


Idaho Department of Correction 	Standard Operating Procedure	Title: Aids to Impairment, Orthotics, and Prosthetics		Page: 1 of 8
		Control Number: 401.06.03.059	Version: 5.0	Adopted: 03-02-2000

Chad Page, Chief of the Division of Prisons, approved this document on 03/12/2021.

Open to the public: Yes

SCOPE

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) healthcare services staff, security staff, residents of IDOC facilities, contract medical providers, and subcontractors.

Revision Summary
Revision date (03/12/2021) version 5.0: Reformatted and revised terminology to meet current standards; Added section covering services for hearing impaired.

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for ensuring that medical and dental orthotics, prosthetics, and other aids to impairment are supplied to IDOC facility residents in a timely manner.

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RESPONSIBILITY

Health Services Director

The health services director or designee is responsible for:

- Monitoring and overseeing all aspects of healthcare services.
- Implementing and continuing practice of the provisions provided in this SOP.

When healthcare services are privatized, the health services director is also responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms.
- Monitoring the contract medical provider's performance, including but not limited to: reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, and in *National Commission on Correctional Health Care (NCCHC) standard P-G-10, Aids to Impairment*. (See section 3 of this SOP.)

Contract Medical Provider

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

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements.
- Ensuring that all aspects of this SOP and *NCCHC standard P-G-10* are addressed by applicable contract medical provider policy and procedure.
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-G-10*, or as indicated in their respective contractual agreement(s).
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

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

Health Services Administrator (HSA)

The facility health services administrator is responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and that materials are available to meet the requirements of this SOP.
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and *NCCHC standard P-G-10* are accomplished as required.
- Establishing formal relationships with community hospitals, specialists, and others as needed to meet the requirements of this SOP and *NCCHC standard P-G-10*.

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Facility Head

The facility head is responsible for establishing processes and systems of control to ensure that those IDOC residents who are medically approved for aids to impairments, orthotics, and prosthetics are allowed to maintain them.

Administrative Support Manager or Designated ADA Compliance Staff Member

The administrative support manager, or designee if the facility does not have an administrative support manager, is responsible for maintaining a list of residents who are approved to use video relay service and ensuring the list is updated and posted at the facility's control center.

GENERAL REQUIREMENTS

1. Aids to Impairment

Corrective Eyeglasses

Incoming residents who enter an IDOC facility with their own personal corrective eyeglasses will be allowed to keep them once the eyeglasses have been cleared by security. Certain corrective eyeglasses may not be allowed, including, but not limited to:

- Non-shatterproof lenses
- Designer frames

Once a resident's personal corrective eyeglasses are broken, lost, or in need of replacement, they may request an appointment with the contract medical provider for an eye examination. If the contract medical provider determines that corrective eyeglasses are necessary, eyeglasses will be provided.

If a resident's corrective eyeglasses are lost or damaged due to their negligence, they are responsible for all replacement costs, unless indigent.

Residents are eligible to request an eye examination and new corrective eyeglasses every two years.

Residents' families are not allowed to provide corrective eyeglasses of any type.

Residents are not allowed to purchase corrective eyeglasses from a community optometrist or eyeglass vendor.

Community work center (CRC) work release residents may be allowed to purchase corrective eyeglasses in accordance with SOP [401.04.03.004](#), *Healthcare: Community Work Center (CRC) Inmates*.

Tinted Eyeglasses or Sunglasses

Tinted eyeglasses and sunglasses are allowed if approved by the contract medical provider.

Contact Lenses

Residents who enter an IDOC facility with their own personal contact lenses are not allowed to keep them. The contract medical provider will evaluate those residents and provide corrective eyeglasses.

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An exception to the contact lens guidance will be made for residents with a retained jurisdiction sentence and residents with eye conditions that require contact lenses to treat the eye condition. These residents are allowed to keep their contact lenses.

Walking Sticks for Visually Impaired

Medically-required walking sticks may be allowed if approved by the facility management team and facility field memorandum.

Hearing Aids

Residents who enter an IDOC facility with hearing aids are allowed to keep them and will receive new hearing aids when it is determined by a medical provider that replacement is necessary. Residents with newly diagnosed hearing loss will receive an audiology test/evaluation and receive hearing aids if medically necessary.

