



**DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE DIVISION
OPERATIONAL PROCEDURE**

Procedure No.: PPD 4.5.1600	Subject: OFFENDER NON-EMERGENCY HEALTH REQUESTS	
Reference: DOC 4.5.16; 53-1-203, MCA	Page 1 of 2	
Effective Date: 08/25/15	Revision Dates:	
Signature / Title: /s/ Kevin Olson, Probation and Parole Division Administrator		

This procedure is referenced as ACCD 4.5.201 Urgent and Emergent Preauthorization Process in Section 3.J. Offender Management; Healthcare, in the following contracts: Alternatives, Inc., Butte Prerelease, Gallatin County Reentry Program, Helena Prerelease, Passages, Connections Corrections Program (CCP), Elkhorn, Nexus, START, and WATCH Contract.

I. PURPOSE:

The Probation and Parole Division facility health care units will follow established procedures in providing a system for offenders to use when requesting non-emergency health care.

II. DEFINITIONS:

Contract Manager – The Department’s employee who acts as the liaison for services and monitors the contractual agreements between the Department and PPD contract treatment facilities and prerelease centers.

CSD-Clinical Services Division – The division within the Department responsible for the overall health care functions of medical, mental health, dental and vision for all programs and facilities.

Emergency Care – Medical, mental health, and dental care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Health Care Request – A verbal or written request for medical, dental, or mental health services.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

PPD-Probation and Parole Division – Division oversees the Probation & Parole regional offices, interstate transfers, and the facilities providing assessments and sanctions, training, prerelease, and treatment services.

Triage – A process of sorting and classifying offender health requests to prioritize health care needs and determine place of service delivery.

III. PROCEDURES:

A. GENERAL REQUIREMENTS

1. Offenders will be informed of the procedures for requesting any health care attention during the facility’s intake/orientation process.

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2. Non-health care staff may not determine whether an offender receives health care attention.
3. When it appears an offender is in need of emergency care, the procedures of *PPD 4.5.2000 Emergency Medical Services* will be followed.
4. All facility health care units will ensure that a registered nurse (RN), or a licensed practical nurse with RN oversight, will document, evaluate, and triage each offender non-emergency health care request.
5. The nurse will note the disposition on the non-emergency health care request (e.g., scheduled for next sick call; dental appointment made; referred to psychologist), and log the request and disposition.
6. Offender sick call referrals will be handled in accordance with *ACCD 4.5.1700 Offender Sick Call*.
7. When the DOC is expected to pay costs, facilities must obtain pre-approval from CSD of all scheduled outside medical appointments and procedures. Costs for appointments that have not been pre-approved will be the responsibility of the facility.

B. DAILY SICK CALL OR WRITTEN REQUESTS

1. Each facility will provide a daily means for offenders to request non-emergency health care attention through sick call or written requests. Offender access may occur through:
 - a. A walk-in clinic;
 - b. Dropping requests in a housing area locked box;
 - c. Assistance in making telephone call to health care staff; or
 - d. A sign-up sheet on which offenders place their names.
2. All staff must protect the confidentiality of offender health information at all times.
3. Health care staff will document each offender request and disposition in the offender's health record.

C. CLOSING:

Questions concerning this procedure should be directed to CSD.

D. FORMS:

Medical Preauthorization Request Form
MT DOC Dental Services Request Form