by or is a consultant to the nursing facility shall

(1) place a resident under the care of a physician;

(2) ensure that the use of an investigational drug is properly supervised by a member of the medical staff, that an informed consent form provided by the sponsoring company or agency is used, and that complete records on the drug, including protocol and side effects, are maintained; and

(3) supervise the infection control and employee health programs.

ARIZONA

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R9-10-910. Medical Services

A. A governing authority shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months from the date of admission by an individual listed in R9-10-908(5);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical records that the resident or the resident's representative has been informed of the risks and benefits of each vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
6. A resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;

d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

e. Psychosocial services;

f. Physical therapy;

g. Speech therapy;

h. Occupational therapy;

i. Behavioral health services; and

j. Services for an individual who has a developmental disability as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

ARKANSAS

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Arkansas regulations do not include specific content for medical director.

CALIFORNIA

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§ 72305. Physician Services -Medical Director.

(a) The facility shall have a medical director who shall be responsible for standards, coordination, surveillance and planning for improvement of medical care in the facility. (b) The medical director shall:

(1) Act as a liaison between administration and attending physicians.

(2) Be responsible for reviewing and evaluating administrative and patient care policies and procedures.

(3) Act as a consultant to the director of nursing service in matters relating to patient care services.(4) Be responsible for reviewing employees' pre employment and annual health examination reports.

COLORADO

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Part 6 - Medical Care services.

6.2 MEDICAL DIRECTOR. The facility shall retain by written agreement a physician or medical practice group to serve as medical advisor to the facility.

6.2.1 The medical director is responsible for overall coordination of medical care in the facility and for systematic review of the quality of the health care provided by the facility and the medical services provided by the physicians in the facility. The medical director shall develop policies and procedures for medical care and for the physicians admitting residents to the facility.

6.2.2 The medical director is responsible to:

- (1) be a liaison between the facility and admitting physicians on matters related to attendance on residents, prompt writing of orders, and responding to requests by facility staff;
- (2) advise in developing and reviewing resident care policies;
- (3) establish rules governing conduct of physicians admitting residents to the facility;
- (4) develop a procedure to provide care in emergencies when a resident's physician is unavailable;
- (5) review accidents and hazards; and
- (6) participate in pharmacy advisory committee deliberations.

Part 16. PHARMACEUTICAL SERVICES

16.2 ADVISORY COMMITTEE. The facility shall establish a pharmaceutical advisory committee,

including a registered nurse, the consulting pharmacist and the medical advisor, to assist in the formulation of

broad professional policies and procedures relating to pharmaceutical service in the facility.

CONNECTICUT

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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

...(h) Medical director.

(1) The medical director shall be a physician licensed to practice medicine in Connecticut and shall serve on the facility's active organized medical staff, shall have at least one year of prior clinical experience in adult medicine and shall be a member of the active medical staff of a general hospital licensed in Connecticut. (2) The medical director shall have the following powers and responsibilities: (A) Enforce the facility's by-laws governing medical care;

(B) Assure that quality medical care is provided in the facility;

(C) Serve as a liaison between the medical staff and administration;

(D) Approve or disapprove a patient's admission based on the facility's ability to provide adequate care for that individual in accordance with the facility's by-laws. The medical director shall have the authority to review any patient's record or examine any patient prior to admission for such purpose;

(E) Assure that each patient in the facility has an assigned personal physician;

(F) Provide or arrange for the provision of necessary medical care to the patient if the individual's personal physician is unable or unwilling to do so;

(G) Approve or deny applications for membership on the facility's active organized staff in accordance with subsection(i) (2) of these regulations;

(H) In accordance with the facility's by-laws, suspend or terminate the facility privileges of a medical staff member if that member is unable or unwilling to adequately care for a patient in accordance with standards set by any applicable local and state statutes and regulations, any federal regulations that may apply to a federal program in which the facility participates or facility by-laws;

(I) Visit the facility between the hours of 7 a.m. and 9 p.m. to assess the adequacy of medical care provided in the facility.

(i) A medical director of a chronic and convalescent nursing home shall visit the facility at least once every 7 days for such purpose.

(ii) A medical director of a rest home with nursing supervision shall visit the facility at least once every 30 days for such purpose;

(J) Receive reports from the director of nurses on significant clinical developments;

(K) Recommend to the administrator any purchases of medical equipment and/or services necessary to assure adequate patient care;

(L) Assist in the development of and participate in a staff orientation and training

program in cooperation with the administrator and the director of nurses, as required by subsection (f) (3) (J) of these regulations.

(3) A record shall be kept by the facility of the medical director's visits and statements for review by the department. Such record shall minimally include the date of visit, the names of the patients audited by the medical director, and a summary of problems discussed with the staff.

(i) Medical staff.

(2) The medical director shall approve or deny applications for membership on the active organized medical staff after consultation with the existing active organized medical staff, if any, and subject to the ratification of the governing body.

(3) All appointments shall be made in writing and shall delineate the physician's duties and responsibilities. The letter of appointment shall be signed by the medical director and the applicant.

(4) Requirements for active organized medical staff members.

(C) The active organized medical staff shall adopt written by-laws governing the medical care of the facility's patients. Such by-laws shall be approved by the medical director and the governing body. The by-laws shall include, but not necessarily be limited to:

...(iii) criteria by which the medical director shall decide the admission or denial of admission of a patient based on the facility's ability to provide care;

(iv) standards for the medical director to grant or deny privileges and to discipline or suspend the privileges of members of the medical staff, including assurance of a due process of appeal in the event of such actions;

(viii) standards to assure that, in the event of the medical director's absence, inability to act, or vacancy of the medical director's office, another physician on the facility's active organized medical staff is temporarily appointed to serve in that capacity...

