


Idaho Department of Correction 	Standard Operating Procedure	Title: Health Care: Community Reentry Center (CRC) Offenders		Page: 1 of 9
		Control Number: 401.04.03.004	Version: 4.0	Adopted: 10-29-2002

Pat Donaldson, chief of Management Services, approved this document on 04/13/2015.

Open to the public: **Yes**

SCOPE

This SOP applies to all Community Reentry Center (CRC) staff, CRC offenders, and contract medical providers.

Revision Summary
Revision date (04/13/2015) version 4.0: <ul style="list-style-type: none"> • Update to section 2.0 Previous Revision date (02/18/2015)

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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 (SOP) is to establish procedures to govern the Health Care of offenders assigned to community reentry centers (CRCs).

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of Health Care services; and
- The implementation and continued practice of the provisions provided in this SOP.

When Health Care services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all Health Care-related requirements provided in respective contractual agreements and this SOP and in *National Commission on Correctional Health Care (NCCHC) standard P-A-01, Access to Care*.

Contract Medical Provider

When Health Care services are privatized, the contract medical provider is responsible for:

- Practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Providing routine, urgent (i.e., same day but not an emergency), and emergency medical, dental, optical, mental health, and pharmaceutical services to all offenders housed in CRCs, regardless of an offender's access to third party coverage or income; and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

GENERAL REQUIREMENTS

1. Access to Care: General Guidance

CRC staff, in partnership with the contract medical provider, shall ensure that procedures are in place to identify **and** eliminate unreasonable barriers to all CRC offenders being provided access to necessary medical, dental, optical, mental health, and pharmaceutical services.

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CRC offenders may request Health Care from the contract medical provider via Health Care services request processes described in IDOC clinical services and treatment guidance such as, but not limited to the following:

- SOP [401.06.03.001](#), *Access to Care*;
- Directive [401.06.03.036](#), *Oral Care*;
- Directive [401.06.03.059.01](#), *Eye Examinations*; and
- SOP [411.06.03.001](#), *Co-pay for Medical Services*

CRC Parent Facilities

Each CRC is assigned a parent facility. The facility health authority at the following parent facilities will serve as the CRC manager’s (or designee’s) contact for IDOC clinical services and treatment as described above.

CRC	Parent Facility
East Boise	South Boise Women’s Correctional Center
Idaho Falls	Pocatello Women’s Correctional Center
Nampa	Idaho Maximum Security Institution
Treasure Valley	South Idaho Correctional Institution

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Medical Equipment and Supplies

The contract medical provider shall provide all medical equipment and supplies required to provide Health Care services at the CRC.

Appropriate emergency equipment and supplies shall be provided and maintained by the contract medical provider.

Note: A list of medical equipment shall be kept in the medical area of each CRC.

2. Medical Care

Routine and Urgent Medical Care

When medical staff are not on site the CRC staff shall contact the on-call contract medical provider when an offender presents with a non-emergency medical complaint. The provider will assess the complaint and provide direction to the CRC staff.

Emergency Medical Care

If an offender presents with an obvious medical emergency the CRC staff shall activate 911 for emergency medical care. Once the offender has been transported to the hospital the facility health authority must be notified as soon as possible.

The contract medical provider shall be responsible for all medical charges incurred for routine, urgent or emergency care (unless the charges are covered by Reentryers' compensation insurance; see section 5).

3. Community Health Care Services

Unless arranged by the contract medical provider, community health care services shall be limited to the services described in this section. (Cosmetic [elective] procedures shall not be authorized.) To access community Health Care services, CRC Reentry release offenders must:

- Meet the Offender Trust Account balance requirements described in section 5;
- Complete appendix 1, *Community Health Care Services Appointment Request Form*; and
- Submit the form to the CRC manager (or designee) for verification (e.g., time, date, and location) and approval.

Note: Before approving the *Community Health Care Services Appointment Request Form*, the CRC manager (or designee) shall consider the parameters provided in section 5, **and** document the bottom of the form with all required information.

Note: The contract medical provider does not need to be consulted or give approval for a CRC Reentry release offender to retain community Health Care services.

Medical (Birth Control Only)

120 days prior to release, female offenders may obtain a medical evaluation from a community medical provider (e.g., a medical doctor [MD], physician's assistant [PA], or nurse practitioner [NP]) for the sole purpose of initiating a birth control method. (The birth control method shall be determined by the community medical provider.)

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Prescriptions for a birth control method shall be purchased at a community pharmacy, and the cost shall be the responsibility of the CRC Reentry release female offender.

Dental

CRC Reentry release offenders may choose to seek dental services from a community dentist.

