



COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU FACILITY OPERATIONAL REQUIREMENT

Requirement:	FPB 6.2.482 LEVEL OF THERAPEUTIC CARE
Effective Date:	12/06/2023 Page 1 of 2
Revision Date(s):	04/24/2026
Signature/Title:	/s/ Scott Eychner, Rehabilitative and Enterprise Division Chief

This facility operating requirement is referenced as ACCD 4.5.1000 Levels of Therapeutic Care 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

Community Corrections Facilities and Programs Bureau (FPB) contract facilities will follow this facility operational requirement to provide offenders access to the appropriate level of offender health care services and to ensure clinically appropriate procedures are performed by Qualified Health Care Providers (QHCPs).

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. General Requirements

1. For offenders in treatment or assessment centers, Health Services Bureau (HSB) staff must review recommendations for elective medical or surgical procedures or therapies that have been submitted to the HSB for approval. However, 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 HSB 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 procedures including levels of authorization.
4. Offender access to care, as well as diagnosis and appropriate treatment by qualified medical personnel, is an essential right not abridged by this facility operational requirement.
5. Any provider or offender may request review of a denial by the Medical Review Panel (MRP).
6. The Medical Director 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 and/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; and
 - e. is usually urgent or emergent care, initiated by medical personnel at the time of intervention, and is routinely authorized by the Department.
2. Level 2 Presently Medically Necessary Care:
- a. may be provided by any prescribing practitioner;
 - b. is subject to periodic utilization review by health care staff;
 - 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, treatment of 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 for which 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 gall bladder disease, relocation of dislocated joints, or repair of a corneal laceration;
 - e. involving surgeries and major durable medical equipment must be authorized by the HSB for community corrections contract facilities; and
 - f. involving major durable medical equipment may be authorized at prerelease centers by facility health care staff.
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 facility health care staff;
 - d. for chronic diseases indicated by health care staff that require off-site procedures, treatments, and/or therapies, may be authorized by the MRP; 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. includes, but is not limited to, elective procedures (for example, tattoo removal, nasal septoplasty, circumcision) or minor conditions (common cold, aphthous ulcers, etc.)

IV. CLOSING

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

V. REFERENCES

- A. 53-1-203, MCA
- B. DOC 4.5.10 *Level of Therapeutic Care*