I. DIVISION DIRECTIVE:

The Adult Community Corrections Division facilities’ health care units will follow established procedures identifying the scope of medical responsibilities and authority of the facilities.

II. DEFINITIONS:

ACCD-Adult Community Corrections Division Facility – Division facilities include the Missoula Assessment and Sanction Center (MASC), Treasure State Correctional Training Center (TSCTC), and the contracted facilities of Prerlease Centers (PRC), Sanction Treatment Assessment Revocation & Transition (START), Warm Springs Addiction Treatment and Change Program (WATCH), Connections Corrections Program (CCP), Passages Alcohol and Drug Treatment (Passages ADT), Passages Assessment Sanction & Revocation Center (Passages ASRC), NEXUS Correctional Treatment Center (NEXUS), and Elkhorn Treatment Center (Elkhorn).

Chief Facility Health Officer – The responsible health authority, health administrator, or nursing supervisor for the facility’s health care services.

CSD-Clinical Services Division – The Department’s division that administers health care services for adult and youth offenders.

Department – The Montana Department of Corrections.

Direct Nursing Care – Skilled, professional nursing care that includes assessment, diagnosis, treatment planning, implementation, and periodic evaluation.

Facility Administrator – The official, regardless of local title, ultimately responsible for the facility or program operation and management.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

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

Health Policy Team – A team that may consist of, but is not limited to, the CSD Administrator, medical director, dental director, mental health representative, managed care coordinator, chief facility health officer, and facility administrator.

Managed Care – A health care delivery system managed to balance quality of services, access to care, and containment of costs.
III. PROCEDURES:

A. Treasure State Correctional Training Center (TSCTC)

TSCTC staff will follow the procedures established in CTC Operational Procedure 4.5.3, Medical Autonomy.

B. Other ACCD Facilities

1. General Requirements
   
a. The facility’s health care unit will be the initial provider of on-site offender health care services.

b. Health care providers will render services in accordance with Department policy and ACCD procedures and operate with the guidance and, when appropriate, sanction of the health policy team.

c. The Department will not place restrictions on any physician, dentist, or psychiatrist with respect to the practice of their medical specialties.

d. Security regulations that apply to all Department staff members will apply to all health care unit staff.

e. CSD must approve off-site consultations and procedures in advance of services rendered in accordance with ACCD 4.5.1000 Level of Therapeutic Care.

f. Managed care policies developed by the health policy team will be binding upon the health care providers.

2. Health Care Delivery and Security Responsibilities

a. The chief facility health officer will ensure that appropriately credentialed health care providers deliver services within their respective scopes of practice.

b. The chief facility health officer will ensure access to, and monitoring of, offender health care services.

c. The chief facility health officer is 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. Health care providers will have complete responsibility and authority for offender health care and treatment.

e. Staff trained in CPR and First Aid will provide emergency care within the scope of their training.

f. Security and administrative staff will not be involved in providing direct nursing care, or analyzing and evaluating the efficiency of medical treatment or the validity of medical requests.
g. 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.

h. 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 CSD and facility administrator.

IV. CLOSING:

Questions concerning this procedure should be directed to the CSD.