


Idaho Department of Correction 	Standard Operating Procedure Division of Education and Treatment Operational Services	Control Number: 401.06.03.087	Version: 2.1	Page Number: 1 of 7
		Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities		Adopted: 3-1-2001 Reviewed: 9-26-2008

This document was approved by Dr. Mary Perrien, chief of the Division of Education and Treatment, on 9/26/08 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

POLICY DOCUMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Definitions List

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

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

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish a program to ensure that offenders who are assigned to Non-Idaho Department of Correction (Non-IDOC) facilities have unimpeded access to healthcare services.

SCOPE

This SOP applies to all IDOC healthcare services staff; offenders housed in out-of-state, privately operated, and county facilities; contract medical providers and subcontractors; and county jails.

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 2 of 7
---	------------------------	---	-------------------------------

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services,
- The implementation and continued practice of the provisions provided in this SOP,
- Ensuring the appropriate quality and accessibility of all healthcare services provided to offenders housed in Non-IDOC facilities,
- Establishing and monitoring procedures to ensure that all healthcare provided to offenders housed in Non-IDOC facilities is consistent with healthcare provided to offenders housed in IDOC facilities, and
- Reviewing and approving all medical authorization requests for payment (i.e., Appendix A, *Medical Request for Payment Authorization*) prior to the delivery of the service to the offender.

When healthcare services are privatized, the health authority will also be responsible for:

- 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 healthcare-related requirements provided in respective contractual agreements, this SOP, and in *National Commission on Correctional Health Care (NCCHC) standard P-A-01, Access to Care*.

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 healthcare services are provided within the terms of written contractual agreements,
- Ensuring systems are in place to ensure healthcare provided to offenders housed in Non-IDOC facilities is consistent with healthcare provided to offenders housed in IDOC facilities, and
- Ensuring processes are conducted in accordance with *NCCHC standard P-A-01*, or as indicated in their respective contractual agreement(s).

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.

Table of Contents

General Requirements	3
1. Guidelines	3

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 3 of 7
---	------------------------	---	-------------------------------

2. Criteria for Approving Requests for Healthcare Services	3
Category 1—Medically Necessary - Acute or Emergent	3
Category 2—Medically Necessary - Non-emergent	4
Category 3—Medically Acceptable - Not Always Necessary	4
Category 4—Limited Medical Value	5
Non-category—Dental Conditions or Optometry Care	5
3. Offender Concerns	7
4. Compliance	7
References.....	7

GENERAL REQUIREMENTS

1. Guidelines

- Offenders who are housed in Non-IDOC facilities shall receive healthcare services consistent with services provided to offenders who are housed in IDOC facilities.
- It is anticipated that the scope of healthcare services to be provided shall be delineated in written contractual agreements; however, in the absence of written contractual agreements, the health authority must approve payment for all medical services, including consultant appointments, scheduled hospitalizations, and dental care. Failure to obtain prior approval, except in an emergency, could result in the housing county or entity being held financially responsible. (See SOP 302.02.01.001, *Assessment and Placement of State-sentenced Offenders in County Jails.*)

2. Criteria for Approving Requests for Healthcare Services

Requests for authorization of healthcare services shall be submitted using Appendix A, *Medical Request for Payment Authorization*. All requests for provider visits, medications, diagnostic tests, optometry, dental, or other healthcare service will be reviewed by the Health Services staff (see Appendix A) using the following criteria:

Category 1—Medically Necessary - Acute or Emergent

This category includes **medical conditions** that are of an immediate, acute, or emergent nature, which without care (1) would cause rapid deterioration of the offender's health or significant irreversible loss of function, or (2) may be life threatening.

Examples of medical conditions considered a category 1 include, but are not limited to:

- Myocardial infarction,
- Severe trauma such as head injury,
- Hemorrhage,
- Stroke,
- Status asthmaticus,

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 4 of 7
---	------------------------	---	-------------------------------

- Precipitous labor **or** complications associated with pregnancy, and
- Detached retina (sudden loss of vision).

Treatments for conditions in this category are essential to sustain life or function and warrant immediate attention.

Note: A medical condition in this category does not require approval from the health authority prior to providing treatment; however, Appendix A, *Medical Request for Payment Authorization*, must be submitted to the Health Services staff as soon as possible but no later than 72 hours of transporting the offender to a medical facility. If the offender is housed in a county jail, see SOP 302.02.01.001, *Assessment and Placement of State-sentenced Offenders in County Jails*.

Category 2—Medically Necessary - Non-emergent

This category includes **medical conditions** that are not immediately life-threatening but without care the offender could not be maintained without significant risk of serious deterioration of health leading to premature death; significant reduction in the possibility of repair later without treatment; or significant pain or discomfort, which impairs the offender's participation in daily living activities.

