



POLICY DIRECTIVE

Policy:	DOC 4.5.10 LEVEL OF THERAPEUTIC CARE
Effective Date:	05/01/1998 Page 1 of 3
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department will provide the appropriate level of offender health care services consistent with national correctional health care standards and ensure that clinically appropriate procedures are performed by qualified health care providers.

II. APPLICABILITY

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

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. General Requirements

1. The Department Medical Director must review recommended elective medical or surgical procedures or therapies.
 - a. Exception: If a delay in treatment would cause irreparable harm, significant risk, or fail to comply with sound medical principles, the review may be conducted after treatment has been initiated and the Medical Director should be notified as soon as possible.
2. Medical care and treatment are prioritized by levels, each with specific authorizations.
3. The levels of care are general guidelines for providing diagnostic evaluation, therapies, and processes including levels of authorization.
4. Offender access to care as well as diagnosis and appropriate treatment by a Qualified Health Care Professional (QHCP) is an essential right not abridged by this policy.
5. Any provider or offender may request review of a denial by the Medical Director through the Medical Review Panel (MRP).
6. The responsible health authority, or designee, after consultation with appropriate medical and legal personnel, will be the final authority in all review appeals.

B. Medical Care and Treatment Levels

1. Level 1, Medically Mandatory Care:
 - a. is routinely provided to all offenders;
 - b. includes care essential to life and health without which rapid deterioration may be an expected outcome and where medical or surgical intervention makes a significant difference in outcome;
 - c. includes, but is not limited to: acute problems, potentially fatal, where treatment prevents death and/or significant morbidity and may allow full recovery (for example, appendectomy for appendicitis, arterial and venous lacerations, myocarditis, myocardial infarction, major head injury, eclampsia, etc.);
 - d. may be authorized by any licensed health services practitioner in an emergency situation; and
 - e. is usually urgent or emergency care, initiated by medical personnel at the time of intervention, and is routinely authorized, provided, and paid for by the Department.

2. Level 2, Presently Medically Necessary Care:
 - a. may be provided by any prescribing practitioner;
 - b. subject to periodic utilization review by the Medical Director;
 - c. includes care without which the offender may have significant risk of progression of serious deterioration of the condition, significant reduction in the chance of possible repair after release, or significant pain or discomfort;
 - d. examples include, but are not limited to:
 - 1) chronic conditions, usually progressing to death, or where treatment improves life span and/or quality of life (for example, medical management of insulin dependent diabetes mellitus, surgical treatment for treatable cancer, medical management of asthma, moderate to severe hypertension, surgical treatment of significant degenerative orthopedic disease, or cardiac pacing);
 - 2) supportive care such as pain management and hospice-type care for the end stages of diseases such as cancer or AIDS; and
 - 3) acute, non-fatal conditions where treatment may allow a return to a previous state of health including, but not limited to, medical treatment of various infectious disorders, surgical repair of an incarcerated hernia, acute gallbladder disease, relocation of dislocated joints, or repair of a corneal laceration;
 - e. surgeries and major durable medical equipment may be authorized by the Medical Director and managed care RN; and
 - f. when not an emergency, authorization should undergo review by the Medical Director and managed care RN for approval and, in general, will be provided and paid for by the Department.

3. Level 3, Medically Acceptable but Not Medically Necessary Care:
 - a. will be authorized on an individual, case-by-case basis;
 - b. includes care for non-fatal conditions when treatment may improve the quality of life for the patient including, but not limited to: routine non-incarcerated offender hernia repair and treatment of noncancerous skin lesions;
 - c. involves acute/on-site medical and surgical procedures and therapies that can be appropriately completed on premises in a routine clinic setting, are within the skills of the health care provider, and may be authorized by the Medical Director;
 - d. chronic diseases indicated by the Medical Director, or designee, that require off-site procedures, treatments, and/or therapies may be authorized by the MRP following submission and review of the *Health Services Preauthorization Request and Medical Review Panel Disposition*; and
 - e. the final authority in all Level 3 reviews will be the Medical Director, or designee.

4. Level 4, Limited Medical Value:
 - a. is usually not provided by the Department;
 - b. includes care that may be appropriate for certain individuals but may have limited benefit or is not likely to produce substantial long-term gain such as treatment of minor conditions to decrease recovery time that provides little improvement in quality of life, and/or offers minimal palliation of symptoms, and/or is primarily for the convenience of the individual; and
 - c. examples include, but are not limited to, elective procedures (for example, tattoo removal, nasal septoplasty, circumcision) or minor conditions (for example, common cold, aphthous ulcers, etc.)

V. CLOSING

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

VI. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities*
- B. *P-A-02, P-F-01, P-F-02 National Commission on Correctional Health Services in Prisons*
- C. *National Commission on Correctional Mental Health Services in Correctional Facilities*
- D. *National Commission on Correctional Health Services in Juvenile Detention and Confinement Facilities*