DELAWARE

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5.0 Personnel/Administrative

5.3 The nursing facility shall designate a physician to serve as the medical director who shall be responsible for implementation of resident care policies and the coordination of medical care in the facility.

DISTRICT OF COLUMBIA

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3201 ADMINISTRATIVE MANAGEMENT

...3201.3 The Administrator shall appoint the Director of Nursing, the Medical Director, the Assistant Administrator, a licensed registered nurse and a department head or another licensed or approved Administrator to act as Administrator in his or her absence. The Acting Administrator shall have the necessary authority to act in any absence of the Administrator so that each facility has an authorized Administrator on duty during regular business hours.

3207. PHYSICIAN SERVICES AND MEDICAL SUPERVISION OF RESIDENTS

3207.1 The Medical Director shall assume full responsibility for the overall supervision of the medical care provided in the facility. If the Medical Director is absent, he or she shall delegate the continuity and supervision of resident care to a qualified physician.

3207.2 The Medical Director shall:

- (a) Coordinate medical care in the facility;
- (b) Implement resident care policies;
- (c) Develop written medical bylaws and medical policies;

(d) Serve as liaison with attending physicians to ensure the prompt issuance and implementation of orders;

(e) Review incidents and accidents that occur on the premises to identify hazards to health and safety;

(f) Ensure that medical components of resident care policies are followed;

(g) Assist the Administrator in arranging twenty-four (24) hours of continuous physician services a day for medical emergencies and in developing procedures for emergency medical care; and

(h) Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses, U.S. Drug Enforcement Agency and D.C. Controlled Substances registrations on file in the facility, along with initial and annual certifications of their freedom from communicable disease.

3207.9 The Medical Director shall make arrangements for the provision of medical care twenty-four (24) hours a day.

FLORIDA

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59A-4.106 Facility Policies.

...(3) All policies and procedures shall be reviewed at least annually and revised as needed with input from, at minimum, the facility Administrator, Medical Director, and Director of Nursing.

59A-4.107 Physician Services.

(1) Each nursing home facility shall retain, pursuant to a written agreement, a physician licensed under Chapter 458 or 459, F.S., to serve as Medical Director. In facilities with a licensed capacity of 60 beds or less, pursuant to written agreement, a physician licensed under Chapter 458 or 459, F.S., may serve as Medical Consultant in lieu of a Medical Director.

...(7) If the physician chooses to designate another health care professional to fulfill the physician's component of resident care, they may do so after the required visit. All responsibilities of a physician, except for the position of medical director, may be carried out by other health care professionals acting within their scope of practice.

59A-4.1075 Medical Director.

(1) Each facility will have only one physician who is designated as Medical Director.

(2)(a) The Medical Director must be a physician licensed under Chapter 458 or 459, F.S., the nursing home administrator may require that the Medical Director be certified or credentialed through a recognized certifying or credentialing organization.

(b) A Medical Director who does not have hospital privileges shall be certified or credentialed through a recognized certifying or credentialing body, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a Health maintenance organization licensed in Florida.

(c) A physician must have his/her principal office within 60 miles of all facilities for which he/she serves as Medical Director. Principal office is the office maintained by a physician pursuant to Section 458.351 or 459.026, F.S., and where the physician delivers the majority of medical services. The physician must specify the address of his/her principal office at the time of becoming Medical Director. The agency may approve a request to waive this requirement for rural facilities that exceed this distance requirement. A rural facility is a facility located in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other nursing home facility within the same county.

(d) The facility shall appoint a Medical Director who shall visit the facility at least once a month. The Medical Director shall review all new policies and procedures; review all new incident and new accident reports from the facility to identify clinical risk and safety hazards. The Medical Director shall review the most recent grievance logs for any complaints or concerns related to clinical issues. Each visit must be documented in writing by the Medical Director.

(3) A physician may be Medical Director of a maximum of 10 nursing homes at any one time. The Medical Director, in an emergency where the health of a resident is in jeopardy and the attending physician or covering physician cannot be located, may assume temporary responsibility of the care of the resident and provide the care deemed necessary.

(4) The Medical Director appointed by the facility shall meet at least quarterly with the quality assessment and assurance committee of the facility.

(5) The Medical Director appointed by the facility shall participate in the development of the comprehensive care plan for the resident when he/she is also the attending physician of the resident.

STATUTES:

400.141 Administration and management of nursing home facilities.--

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

...(b) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. The agency may establish by rule more specific criteria for the

appointment of a medical director.

400.147 Internal risk management and quality assurance program.—

(1) Every facility shall, as part of its administrative functions, establish an internal risk management and quality assurance program, the purpose of which is to assess resident care practices; review facility quality indicators, facility incident reports, deficiencies cited by the agency, and resident grievances; and develop plans of action to correct and respond quickly to identified quality deficiencies. The program must include:

...(b) A risk management and quality assurance committee consisting of the facility risk manager, the administrator, the director of nursing, the medical director, and at least three other members of the facility staff. The risk management and quality assurance committee shall meet at least monthly.

GEORGIA

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Georgia regulations do not include specific content for medical director.

HAWAII

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§11-94-21 Medical director.

Skilled nursing facilities shall have a physician to serve full time or part time as a medical director whose responsibilities are as specified in 42 C.F.R.