Examples of conditions considered a category 2 include, but are not limited to:

- Chronic conditions (e.g., diabetes, heart disease, bipolar disorder, schizophrenia);
- Infectious disorders in which treatment allows for a return to previous state of health **or** improved quality of life (e.g., HIV, tuberculosis); or
- Cancer.

Note: A medical condition in this category does require approval from the health authority prior to providing treatment. Submit Appendix A, *Medical Request for Payment Authorization*, to the Health Services staff.

Category 3—Medically Acceptable - Not Always Necessary

This category includes **medical conditions** that are considered “elective procedures”. For example: Treatments that may improve the offender's quality of life.

Other examples of “elective procedures” considered a category 3 include, but are not limited to:

- Dental prosthetics,
- Minor surgical procedures,
- Diagnostic testing, or
- Treatment of non-cancerous skin conditions.

Note: A medical condition in this category does require approval from the health authority prior to providing treatment. Submit Appendix A, *Medical Request for Payment Authorization*, to the Health Services staff.

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 5 of 7
---	------------------------	---	-------------------------------

Category 4—Limited Medical Value

This category includes **medical conditions** in which treatment provides little or no medical value, is not likely to provide substantial long-term gain, or is expressly for cosmetic purposes for the offender's convenience.

Examples of conditions considered a category 4 include, but are not limited to:

Cosmetic/Acne Treatments

- Face cream, lotion, or wash of any kind;
- Acne cream, lotion, or wash of any kind; and
- Antibiotics for acne.

Supplements

- Vitamin or herbal supplements of any kind.

Nail Fungus

Insomnia

Miscellaneous

- Shoe inserts,
- Special footwear,
- Special shampoo, and
- Chiropractic care.

Dental

- Prosthetics,
- Night **or** occlusal guards,
- Teeth cleaning, and
- Root canals.

Note: A medical condition in this category does require approval from the health authority prior to providing treatment; however, please be advised that only on rare occasions will conditions in this category receive approval. Submit Appendix A, *Medical Request for Payment Authorization*, to the Health Services staff. Any item or treatment in this category that is recommended by a healthcare provider may be referred to the health authority for review. The referral must include documentation from the licensed medical provider stating that the item or treatment is medically necessary.

Non-category—Dental Conditions or Optometry Care

This category includes guidelines **and** the criteria for approving **dental conditions or optometry care** that does not fit into any of the four (4) categories listed above.

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 6 of 7
---	------------------------	---	-------------------------------

Dental Conditions—Acute or Emergent

This subcategory includes **dental conditions** that are of an immediate, acute, or emergent nature, which without care (1) would cause rapid deterioration of the offender's health or significant irreversible loss of function, or (2) may be life threatening.

Examples of dental conditions considered acute or emergent include, but are not limited to:

- Face / neck swelling,
- Face / neck pitting edema,
- Fractured jaw,
- Fever,
- Purulent drainage,
- Fractured tooth at gum line;

Note: A dental condition in this subcategory does not require approval from the health authority prior to providing treatment; however, Appendix A, *Medical Request for Payment Authorization*, must be submitted to the Health Services staff as soon as possible but no later than 72 hours of transporting the offender to a dental facility. If the offender is housed in a county jail, see SOP 302.02.01.001, *Assessment and Placement of State-sentenced Offenders in County Jails*.

Dental Care—Non-acute or Non-emergent

- All other requests for **dental care** will be approved for **extraction or filling only** and only on the one (1) tooth needing care (e.g. pain, cracked, broken, filling fell out, etc.)
- If a licensed dental provider indicates that **non-emergent**, extensive dental work is needed, include that documentation when submitting Appendix A, *Medical Request for Payment Authorization*, to the health authority who may give approval to (1) treat the offender at the county **or** (2) move the offender to a state facility for further treatment.

Note: A dental condition in this subcategory does require approval from the health authority prior to providing treatment. Submit Appendix A, *Medical Request for Payment Authorization*, to the Health Services staff.

Optometry Care

- Shall consist of an **optical examination** at a cost not to exceed \$96.00.
- **Corrective eyewear**, if indicated, will be approved at a cost not to exceed \$20.00.
- Optometry care may also, at the discretion of Health Services staff, be deferred to a state facility. The offender may then pursue optical care when transferred.

Control Number: 401.06.03.087	Version: 2.1	Title: Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities	Page Number: 7 of 7
---	------------------------	---	-------------------------------

- If a licensed medical provider determines that an **optical examination** is medically necessary, include that documentation when submitting Appendix A, *Medical Request for Payment Authorization*.

