
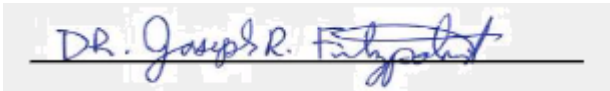


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<b>POLICY NUMBER: 18.1</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VII</b>
<b>EFFECTIVE DATE:</b> June 9, 2003	<b>LATEST REVISION:</b> August 1, 2017	<b>CHECK ONLY IF</b> APA [ <input type="checkbox"/> ]

## I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403 and 34-A M.R.S.A. Section 3031.

## II. APPLICABILITY

All Departmental Adult Facilities

## III. POLICY

It is the policy of the Department of Corrections to assure necessary health care services are provided to prisoners, regardless of their ability to pay, in accordance with nationally recognized standards of care for correctional facilities.

All health care services shall be provided in a professional, ethical manner under an environment of health care autonomy within the relevant scope of practice. The administration of health care shall encompass evaluation of services, timely delivery of care, and comprehensive planning and preparedness.

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## V. ATTACHMENTS

None

## VI. PROCEDURES

### Procedure A: Responsible Health Care Authority

1. The Commissioner, or designee, shall ensure that at each facility there is a designated health care authority to address all levels of health care of the prisoner population on a twenty-four (24) hour basis through a contractual agreement. This authority is the Department's contract health care services provider.
2. The contract health care services provider responsibilities shall include, but not be limited to, the following:
  - a. establishing a mission statement that defines the scope of health care services;
  - b. developing mechanisms, including written agreements, when necessary, to assure that the scope of services are provided and properly monitored;
  - c. developing the facility's operational health procedures and practices, in compliance with the Department's policies and procedures;
  - d. identifying the type of health care staff and services necessary to provide the determined scope of services;
  - e. establishing systems for the coordination of care among multidisciplinary health care providers; and
  - f. developing a quality management program.
3. The contracted health care authority shall ensure that mental health care services are provided to address all levels of mental well being of the prisoner population.
4. The facility health care authority shall ensure that there are measurable goals and objectives for each program in the health care delivery system and an internal system for assessing achievement, which documents findings. Goals and objectives shall be reviewed at least annually and updated as needed. Program changes in response to findings shall be implemented as necessary.
5. The facility Chief Administrative Officer, or designee, in consultation with the facility health care authority, shall ensure that adequate space is provided for all health care staff, including conference areas, storage room for records, and toilet facilities. Equipment, supplies and materials for health services, as determined by the health care authority, are provided and maintained.
6. When the health care authority is other than a physician, final medical judgment rests with a single designated licensed responsible physician. In a facility where a separate mental health care authority has been appointed, final mental health judgment rests with a single designated licensed psychiatrist or psychologist.

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7. In a case in which there is a disagreement between the responsible physician and a responsible psychologist or psychiatrist, they shall meet to resolve the conflict or to determine a method to resolve it, which may include a referral to a third party.
8. The responsible health care authority shall ensure that all aspects of medical and mental health care services are provided in a timely and professional manner consistent with nationally recognized correctional standards for health care services.

**Procedure B: Health Care Autonomy**

1. All health care decisions regarding the care of prisoners committed to the Department are the sole responsibility of the facility’s qualified health care professional, within the relevant scope of practice. The provision of health care services determined necessary by the facility’s qualified health care professional may not be countermanded by non-clinicians.
2. Security regulations that apply to the facility apply to all health care services staff.

