



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.22	Subject: <b>OFFENDER HEALTH CARE CONTINUITY</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Reginal D. Michael, Director	Revised: 08/25/2017
Medical Director Signature: /s/ Paul Rees M.D.	
Clinical Services Division Administrator: /s/ Connie Winner, Administrator	

## **I. POLICY**

The Department of Corrections facility health unit will facilitate offender health care continuity from admission to discharge, including referral to community practitioners when indicated.

## **II. APPLICABILITY**

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

## **III. DEFINITIONS**

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.

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

Responsible Physician – A designated person who holds a physician's license pursuant to 37-3-102 and 37-3-303, MCA who has the final authority at a given facility regarding clinical issues.

## **IV. DEPARTMENT DIRECTIVES**

### **A. Health Records**

1. Health care staff will:
  - a. obtain offender health records from previous providers when the information is clinically relevant to the treatment of recurrent, chronic, or exacerbated health conditions in accordance with health care information release procedures pursuant to *DOC Policy 4.5.38, Offender Health Record Access, Release, and Retention*;
  - b. when possible, anticipate the need for prior health records and information so that delays or alterations in prescribed care and treatment are minimized;
  - c. consult previous providers by telephone with regard to an offender's condition when prior health care and treatment records have not been obtained; and
  - d. handle health records for offenders transferring to other correctional facilities or community corrections programs in accordance with *DOC Policy 4.5.36, Health Records Transfer*.

**B. Offender Transports**

1. Health care staff will ensure written instructions accompany any offender needing medication or medical care during transport between Department facilities or programs.
2. Offenders are seen by a qualified health care professional upon return from a hospitalization, urgent care, or emergency department visit to ensure proper implementation of the discharge orders and arrange appropriate follow-up.

**C. Release Plans**

1. Health care staff will make follow-up arrangements or provide referrals to community providers for offenders who will be released from a Department facility with critical medical or mental health needs.

**D. Discharge Orders**

1. Health care providers will write discharge orders when offenders are released and require prescription medication for the continuing treatment of chronic illness.
2. Offenders will receive a minimum 30-day supply of medication.

**E. Acute Illness Medications**

1. When offenders are on acute illness medications at the time of release, health care providers will encourage them to take their medication cards to complete the course of therapy consistent with accepted medical practice.

**F. Clinical Care**

1. Clinician orders must be evidence-based and implemented in a timely manner.
2. Deviations from standards of practice or treatment plan recommendations must be clinically justified, documented, and shared with the offender.
3. Diagnostic testing must be reviewed by a clinician in a timely manner.
4. Treatment plans and test results must be shared and discussed with the offender.
5. Specialty consult recommendations must be reviewed and acted upon in a timely manner.
6. Chart reviews must be completed to assure appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.
7. The responsible physician determines the frequency and content of periodic health assessments based on protocols of nationally recognized professional organizations.

**V. CLOSING**

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

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## **VI. REFERENCES**

- A. *P-E-12; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- B. *DOC Policies 4.5.36, Health Records Transfer; 4.5.38, Offender Health Record Access, Release, and Retention*

## **VII. ATTACHMENTS**

None