§405.1122. Intermediate care facilities shall have a physician designated to serve as a medical advisor as needed for infectious disease control.

IDAHO

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154. MEDICAL DIRECTION.

01. Medical Director. The administrator of a SNF or ICF shall arrange for a physician to provide medical direction of the care functions of the facility as follows: (1-1-88)

- a. Assist in defining scope, characteristics, and standards for services provided; (1-1-88)
- b. Consult and assist in the monitoring of quality of the services provided; (1-1-88)
- c. Consult and assist in the overall management and delivery of patient care services. (1-1-88)

ILLINOIS

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Section 300.1010 Medical Care Policies

a) Advisory Physician or Medical Advisory Committee

1) There shall be an advisory physician, or a medical advisory committee composed of physicians, who shall be responsible for advising the administrator on the overall medical management of the residents and the staff of the facility. If the facility employs a house physician, he may be the advisory physician. (B)

2) Additional for Skilled Nursing Facilities. There shall be a medical advisory committee composed of two (2) or more physicians who shall be responsible for advising the administrator on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the house physician may be one member of this committee.

INDIANA

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410 IAC 16.2-3.1-13 Administration and management

...(u) The facility must designate a physician to serve as medical director.

(v) The medical director shall be responsible for the following:

- (1) Acting as a liaison between the administrator and the attending physicians to encourage physicians to write orders promptly and to make resident visits in a timely manner.
- (2) Reviewing, evaluating, and implementing resident care policies and procedures and to guide the director of nursing services in matters related to resident care policies and services.
- (3) Reviewing incidents and accidents that occur on the premises to identify hazards to health and safety.
- (4) Reviewing employees' pre-employment physicals and health reports and monitoring employees' health status.
- (5) The coordination of medical care in the facility.

IOWA

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Iowa regulations do not include specific content for Medical Director.

KANSAS

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29-39-163. Administration

...(j) Medical director.(1) The facility shall designate a physician to serve as medical director.

(2) the medical director shall be responsible for the following:

(A) Implementation of resident care policies reflecting accepted standards of practice;

(B) coordination of medical care in the facility; and

(C) provision of consultation to the facility staff on issues related to the medical care of residents.

KENTUCKY

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Section 15. Administration [nursing facilities]

...(7) Medical director.

(a) The facility shall designate a physician to serve as medical director. (b) The medical director shall be responsible for:

1. Implementation of resident care policies; and

2. The coordination of medical care in the facility.

LOUISIANA

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§9801. Medical Director

A. The nursing home shall designate, pursuant to a written agreement, a physician currently holding an unrestricted license to practice medicine by the Louisiana State

Board of Medical Examiners to serve as medical director.

B. The medical director shall serve as consultant regarding medical care

policies and procedures.

MAINE

Downloaded January 2011

16.A.11. Medical Director

- a. There shall be a medical director who is responsible for the medical direction and coordination of medical care in the facility.
- b. The duties, responsibilities and availability of the medical director, and the terms of agreement, shall be delineated in writing. The agreement shall be signed by the physician serving as medical director and by an authorized representative of the facility.
- c. The medical director is responsible for the:
 1. Overall coordination of medical care;
 2. Liaison with attending physicians;
 3. Participation in the Quality Assurance Committee and the Professional Policy Committee.

MARYLAND

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10.07.02.11 Medical Director Qualifications.

A. Medical Director Qualifications. The nursing facility shall:

(1) Designate a medical director who has at least the following qualifications:

- (a) A current license as a physician in this State;
- (b) At least 2 years of experience or specialized training in the medical care of geriatric or chronically ill and impaired residents;
- (c) Successful completion of a curriculum in physician management or administration from the American Medical Directors Association or another curriculum approved by the Department or its designee; and
- (d) Privileges at a hospital in this State, participant in an HMO network, or credentialed by a credentialing organization approved by the Department;

(2) Have a written agreement with a medical director that specifies the medical

director's duties and roles and the authority to adequately discharge those responsibilities; and

(3) Submit a copy of the medical director's credentials to the Department upon:

(a) The first license renewal of the facility after the effective date of this regulation; and

(b) A change in medical director.

B. The requirement specified in §A(1)(c) of this regulation becomes effective 3 years after the effective date of this regulation, but the medical director shall begin the educational process in physician management or administration within the first year from the date of employment as a medical director.

10.07.02.11-1 Medical Director Responsibilities.

A. General Responsibilities. The medical director is responsible for:

(1) Overall coordination, execution, and monitoring of physician services;

(2) Monitoring and evaluating the outcomes of the health care, including clinical and physician services provided to the facility's residents; and

(3) Designating an alternate medical director with sufficient training and experience to perform the responsibilities of the medical director as described in the regulations of this chapter.

B. Practitioner Oversight. The medical director shall:

(1) Oversee all physicians and other licensed or certified professional health care practitioners who provide health care to the facility's residents;

(2) Ensure that there is a procedure for the review of the practitioners' credentials and the granting of privileges for licensed or certified professional health care practitioners who treat residents of the nursing facility; and

(3) Recommend rules governing the performance of physicians and other licensed or certified professional health care practitioners who admit residents to the facility.

C. Defining the Scope of Medical Services.

(1) The medical director, in collaboration with the facility, shall recommend written policies and procedures that are approved by the licensee, delineating the scope of physician services and medical care.

(2) The facility shall make these policies and procedures available to a resident or

resident's representative upon admission and whenever a substantive change is made.