**Procedure C: Internal Review System**

1. A system of documented internal review shall be developed and implemented by the health authority. The system shall include:
  - a. participating in a multidisciplinary quality improvement committee;
  - b. collecting, trending, and analyzing of data combined with planning, intervening, and reassessing;
  - c. evaluating defined data, which shall result in more effective access, improved quality of care, and better utilization of resources;
  - d. onsite monitoring of health service outcomes on a regular basis through:
    - 1) chart reviews by the physician, physician assistant or nurse practitioner, including investigation of complaints and quality of health care records;
    - 2) review of prescribing practices and administration of medication practices;
    - 3) systematic investigation of complaints and grievances;
    - 4) monitoring of corrective action plans;
  - e. reviewing all prisoner deaths, suicides or suicide attempts, and contagious illness outbreaks;
  - f. implementing measures to address and resolve important problems and concerns identified (corrective action plans);
  - g. re-evaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results;
  - h. incorporating findings of internal review activities into the facility’s educational and training activities;

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- i. maintaining appropriate records of internal review activities;
- j. issuing a quarterly report to be provided to the Health Services Administrator (HSA) and facility Chief Administrative Officer of the findings of internal review activities;
- k. providing that records of internal review activities comply with legal requirements on confidentiality of records.

**Procedure D: Administrative Meetings and Reports**

1. A Medical Audit Committee (MAC) meeting shall be held, at a minimum, on a quarterly basis for each facility. The Department’s Health Services Coordinator, or designee, the Department’s Director of Behavioral Health, or designee, the Chief Administrative Officer, or designee, the facility’s Health Services Administrator (HSA) and other necessary members of the facility and health care staff shall attend. The purpose of the meeting is to review and discuss issues that impact or are related to the delivery of health care services that are not topics covered by the Comprehensive Quality Improvement Program meetings. Minutes of these meetings shall be kept electronically.
2. Each facility shall develop and maintain a Comprehensive Quality Improvement (CQI) program to monitor the quality of health care services provided. A CQI committee, consisting of the facility Health Services Administrator serving as Chair, the Department’s Health Services Coordinator, or designee, other facility health care personnel, and the Chief Administrative Officer, or designee, shall meet at least quarterly. The CQI committee shall review results of chart reviews by the physician and other facility health care personnel, prisoner health care grievances, and any disaster drills, environmental inspections, and infection control issues. Minutes of each meeting shall be maintained by the HSA and distributed to each member of the Committee and the Chief Administrative Officer.
3. Medical and mental health care staff meetings shall be conducted, at a minimum, on a monthly basis at each facility. The Health Services Administrator (HSA), or designee, is responsible for ensuring that these meetings take place. The purpose of the meeting is to review and discuss issues that impact or are related to the delivery of health care services. Minutes of these meetings shall be kept electronically and reviewed by all members of the facility’s medical and mental health care staff.
4. At a minimum, on a quarterly basis, the responsible Health Services Administrator (HSA), or designee, at each facility shall develop a report which shall contain data regarding the health care system, services provided during that reporting period, any health environment issues needing improvement and corrective actions indicated, and changes effected since the last reporting period and shall meet with the Chief Administrative Officer, or designee.
5. A statistical report of infectious diseases, as defined by the Maine Center for Disease Control, shall be provided on a monthly basis.

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**Procedure E: Policies and Procedures**

1. Departmental health care policies are available on the Department's electronic document management system.
2. On an annual basis, the Deputy Commissioner, or designee, in conjunction with the Department's Health Services Coordinator, shall review all Department health care policies, document the review in the Department's electronic document management system and request revisions, as necessary.
3. Annually, the facility's Health Services Administrator (HSA) shall review written operational procedures and revise, as necessary.
4. Any staff recommendations for revisions to the Department's policies shall be provided to the facility Chief Administrative Officer for forwarding to the Commissioner of Corrections, or designee, as set out in Departmental Policy 1.7, Establishing, Developing, Implementing, Maintaining and Revising Departmental Policies and Procedures.
5. All newly employed health care staff shall be trained on the health care policies during the new staff orientation. All training shall be documented in the staff member's training file.
6. All health care staff shall be trained on all revisions to the Department health care policies. All training shall be documented in the staff member's training file.

