



## COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU FACILITY OPERATIONAL REQUIREMENT

Requirement:	<b>FPB 6.2.472 OFFENDER HEALTH CARE ACCESS</b>
Effective Date:	08/01/2023 <span style="float: right;">Page 1 of 2</span>
Revision Date(s):	04/24/2026
Signature/Title:	/s/ Scott Eychner, Rehabilitative and Enterprise Division Chief

**This facility operating requirement is referenced as PPD 4.5.1500 Offender Health Care Access 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 facility operating requirement is also referenced in Section 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 established procedures in providing offenders with access to medical, mental health, and dental services and will ensure offenders are instructed upon admission on how to obtain these services.

### II. DEFINITIONS (see Glossary)

### III. REQUIREMENTS

In accordance with contracts, 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 applicable 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. deterring offenders from seeking care for health needs through unreasonable practices not related to legitimate facility needs (for example, holding sick call at 2:00 a.m.); and
  - c. for prerelease center residents, restricting community movement in a manner that interferes with health care access without reasonable accommodations.
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, mental health, and dental services, and the grievance process for health-related complaints.
3. Facilities must ensure that offenders who may have difficulty communicating (for example, 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. When the cost of offender health care is the responsibility of the Department, residential facilities must obtain prior written approval from the Health Services Bureau (HSB) of all scheduled offsite health services and inpatient hospitalization or surgery by emailing [cormedical\(at\)mt.gov](mailto:cormedical(at)mt.gov). Unapproved offsite medical services will be the responsibility of the facility.
7. Emergency care may be provided without prior authorization following the requirements of *FPB 6.2.475 Emergency Medical Services*.

#### **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 about this facility operational requirement should be directed to the HSB Chief or FPB Chief or designees.

#### **V. REFERENCES**

- A. *53-1-203, MCA*
- B. *DOC 4.5.15 Offender Health Care Access*

#### **VI. FORMS (available to facility staff on request from HSB or FPB staff)**

*Medical Preauthorization Request*  
*MT DOC Dental Services Request*  
*Non-Formulary Medical Request*