D. Ensuring Physician Accountability. The medical director, in collaboration with the facility, shall recommend policies and procedures that cover essential physician responsibilities to the residents and the facility, including:

- (1) Accepting responsibility for the care of residents;
- (2) Supporting resident discharges and transfers;
- (3) Making periodic, pertinent resident visits in the facility;
- (4) Providing adequate ongoing medical coverage;
- (5) Providing appropriate resident care;
- (6) Providing appropriate, timely medical orders;
- (7) Providing appropriate, timely, and pertinent documentation;
- (8) Advising residents and families about formulating advance directives; and
- (9) Any other responsibilities as determined by the facility and the medical director.

E. Quality Assurance. The medical director shall actively participate in the facility's quality improvement process. Participation shall include:

- (1) Regular attendance at, and reporting to, the facility's quality improvement committee meetings; and
- (2) Routine participation in ongoing facility efforts to improve the overall quality of the clinical care, including facility efforts to evaluate and address the causes of various care related problems and deficiencies cited by the Office of Health Care Quality.

F. Employee Health Oversight. The facility, in consultation with the medical director and other physicians, if necessary, shall establish and maintain surveillance of the health status of employees, including:

- (1) Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice; and
- (2) Ensuring that the facility plans and implements required immunization programs.

G. Other Related Duties. The medical director shall perform other essential duties related to clinical care and physician practices, including:

- (1) Advising the administrator and the director of nursing on clinical issues, including the criteria for residents to be admitted, transferred, or discharged from

the nursing facility;

(2) Working with the nursing facility to establish appropriate relationships with area hospitals and other pertinent institutions to improve care of the residents;

(3) Advising and consulting with the nursing facility staff regarding communicable diseases, infection control, and isolation procedures, and serving as a liaison with local health officials and public health agencies that have policies and programs that may affect the nursing facility's care and services to residents;

(4) Providing or arranging for temporary physician services as needed to ensure that each resident has continuous physician coverage;

(5) Participating as appropriate in facility committee projects and meetings concerning clinical care and quality improvement that require physician input; and

(6) Educating or overseeing the education of, and informing, all attending physicians about their roles, responsibilities, and applicable rules and regulations.

H. Medical Director Oversight Plan.

(1) Based upon physician and medical director responsibilities in nursing facilities, as described in this chapter, the medical director shall develop and implement a plan describing how the medical director will carry out the responsibilities for the:

(a) Overall monitoring, coordination, and execution of physician services and medical care to residents of the nursing facility; and

(b) Systematic review of the quality of health care, including medical and physician services, provided to the facility's residents.

(2) Minimum Requirements of the Plan. The medical director oversight plan shall include, at least, a plan to ensure that physicians:

(a) Accept appropriate responsibility for residents under the physicians' care in the nursing facility;

(b) Provide appropriate, timely medical care consistent with widely identified medical principles relevant to the facility's population; and

(c) Provide appropriate, timely, and pertinent medical documentation and orders.

(3) Documentation Regarding Medical Director Activities.

(a) The medical director shall keep documentation regarding the medical director's activities in relation to designated responsibilities.

(b) The documentation required in this subsection may include:

(i) Notes;

(ii) Minutes;

(iii) Copies of faxes, letters, and telephone communications with attending physicians, other facility staff and departments, the administration, the governing body, and others regarding concerns, inquiries, and interventions.

(c) The documentation required in this subsection shall show evidence of the medical director's interventions and follow-up of the effectiveness of those interventions.

I. Quality Assurance Committee Minutes. Committee minutes shall reflect monthly input from the medical director regarding physician issues and general facility clinical care issues.

10.07.02.11-2 Facility's Responsibilities in Relation to the Facility's Medical Director.

A. The nursing facility shall:

(1) Be responsible for working with the medical director to ensure adequate resident care and practitioner performance;

(2) Inform the physician of explicit requirements as a medical director and assist the medical director in gaining the necessary information and tools to properly execute those responsibilities; and

(3) Ensure that the medical director has the necessary support and authority to perform medical director duties effectively and to hold practitioners accountable.

B. When the attending physician and medical director document a resident's medical need for a particular treatment, assistive device, or equipment, that treatment, assistive device, or equipment shall be provided by the facility unless the facility documents in the quality assurance committee minutes the reason or reasons why the treatment, assistive device, or equipment should not be provided.

C. When the attending physician and medical director agree that a particular facility-developed protocol is required to ensure that quality medical care is delivered to the facility's residents, that protocol shall be implemented unless the facility documents in the facility's patient care committee minutes the reason or reasons why the protocol should not be implemented.

D. Evaluation of Medical Director's Performance.

(1) The facility shall have a mechanism for evaluating the medical director's performance and for providing the medical director with feedback about that performance.

(2) The criteria for evaluation shall be based on explicit medical director responsibilities and shall facilitate the medical director's improvement and performance of functions and duties.

10.07.02.14-1 Special Care Units — General.

...E. Physician Coordinator.

(1) If the facility's medical director does not have special training and experience in the discipline of the assigned special care unit, the facility shall hire a physician who is appropriately trained and experienced to provide:

- (a) Overall medical supervision of the special care unit; and
- (b) Coordination of all services for the assigned special care unit.

10.07.02.14-2 Special Care Units—Respiratory Care Unit.

...C. Physician Coordinator. If the facility's medical director does not have special training and experience in diagnosing, treating, and assessing respiratory problems, the facility shall hire a physician who has the special knowledge and experience to provide:

- (1) Overall medical supervision of the respiratory care unit; and
- (2) Coordination of all services for the respiratory care unit.

