


Idaho Department of Correction 	Standard Operating Procedure	Title: Diets for Inmates: Selective, Medical. Special Provision, and Infirmary		Page: 1 of 10
		Control Number: 404.02.01.003	Version: 6.0	Adopted: 03/05/2001

Chad Page, chief of the Division of Prisons, approved this document on 06/12/2019.

Open to the public: **Yes**

SCOPE

This standard operating procedure (SOP) applies to inmates and all staff members working in IDOC-operated correctional facilities and community reentry centers (CRCs), herein after referred to as “facilities”. Nothing in this SOP should be construed to relieve the contract medical provider(s) of any obligation and/or responsibility set forth in respective contractual agreements.

Revision Summary
Revision date (06/12/2019) version 6.0: Instituted new electronic process for ordering medical diets, revised some of the guidelines regarding combining selective and medical diets, provided clarification in several sections.

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BOARD OF CORRECTION IDAPA RULE NUMBER

None

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POLICY CONTROL NUMBER 404

Food Service

PURPOSE

The purpose of this SOP is to establish guidelines and processes for selective and medical diets for the inmate population.

RESPONSIBILITY

Facility Head

Responsible for ensuring that facility food service authorities adhere to the guidelines, standards, and procedures provided herein; and providing the final decision regarding selective diet violations and suspending diet privileges due to selective diet non-compliance.

Facility Food Service Authority

The IDOC employee responsible for daily preparation and provision of selective and medical diets to inmates, in accordance with the guidance provided herein.

Facility Health Services Administrator (HSA)

The contract employee responsible for evaluating inmate dietary needs and ordering medically-prescribed diets when those needs cannot be met by a selective diet.

Regional Health Manager

The contract employee responsible for ensuring that facility health services administrators adhere to the guidelines, standards, and procedures provided herein.

Regional Medical Director

The contract employee responsible for evaluating and providing the final decision regarding *Special Provision Authorization* orders and medical diet violations.

Dietary Services Manager

The IDOC employee responsible for monitoring and auditing the selective and medical diet process, providing menus as needed to fulfill selective and medical diets, creating and updating (as necessary) all forms referred to in this SOP, and providing training associated with this SOP to IDOC staff.

STANDARD PROCEDURES

1. Selective Diet Options

The IDOC offers a “mainline” menu, which provides a variety of foods and the nutrients needed by the average adult to maintain health. All inmates receive the mainline menu unless they have a medical diet order in place or follow the appropriate steps to participate in a selective diet.

The selective diet program provides inmates with dietary options that meet many medical, religious, and lifestyle dietary needs. The following selective diets are available to male and female inmates housed in IDOC-operated facilities:

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- **Healthy Choice Diet:** A diet reduced in calories, fat, sodium, and sugar
- **Lacto-ovo Vegetarian Diet:** A vegetarian diet that includes dairy items and eggs
- **Non-pork diet:** A menu that provides pork-free alternatives for food items containing pork
- **Vegan Diet:** A vegetarian diet containing no animal products
- **Common Fare:** A menu comprised of fully-cooked, and/or ready-to-eat, pre-packaged, kosher-certified foods and fresh produce that does not require washing (produce with an inedible peel or rind).
 - All common fare foods that require heating will be double-wrapped to accommodate heating in a non-kosher microwave.
 - Dinner on Friday will be cold, or served before sunset if hot, and breakfast, lunch, and dinner on Saturday each week will be cold meals, to accommodate those who wish to observe an orthodox Sabbath.

2. Requesting a Selective Diet

To effectively manage food service in a correctional facility, it is crucial that the facility food service authority plan, order for, and prepare enough meals to meet the needs of the inmate population. To ensure that the proper amount of food is available, the facility food service authority must know how many inmates eat from each menu type.

To participate in a selective diet, inmates must complete a *Request for a Selective Diet* form. The *Request for a Selective Diet* form must be received by food service staff on or before the 25th of the month preceding the requested participation month. Any exceptions to these requirements must be approved in writing on a case-by-case basis by the facility head.

Selective diet requests are valid for one calendar month per request. Selective diets are not automatically renewed. The sign-up process must be completed for each month an inmate wishes to participate in a selective diet.

Inmates with a medical diet order will not be permitted to participate in a selective diet that conflicts with the medical diet order. Any exception to this must be addressed through the special provision diet process (see section 4).