**Procedure F: Critical Incident Plan**

1. All health care staff shall be trained in the implementation of the facility's critical incident plan. Health care staff shall be included in facility critical incident drills, at least annually, as appropriate. Each critical incident drill shall be documented and critiqued to allow health care staff to practice and improve their skills.
2. The responsible Health Services Administrator, or designee, shall review and coordinate the health care staff's role in the facility's Critical Incident Plan.
3. Health care staff's participation in the Critical Incident Plan shall include, but not be limited to:
  - a. triaging process;
  - b. locations where care will be provided;
  - c. instructions and contact numbers for:
    - 1) calling medical and mental health services staff;
    - 2) emergency medical services; and
    - 3) hospital(s).
  - d. instructions for maintaining the delivery of needed health care services to prisoners when evacuation of the facility is ordered;

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- e. the specific assigned duties of health care staff during a critical incident; and
  - f. the storage and inventory of medical supplies to be used in critical incidents.
4. All newly employed health care staff shall be trained on the Critical Incident Plan during the new staff orientation. All training shall be documented in the staff member's training file.
  5. All health care staff shall be trained on all revisions to the Critical Incident Plan. All training shall be documented in the staff member's training file.

**Procedure G: Notification in Emergencies**

1. In the event of a prisoner health care emergency, such as any illness or injury that is life threatening or in any case of prisoner death, the HSA, or designee, shall inform the Unit Manager, or other staff designated by the facility Chief Administrative Officer.
2. The Unit Manager, or other staff designated by the facility Chief Administrative Officer, shall be responsible to ensure that the individual designated by the prisoner as the person to be contacted in the event of an emergency is notified. If the prisoner has a legal guardian, that person shall also be notified. If possible, permission for notification shall be obtained from the prisoner prior to notification. Notification shall be limited to the fact of illness, injury, or death and the location of the prisoner, unless the notification of the location of the prisoner would create a risk to safety, security or to an investigation of the incident.

**Procedure H: Clinical Performance Peer Review and Supervisory Reviews**

1. The Chief Clinical Director of the Department's contract health care services provider shall conduct a physician peer review of the Regional Medical Director at least every two (2) years.
2. The Regional Medical Director shall conduct a peer review of the clinical care of all licensed primary care providers including physicians, psychiatrists, physician assistants, and nurse practitioners practicing at each facility at least every two (2) years.
3. The Director of Behavioral Health shall conduct a peer review of psychologists practicing at the each facility at least every two (2) years.
4. Each facility dentist shall have a peer review by another facility dentist at least every two (2) years.
5. Each facility optometrist shall have a peer review by another optometrist at least every two (2) years as arranged by the Department's contract health care services provider.
6. The results of each peer review shall be documented and sent to the Chief Clinical Director of the Department's contract health care services provider, but otherwise kept confidential.

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7. Other health care staff employed by the Department's contract health care services provider shall have a supervisory review at least once a year.
8. After completion of each peer or supervisory review, the appropriate facility HSA shall be notified that the peer review was conducted.

**Procedure I: Executions**

1. The State of Maine does not perform prisoner executions.

**Procedure J: Health Care Research**

1. The Department permits prisoner participation in medical and pharmaceutical research in compliance with state and federal guidelines.
2. A prisoner's participation in health care research is permitted with the approval of the Regional Medical Director and must be based on the prisoner's need for specific medical intervention or individual treatment of a prisoner based on his or her need for a specific medical procedure that is not generally available.
3. In the event that a prisoner new to the Department is currently participating in health care research not done in the Department, the prisoner's participation in the research shall be evaluated by the Regional Medical Director for approval or non-approval for continuation of the prisoner's participation.
4. The compiling and utilization of health care data for research purposes is permitted with the approval of the Regional Medical Director and the Associate Commissioner of Program Practices, provided individual confidentiality is maintained.

**Procedure K: Prisoner Co-Pay**

1. A fee for medical and dental visits, prescriptions, non-prescription medications, durable medical equipment (e.g., prosthetic device, splint, arch support, etc.) and eye glasses shall be charged to prisoners and all such fees collected shall be used to offset the cost of prisoner health care.
2. No prisoner shall be denied necessary health care because of a lack of ability to pay.
3. Description of the co-payment requirement and process for health care services shall be incorporated in each facility's prisoner handbook.
4. Unless specifically exempted below, all prisoners shall be assessed a fee of \$5.00 for each visit for medical or dental services and \$3.00 for each prescription, non-prescription medication, durable medical equipment and eye glasses.
5. The following prisoners and services are exempt from the payment of a fee:
  - a. prisoners receiving services initiated by facility staff are exempt from fee payment for staff initiated services;