The contract medical provider is responsible for any costs associated with new hearing aids, repair, or replacement.

Access to Translation Service and Video Relay Services for Hearing Impaired

Residents with hearing impairment who know and use American Sign Language (ASL) to communicate may request permission to use the video relay service (VRS) to contact friends and family. Residents with family members who are hearing impaired may also be approved to utilize the equipment.

Requests for video relay services require at least 24 hours' notice.

The designated ADA compliance staff member, or designee, will maintain/update the list of VRS-approved residents and forward the list to unit staff and facility program managers (to be disseminated to case managers). A list of VRS-approved residents should be posted in the facility control center.

To request approval to use the VRS system a resident will:

- Submit a concern form to the designated ADA compliance staff member requesting use of the VRS equipment at least 24 hours before needed.
- Include an explanation of why and with specific information (example: a family member is deaf [indicate name/contact info], etc.)

The designated ADA compliance staff member will validate the need and approve/deny the request. Once approval/denial is determined, the designated ADA compliance staff member will:

- Notify the hearing-impaired resident by replying to the concern form
- Make an entry in the Offender Management System (OMS) as a “special concern” indicating authorization to use the VRS equipment.
- Notify unit staff of the approval and the need to schedule use of the VRS equipment with the resident.

Access to Effective Communications

IDOC will take appropriate steps to ensure disabled residents' communication with staff, other residents, and where applicable, the public, are as reasonably effective as non-disabled residents' communication with such persons. The department will furnish appropriate auxiliary aids and services where necessary to provide residents with a

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disability the equal opportunity to participate in and enjoy the benefits of, a service, program, or activity within reason.

Auxiliary aids that are reasonable, effective, and appropriate to the needs of the residents are provided when simple or oral communication is not effective. Such aids may include but are not limited to:

- Certified interpreters
- Readers
- Sound amplification or tactile devices
- Captioned television/video text displays
- Braille materials
- Large print materials

Generally, factors to be considered in determining whether an interpreter is required include the context in which the communication is taking place, the number of people involved, and the importance, complexity, and length of the communication. In determining what type of auxiliary aid and service is necessary, the department considers the requests of the individual with disabilities.

When a certified or qualified interpreter, or other assistive device or service, is not required under this SOP, nothing in this SOP should be construed to prevent or discourage department staff from communicating with deaf or hearing-impaired residents through written notes, pantomime, gestures, sign language, or other forms of communication.

A resident may waive services provided for under this SOP. If a resident requests an interpreter other than a qualified or certified interpreter, such an interpreter may be provided.

Disabled residents must be provided effective access to health care services. Communications for health care services must maintain the need for confidentiality between the health care provider and the resident. Communications where the resident's life may be in danger, or where there is an expectation of privacy, must also maintain the need for confidentiality to the resident.

Wheelchairs

A resident who enters an IDOC facility with his own personal wheelchair may keep it, subject to IDOC approval. The contract medical provider will be responsible for the maintenance, repair, or replacement of the wheelchair.

2. Orthotics and Prosthetics

Medically Prescribed Shoes

Residents' families are not allowed to provide footwear of any type.

The contract medical provider's HSA and the IDOC's facility head or designee will approve all footwear that appears to be for the resident's medical need. All repairs or replacement of medically-approved footwear will be the contract medical provider's responsibility.

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Residents who enter an IDOC facility with their own personal medical footwear specifically made to correct or assist with a physical impairment will be allowed to keep them. For the purpose of this SOP, personal medical footwear includes, but is not limited to:

- Shoe lifts
- Braces
- Prosthetics

The following criteria are guidelines to qualify for Medically Prescribed Shoes but are subject to approval by the medical provider's determination and approval by the facility head or designee.

- Bunion - Provider evaluation to determine the severity of bunion and general condition of feet. Upon examination, if reddened areas, blisters, or ulcers are identified due to a bunion, an appropriate shoe will be prescribed.
- Hammer Toe(s) - Provider evaluation to determine severity of hammer toe(s) and general condition of feet. Upon examination, if reddened areas, blisters, or ulcers are identified due to hammer toe(s), an appropriate shoe will be prescribed.
- Diabetes: Non-Insulin and Insulin-dependent - Provider evaluation of feet to determine need.
- Neurologic deficits as documented by microfilament or vibratory testing. If the examination is positive for neurologic deficit or another foot condition is identified, such as reddened areas, blisters, or ulcers, an appropriate shoe will be prescribed.
- Gross Deformity due to trauma, surgery, or congenital factors - Medically prescribed shoes will be based on the severity and disabling effect of the deformity.
- Leg Length Discrepancy - The appliance needed to correct a leg length discrepancy will be provided and maintained by medical. Appliances may be attached to a medical shoe or to a state issue boot/shoe.