MASSACHUSETTS

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150.002: Administration

(I) (2) For the purposes of 105 CMR 150.000, the facility shall contract with or employ a physician who shall be the automated external defibrillation medical director for the facility.

(a) The medical director shall oversee and coordinate the automated external defibrillation activities of the facility including:

1. maintenance and testing of equipment in accordance with manufacture's guidelines;
2. certification and training of facility personnel;
3. periodic performance review of the facility automated external defibrillation activity.

(b) The medical director shall integrate the facility automated external defibrillation activity with the local Emergency Medical response system.

150.005: Physician Services

...(B) Facilities that provide Level I, II or III care shall provide medical supervision through a written agreement with (a) an organized medical staff of a hospital, (b) an organized medical staff within the facility, (c) a local medical society, or (d) two or more advisory physicians (at least one of whom does not have a proprietary interest in the facility).

(1) Supervisory and advisory functions shall include: advice on the development of medical and patient care policies concerning patient admissions and discharge, medical records, responsibilities of attending physicians or physician-physician assistant team or physician-nurse practitioner team, supportive and preventive services, emergency medical care, and the review of the facility's overall program of patient care.

(2) Staff or advisory physicians shall spend at least four hours per month in the facility devoted to supervisory and advisory functions.

(3) A SNCFC shall appoint a pediatrician with experience in developmental disabilities as advisory physician who shall participate in the development of patient care policies, familiarize him/herself with the condition, needs and care of each patient, and participate in periodic staff conferences.

MICHIGAN

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PART 12. MEDICAL AUDIT, UTILIZATION REVIEW, AND QUALITY CONTROL

R 325.21203 Medical audits.

Rule 1203.

(1) The home, through its medical director, if applicable, and the participation of 1 or more attending physicians, shall complete at least 1 medical audit annually...

MINNESOTA

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4658.0700 MEDICAL DIRECTOR.

Subpart 1. Designation. A nursing home must designate a physician to serve as medical director.

Subp. 2. Duties. The medical director, in conjunction with the administrator and the director of nursing services, must be responsible for:

- A. the development of resident care policies and procedures that are to be approved by the licensee;
- B. implementation of resident care policies;
- C. the development of standards of practice for medical care to provide guidance to attending physicians;
- D. the medical direction and coordination of medical care in the nursing home, including serving as liaison with attending physicians, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services to meet the medical needs of residents;
- E. surveillance of the health status of the nursing home's employees as it relates to the performance of their assigned duties;
- F. periodic advisement to the director of nursing services to ensure a quality level of delegated medical care provided to residents; and
- G. participation, or designation of another physician for participation, on the quality assessment and assurance committee as required by part [4658.0070](#).

MISSISSIPPI

Downloaded January 2011

Mississippi regulations do not include specific content for Medical Director.

MISSOURI

Downloaded January 2011

CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

...(12) A supervising physician shall be available to assist the facility in coordinating the overall program of medical care offered in the facility.

MONTANA

Downloaded January 2011

Montana regulations do not include specific content for Medical Director

NEBRASKA

Downloaded January 2011

12-006.03 Medical Director: The facility must designate a physician to serve as medical director. The medical director is responsible for:

1. Ensuring adequate medical practitioner availability and support;
2. Ensuring effective medical practitioner and facility compliance with requirements;
3. Evaluating and improving the quality of the care; and
4. Evaluating and improving the quality of the systems and processes that influence the care.

NEVADA

Downloaded January 2011

NAC 449.74513 Medical director. (NRS 449.037)

1. A facility for skilled nursing shall employ a medical director who is licensed to practice medicine in this State.
2. The medical director shall:
 - (a) Carry out the policies of the facility related to the medical care of its patients; and
 - (b) Coordinate

the medical care provided by the facility.

NEW HAMPSHIRE

Downloaded January 2011

He-P 803.14 Duties and Responsibilities of All Licensees.

...(i) Licensees shall:

...(5) Appoint a medical director who shall meet the requirements of He-P 803.17(a)...

He-P 803.17 Organization and Administration.

(a) Each nursing home shall have a medical director who is a licensed physician in the state of New Hampshire.

NEW JERSEY

Downloaded January 2011

SUBCHAPTER 23. MANDATORY MEDICAL SERVICES

8:39-23.1 Mandatory structural organization for medical services

(a) Each facility shall have a medical director who is currently licensed to practice medicine by the New Jersey State Board of Medical Examiners.

1. The medical director shall coordinate medical care and direct the administrative aspects of medical care in the facility.
2. The medical director shall approve all medical care policies and procedures. These policies and procedures shall be followed.
3. The medical director shall participate in the facility's quality assurance program through attendance at meetings, or interviews, and/or preparation or review of reports.
4. The medical director shall be an active participant on the facility's infection control committee, pharmacy and therapeutics committee, and a committee that is responsible for developing policies and procedures for resident care.
5. The medical director shall ensure that for each resident there is a designated primary and an

alternate physician who can be contacted when necessary.

6. The medical director shall review all reports of incidents that have been documented in accordance with N.J.A.C. 8:39-9.4(e)4.

7. The medical director, or physicians designated by the medical director, shall respond quickly and effectively to medical emergencies that are not handled by another attending physician, including inpatient admissions.

(b) In facilities providing pediatric care services, the medical director/attending physician shall be board certified, or eligible to be board certified, by the American Board of Pediatrics or American Board of Family Practice.

(c) Facilities with fewer than 60 beds may develop an alternate system of medical direction, if the facility can document that medical staff perform the requirements at (a)1 through 4 above.