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- b. pregnant prisoners are exempt from fee payment for pregnancy related services;
  - c. prisoners who, as a result of a serious mental illness or developmental disability, exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with his or her capacity to remain in a correctional setting without supportive treatment or services of a long term or indefinite duration as determined by the facility's psychologist or psychiatrist are exempt from fee payment for services related to treatment of the serious mental illness or the developmental disability;
  - d. prisoners who are undergoing follow-up treatment ordered by facility health care staff and those enrolled in chronic care are exempt from fee payment for the follow-up treatment, except that if unrelated problems are presented for assessment during these visits, a new co-pay charge shall be made;
  - e. prisoners receiving emergency treatment, as determined by facility health care staff, are exempt from fee payment for the emergency treatment; and
  - f. prisoners receiving treatment for an injury which occurred while performing a work assignment are exempt from fee payment for the treatment of the injury.
6. The HSA shall ensure that facility health care staff complete and sign the Co-Pay (bottom) section of the Sick Call slip and provide the bottom copy, at the time of service, to the prisoner. The medical secretary, or other designated staff, shall collect the co-pay statements and shall forward them daily to the business office. A copy of the daily statements shall be retained by the HSA, or designee.
  7. The facility's Director of Administrative or Support Services, or other designated staff, shall ensure the appropriate fees are collected from each prisoner subject to this policy.
  8. The facility's Director of Administrative or Support Services, or other designated staff, shall ensure that in the event a prisoner has less than \$15.00 in the prisoner's facility account at the time of the provision of the medical or dental service, prescription, medication, durable medical equipment or eye glasses, the fee shall not be collected immediately, but the charge shall remain active in the prisoner's facility account and be paid from money received by the prisoner from any source during the six (6) months following the provision of the medical or dental service, prescription, medication, durable medical equipment or eye glasses, regardless of the balance in the account at the time of receipt of the money. After six (6) months, the charge shall be deleted from the prisoner's facility account. New charges shall continue to accrue.
  9. The facility's Director of Administrative or Support Services, or other designated staff, shall ensure that all fees collected from prisoners for medical or dental services, prescriptions, medications, durable medical equipment or eye glasses shall be retained in an account established for this purpose and applied to the overall cost of prisoner health care services.

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## **Procedure L: Off-Site Services**

1. The Department's contractual health care provider shall have arrangements with hospitals and off-site specialty care providers to ensure that all levels of care are available to meet the health care needs of the prisoner population.

## **Procedure M: Prisoner Workers**

1. Prisoners are prohibited from performing any direct patient care services and from scheduling health care appointments, determining access of other prisoners to health care services, handling or having access to surgical instruments, syringes, needles, medications or health care records and from operating diagnostic or therapeutic equipment.
2. Prisoners may be used to clean health care services areas, other than medical supply rooms and medication storage and delivery areas, if approved by the facility Chief Administrative Officer, or designee.
3. If authorized by the responsible HSA and approved by the Chief Administrative Officer, or designee, prisoners, under staff supervision, may provide peer support and education, assist other prisoners who are limited due to medical or mental health conditions in daily activities (e.g. running errands, pushing a wheelchair, housekeeping, etc.), and participate in an end of life program as set forth in Department Policy (AF) 25.2, Prisoner Hospice Volunteer Program as appropriate to their training.
4. Any prisoners involved in handling biohazardous waste must receive annual training and personal protective equipment (PPE) appropriate to the assignment.
5. Any prisoners involved in handling biohazardous waste shall be required to have received a Hepatitis vaccination.

## **VII. PROFESSIONAL STANDARDS**

### **ACA:**

**ACI - 4-4143** Written policy, procedure, and practice provide for the assignment of appropriately trained individuals to assist disabled offenders who cannot otherwise perform basic life functions.