Inmates can choose one selective diet option, in lieu of the mainline diet, using the following process steps described in Table 2-1 below:

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Table 2-1: Medical Diet Compliance, Reporting, and Discontinuation

Functional Roles and Responsibilities	Step	Tasks
Inmate	1	<p>If deciding to participate in one of the selective diet options next month:</p> <ul style="list-style-type: none"> • Complete a <i>Request for a Selective Diet</i> form. • On or before the 25th day of the current month, submit the form to a staff member who will sign and forward the form to food services.
Facility Food Service Authority	2	<p>Confirm that the inmate has no restrictions (such as a superseding medical diet authorization or a facility restriction due to selective diet non-compliance) that would prevent the inmate's participation in the selective diet process. If applicable, document on the form any conflict that excludes the inmate from participation.</p>
Facility Food Service Authority	3	<p>By the last day of the current month, enter the inmate's selective diet choice for the following month in the Offender Management System.</p>
Facility Food Service Authority	4	<p>Sign and send a copy of the completed <i>Request for a Selective Diet</i> form to the inmate.</p>
Facility Food Service Authority	5	<p>Prior to the first day of each month, print your facility's selective diet authorization list from the Offender Management System and share with food service staff for meal planning and production.</p>
Facility Food Service Authority	6	<p>Daily, provide the selective diet meals to inmates who are participating in a selective diet in accordance with this SOP.</p>

Selective Diet Requests – With a Medical Diet Order

Inmates with a medical diet order in place may participate in the selective diet program only if their chosen selective diet does not conflict with the medical diet order. Due to their impact on health and safety, medical diet orders supersede selective diet preferences.

If a medical diet order causes an inmate to miss the 25th of the month sign-up deadline for a selective diet, the inmate may return to his/her previous selective diet once the medical diet has concluded. For example: if an inmate was participating in the Healthy Choice diet during the month of September, and he or she was then ordered to receive a full-liquid diet on September 20th for 14 days, the inmate may return to the selective diet he/she was participating in prior to the start of the medical diet order, by notifying food service staff.

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3. Selective Diet Non-Compliance

Inmates who choose a selective diet commit to receiving only the meals provided by the chosen selective diet menu. Inmates who (a) miss more than 25% of their selective diet meals within the one-month sign-up period, or (b) eat any meals that are not part of their selective diet, including eating from the mainline menu or partaking in any type of diet meal other than what they have selected, will not be allowed to participate in the selective diet program for the remainder of the month and will be restricted from participation for the next two sign-up periods.

Selective diet non-compliance must be documented by staff in the Offender Management System, and a *Notice of Diet Non-compliance* form must be provided to the inmate.

If the inmate disagrees with the decision, the inmate may file a grievance in accordance with SOP [316.02.01.001](#), *Grievance and Informal Resolution Procedure for Inmates*.

However, an inmate may choose to terminate his selective diet participation voluntarily. Opting out of the selective diet program for the remainder of the month will not result in selective diet participation restriction for subsequent months. To voluntarily terminate a selective diet, the inmate must notify the facility food service authority by completing the appropriate sections of the *Request for a Selective Diet* form and submitting the form to a staff member for signature. Within 48 hours of receipt of the request for diet termination, the facility food service authority will begin providing mainline meals to the inmate.

Voluntary termination of a selective diet will result in only mainline meals being provided to the inmate for the remainder of the month. Mainline meals will continue to be provided to the inmate indefinitely, unless the inmate chooses to opt-in to the selective diet program again during a subsequent sign-up period, in accordance with this SOP.

4. Medical Diets

Not all medical concerns warrant a medical diet menu. Diet orders for food allergies are to be offered only when medically necessary—and not for food intolerance or preference. In all cases, when a diet order is being considered, the first option should be the inmate’s simple avoidance of the item, or participation in a selective diet that meets the inmate’s needs, with guidance provided by the facility HSA.

Medically-necessary dietary needs not met by the mainline menu, inmate avoidance, or a selective diet option, must be addressed through a medical diet request. A medical diet may only be requested by appropriate medical staff and only when a legitimate medical need exists. Medical diets may only be requested for the minimum length of time necessary to address an inmate’s medical diet needs and must not remain in effect for longer than one year. Medical diets requiring a term longer than one year must be renewed annually by the facility HSA.

