Idaho Department of Correction	Standard Operating Procedure	Title: Special Needs Treatment Plans		Page: 1 of 4
OH OH		Control Number: 401.06.03.008	Version: 4.0	Adopted: 11-09-1998

Pat Donaldson, chief of the Management Services division, approved this document on 06/15/2015.

Open to the public: \boxtimes Yes \square No

SCOPE

This standard operating procedure applies to all Idaho Department of Correction health care services staff, inmates, contract medical providers, and subcontractors.

Revision History

Revision date (06/15/2015) version 4.0: Periodic review to confirm content accuracy, remove one unnecessary reference to an NCCHC standard.

Previous revision date: 07/15/2014

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

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PURPOSE

The purpose of this standard operating procedure is to establish a program ensuring inmates with significant health conditions receive ongoing multidisciplinary care.

RESPONSIBILITY

Health Authority

The health authority is responsible for

- Monitoring and overseeing all aspects of health care services
- Ensuring implementation and continued practice of the provisions provided in this standard operating procedure

If health care is contracted, the health authority is responsible for

- Reviewing and approving all applicable contract medical provider policy, procedure, and forms before implementation
- Monitoring the contract medical provider's performance, reviewing processes, procedures, forms, and protocols used by the contract medical provider to ensure compliance with all health care-related requirements of contracts, this standard operating procedure, and NCCHC standards P-G-01 and P-G-02

Contract Medical Provider

The contract medical provider is responsible for

- Implementing and practicing all provisions of this standard operating procedure, unless specifically exempted by written contracts
- Establishing a uniform special needs treatment plan format for all facilities covered by their respective contracts
- Ensuring the presence of a qualified facility health authority in each facility covered by their respective contracts
- Ensuring facility health authorities use all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all health care-related requirements provided in this standard operating procedure, NCCHC standard P-G-01, NCCHC standard P-G-02, or as indicated in their respective contracts
- Establishing and monitoring procedures to ensure that a proactive program exists providing care for special needs patients who require close medical supervision or multidisciplinary care
- Monitoring the facility health authority's performance to ensure compliance with this standard operating procedure
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval before implementation

Nothing in this standard operating procedure relieves the contract medical provider(s) of any obligation or responsibility of respective contractual agreements.

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Facility Health Authority and Facility Medical Director

The facility medical director and facility health authority are responsible for ensuring treatment plans are individualized, multidisciplinary when required, based on an assessment of the inmate's needs, and contain all required elements.

Facility Health Authority

The facility health authority is responsible for

- Establishing and monitoring procedures to ensure that
 - Special needs patients receive an individual treatment plan developed by licensed medical provider at the time a condition is identified
 - The treatment plan is listed on the patient's master problem list, and it is updated when warranted
- Maintaining a current list of special needs patients and providing the list to both the facility head and health authority once a month

STANDARD PROCEDURES

1. Requirements

Health care personnel must monitor inmates who have special needs or chronic illnesses per the written treatment plan to assure continuity and quality of care.

A written treatment plan must be

- Developed by a licensed medical provider at the time the condition is identified
- Updated when warranted

A written treatment plan addresses at a minimum

- Medication
- Type and frequency of diagnostic testing and therapeutic regimen
- Frequency of follow-up medical evaluation and adjustment of treatment modality
- Diet and exercise when appropriate
- Adaptation to the correctional environment

2. Compliance

The health authority ensures compliance with this standard operating procedure and all related protocols by monitoring clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority or designee must conduct two audits each year or more frequently based on prior audit results.

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REFERENCES

National Commission on Correctional Health Care (NCCHC), Standard P-G-02, *Patients with Special Health Needs*

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