

## 1.4.E.2 Inmate Medically Necessary Health Care

### I Policy Index:



**Date Signed:** 08/17/2021  
**Distribution:** Public  
**Replaces Policy:** 4E.4  
**Supersedes Policy Dated:** 10/07/2019  
**Affected Units:** All Institutions  
**Effective Date:** 08/17/2021  
**Scheduled Revision Date:** September 2022  
**Revision Number:** 17  
**Office of Primary Responsibility:** DOC Administration

### II Policy:

Health care services deemed medically necessary by a health care provider, will be provided to inmates placed at a Department of Corrections (DOC) facility, contract facility or program under the control of the DOC.

### III Definitions:

#### Medically Necessary:

Care which is determined by the health care provider to be all of the following:

- Consistent with community standards.
- Ordered by an authorized health care provider.
- Required to prevent significant deterioration of the inmate's health or permanent functional impairment if not rendered during the time of incarceration.
- Not considered experimental or to be lacking in medically recognized professional documentation of efficacy.
- Not administered solely for the convenience of the inmate or the health care provider.

#### Health Care:

The sum of all actions taken, preventive and therapeutic, for the physical and mental wellbeing of an inmate population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, all well as maintaining clean and safe environmental conditions.

#### Health Care Provider:

An individual licensed in the delivery of health care.

#### Inmate:

For the purposes of this policy, an inmate is any person who has been sentenced or placed in a facility under the control of the Department of Corrections (DOC).

### IV Procedures:

#### 1. Determination of Medical Necessity:

- A. Health care providers will assess inmates to identify those who require medically necessary care, treatment or supervision, and ensure the continuation of any necessary health care.

Examples include inmates who are chronically ill, have a communicable disease, are physically disabled, pregnant, terminally ill, those with behavioral health needs and the developmentally disabled. An individual treatment plan is required for inmates identified as requiring medical care (ACA 1-HC-1A-07).

- B. Inmates shall have access to health care to meet their serious health care needs (DOH policy P-A-01 [Access to Care](#)). Inmates determined to require health care services beyond the resources available at their assigned facility, as determined by the responsible health care provider, will be reviewed for possible transfer to a facility where such care/services are available and can be provided (ACA 1- HC-1A-05).
- C. Inmates may utilize the administrative remedy process grievance decisions and care involving health services in accordance with DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#) and DOH policy P-A-10 [Grievance Process for Health Care Complaints](#).

## 2. DOH and DOC Coordination:

- A. The DOC will assist and support Health Services staff in carrying out medical orders intended to address and further medically necessary health care to inmates.
- B. If a DOC policy or an institutional operational memorandum conflicts with a medical order or policy intended to provide medically necessary health care, the Clinical Supervisor or designee will contact the Warden (for OMs) or the Secretary or designee, for conflicts involving DOC policies.
- C. In all cases of conflict, the individual situation and applicable policies, operational memorandums, directives, orders, standards and correctional best practices, will be reviewed by those assigned to review all issues, risks, costs etc. associated with the conflict.
- D. The DOC encourages collaboration between DOC staff and Health Services staff prior to making final decisions regarding inmate placement when medically necessary medical care is an issue, including those that are chronically or terminally ill, significantly disabled or geriatric. Some areas of care/concern are:
  - 1. Housing placement, including cell blocks (tier or floor), individual cells/rooms (ADA accessible), bunks (bottom), etc.
  - 2. Program assignments, including education, classes, and employment, (ability to complete, skills development, necessary for rehabilitation, time left to serve, etc.).
  - 3. Disciplinary process, including sanctions.
  - 4. Accommodations and modifications that assist the inmate in meeting daily living requirements and needs.
  - 5. Transfer to other facilities (safety and security).
- E. The health authority will arrange for the availability of health care services for all inmates. The responsible clinician will determine the medically necessary health care service. The DOC is responsible for providing administrative support to make health care services accessible and available to inmates (ACA 1-HC-2A-02).

**V Related Directives:**

DOC policy 1.3.E.2 – [Administrative Remedy for Inmates](#)

DOH policy P-A-01 – [Access to Care](#)

DOH policy P-A-02 – [Responsible Health Authority](#)

DOH policy P-A-10 – [Grievance Process for Health Care Complaints](#)

**VI Revision Log:****Removed revision history 2004-2010.**

**August 2012:** Deleted “Non-Public” and Replaced with “Public” Deleted “Human Services” and Replaced with “Social Services” in definition of Health Care Provider” Added “medical, mental and dental health” to Section 1 A. Deleted “medical order will take precedence in situations of medical necessity” and Replaced with “Clinical Director or his/her designee will contact the Warden or Superintendent of the facility where the offender is housed” in Section 2 B. Added “Clinical Director” and Deleted “of the institution in order” and Added “and identify any possible changes that may be considered to the cited policy and/or operational memorandum(s) in Section 2 D.

**September 2013:** Reviewed with no changes.

**September 2014:** Deleted “determining medically necessary health services (e.g. medical, dental and mental health)” and Replaced with “identifying offenders who may require medically necessary care, treatment and/or supervision. Examples include the chronically ill, offenders with communicable diseases, the physically disabled, pregnant offenders, the terminally ill, offenders with serious mental health needs and the developmentally disabled” in Section 1 A. Added B. to Section 1. Deleted “if they do not agree with the decision of the health care provider” in Section 1 C. Deleted and identify any possible changes that may be considered to the cited policy and/or operational memorandum(s)” and Added “The health authority will arrange for the availability of the health care services, the responsible clinician will determine the services that are needed/required, the DOC will be responsible for providing administrative support to make the services accessible to the offender (ACA #1-HC-2A-02)” in Section 2 D.

**September 2015:** Reviewed with no changes.

**March 2016:** Deleted “offender” and Replaced with “inmate” and Deleted “Superintendent” throughout the policy.

**April 2017:** Added D. to Section 2.

**September 2018:** Revised definition of “Health Care Provider” Added definition of “Health Care”. Minor changes in language.

**October 2019:** Added 4. to Section 2 D.

**August 2021:** Added “DOH policy” and “Access to Care” to Section 1 B. Updated DOH policy P-A-10 title to “Grievance Process for Health Care Complaints” throughout policy.

*Tim Reisch (original signature on file)*

Tim Reisch, Interim Secretary of Corrections

08/17/2021

Date