Standard Medical Diets

The standard medical diets, which have menus pre-written by the dietary services manager and pre-approved by the regional medical director, are:

10am snack daily – peanut butter and bread, approximately 300 calories (for hypoglycemia, diabetes, and/or to meet increased protein and/or calorie needs)

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2pm snack daily – peanut butter and bread, approximately 300 calories (for hypoglycemia, diabetes, and/or to meet increased protein and/or calorie needs)

8pm snack daily – peanut butter and bread, approximately 300 calories (for hypoglycemia, diabetes, and/or to meet increased protein and/or calorie needs)

Nutrition support – protein shakes and additional milk with each meal; total menu approximately 4,000 calories and 135g protein daily (for increased protein and/or calorie needs); can NOT be written in conjunction with vegan or no-dairy diets

Modified consistency – difficult-to-chew foods are ground or chopped or substituted with softer alternatives (for dental restrictions or chewing difficulties)

Full Liquid – approximately 2,700 calories/day; all foods and beverages provided range from water to milkshake thickness (for fractured jaw, dysphagia, or other similar needs)

Puree – regular menu items are processed in a blender or substituted with retail-packaged pureed dishes (for dysphagia or severe dental restrictions)

Clear Liquid – no solid food is provided; may only be ordered for a maximum of 72 hours (for surgery prep or to provide hydration when food cannot be tolerated, such as during acute illness)

Standard Renal – approximately 2,400 calories daily. Maximum of 65g protein, 2g Na (sodium), and 3g K (potassium) for chronic kidney disease or other conditions with sodium, protein, and/or calorie restrictions

Enhanced Renal - approximately 2,600 calories and 100g of protein daily. Maximum 2g Na (sodium) and 3g K (potassium) for end-stage renal disease or other conditions with mineral restrictions).

Diabetic Enhanced Renal – approximately 2,400 calories and 100 grams of protein daily. Maximum 2g Na (sodium) and 3g K (potassium) <55% of calories from carbohydrate (for diabetics with end-stage renal disease or other conditions with calorie and mineral restriction)

Special Provision Medical Diets

A special provision medical diet is a diet request that is made to address a medical need that cannot be met by inmate avoidance of certain foods, a selective diet (see section 1) or a standard medical diet. All medical diet requests other than the standard medical diets listed above, and any modifications to a standard medical diet, are considered a “Special Provision.”

Special Provision Diet requests must be reviewed by the regional medical director (RMD) and, if approved by the RMD, submitted to the dietary services manager with verification of medical necessity (such as positive lab work).

The dietary services manager will review each special provision diet request to ensure the following:

- a. Accuracy of basic information (i.e., inmate name, IDOC #, housing location)
- b. Inclusion of required documentation (i.e., signed Special Provision Authorization forms and verification of medical necessity)

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- c. Clarity of the request (i.e. – if the order includes vague language such as ‘extra snacks’, it will be re-routed to the submitter with a request for clarifying information)
- d. Consistency of the request (i.e. – requesting both “full liquid” and “finger foods” is contradictory and must be clarified)
- e. Ability for IDOC to fulfill the request as written, based on contractually available food supplies

The dietary services manager will then finalize the diet request and communicate the diet order, along with any needed menu information, to food service staff.

Special provision diets for inmates residing in the infirmary may be requested without an authorization signed by the RMD, for up to 10 days. For infirmary special provision diet requests longer than 10 days, a signed special provision authorization and documentation of medical necessity must be submitted to the dietary manager prior to the end of the 10th day following the start date of the diet request.

Requesting a Medical Diet

ALL diet requests, except for those that are in response to an emergency with an immediate need, must be submitted by the facility HSA through the electronic request system. Diet requests by other means are to be reserved only for emergencies, or when use of the electronic system is not possible (such as in the case of technical failure).

In addition, acute meal needs may be addressed by request from the shift commander when the standard process isn’t feasible (for example, to request delivered meals for an inmate with a sudden injury, when medical staff are not available to submit the diet request through the electronic system).

However, following any emergency meal request, the facility HSA should assess whether an on-going medical diet menu would reduce or eliminate the likelihood of future emergency meal requests for the inmate, and request a medical diet using the process outlined in this SOP, if warranted.

Provision of Medical Diets by Food Service Staff

Medical diets will be implemented by food service staff as soon as possible after they are received, generally within 24 hours. In some instances, when new menus or food items are necessary, medical diets may take up to three business days from the date of request to be implemented.

Diet Requests from Inmates

Inmates who indicate to food service staff that they have a medical diet ordered but do not appear on the medical diet authorization list will be referred to the facility HSA for clarification. However, at the time of the meal service during which an inmate declares his or her medical diet order is ‘missing’, and upon request from the inmate, food service staff will provide a meal that excludes any food items that the inmate is concerned about (for example, an inmate wishing to avoid gluten may request to receive a lunch with no bread); however, substitutions will only be provided with a medical diet authorization in place.

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Medical Diet Non-Compliance

In accordance with SOP [401.06.03.071](#), *Right to Refuse Treatment*, inmates have the option to sign a refusal for diet therapy.