Prescriptions issued by a community dentist must be purchased at a community pharmacy, and the cost shall be the responsibility of the CRC Reentry release offender. Immediately upon returning to the CRC from a dental appointment, the offender must turn in to CRC staff all medications prescribed by the dentist for documentation in the offender's medication record. After recording the offender's medication in the record, CRC staff may return to the offender any medications that are appropriate to self-medicate or 'keep-on-person', such as antibiotics or over-the-counter pain relief. All controlled substances, such as narcotic pain medication, shall be kept secure by CRC staff and made available to the offender for self-medication purposes as a direct observation therapy (DOT) per the prescribing dentist's instructions.

Optical

CRC Reentry release offenders may choose to obtain optical care from a community optometrist. Optical services will be limited to eye examination, lenses and frames, or clear (non-tinted or colored) contact lenses. The offender will be responsible for purchasing the lenses and frames, contact lenses, and all products necessary for the maintenance and care of the eyewear or contact lenses.

4. Tattoo Removal

CRC offenders may participate in laser (no creams or chemicals) tattoo removal programs that are offered in the community. Tattoo removal is voluntary and often provided to CRC offenders as a free or discounted community program in an effort to better their lives and personal appearance (e.g., ex-gang members or tattoos that are embarrassing). It shall be the offender's responsibility to get approval from his employer for any time off needed for tattoo removal.

Note: The contract medical provider shall **not** be responsible for any costs associated with the tattoo removal.

5. Payment for Health Care Services Received

CRC Reentry release offenders are responsible for the payment of medical (birth control only), dental, optical, and pharmaceutical services. As a result, the CRC manager (or designee) shall approve or deny the requested services based on the following parameters:

- The cost of the service **and** the offender's trust account balance (i.e., is it more than the offender can afford?);
- The offender's personal health insurance coverage deductible, if any (i.e., can the offender afford to pay the deductible and any remaining balance?); and
- The amount of time the offender has remaining at the CRC (i.e., after payment for services is made in full—to include the insurance deductible, if any— does the offender have time to rebuild his trust account balance prior to being released?).

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Note: The contract medical provider shall not be responsible for the payment of any Health Care services that a CRC Reentry release offender receives from a community medical (birth control only), dental, or optical provider. CRC Reentry release offenders shall complete an Inmate Personal Funds Withdrawal Slip so that payment can be made at the time Health Care services are received (see SOP 114.04.02.001).

Personal Health Insurance Coverage

For all community appointments described above in this section, the CRC Reentry release offender may use his personal health insurance coverage if it is available to him, however, the offender must have sufficient funds available in his account to fully cover the cost of all services provided by the community provider.

Reentryers' Compensation

CRC Reentry release offenders who are injured on the job are required to file a claim through their employer's Reentryers' compensation insurance and to receive care, which includes all community provider-ordered therapy and supplies.

The contract medical provider shall be responsible for:

- Coordinating follow-up care and case management services with the employer's Reentryers' compensation insurer until the offender's treating physician releases the offender to return to Reentry **or** the offender is discharged from the custody of the IDOC, whichever occurs first; and
- Ensuring that any documentation relating to the Reentryers' compensation claim is filed in the offender's Health Care record.

6. Reporting Requirements

CRC Monthly Medical Report

The purpose of the *CRC Monthly Medical Report* (appendix 3) is to verify through CRC staff that the contract medical provider is meeting the terms of the contract. The *CRC Monthly Medical Report* shall be completed by the CRC manager (or designee) and forwarded to the health authority by the 15th day of each month.

7. Medication Forms

For the purpose of providing clarity to this section, in accordance with SOPs [401.06.03.021](#), *Medication Administration Training*, and [401.06.03.090](#), *Pharmaceutical Operations*, the terms **distributing** and **administering** shall be defined as follows:

- **Distributing** – The system of delivering, storing, and accounting for medications from the source of supply to the nursing station or point where they will be administered to the patient.
- **Administering** – The act in which a single dose of an identified drug is given to a patient.

Note: When **distributing** medications to the CRC, Health Care services staff shall be responsible for the labeling of all envelopes and medication cards (or blister packs).

