



MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Table with 2 columns and 5 rows containing metadata: Procedure No., Subject, Reference, Effective Date, Signature/Title.

I. PURPOSE

To develop a proactive program that provides care for special needs patients who require specific medical supervision or multidisciplinary care.

II. DEFINITIONS

Health Care Request form (HCR) – the form utilized by inmates at MSP to request health care.

Treatment Plan – a series of written statements specifying a patient’s particular course of therapy/treatment and the roles of qualified health care professionals in carrying it out.

Special Needs Committee – a committee which consists of providers, nursing staff (including Chronic Care RN, Discharge Planning Nurse), and health care administrators that meet a minimum of two times per month.

Special Needs Patient – a patient with health conditions that require multidisciplinary individual treatment planning for optimal care. These conditions might include but are not limited to adolescence, developmental disability, frail or elderly patients, physical disabilities including vision and hearing, patients with serious mental health disorders, patients with recent hospitalizations or ER visits and patients receiving end of life/palliative care.

Aids to Reduce Effects of Impairment - includes any device or needed accommodation that aids in daily functioning. i.e. eyeglasses, hearing aids, canes, crutches, sleep apnea machines, and wheelchairs.

III. PROCEDURES

A. Guidelines

- 1. Inmates with special needs requiring medical management are identified and referred to the Special Needs Committee by:
a. The Chronic Care or Discharge Planning nurse.
b. Nursing staff after sick call encounters utilizing the clinic scheduling process.
c. Martz Diagnostic and Intake staff during the initial health screening process.
d. Security and housing unit staff.
e. The designated MSP ADA coordinator
f. Provider referrals.
g. Mental health staff
2. Criteria for special need treatment plans will be determined by the Special Needs Committee.

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3. The treatment plan will be developed according to diagnosis and relevant criteria that have been agreed upon and implemented by the Special Needs Committee.
4. The treatment plan and assistive devices will be discussed amongst committee participants to coincide with evidence-based practice and security guidelines.
5. When requested, security staff, unit managers, mental health staff, and other support staff may be invited to the Special Needs Committee meeting to provide additional information concerning the patient's living conditions and situations in the housing unit.
6. Mental Health staff may utilize the Special Needs Medical Committee for coordination of inmate care as needed. They will refer and communicate with Medical Special Needs Committee as appropriate. Documentation will occur in the form of a treatment plan (see MSP HS F-03.0).

B. Documentation of discussion/plan of care

1. Documentation of committee discussion will be kept in the inmate's permanent medical record under treatments tab.
 - a. The Special Needs Treatment Plan form will be utilized by the Special Needs Committee for documentation.
 - b. Documentation under chronic care may also be utilized for those individuals with chronic illness requiring special needs intervention.
 - c. Special needs will be identified on the patient's master problem list as "Special Needs".
 - d. A running list of Special Needs patients will be collected and maintained by the Chronic Care Nurse and updated as appropriate.
2. A pertinent [Health Status Report \(HSR\) form](#) will be completed as needed. The original copy will be maintained in the patient's medical chart. The yellow copy will be given to the inmate. The pink copy is for the housing unit staff. HSR's are written and distributed when deemed necessary, and must take into account medical, facility, and security needs (ie. special housing, assistive devices, or security exceptions).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Specials needs treatment plan form

attachment A