Note: Optometry care does require approval from the health authority prior to providing treatment. Submit Appendix A, *Medical Request for Payment Authorization*, to the Health Services staff.

3. Offender Concerns

Offenders who feel as though they have been wrongly denied a requested healthcare service shall have the right to file a concern, which must be done by completing an IDOC *Offender Concern Form* and submitting it to the proper authority for resolution. (See SOP 316.02.01.001, *Grievance and Informal Resolution Procedure for Offenders*, for procedures and the concern form.)

4. Compliance

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

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

Appendix A, *Medical Request for Payment Authorization*

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

– End of Document –

**IDAHO DEPARTMENT OF CORRECTION
Medical Request for Payment Authorization**

The purpose of the *Medical Request for Payment Authorization* form is to streamline the authorization/billing/payment process and hopefully reduce the number of requests that have to be returned for clarification.

Please fill out as many of the sections on the form as possible. Failure to do so may result in your request being returned to you to provide the missing information, which will delay authorization. Most of the form is self-explanatory. Please note that "Inmate IDOC number" and "Responsible Licensed Medical Provider" are required fields. IDOC Health Services staff will provide the Inmate IDOC number upon the initial request, but ask that you also make note of the number so that you can use it for future medical requests.

Type of Service Requested: If you are only requesting medication authorization, please only check the "Medication Request" box. If you have already requested a medical/dental/mental health visit and it has been authorized and you only require medications, you do not need to check the "visit" box again. Checking only one (1) box will help IDOC Health Services staff determine what is actually being requested, which will help them reduce the number of payments being denied due to the lack of clarity **or** lack of information. However, you may request more than one (1) service on the same form.

Details of Current Illness/Injury: Please briefly state the reason for the service being requested. If you are only requesting medications, skip this section.

Treatment Plan: List treatment recommendation (e.g., needs glasses, medical visit, x-ray, etc.). If you are only requesting medications, skip this section.

List Medications Requested: If you are only requesting medications you will need to complete this section of the form. IDOC Health Services staff are now requiring more information when you are requesting medications. You will only need to request authorization for a medication one (1) time (provided the offender is still housed in the county jail and has not left and come back). However, there will be exceptions — for example, antibiotics will not have an unlimited authorization.

Note: Prompt, accurate documentation of the form enables the IDOC Health Services staff to efficiently process all bills submitted by the county and in turn ensure prompt payment. **When submitting bills, please specify whether the county or the vendor is to receive payment.**



IDOC Health Services Staff Contact Information

Phone: (208) 658-2128 Fax: (208) 327-7007

Technical Records Specialist II

Vicky Brady
Phone: 208-658-2128
E-mail: vbrady@idoc.idaho.gov
Fax: 208-327-7007

If you have any **billing** questions or concerns, please contact Vicky.

Health Authority (Health Services Director)

Rona Siegert, RN
Phone: 208-658-2047
E-mail: rsiegert@idoc.idaho.gov
Fax: 208-327-7007

Registered Nurse (Virtual Prisons Program)

Zarah Martin, RN
Phone: 208-672-3434
E-mail: zmartin@idoc.idaho.gov
Fax: 208-327-7007

If you have any **medical/dental** questions or concerns, please contact Rona **or** Zarah.

Mailing Address:

Idaho Department of Correction
Attn: Health Services
1299 N. Orchard, Suite 110
Boise, Idaho 83706

**IDAHO DEPARTMENT OF CORRECTION
Medical Request for Payment Authorization**

County: _____ Date: _____ Phone #: _____
 Requesting Attendant: _____ Fax #: _____
 (Deputy, Nurse, etc.)

Inmate: _____ Inmate IDOC #: _____
 Date of Birth: _____ Date Patient Seen: _____
 Responsible Licensed Medical Provider: _____

Type of Service Requested
Check all that apply
<input type="checkbox"/> Medical Visit
<input type="checkbox"/> Medical Request
<input type="checkbox"/> Dental
<input type="checkbox"/> Optical
<input type="checkbox"/> Mental Health Visit
<input type="checkbox"/> Lab
<input type="checkbox"/> X-ray
<input type="checkbox"/> ER with Ambulance
<input type="checkbox"/> ER w/o Ambulance

Details of Current Illness/Injury

Treatment Plan

List Medications Required			
Medication	Strength	Days Prescribed	Diagnosis (Required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IDOC Health Services Response

Approved ____ Deferred ____ Denied ____ Need More Information ____

Reason for Deferral or Denial: _____

Comments: _____

Authorized Signature

Title

Date of Authorization ____/____/____

IDOC Health Services	Phone: (208) 658-2128	Fax: (208) 327-7007
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