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Self-medication Administration Record

In accordance with SOP [401.06.03.089](#), *Medication Services*, the following guidance regarding the self-medication program shall be adhered to:

- Each month (normally the 1st day of the month **or** whenever the CRC offender needs to begin taking the medication), Health Care services staff shall record on appendix 4, *Self-medication Administration Record*, the following information:
 - ◆ The month;
 - ◆ The offender’s name, IDOC#, date of birth (DOB), and allergies; and
 - ◆ The name of the medication, strength, and how often the offender needs to take it.
- When **administering** the medication(s) listed on the *Self-medication Administration Record* to the CRC offender, the designated CRC staff member shall document the *Self-medication Administration Record* as follows:
 - ◆ **Officer observed (direct observation therapy)** – The staff member shall place his initials in the appropriate date column **and** time of day row (e.g., **M** = morning, **L** = noon, **E** = evening, or **N** = night) to indicate when the medication was administered to the offender.
 - ◆ **Entire self-medication card (or blister pack) given to the offender** – The staff member shall place his initials in the appropriate date column and time of day row, and next to his initials record the number of pills administered **and** have the offender sign his name next to that written entry. For example, if on the 1st day of the month at 8 a.m. the offender is given the entire blister pack of 31 pills, the staff member will initial the box in the 1st day of the month column and the ‘**M**’ row, write “issued 31 pills”, and have the offender sign his name next to that written entry.
 - ◆ **Offender will be away from the CRC at the time his next dosage(s) of medication needs to be taken** – The staff member shall (a) place the required next dosage(s) in an envelope (when feasible) so that the offender can carry the dosage(s) with him, and (b) place his initials in the appropriate date column and time of day row(s). For example, if on the 10th day of the month at 8 a.m. the offender is given his morning and lunch dosages for that day, the staff member will initial both boxes in the 10th day of the month column and ‘**M**’ and ‘**L**’ rows. The staff member shall only administer the required dosage(s) needed to get the offender through until he returns to the CRC and can be administered his medication in accordance with the standard CRC routine. Upon his return to the CRC, the offender should return the envelope to the designated CRC staff member for reused on another date (if necessary).
- After the end of the month, Health Care services staff shall collect and place the *Self-medication Administration Record* into the medication administration record (MAR) section of the CRC offender’s Health Care record.

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Pill Count Sheets and Medication Cards (or Blister Packs)

- Prior to medications being **distributed** to CRCs, Health Care services staff shall attach the appropriate pill count sheet (appendix 5 or 6) to the back of the medication card (or blister pack). (Appendix 5 shall be used for non-controlled medications, **and** appendix 6 shall be used for controlled medications such as Ultram, Tylenol 3, Hydrocodone, Norco, or any other narcotics or dangerous drugs listed per 21 USC 812.)
 - ◆ For controlled medications, Health Care services staff must ensure that the designated CRC staff member is informed that the medication is controlled so that the staff member can effectively ensure the medication remains under control.

Note: Typically, pill count sheets reflect a 30-day supply of medication, which is reflected from pill # 30 downward so that Health Care services staff can easily determine how many pills are remaining before issuing a new medication card (or blister pack).

- The CRC offender shall be responsible for notifying Health Care services staff when his medication card (or blister pack) reflects that he is down to his last few days of medication **and** the medication needs to be refilled.
- Health Care services staff shall be responsible for reviewing weekly, each medication card (or blister pack) to ensure medication refills will be available to the CRC offender when needed.
- When administering controlled medications, the designated CRC staff member shall observe the offender taking and swallowing the medication (direct observation therapy).

8. Training

The contract medical provider shall provide training for CRC staff for, but not limited to, the following:

- Automated external defibrillators (AEDs);
- Urgent medical care;
- Emergency medical care; and
- Administering medications (see SOPs [401.06.03.021](#), *Medication Administration Training*, and [401.06.03.090](#), *Pharmaceutical Operations*)

DEFINITIONS

Standardized Definitions List

Automated External Defibrillators (AEDs): Electronic devices that interpret cardiac rhythms and, if appropriate, deliver an electronic shock to the patient.

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and

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other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Health Authority: The department employee who is primarily responsible for overseeing or managing the department's medical services. The health authority is commonly referred to as the health services director.

Self-medication Program: A program that permits responsible offenders to carry and administer their own medications. (Also known as Keep-on-Person Program.)

REFERENCES

Appendix 1, *Community Health Care Services Appointment Request Form*

Appendix 2, *CRC Daily Medical Report*

Appendix 3, *CRC Monthly Medical Report*

Appendix 4, *Self-medication Administration Record*

Appendix 5, *Pill Count Sheet*

Appendix 6, *Controlled Substance Pill Count Sheet*

Directive [401.06.03.036](#), *Oral Care*

Directive [401.06.03.059.01](#), *Eye Examinations*

National Commission on Correctional Health Care (NCCHC), Standard P-A-01, *Access to Care*

Standard Operating Procedure [401.06.03.001](#), *Access to Care*

Standard Operating Procedure [401.06.03.021](#), *Medication Administration Training*

