

**VALLEY MOUNTAIN REGIONAL CENTER (VMRC)  
ADMINISTRATIVE PROCEDURES MANUAL**

	VMRC AP: <u>400-85-22</u> Original Date: <u>2/11/2003</u> Date Revised: <u>3/2013</u> Date Revised: <u>9/23/2019</u> Date Revised: <u>07/26/2021</u> Date Revised: <u>02/24/2022</u>
TO:	All Staff
SUBJECT:	CONSENTS FOR MEDICAL, DENTAL AND SURGICAL TREATMENT FOR VMRC CONSUMERS
Approved:	 _____ Tony Anderson Executive Director
Date of Approval:	<u>2/28/2020</u>

**1.0 STATEMENT OF PURPOSE**

This procedure is to provide guidance to staff relative to the provisions of the California Welfare and Institutions Code (WIC) Section 4655.

**2.0 GENERAL**

WIC Section 4655 authorizes the regional center director, or his designee, to give consent for medical, dental, and surgical treatment of a consumer under the following conditions.

- (a) If the developmentally disabled person's parent, guardian, or conservator legally authorized to consent to such treatment does not respond within a reasonable time to the request of the director or his designee for the granting or denying of consent for such treatment, the director of a regional center or his designee may consent on behalf of the developmentally disabled person to such treatment and provide for such treatment.
- (b) If the developmentally disabled person has no parent, guardian, or conservator legally authorized to consent to medical, dental, or surgical treatment, the director of the regional center or his designee may consent to such treatment on behalf of the person and provide such treatment to be given.
- (c) If the developmentally disabled person is an adult and has no conservator, consent to treatment may be given by someone other than the person on the person's behalf only if the developmentally disabled person is mentally incapable of giving his own consent.

For the purpose of this procedure, the VMRC Executive Director designates the VMRC Clinical Director authority to sign on behalf of the Executive Director for consumers who meet the conditions specified in (a), (b), and/or (c) above, and for specific medical, dental and surgical procedures only. In the absence of the Clinical Director, the Director of Consumer Services may sign on behalf of the Clinical Director. VMRC staff will not sign consent forms that give non-specific general consent to any procedure that might happen.

Furthermore, the VMRC Executive Director authorizes the VMRC Clinical Director to designate specific procedures to be signed by the VMRC Clinical Nurse Manager and Dental Coordinator as indicated in Attachment A, provided the VMRC Clinical Director has been informed by the VMRC Clinical Nurse Manager or Dental Coordinator.

When there is a need for witness in consents, the VMRC Executive Director authorizes the VMRC Service Coordinator (SC) or Program Manager (PM) to sign as a witness to a consent signed by the Executive Director's designee. The VMRC Executive Director authorizes the VMRC SC and/or PM to sign consent for Skilled Nursing Facility (SNF) Admissions Agreement, and the HS231 Form – Certification for Special Treatment Program Services.

For dental consents, VMRC Executive Director and designee will support any mid-dental surgery procedure plan changes regarding fillings, extractions, and root canals, if the dental staff is unable to reach VMRC staff, only when a previous consent for that treatment procedure has already been given by VMRC.

In addition, the VMRC Executive Director authorizes the VMRC Clinical Director to assign a VMRC Clinical Nurse Manager to rotate in covering the consent need during after office hours, weekends, and holidays. During after office hours, weekends, and holidays, the After Hours Staff will contact the VMRC Clinical Director or assigned VMRC Clinical Nurse Manager(s) to provide consent as needed.

Prior to providing such consent however, the nurse practitioner or nurse must review the case and obtain necessary information needed to do an informed consent. If the medical complexity or related issues of the case are such that the nurse practitioner or nurse believes additional review is warranted, then that individual will consult with the VMRC Clinical Director. Only after such consultation and discussion with pertinent parties should consent be issued.

Only the Executive Director may authorize the withholding of medical care or treatment and change of code status to do not resuscitate (DNR) and/or do not intubate (DNI).

Completion of the required reviews must be documented in the consumer's case record by doing a Title XIX note within forty eight (48) working hours by consent giver, and must notify the Service Coordinator and Program Manager that consent was given.

In the event that the consumer is capable of providing an informed consent, the Planning Team will advocate for supported decision-making to assist the consumer in making an informed decision. If supported decision making is not an option, and the consumer has a family member actively involved in their care, they are considered next of kin or decision maker for the consumer.

### Attachment A: Consent Matrix

This provides a guide as to the allowed consents to be signed by which designee. Designee assigned in the consent matrix is the level appropriate for approval. Higher levels may also sign.

PROCEDURE	Executive Director	Clinical Director	Clinical Nurse Manager	Dental Coordinator	PM &/or SC
Do not resuscitate (DNR)	X				
Do not intubate (DNI)	X				
Comfort Care	X				
Hospice	X				
POLST stating DNR/DNI	X	X			
Off label use of psychotropic medications	X	X			
General Anesthesia (GA)	X	X	X		
Conscious sedation for medical procedures	X	X	X		
Regional/block anesthesia	X	X	X		
Major surgery	X	X	X		
Minor surgery	X	X	X		
Bronchoscopy, Tracheostomy	X	X	X		
Endoscopy, PEG insertion	X	X	X		
Colonoscopy, preventive or therapeutic	X	X	X		
Colostomy	X	X	X		
Specialized Treatment i.e. Chemotherapy, Radiotherapy	X	X	X		
Hospital admission – consent to treat	X	X	X		
Central line insertion, i.e. PICC line, subclavian line, Internal jugular line, femoral line, arterial line	X	X	X		
Dental exams and procedures	X	X	X	X	
GA & Conscious sedation for Dental exams	X	X	X	X	
Consent for behavioral services	X	X	X		
Consent for behavior medications	X	X	X		
Consent for psychotropic medications	X	X	X		
SNF Admissions Agreement	X	X	X		X
HS231 Form – Certification for Special Treatment Program Services	X	X	X		X
Witness for consents given by VMRC	X	X	X	X	X
Home health services, i.e. RN, PT, OT	X	X	X		
Mammogram	X	X	X		
Biopsy	X	X	X		
Dialysis	X	X	X		
Computed Tomography (CT) Scan with or without contrast	X	X	X		
Magnetic Resonance Imaging (MRI) Scan with or without contrast	X	X	X		
Bone Density DEXA Scan and Nuclear Imaging Scan	X	X	X		
POLST: Full Code status	X	X	X		
Immunizations	x	X	X		