

Idaho Department of Correction 	<b>Standard Operating Procedure</b>	Title: <b>Access to Care</b>	Page: 1 of 6
		Control Number: <b>401.06.03.001</b>	Version: <b>5.0</b>

Pat Donaldson, chief of the division of management services, approved this document on 01/11/2018.

Open to the public:  Yes

**SCOPE**

This SOP applies to all Idaho Department of Correction (DOC) employees, inmates, contract medical providers and subcontractors.

**Revision Summary**

Revision date (01/11/2018) version 5.0: Added clarification regarding inmate access to healthcare.

Revision date (10/04/2017) version 4.0: Added a designee to some areas of responsibility.

Revision date (09/15/2017) version 3.0: Reformatted entire document; updated terms and definitions.

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**BOARD OF CORRECTION IDAPA RULE NUMBER 06.01.01.401**

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 a program to ensure that inmates have unimpeded access to healthcare services to meet their serious medical, dental and mental health needs.

## RESPONSIBILITY

Health Services Director

The health services director, or designee, is responsible for:

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

When healthcare services are privatized, the health services director, or designee, will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms.
- 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*. (See section 5 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-A-01* 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-A-01*, or as indicated in their respective contractual agreement(s).
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health services director, or designee, 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.

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***Health Services Administrator***

The health services administrator, or designee, will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and 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-A-01 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-A-01.
- Establishing and monitoring procedures to ensure inmates receive care that is ordered by qualified health professionals.
- Establishing and monitoring procedures to ensure the medical co-pay program is administered pursuant to policy 411, Medical Co-pay.

***Qualified Health Professional***

The qualified health professional will be responsible for:

- Providing information to inmates, delineating how specific healthcare services are obtained.
- Performing a preliminary health screening, appropriate to the gender of the inmate, for all new inmates at the Receiving and Diagnostic Unit (RDU), including transferees from county jails, privately managed correctional facilities, and out-of-state correctional facilities.
- Scheduling timely appointments with the appropriate practitioner when a medical or mental health need requiring evaluation and/or intervention by a licensed medical, mental health, or allied healthcare provider (including specialists and sub-specialists) is identified.
- Providing timely and adequate healthcare services per referral from qualified health professionals.
- Documenting all clinical contacts in the inmate’s healthcare record.

**GENERAL REQUIREMENTS**

**1. Introduction**

In a timely manner, an inmate can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered. Healthcare provided to inmates during incarceration focuses on prevention and maintenance of the inmate’s health status. Access to healthcare service is the foundation upon which all routine and emergent healthcare services are dependent.

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## 2. Eliminating Barriers to Healthcare Services

Each health services administrator, or designee, will ensure that procedures are in place to identify and eliminate unreasonable barriers to inmates' access to healthcare services.

Examples of unreasonable barriers include, but are not limited to, the following:

- Punishing inmates for seeking care for their serious health needs
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their serious health needs
- Deterring inmates from seeking care for their serious health needs, such as holding sick call at 2:00 a.m., when this practice is not reasonably related to the needs of the facility
- **Healthcare services will not be denied or delayed based on an inmate's inability to pay.**

## 3. Providing Healthcare Services

**Note:** The contract medical provider is responsible for supplying and providing any forms indicated in this section.

- Within 24 hours of an inmate's arrival to the DOC, the inmate must receive written and verbal instructions regarding access to healthcare services. Written information must be made available in both English and Spanish (if an inmate does not speak English, a written interpretation or telephone interpretation service must be provided in the language spoken.) In addition, the contract medical provider shall complete a *Prison Medical History and Screening form* for each inmate upon arrival into the correctional setting.
- Information about how specific healthcare services are obtained by an inmate during incarceration must be reviewed with the inmate (a) at the time of the medical history and screening, (b) any time an inmate receives a particular service for the first time, and (c) on any other occasion when an inmate displays a lack of understanding about how healthcare services are obtained. In addition, the contract medical provider shall complete a Physical Assessment form for each inmate and repeat the assessment as referred by a qualified health professional in consideration of the individual inmate's age, gender, and health needs.
- Each health services administrator, or designee, must establish and monitor procedures to ensure inmates have access to qualified health professionals and that procedures include, but not be limited to, clinical aspects, monitoring appropriateness, timeliness and responsiveness of care and treatment, and review of recommendations for treatment of inmates made by healthcare providers.
- Inmate requests for healthcare services must be reviewed daily and the appropriate disposition made and noted in the healthcare record.
- Changes in the procedures for obtaining healthcare services must be posted in each housing unit no fewer than seven calendar days prior to implementation of the change.

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- Non-healthcare services staff (i.e., security staff) must not be allowed to approve or deny requests for healthcare made by an inmate. (Non-healthcare services staff must forward requests for healthcare to healthcare services staff at the facility for review and action if necessary.)
- Upon identification of any medical or mental health need requiring evaluation and/or intervention by a physician, mid-level provider, dentist, or mental health professional, arrangements must be made to provide timely examination, assessment, and/or treatment by scheduling an appointment with the appropriate practitioner.

#### 4. Inmate Concerns

Inmates who feel they have not been provided access to care shall have the right to file a concern, which must be done by completing an IDOC *Inmate Concern Form* and submitting it to the proper authority for resolution. (See SOP [316.02.01.001](#), *Grievance and Informal Resolution Procedure for Inmates*, for procedures and the concern form.)

#### 5. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health services director, or designee, by 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 NCHC standards, and the review of a minimum of fifteen individual records.

#### DEFINITIONS

**Clinical Practice Guideline:** A systematically developed, science-based guideline (presented by a national professional organization and accepted by experts in their respective medical field) designed to assist the practitioner and patient with decisions about appropriate healthcare for specific clinical circumstances.

**Contract Medical Provider:** A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated inmate population.

**Health Services Administrator:** The contract medical provider employee, or designee, 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, or designee, who is primarily responsible for oversight of auditing and monitoring services provided by the contract medical vendor.

**Mental Health Professional:** A person who has specialized training and skills in the nature and treatment of mental illness to include, but not limited to, a psychologist, psychiatrist, clinical social worker, or clinician who – by virtue of his education, credentials, and experience – is permitted by law to evaluate and care for patients.

**Qualified Health Professional:** A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional, or other health professional who — by virtue of his

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education, training, credentials, and experience — is permitted by law (within the scope of his professional practice) to educate, train, evaluate, provide services, and care for patients.

## REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-A-01, Access to Care

Policy [411](#), *Medical Co-pay*

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

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