Standard Operating Procedure [401.06.03.088](#), *Health Services Reports*

Standard Operating Procedure [401.06.03.089](#), *Medication Services*

Standard Operating Procedure [401.06.03.090](#), *Pharmaceutical Operations*

United States Code, Title 21, Chapter 13, Subchapter 1, Part B, Section 812, *Schedules of Controlled Substances*

– End of Document –

IDAHO DEPARTMENT OF CORRECTION
Community Healthcare Services Appointment Request Form

Name: _____
Last, First

Date: _____
M/DD/YY

IDOC# _____

Date of Birth: _____
M/DD/YY

.....
Name of Medical Provider: _____
(For birth control only)

Name of Dental Provider: _____

Name of Optical Provider: _____

Address: _____

Phone Number: _____

What are you requesting to be seen for? (Be Specific): _____

Type of Appointment: First Time Visit for this Problem Follow-up

Date of Appointment: _____ Time: _____ AM PM
M/DD/YY

Estimated Amount of Time for the Visit: _____
(Ask the provider when making appointment)

Is this a Reentryers' Compensation claim? Yes No

Is this covered by personal health insurance? Yes No

Offender's Signature: _____

Date: _____
M/DD/YY

FOR CRC STAFF USE ONLY

Note: If this request is related to a Reentryers' Compensation claim, the offender is responsible for filing the claim through his employer.

Offender's Trust Account Balance: _____

Appointment Verified By: _____
Printed Name

Employee #

I approve deny the offender's request for community Health Care services. I denied the request for the following reason(s): _____

CRC Manager's (or designee's) Printed Name

Employee #

CRC Manager's (or designee) Signature

Date

**IDAHO DEPARTMENT OF CORRECTION
CRC Monthly Medical Report**

		Month/Year	For CRC:
1.	Were contract medical provider Health Care services (for offender facility Reentryers) or community Health Care services (by a licensed provider for Reentry release offenders) delivered to the offenders at regularly scheduled intervals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
2.	Were contract medical provider Health Care services (for offender facility Reentryers) or community Health Care services (by a licensed provider for Reentry release offenders) offered at times that were convenient for the offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
3.	How many hours per month did the following spend in CRC clinics?		
	Physician	# hours:	
	Physician's Assistant or Nurse Practitioner	# hours:	
	Nurse	# hours:	
	Dentist	# hours:	
	Other	# hours:	
4.	Are ordered (procured) medications delivered to the offenders within 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
5.	Is the contract medical provider (for offender facility Reentryers) or licensed community providers (for Reentry release offenders) seeing offenders immediately for injuries or acute illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
6.	Are offender health encounters (either at the contract medical provider's facility or licensed community provider's office) conducted in relative privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
7.	Has there been an increase in medical complaints since the previous monthly report was submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, does there appear to be a prevailing subject in the complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
8.	Are medical concerns and grievances being addressing by the contract medical provider in a timely and appropriate manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
9.	Our addition comments or concerns are:		

CRC Manager's Name (Print) Signature Date

**IDAHO DEPARTMENT OF CORRECTION
Self-medication Administration Record**

Offender Name: _____

IDOC #: _____

Date of Birth: _____

Allergies: _____

Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	M																															
	L																															
	E																															
	N																															
Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	M																															
	L																															
	E																															
	N																															
Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	M																															
	L																															
	E																															
	N																															
Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	M																															
	L																															
	E																															
	N																															
Officer Observed (direct observation therapy)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	M																															
	L																															
	E																															
	N																															

Legend Key: **M** = morning, **L** = noon, **E** = evening, and **N** = night.

**IDAHO DEPARTMENT OF CORRECTION
Pill Count Sheet**

Medication Name: _____
 Milligrams: _____
 Number Received: _____ Date: _____

Medication Name: _____
 Milligrams: _____

Pill Count Sheet				
No.	Offender's Signature	Staff Initials	Date	Time
30				
29				
28				
27				
26				
25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Pill Count Sheet				
No.	Offender's Signature	Staff Initials	Date	Time
30				
29				
28				
27				
26				
25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

**IDAHO DEPARTMENT OF CORRECTION
Controlled Substance Pill Count Sheet**

Medication Name: _____
 Milligrams: _____
 Number Received: _____ Date: _____

Controlled Substance Pill Count Sheet				
No.	Offender's Signature	Staff Initials	Date	Time
30				
29				
28				
27				
26				
25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Medication Name: _____
 Milligrams: _____
 Number Received: _____ Date: _____

Controlled Substance Pill Count Sheet				
No.	Offender's Signature	Staff Initials	Date	Time
30				
29				
28				
27				
26				
25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
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9				
8				
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6				
5				
4				
3				
2				
1				

