

ADMINISTRATIVE POLICY

- 1 In 1996 CA legalized the use of medical marijuana and in 2018 the use of both medical and recreational marijuana were approved by the State. However, marijuana continues to be prohibited under Federal laws. Therefore, there are conflicting guidelines regarding the use of medical marijuana by persons served. This policy is intended to clarify OPTIONS' policies and procedures regarding the use of medical marijuana by persons receiving services.

- 2 OPTIONS does not prescribe or dispense medication. All medications, including medical marijuana, distributed to persons served at OPTIONS licensed sites will be prescribed by a licensed physician or a licensed nurse practitioner under the supervision of a licensed physician (see policy 200.2.9).
 - 2.1 Medical marijuana, as prescribed by a physician, may be used in any OPTIONS program that does not receive federal funding. This includes services licensed under Community Care Licensing (CCL).
 - 2.1.1 The physician's order must indicate the time, indication and method of use in which the medication is to be taken such as vape, oil, tincture, edibles, etc.
 - 2.2 OPTIONS ICF-ID/H residential health care facilities receive federal funding and must adhere to the Federal guidelines. As such, marijuana will not be approved for use in these facilities.

- 3 Distribution of Medication - OPTIONS' Community Support Specialists may assist in the distribution of medications only after they have 1) completed a medication orientation class taught by a registered nurse; and 2) have been observed distributing and documenting medications by the registered nurse (see policy 200.2.9).
 - 3.1 Safety of medications
 - 3.1.1 In licensed (CCL) programs, medical marijuana will be stored in a locked cabinet with documentation as outlined in policy 200.2.9.
 - 3.1.2 In other services, medical marijuana will be stored in a manner based upon the individual needs of each person served with the recommendation of the IDT.
 - 3.1.3 When an individual has demonstrated competency and mastered self-administration of medications at the level and frequency specified by the interdisciplinary team, an individual may have access to their own medication.

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3.1.4 At no time may medication prescribed to one individual be shared with another person.

POLICY DATE: June 2018
Revised: March 2019
Reviewed: November 2019
Revised: November 2020
Reviewed: February 2021
February 2022
May 2023