



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

Policy No. DOC 4.5.3	Subject: <b>HEALTH CARE AUTONOMY</b>	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3	
Section 5: Clinical Services	Effective Date: Aug. 1, 1997	
Department Director Signature: /s/ Loraine Wodnik, Interim Director	Revised: 05/15/2017	
Medical Director Signature: /s/ Tristan Kohut, M.D.		
Clinical Services Division Administrator: /s/ Connie Winner		

**I. POLICY**

The Department of Corrections will ensure clinical decisions and actions regarding the health care provided to offenders to meet their serious medical and mental health needs are solely the responsibility of the qualified health care professional.

**II. APPLICABILITY**

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

**III. DEFINITIONS**

Clinical Policy Team – A team which may consist of the Department Clinical Services Division administrator, bureau chief, medical director, dental director, managed care RN, facility or program designated health authority, mental health or psychiatric representative, and facility or program administrator.

Designated Health Authority – Regardless of local title, the individual at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

Designated Mental Health Authority - Regardless of local title, the individual at the facility or program level who is responsible for mental health services, as designated by the Responsible Mental Health Authority.

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 Health Authority –The Clinical Services Division administrator who oversees all levels of health care and assures quality, accessible and timely clinical services for offenders. The individual is appointed by the Department director and reports directly to the Director or designee on matters of health care.

**IV. DEPARTMENT DIRECTIVES**

**A. General Requirements**

1. The facility health care unit will be the sole provider of on-site offender health care services and may consist of Department employees as well as contracted professional staff.

**Subject: HEALTH CARE AUTONOMY**

2. Qualified health care professionals will render services in accordance with Department policy and operate with the guidance and, when appropriate, the direction of the clinical policy team.
3. The Department will not place restrictions on any physician, dentist, or psychiatrist with respect to the practice of their medical specialties.
4. Security regulations that apply to all Department staff members will apply to all health care staff.
5. The Department medical director or designated managed care nurses must approve off-site consultations and procedures in advance of services rendered in accordance with *DOC Policy 4.5.10 Level of Therapeutic Care*.
6. The Department managed care nurses will collaborate with internal and external designated health care staff to facilitate an offender's return to a Department facility following a hospitalization.
7. Security staff must receive notification from the facility health care staff that the offender has been approved to return to the Department facility prior to the offender's return.
8. Managed care policies developed by the clinical policy team will be binding upon the qualified health care professionals.

**B. Health Care Delivery**

1. The medical and mental health bureau chiefs will ensure that appropriately credentialed health care professionals deliver services within their respective scopes of practice.
2. The designated health and mental health authorities on-site at the facility will ensure access to, and monitoring of, offender health care services.
3. The responsible health authority, or designee, will ensure the necessary resources are provided for the delivery of offender health care.

**C. Relationship Between Health Care and Security Responsibilities**

1. Qualified health care professionals will have complete responsibility and authority for offender health care and treatment.
2. Security and administrative staff will not be involved in providing direct health care, or analyzing and evaluating the efficiency of health care treatment or the validity of health care requests.
3. Security and health care staff will work together, recognizing that facility and offender interests are best served when all relevant health care delivery standards are implemented.
4. All staff trained in CPR and First Aid will provide emergency care within the scope of their training.

The designated health and mental health authorities are responsible to ensure proper coordination between the health care unit and the security or transportation staff assigned to move offenders to and from treatment areas.

#### **D. Conflict Resolution**

1. Health care providers will make every effort to comply with the security requirements inherent in correctional facility operations while meeting the legitimate health care needs of the offender population.
2. If any conflicts arise, the responsible health or mental health clinician will attempt to resolve them in consultation with health care staff and other affected facility staff; if the responsible health or mental health clinician cannot resolve a conflict, the issue may be addressed by the Department responsible health authority and the medical and mental health bureau chiefs.
3. Conflicts between facility operational procedures and direct medical orders will be immediately referred to the responsible health authority or designee for resolution and, if needed, the clinical policy team.
4. If a physician's medical order, which may be life sustaining, is in direct conflict with a security directive, the medical order will be implemented and followed by an immediate review by the Department's responsible health authority, the medical or mental health bureau chief, the managed care RN, and the facility administrator.

#### **V. CLOSING**

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

#### **VI. REFERENCES**

- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *P-A-01, P-A-03; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- C. *MH-A-03; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- D. *Y-A-03; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- E. [Montana Nurse Practice Act](#)
- F. *DOC Policy 4.5.10 Level of Therapeutic Care*

#### **VII. ATTACHMENTS**

None