

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

### I Policy Index:



**Date Signed:** 03/22/2016  
**Distribution:** Public  
**Replaces Policy:** 4E.4  
**Supersedes Policy Dated:** 11/06/2015  
**Affected Units:** All Institutions  
**Effective Date:** 03/23/2016  
**Scheduled Revision Date:** September 2016  
**Revision Number:** 13  
**Office of Primary Responsibility:** DOC Administration

### II Policy:

Health care services deemed medically necessary by a health care provider will be provided to inmates under the jurisdiction of the Department of Corrections (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 DOC 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 Provider:

All DOC staff, individuals under contract assigned to the DOC (including Department of Health and Department of Social Services staff) or student interns, providing medical, mental, dental, or optometric care in a DOC institution. This also includes outside specialists/referrals providing services to an inmate.

#### 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 as they deem necessary to identify those who may require medically necessary care, treatment and/or supervision. Examples include the chronically ill, inmates with communicable diseases, the physically disabled, pregnant inmates, terminally ill, inmates with behavioral health needs and the developmentally disabled.

- B. Inmates who are determined to have a medical necessity beyond the resources available at their assigned facility, as determined by the responsible health care practitioner, 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 to address complaints/grievances involving health care services (See DOC policies 1.3.E.2 [Administrative Remedy for Inmates](#) and DOH policies P-A-11 [Grievance Mechanism for Health Complaints](#)).

## 2. Coordination of Medical Orders with DOC Policy:

- A. Medical orders deemed medically necessary will be carried out in all circumstances.
- B. If a DOC policy or an institutional operational memorandum conflicts with a medical order for medically necessary health care, the Clinical Director or his/her designee will contact the Warden of the facility where the inmate is housed.
- C. In all other situations where requested medical services are not deemed medically necessary by the health care provider/clinician, DOC policies and/or institutional operational memorandums will take precedence.
- D. In all cases of conflicting policy and orders, the situation and any applicable policies, operational memorandums and/or orders will be reviewed by the Clinical Director, health care provider and the Warden or his/her designee to reach a resolution and identify any possible changes that may be considered to policies, procedures or OMs.
- E. The health authority will arrange for the availability of the health care services. The responsible clinician will determine medically necessary health care services. The DOC is responsible for providing administrative support to make identified services accessible to the inmate (ACA #1-HC-2A-02).

## V Related Directives:

- DOC policy 1.3.E.2 – [Administrative Remedy for Inmates](#)
- DOC policy 1.3.E.3 – [Juvenile Administrative Remedy Procedure](#)
- DOH policy P-A-02 – [Responsible Health Authority](#)
- DOH policy P-A-11 – [Grievance Mechanism for Health Complaints](#)

## VI Revision Log:

- September 2004:** Added references to administrative remedy/grievance policies. Added references to DOH policies PA 02 and Y 02. Changed institutional policy to institutional operational memorandum.
- September 2005:** Updated DOH policy references. Changed CEO to Warden, Superintendent.
- October 2006:** Edited the policy to include the term “medically necessary” where appropriate. Minor style/format changes made throughout the document.
- October 2007:** Minor style/format change.
- September 2008:** Revised formatting of policy in accordance with DOC policy 1.1.A.2. Added reference to DOC policy in section V.
- September 2009:** Added hyperlinks.
- September 2010:** Revised formatting of Section I.
- 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.

*Denny Kaemingk (original signature on file)*

Denny Kaemingk, Secretary of Corrections

03/22/2016

Date