SUBCHAPTER 24. ADVISORY MEDICAL SERVICES 8:39-24.1 Advisory medical staff qualifications.

The medical director is board-certified in a primary care specialty, such as family medicine, gerontology, or general internal medicine.

NEW MEXICO

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7.9.2.48 MEDICAL DIRECTION IN SKILLED CARE FACILITIES:

A. MEDICAL DIRECTOR: Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized medical staff, the medical director shall be designated by the medical staff with approval of the licensee.

B. COORDINATION OF MEDICAL CARE: Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall be responsible for development of written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physician to provide that physicians' orders are written promptly upon admission of a resident, that periodic

evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

C. RESPONSIBILITIES TO THE FACILITY: The medical director shall monitor the health status of the facility's employees. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety.

NEW YORK

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415.15 Medical services.

The nursing home shall develop and implement medical services to meet the needs of its residents.

(a) Medical director. The facility shall designate a full-time or part-time physician to serve as medical director. The medical director shall be responsible for:

- (1) implementation of resident medical care policies;
- (2) the coordination of physician services and medical care in the facility;
- (3) coordinating the review, prior to granting or renewing professional privileges or association, of any physician, dentist or podiatrist as required by Public Health Law Section 2805-k.

Hospital-based nursing homes may utilize the hospital's medical staff membership review system to facilitate this review. Such review shall be coordinated with the activities of the Quality Assessment and Assurance Committee established in section 415.27 of this Part and shall:

- (i) provide for the maintenance and continuous collection of information concerning the facility's experience with negative health care outcomes and incidents injurious to residents, resident grievances, professional liability premiums, settlements, awards, costs incurred by the facility for resident injury prevention and safety improvement activities;
 - (ii) periodically reconsider the credentials, physical and mental capacity and competency in delivery of health care services of all physicians, dentists or podiatrists who are employed or associated with the facility;
 - (iii) gather information concerning individual physicians, dentists and podiatrists within the individual physician's, dentist's or podiatrist's personnel file maintained by the facility; and
 - (iv) prior to renewal of privileges of physicians dentists, or podiatrists, solicit and consider information provided by the Resident Council about each such practitioner; and
- (4) assuring that each resident's responsible physician attends to the resident's medical needs, participates in care planning, follows the schedule of visits maintained in accordance with subdivision (b) of this section, and complies with facility policies. When a physician fails to provide services which meet generally accepted standards of practice, the medical director shall take

necessary corrective measures and refer the matter to the Office of Professional Medical Conduct of the Department as appropriate

NORTH CAROLINA

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10A NCAC 13D .2206 MEDICAL DIRECTOR

- (a) The facility shall designate a physician to serve as medical director.
- (b) The medical director shall be responsible for implementation of patient care policies and coordination of medical care in the facility.

NORTH DAKOTA

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33-07-03.2-13. Medical services.

1. The facility shall have a licensed physician who is specified as the medical director or a medical staff organized under bylaws and rules approved by and responsible to the governing body. The medical director or medical staff shall be responsible for the quality of all medical care provided to residents and for the ethical and professional practices of its members.
2. The duties and responsibilities of the medical director or medical staff must be delineated in a formal agreement with the governing body.
3. The medical director or medical staff shall be involved in the development of written medical staff policies which are approved by the governing body, which delineate the responsibilities of licensed health care practitioners.
4. The medical director or a member of the medical staff shall participate in the quality improvement and infection control program meetings.

OHIO

Downloaded January 2011

3701-17-13 Medical supervision.

- (A) Each nursing home operator shall arrange for the services of a physician to serve as the home's medical director, the medical director shall:

(1) In collaboration with the administrator, the nursing director, and other health professionals, develop formal resident care policies for the nursing home that:

(a) Provide for the total medical and psycho-social needs of the resident, including admissions, transfer, discharge planning, range of services available to the resident, emergency procedures and frequency of physician visits in accordance with resident needs and the applicable requirements of Chapter 3721. of the Revised Code and of rules 3701-17-01 to 3701-17-26 of the Administrative Code.

(b) Promote resident rights as enumerated in section 3721.13 of the Revised Code.

(2) Make available medical care for residents not under the care of their own physicians and to make available emergency medical care to all residents, provided their personal physicians are not readily available.

(3) Meet periodically with nursing and other professional staff to discuss clinical and administrative issues, including the need for additional staff, specific resident care problems and professional staff needs for education or consultants to assist in meeting special needs such as dentistry, podiatry, dermatology, and orthopedics, offer solutions to problems, and identify areas where policy should be developed. In carrying out this function, the medical director shall:

(a) Observe residents and facilities at least quarterly or more frequently as needed; and (b) Review pharmacy reports, at least quarterly, including summaries of drug regimen reviews required by paragraph (H) of rule 3701-17-17 of the Administrative Code and the quality assurance activities required by paragraph (D) of rule 3701-17-06 of the Administrative Code, and take appropriate and timely action as needed to implement recommendations.

(4) Monitor the clinical practices of, and discuss identified problems with, attending physicians; act as a liaison between the attending physicians and other health professionals caring for residents and the residents' families; and intervene as needed on behalf of residents or the home's administration.

(5) Maintain surveillance of the health of the nursing home's staff.

(6) Assist the administrator and professional staff in ensuring a safe and sanitary environment for residents and staff by reviewing incidents and accidents, identifying hazards to health and safety, and advising about possible correction or improvement of the environment.