Greater than one inch (>1.0 inch); Shoe lift required
 Equal to one inch (= 1.0 inch); Shoe lift required
 Less than one inch (< 1.0 inch); Shoe inserts required

Medically Prescribed Shoes may be replaced:

- When no longer repairable or serviceable
- After a minimum of one year from date of issue.

The following do not meet the criteria for Medically Prescribed Shoes. Shoes required for issues in this category are provided by the IDOC.

- Larger foot size than normally stocked sizes
- Smaller foot size than normally stocked sizes
- Narrow feet that require a special size shoe
- Wide feet that require a special size shoe
- Flat Feet

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Footwear that is stocked by the IDOC (such as the black soft-soled Velcro® shoes) are for IDOC use only. Neither the contract medical provider nor a community provider may order these shoes for the treatment of a resident's medical condition.

Once medical footwear has been appropriately approved, the facility's property officer is notified and an entry made on the resident's property list in accordance with SOP [320.02.01.001](#), *Property: State-issued and Inmate Personal Property*. The contract medical provider also makes an entry in the Offender Management System (OMS) documenting the issue of medical footwear to the resident.

Artificial Limbs

Residents who enter an IDOC facility with an artificial limb will receive maintenance, repair, or replacement as determined by a medical provider. An artificial limb will be provided, as determined by a medical provider if the need arises after a resident is incarcerated.

Dental Orthodontics

Orthodontic appliances are not maintained. If removal of the appliance is required, the contract medical provider will make arrangements for removal.

Dental Prosthetics

Dental prosthetics include, but are not limited to, complete maxillary (upper) and mandibular (lower) dentures, acrylic maxillary, and mandibular partial dentures, relines, and tissue conditioners.

Dental prosthetic appliances needed for other than mastication (chewing) are not provided; however, this is determined on a case-by-case basis by a licensed contract dentist.

Dental prosthetics provided by the IDOC (or the contract medical provider) that have been damaged, broken, or lost through no fault of the IDOC (or contract medical provider), will not be replaced within five years. After five years, a licensed contract dentist may determine prosthetic replacement via the IDOC (or contract medical provider).

Repairs of existing dentures or partials are determined on a case by case basis as determined by the treating dentist.

Acrylic partial dentures or partials will only be considered in dentition (the arrangement of teeth in the mouth) with six or less posterior occluding teeth.

No prosthetic appliance is considered when active caries exists or severe periodontal disease is present, which has not received treatment, or when the resident takes no initiative to maintain his own dentition (i.e., good oral hygiene).

3. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health services director or designee using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health services director or designee must conduct two audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

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DEFINITIONS

Aids to Impairment: Healthcare devices that include, but are not limited to, eyeglasses, hearing aids, canes, crutches, specialized footwear, and wheelchairs.

Contract Medical Provider: A private company under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the incarcerated resident population. A contract medical provider may include private prison companies and other entities under contract with the IDOC to operate the Correctional Alternative Placement Center (CAPP) and other out-of-state facilities housing IDOC residents.

Health Services Administrator: 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 Services Director: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. The health authority is commonly referred to as the health services director.

Orthotics: Specialized mechanical devices that are used to support or supplement weakened or abnormal joints or limbs such as braces, foot inserts, or hand splints.

Prosthetics: Artificial devices that are used to replace missing body parts such as limbs, teeth, eyes, or heart valves.

Retained Jurisdiction Sentence: A sentencing alternative in the State of Idaho in which the sentencing court retains jurisdiction up to 365 days.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-G-10, Aids to Impairment

Standard Operating Procedure [320.02.01.001](#), *Property: State-issued and Inmate Personal Property*

Standard Operating Procedure [401.04.03.004](#), *Healthcare: Community Reentry Center (CRC) Inmates*

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