I. PURPOSE:

Probation and Parole Division’s facilities will follow established procedures in providing offenders with access to medical, dental, and mental health services and will ensure offenders are instructed upon admission of how to obtain these services.

II. DEFINITIONS:

Access to Care – A system in which a patient is seen by a clinician in a timely manner, given an appropriate diagnosis, and receives the required care.

CSD-Clinical Services Division – The division within the Department responsible for the overall health care functions of medical, mental health, dental and vision for all programs and facilities.

Contract Manager – The Department’s employee who acts as the liaison for services and monitors the contractual agreements between the Department and PPD contract treatment facilities and prerelease centers.

Emergency Care – Medical, mental health, and dental care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

PPD-Probation and Parole Division – The Division oversees the Probation & Parole regional offices, interstate transfers, and the facilities providing assessments and sanctions, training, prerelease, and treatment services.

III. PROCEDURES:

Facilities will provide offenders with access to health care services including medical, psychiatric, dental, optometric, pharmaceutical, psychological, and other medical-related services. These services must meet American Correctional Association and National Commission on Correctional Health Care standards; federal, state and local laws and regulations; Department policies; and PPD procedures.

A. GENERAL REQUIREMENTS

1. Facilities will avoid creating unreasonable barriers to offender access to care. Examples of these barriers may include, but are not limited to, the following:
   a. punishing offenders for seeking care for health needs;
b. assessing excessive co-payments that prevent or deter offenders from seeking care for health needs; and

c. deterring offenders from seeking care for health needs through unreasonable practices not related to legitimate facility needs, e.g., holding sick call at 2:00 a.m.

2. Upon intake/admission, the facility will provide all medical information to the offender orally and in writing about how to access emergency and routine medical, dental, and mental health services, and the grievance process for health-related complaints.

3. Facilities must ensure that offenders who may have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health care services.

4. Facilities must publish or post in each housing unit, any procedural changes on how to obtain health care services prior to implementation.

5. Where applicable, facilities must update offender handbooks as necessary.

6. Alt-secure residential facilities must obtain prior written approval from CSD of all scheduled inpatient hospitalization and surgery. Unapproved inpatient hospitalization and surgery costs will be the responsibility of the facility.

7. Emergency care may be provided without prior authorization, however, CSD and Contract Manager will be contacted as soon as possible to furnish full information regarding the nature of the illness, the type of treatment to be provided, and the estimated length of treatment. CSD will review each case individually.

B. Requests for Health Care

1. Non-medical facility staff may not approve or deny offender requests for health care attention.

2. Facilities must establish procedures to ensure that all offender health care requests are forwarded to the nursing staff in a confidential manner.

IV. CLOSING:

Questions concerning this procedure should be directed to the CSD Administrator or designee.

V. FORMS:

Medical Preauthorization Request Form
MT DOC Dental Services Request Form