OKLAHOMA

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310:675-7-2.1. Medical director - The facility shall designate a licensed physician to serve as medical director. The medical director is responsible for implementation of resident medical care policies and the coordination of medical care in the facility

310:675-13-4. Medical director

(a) The facility shall designate an Oklahoma licensed medical doctor or osteopathic physician to serve as its medical director.

(b) The medical director shall coordinate the medical services within the facility.

OREGON

Downloaded January 2011

411-086-0200 Physician Services

(1) MEDICAL DIRECTOR. Each nursing facility shall have a physician medical director designated in writing. The medical director shall:

(a) Serve on the Quality Assessment and Assurance Committee; and

(b) Assist the facility to assure that adequate medical care is provided on a timely basis in accordance with facility policy (OAR 411-085-0210).

(c) Serve as attending physician for those residents who are not able to obtain services of another physician or ensure another physician is available to serve as attending physician.

...(4) PHYSICIAN VISITS.

...(d) Failure to Visit. If the physician or physician designee fails to visit the resident

according to resident's need, fails to respond to requests for assistance in resident's care, or fails to return verbal or telephone orders reduced to writing and forwarded to the physician by the facility, then the facility administrator shall ensure:

(A) Reasonable and repeated attempts are made and documented in the clinical record to get the physician or physician designee to visit resident or return signed orders;

(B) The medical director is notified and the Quality Assessment and Assurance Committee reviews the situation...

PENNSYLVANIA

Downloaded January 2011

§ 211.2. Physician services.

...(c) A facility shall have a medical director who is licensed as a physician in this Commonwealth and who is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to the residents. The medical director may serve on a full-or part-time basis depending on the needs of the residents and the facility and may be designated for single or multiple facilities. There shall be a written agreement between the physician and the facility.

(d) The medical director's responsibilities shall include at least the following:

(1) Review of incidents and accidents that occur on the premises and addressing the health and safety hazards of the facility. The administrator shall be given appropriate information from the medical director to help insure a safe and sanitary environment for residents and personnel.

(2) Development of written policies which are approved by the governing body that delineate the responsibilities of attending physicians.

RHODE ISLAND

Downloaded January 2011

Section 13.0 Medical Director and Attending Physicians

13.1 The governing body or other legal authority shall designate a physician to serve as medical director. The medical director shall be a physician licensed to practice in Rhode Island in accordance with the provisions of reference 27 herein. Upon appointment, the name of the medical director shall be submitted to the Department. Each time a new medical director is appointed, the name of said physician shall be reported promptly to the Department. The medical director's Rhode Island medical license number, medical office address, telephone number, emergency telephone number, hospital affiliation and other credentialing information shall be maintained on file at the facility and updated as needed.

Duties and Responsibilities of the Medical Director

13.2 Responsibilities of the medical director shall include, but not be limited to:

a) coordination of medical care in the facility, b) ensuring completion of employee health screening and immunization requirements contained in sections 14.11 and 14.12 herein. c) the implementation of facility policies and procedures related to the medical care

delivered in the facility; d) physician and advanced practice practitioner credentialing; e) practitioner performance reviews; f) employee health including infection control measures; g)

evaluation of health care delivery, including oversight of medical records and participation in quality improvement; h) provision of staff education on medical issues; i) participation in state survey process, including the resolution of deficiencies, as needed.

13.3 The medical director, charged with the aforementioned duties and responsibilities for the delivery of medical care in the nursing facility, shall be immune from civil or criminal prosecution for reporting to the Board of Medical Licensure and Discipline the unprofessional conduct, incompetence or negligence of a nursing facility physician or limited registrant; provided, that the report, testimony, or other communication was made in good faith and while acting within the scope of authority conferred by this section.

13.4 The administrator shall notify the medical director immediately when any enforcement order as described in section 9.0 herein is issued by the Department or when the administrator is notified of any Medicare/Medicaid certification enforcement action. The administrator shall provide copies of all statements of deficiencies and related plans of correction to the medical director in a timely fashion.

13.5 The medical director shall attend the quarterly quality assurance/improvement meetings, as required in section 10.7 (d) herein. The administrator, or his/her designee, shall provide the medical director with adequate notice of the quarterly quality assurance/improvement meeting.

SOUTH CAROLINA

Downloaded January 2011

605. Medical Staff

The facility shall have a medical director who is a physician who shall be responsible for implementation of policies and procedures that pertain to the care and treatment of the residents and the coordination of medical care in the facility.

SOUTH DAKOTA

Downloaded January 2011

44:04:05:07. Medical director required.

A critical access hospital and a nursing facility must appoint a physician licensed in South Dakota to serve as a medical director. The medical director shall assure physician services are provided only by qualified caregivers.

TENNESSEE

Downloaded January 2011

1200-08-06-.06 BASIC SERVICES.

...(2) Physician Services.

...(c) Each nursing home shall retain by written agreement a physician to serve as a Medical Director.

(d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall:

1. Delineate the responsibilities of and communicate with attending physicians to ensure that each resident receives medical care;
2. Ensure the delivery of emergency and medical care when the resident's attending physician or his/her designated alternate is unavailable;
3. Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator;
4. Make periodic visits to the nursing home to evaluate the existing conditions and make recommendations for improvements;
5. Review and take appropriate action on reports from the Director of Nursing regarding significant clinical developments;
6. Monitor the health status of nursing home personnel to ensure that no health conditions exist which would adversely affect residents; and,
7. Advise and provide consultation on matters regarding medical care, standards of care, surveillance and infection control.

TEXAS

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Sec. 242.151. PHYSICIAN SERVICES.

(a) An institution shall have at least one medical director who is licensed as a physician in this state.

