



**COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU
FACILITY OPERATIONAL REQUIREMENT**

Requirement:	PFB 6.2.484 PHARMACEUTICALS
Effective Date:	12/06/2023 Page 1 of 3
Revision Date(s):	
Reference(s):	DOC 4.5.25; 53-1-203, MCA
Signature / Title:	/s/ Scott Eychner, Community Corrections Facilities and Programs Chief

This procedure is referenced as PPD 4.5.2500 Pharmaceuticals in Section 3.J. Offender Management; Healthcare, in the following contracts: Alpha House, Butte Prerelease, Elkhorn, Gallatin County Reentry Program, Helena Prerelease, Nexus, Passages, and START. This procedure is also referenced in Sections 2.2.9. Services; Healthcare, in the following contracts: Connections Corrections Program (CCP) East, Connections Corrections Program (CCP) West, and WATCh West.

I. PURPOSE:

All facilities contracted with the Community Corrections Facilities and Programs Bureau (FPB) will follow this facility operational requirement to ensure all medications are prescribed, distributed, and administered in accordance with Department policy and state and federal laws and regulations.

II. DEFINITIONS:

Community Corrections Facilities and Programs Bureau – The Bureau oversees the facilities providing assessments and sanctions, prerelease, and treatment services. This Bureau is referenced interchangeably as Programs and Facilities Bureau (PFB) or Facilities and Programs Bureau (FPB) in procedures and forms.

HSB-Health Services Bureau – The Bureau within the Department responsible for the overall health care functions of medical, mental health, dental, and vision for all programs and facilities.

Drug Formulary – A list of medications available to authorized prescribers without pre-approval in health care programs. Medications not listed on the formulary are considered non-formulary and require pre-approval from the medical director, or designee, before use in health care programs.

KOP-Keep on Person Medication – A designation for a medication approved by a provider/facility for an inmate to keep in the offender’s room and self-administer as prescribed.

Medical Director – The physician(s) designated by the HSB Chief to oversee clinical practice decisions requiring medical judgments for offenders under Department jurisdiction.

Pharmaceutical – Any drug, chemical, vaccine, hormone or medication that may only be dispensed by a licensed and appropriately credentialed provider with prescriptive authority to render treatment, evaluation, or health care.

QHCPs-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.

Self-Administration – The process of administering a pharmacological substance to oneself.

III. PROCEDURES:

A. General Requirements

1. Appropriate facility staff must be informed of an offender's pertinent medical conditions on a directly applicable basis to ensure the continuation of the offender's care and treatment.
2. All facilities will:
 - a. as part of the per diem, provide over-the-counter (OTC) medications and day-to-day-medical supplies;
 - b. make medications available when prescribed;
 - c. account for all medications as specified in applicable state and federal laws, including the Montana Nurse Practice Act and Board of Pharmacy regulations;
 - d. develop an offender self-administration process for prescribed pharmaceuticals that are not allowed Keep on Person (KOP).
 - 1) An unlicensed person may observe an offender self-administer medications, give verbal prompts or reminders, or hand a prefilled labeled medication container to the offender.
3. For treatment facilities and assessment centers, all offenders' offsite health care and prescribed medications will be the financial responsibility of the Department.
 - a. When possible, prescribed medications will be obtained through the Department's pharmacy contractor, who will directly bill the Department.
 - b. When a pharmacy other than the pharmacy contractor is used, and the offender or facility needs reimbursement for the cost, the facility will submit a receipt for the medication to corbilling@mt.gov.
4. For PRCs, only inmate workers' offsite health care and prescribed medications will be the financial responsibility of the Department.

B. Drug Formulary

1. Any offender whose medical expenses are the financial responsibility of the Department must follow the HSB pre-authorization process for obtaining approval prior to prescribing a non-formulary medication.
2. Requests for non-formulary medications should be submitted to cormedical@mt.gov.
3. A qualified health care professional's request for approval must document the clinical justification for the non-formulary medication, including the offender's current health status, medications currently prescribed, and medications previously tried.

C. Facility Policies/Procedures

1. Each facility will develop and maintain policies/procedures regarding the facility's use of medication-assisted treatment (MAT) and possession and use of controlled substances, prescribed medications, and OTC medications that address:
 - a. procurement and distribution;
 - b. dispensing and administration, stipulating that prescribed medications are administered according to the directions of the prescribing professionals;

- c. storage and disposal;
 - d. accountability for and security of controlled substances;
 - e. offender self-administration; and
 - f. staff and offender access to emergency medications (for example, Naloxone, Epinephrine) and related information/training.
2. Facility policies and procedures may not restrict medication based on drug type, cost, or administration requirements.

IV. CLOSING:

Questions concerning this facility operational requirement should be directed to the HSB Chief or the FPB Chief or designees.

V. FORMS: *(available to facility staff on request from HSB or FPB staff)*

Medical Preauthorization Request Form

MT DOC Dental Services Request Form

Non-Formulary Medical Request Form