Inmates who have agreed to diet therapy and have a medical diet ordered are expected to partake in their medical diet meals on a regular basis and are not allowed to partake in any other type of diet due to the potential to conflict with their ordered medical diet. Due to the health and safety impacts of a medical diet, inmates who (a) miss more than three meals within a 30-day period, or (b) eat meals that are not part of their medical diet, must be reported to the facility HSA by the facility food service authority.

Inmates who are identified as non-compliant, as evidenced through Offender Management System documentation or by observation, may have their medical diet discontinued at the discretion of the regional medical director.

If the inmate is in disagreement with the decision, the inmate may file a grievance in accordance with SOP 316.02.01.001, *Grievance and Informal Resolution Procedure for Inmates*.

Table 4-1: Medical Diet Compliance, Reporting, and Discontinuation

Functional Roles and Responsibilities	Step	Tasks
Facility Food Service Authority	1	Monitors inmate compliance to their medically-ordered diet and documents in the Offender Management System or paper logs.
Facility Food Service Authority	2	<p>For any inmate who misses more than three medical diet meals within a 30-day period or eats a meal that is not part of his medically prescribed diet:</p> <ul style="list-style-type: none"> Complete the top portion of the <i>Notice to Provider of Medical Diet Non-Compliance</i> form and forward the yellow copy to the facility HSA and the pink copy to the inmate. Document non-compliance and information regarding communication sent to the facility HSA in the Offender Management System. <p>Note: Due to the sensitive nature of medical diet needs, in the case of non-compliance, food service continues to provide the medical diet as ordered, unless the regional medical director has discontinued the order.</p>

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Functional Roles and Responsibilities	Step	Tasks
Facility Health Services Administrator (HSA)	3	<p>On a weekly basis:</p> <ul style="list-style-type: none"> Review all <i>Notice to Provider of Medical Diet Non-Compliance</i> forms received. Discuss with the facility food service authority if further information is needed. Schedule non-compliant inmates for one-on-one diet counseling. If requesting that the diet order be discontinued, forward a copy of the completed <i>Notice to Provider of Medical Diet Non-Compliance</i> form to the regional medical director for review.
Regional Medical Director	4	If a medical diet order is requested to be discontinued due to non-compliance, review the documentation. Provide the final diet decision by completing the bottom portion of the <i>Notice to Provider of Medical Diet Non-Compliance</i> form. Forward the completed form to the facility HSA.
Facility Health Services Administrator (HSA) or Designee	5	If a diet order is to be discontinued, update the medical diet authorization list within 24 hours of receiving the <i>Notice to Provider of Medical Diet Non-Compliance</i> form signed by the regional medical director.

Renewal of an Expired Medical Diet

It is the inmate's responsibility to seek renewal of an expired medical diet, including special provision authorizations.

5. Dietary Options During Intake

During intake, inmates being processed through the reception and diagnostic unit (RDU) will be allowed to sign-up for a selective diet (see section 1) for the remainder of the month. In addition, those inmates who enter IDOC facilities after the 25th day of the current month will be allowed to sign up for a selective diet for the next month (see section 2).

6. Inmate Moves

Selective Diets

In the event an inmate moves from one living unit to another or from one facility to another, the receiving unit or facility must honor any current selective diet authorization for the remainder of the month.

If the receiving facility does not have record of the inmate's selective diet choice at the previous facility, the inmate must present the most recent copy of his approved *Request for a Selective Diet* to the receiving facility's food service authority for verification.

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Medical Diets

When an inmate is moved from one IDOC facility to another, the facility HSA at the receiving facility should evaluate the inmate’s dietary needs to determine whether the ordered diet is still appropriate for meeting the inmate’s medical needs. Unless otherwise determined by the facility HSA, all medical diet orders, including special provision authorizations (see section 4), must be continued if an inmate moves from one living unit to another or from one facility to another.

Disciplinary Moves

Inmates will not have their selective diet or medical diet altered or revoked due to a disciplinary move, except for those meals provided in accordance with SOP [404.02.01.002](#), *Alternative Meal Procedures for Restrictive Housing Inmates*.

DEFINITIONS

None

REFERENCES

Request for a Selective Diet form

Notice of Diet Non-compliance form

Notice to Providers of Medical Diet Non-compliance form

Medical Diet Authorization form

Special Provision Authorization form

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-F-02, Medical Diets

Standard Operating Procedure [316.02.01.001](#), *Grievance and Informal Resolution Procedure for Inmates*

Standard Operating Procedure [401.06.03.071](#), *Right to Refuse Treatment*

Standard Operating Procedure [404.02.01.002](#), *Alternative Meal Procedures for Restrictive Housing Inmates*

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