RULE §19.1907 Medical Director

(a) The nursing facility must designate a physician to serve as medical director.

(b) The medical director is responsible for:

(i) implementation of resident care policies (see §19.1922 of this title (relating to Resident Care Policies)); and

(ii) the coordination of medical care in the facility.

UTAH

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R432-150-9. Medical Director.

(1) The administrator must retain by formal agreement a licensed physician to serve as medical director or advisory physician according to resident and facility needs.

(2) The medical director or advisory physician shall:

(a) be responsible for the development of resident care policies and procedures including the delineation of responsibilities of attending physicians;

(b) review current resident care policies and procedures with the administrator;

(c) serve as a liaison between resident physicians and the administrator;

(d) review incident and accident reports at the request of the administrator to identify health hazards to residents and employees and;

(e) act as consultant to the director of nursing or the health services supervisor in matters relating to resident care policies.

R432-200-7. Administration and Organization. [small health care facilities]

...(5) Medical Director.

The administrator of each facility shall retain, by formal agreement, a licensed physician to serve as medical director or advisory physician on a consulting basis according to the residents' and facility's needs.

(6) Medical Director Responsibilities.

The medical director or advisory physician shall have responsibility for at least the following:

(a) Review or develop written resident-care policies and procedures including the delineation of responsibilities of attending physicians;

- (b) Review resident-care policies and procedures annually with the administrator;
- (c) Serve as liaison between the resident's physician and the administrator;
- (d) Serve as a member of the quality assurance committee (see R432-200-10);
- (e) Review incident and accident reports at the request of the administrator to identify health hazards to residents and employees;
- (f) Act as consultant to the health services supervisor in matters relating to resident-care policies.

VERMONT

Downloaded January 2011

11.3 Medical Director

- (a) The facility must designate a physician to serve as medical director.
 - (b) The medical director is responsible for:
 - (1) implementation of resident care policies; and
 - (2) the coordination of medical care in the facility.

16.1 Quality Assessment Committee

- (a) A facility must maintain a quality assessment and assurance committee consisting of:
 - (1) the director of nursing services;
 - (2) the medical director; and
 - (3) at least 3 other members of the facility's staff.

VIRGINIA

Downloaded January 2011

12VAC5-371-230. Medical direction.

A. Each nursing facility shall have a written agreement with one or more physicians licensed by the Virginia Board of Medicine to serve as medical director.

B. The duties of the medical director shall include, but are not limited to:

1. Advising the administrator and the director of nursing on medical issues, including the criteria for residents to be admitted, transferred or discharged from the nursing facility;

2. Advising on the development and execution of policies and procedures that have a direct effect upon the quality of medical and nursing care delivered to residents;

3. Acting as liaison and consulting with the administrator and the attending physician on matters regarding medical and nursing care policies and procedures of the nursing facility;

4. Advising and providing consultation to the nursing facility staff regarding communicable diseases, infection control and isolation procedures, and serving as liaison with local health officials;

5. Providing temporary physician services when the admitting physician is not the attending physician, in order to assure that the resident has temporary medical orders;

6. Providing physician services in case of emergency in the event that the resident's attending physician cannot be reached; and

7. Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice.

WASHINGTON

Downloaded January 2011

388-97-1700 Medical director.

- (1) The nursing home must designate a physician to serve as medical director.
- (2) The medical director is responsible for:
 - (a) Implementation of resident care policies; and
 - (b) The coordination of medical care in the facility.

WEST VIRGINIA

Downloaded January 2011

11.7. Medical Director.

A nursing home shall designate, in writing, a physician accountable to the governing body to serve as medical director to ensure that medical care provided to residents is adequate and appropriate.

11.7.a. The medical director is responsible for:

11.7.a.1. Reviewing policies, procedures, and guidelines to ensure adequate, comprehensive services;

11.7.a.2. Coordinating medical care provided, including the attending physician, in the nursing home so it is adequate and appropriate;

11.7.a.3. Assisting in the evaluation of credentialing and re-credentialing of licensed independent practitioners, physicians' assistants and nurse practitioners to determine whether they will be authorized to practice within the organization by recommendation;

11.7.a.4. Approving in-service training programs; and

11.7.a.5. Reviewing and evaluating incident reports or summaries of incident reports, identifying hazards to health and safety, and making recommendations as needed.

WISCONSIN

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HFS 132.61 Medical services.

(1) MEDICAL DIRECTION IN SKILLED CARE FACILITIES.

(a) Medical director. Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized medical staff, the medical director shall be designated by the medical staff with approval of the licensee.

(b) Coordination of medical care. Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall develop written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physicians to provide that physicians' orders are written promptly upon admission of a resident, that periodic evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

(c) Responsibilities to the facility. The medical director shall monitor the health status of the facility's employees. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety.

WYOMING

Downloaded January 2011

Section 5. Organization and Administration.

(c) Resident Care Policies. The Nursing Care Facility shall have written policies to govern nursing care and related medical or other services provided.

...(v) The medical director or director of nursing shall be designated in writing to be responsible for the execution of resident care policies.

(A) If the director of nursing is delegated the responsibility for day-to-day execution of resident care policies, the medical director shall serve as the advisory physician from whom the director of nursing receives medical guidance.

FEDERAL REGULATIONS

Downloaded January 2011

§ 483.75 Administration.

(i) Medical director.

(1) The facility must designate a physician to serve as medical director.

(2) The medical director is responsible for—

(i) Implementation of resident care policies; and

(ii) The coordination of medical care in the facility.