



POLICY DIRECTIVE

Policy:	DOC 4.5.03 HEALTH CARE AUTONOMY
Effective Date:	08/01/1997 Page 1 of 3
Revision Date(s):	04/19/2021, 06/01/2024; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department will ensure clinical decisions and actions regarding the health care provided to offenders to meet their serious medical, dental, and mental health needs are solely the responsibility of the Qualified Health Care Professional.

II. APPLICABILITY

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

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

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.
2. Each Qualified Health Care Professional 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. The Department will ensure that all clinical decisions and their implementations are completed in an effective and safe manner.
5. Security regulations that apply to all Department staff members will apply to all health care staff.
6. The Department Medical Director and/or designated managed care nurses must approve off-site consultations and procedures in advance of services rendered in accordance with *DOC 4.5.10 Level of Therapeutic Care*.

7. 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.
8. Prior to an offender's return, custody staff must receive notification from the facility health care staff that the offender has been approved to return to the Department facility.
9. Managed care policies developed by the clinical policy team will be binding upon each Qualified Health Care Professional.

B. Health Care Delivery

1. The Medical and Mental Health Services Managers 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. Each Qualified Health Care Professional will have complete responsibility and authority for offender health care and treatment.
2. Custody 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. Custody 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.
5. The designated Medical and Mental Health Services Managers 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.
6. Health staff do not write disciplinary reports.

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 Services Managers.
3. Conflicts between facility operational procedures and direct medical orders will be immediately referred for resolution by the responsible health authority or designee 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 and Mental Health Services Managers, the Managed Care RN, and the facility administrator.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities, 4th Edition*
- B. *P-A-01, P-A-03; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- 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, 2022*
- E. *Montana Nurse Practice Act*
- F. *DOC 4.5.10 Level of Therapeutic Care*