



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE

Policy No. DOC 4.5.15	Subject: OFFENDER HEALTH CARE ACCESS
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Brian Gootkin	Revised: 4/19/2021
Medical Director Signature: /s/ Dr. Paul Rees	
Clinical Services Division Administrator Signature: /s/ Connie Winner	

I. POLICY

The Department of Corrections facilities will provide offenders with access to medical, dental, vision, and mental health services and, upon admission, inform them how to obtain these services during incarceration.

II. APPLICABILITY

All secure care facilities Department owned and contracted, as specified in contract.

III. DEFINITIONS

Access to Care – A system in which an offender is seen by a clinician, given a professional clinical judgment and receives care that is indicated all within a timely manner.

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

Written Information – May take the form of a facility handbook, a handout, or postings in inmate housing areas.

IV. DEPARTMENT DIRECTIVES

A. Health Care Services Information

1. Upon admission, the facility will inform the offender verbally and in writing about:
 - a. availability of services;
 - b. how to access emergency and routine health and mental health services; and
 - c. the grievance process for health-related complaints.
2. Facilities must provide information on how to access health care services in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.
3. Offenders will be offered information on how to obtain specific health care services at the following times:
 - a. at the time of the initial health assessment;
 - b. when an offender is receiving a particular service for the first time; and

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- c. on any other occasion when an offender displays a lack of understanding about how services are obtained.
 4. A sign explaining how to access health services is posted in intake/processing areas.
 5. Mental health staff have had input about the information given to inmates about mental health services.
- B. Change in Procedures**
1. Facilities must publish, or post in each housing unit, any procedural changes on how to obtain health care services prior to implementation.
 2. Where applicable, facilities must update offender handbooks as necessary.
- C. Requests for Health Care**
1. Correctional staff may not approve or deny offender requests for health care attention.
 2. Facilities must establish procedures to ensure that all offender health care requests are forwarded to the health care unit or designated health care staff in a confidential manner.
- D. Unreasonable Barriers**
1. The facility will avoid creating unreasonable barriers to offender health care access. Examples of these barriers may include, but are not limited to, the following:
 - a. punishing offenders for seeking care for health needs;
 - b. assessing excessive co-payments that prevent or deter offenders from seeking care for health needs or assessing a fee for treatments arising from sexual abuse;
 - c. deterring offenders from seeking care for health needs through unreasonable practices not related to legitimate facility needs, e.g., holding sick call at 2:00 a.m.;
 - d. having an understaffed, underfunded, or poorly organized system with the result that it is not able to deliver appropriate and timely care for offender's serious needs.
- E. Grievance Process for Health Care Complaints**
1. The facility will have a grievance procedure that includes, at a minimum:
 - a. a time frame to respond; and
 - b. a process for appeal
 2. Responses to inmate grievances must be:
 - a. timely;
 - b. based on principles of adequate medical and mental health care; and
 - c. the response is documented.

V. CLOSING

Questions concerning this policy should be directed to the Clinical Services Division administrator.

VI. REFERENCES

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- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *P-A-01, P-A-10, P-E-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- C. *Y-A-01, Y-A-11, Y-E-01; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *MH-A-01, MH-A-11, MH-E-01; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*

VII. ATTACHMENTS

None