**ACI - 4-4345** When medical copayment fees are imposed, the program ensures that, at a minimum, the following are observed:

- All offenders are advised, in writing, at the time of admission to the facility of the guidelines of the copayment program.
- Needed offender health care is not denied due to lack of available funds.
- Copayment fees shall be waived when appointments or services, including follow-up appointments, are initiated by medical staff.

**ACI - 4-4380** (MANDATORY) The facility has a designated health authority with responsibility for ongoing health care services pursuant to a written agreement, contract, or job description. Such responsibilities include:

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- establish a mission statement, which defines the scope of health care services
- develop mechanisms, including written agreements, when necessary, to assure that the scope of services are provided and properly monitored
- develop a facility's operational health policies and procedures
- identify the type of health care staff needed to provide the determined scope of services
- establish systems for the coordination of care among multidisciplinary health care providers and
- develop a quality management program

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

**ACI - 4-4381 (MANDATORY) Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians.**

**ACI - 4-4383 When institutions do not have qualified health care staff, health-trained personnel coordinate the health delivery services in the institution under the joint supervision of the responsible health authority and warden or superintendent.**

**ACI - 4-4388 (MANDATORY) All health care staff in the facility are trained in the implementation of the facility's emergency plans. Health care staff are included in facility emergency drills, as applicable.**

**ACI - 4-4393 Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:**

- providing peer support and education
- performing hospice activities
- assisting impaired offenders on a one-on-one basis with activities of daily living
- serving as a suicide companion or buddy if qualified and trained through a formal program that is part of suicide-prevention plan
- handling dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable tool- control policies, while in a dental assistant's training program certified by the state department of education or other comparable appropriate authority

**Offenders are not to be used for the following duties:**

- performing direct patient care services
- scheduling health care appointments
- determining access of other offenders to health care services
- handling or having access to surgical instruments, syringes, needles, medications, or health records
- operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

**ACI 4-4395 There is a process by which the individuals designated by the offender are notified in case of serious illness, serious injury, or death, unless security reasons dictate otherwise. If possible, permission for notification is obtained from the offender.**

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- ACI - 4-4402** (Mandatory) Written agency policy permits inmate participation in medical or pharmaceutical research. Facilities electing to perform such biomedical research will be in compliance with all state and federal guidelines.
- ACI - 4-4408** The health authority meets with the facility or program administrator at least quarterly and submits quarterly reports on the health services system and health environment, and submits plans to address issues raised.
- ACI - 4-4410** (MANDATORY) A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include:
- participating in a multidisciplinary quality improvement committee
  - collecting, trending, and analyzing of data combined with planning, intervening, and reassessing
  - evaluating defined data, which will result in more effective access, improved quality of care, and better utilization of resources
  - onsite monitoring of health service outcomes on a regular basis through:
    - a) chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records
    - b) review of prescribing practices and administration of medication practices
    - c) systematic investigation of complaints and grievances
    - d) monitoring of corrective action plans
  - reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks
  - implementing measures to address and resolve important problems and concerns identified (corrective action plans)
  - reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results
  - incorporating findings of internal review activities into the organization's educational and training activities
  - maintaining appropriate records (in other words, meeting minutes) of internal review activities
  - issuing a quarterly report to be provided to the health service administrator and facility or program administrator of the findings of internal review activities
  - requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.
- ACI - 4-4411** (MANDATORY) A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists, and dentists every two years.
- ACI - 4-4422** The medical program has established measurable goals and objectives that are reviewed at least annually and updated, as needed.
- ACI - 4-4423** There is an internal system for assessing the achievement of goals and objectives and that documents findings. Program changes are implemented, as necessary, in response to findings.
- ACI - 4-4424** Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised, if necessary.
- ACI - 4-4426** Adequate space is provided for administrative, direct care, professional, and clerical staff. This space includes conference areas, storage room for records, a public lobby, and toilet facilities.

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- ACI - 4-4427**    **Equipment, supplies, and materials for health services are provided and maintained as determined by the health authority.**
  
- 4-ACRS-3A-06**    **If fees are collected, there is documentation that the offender has been informed of the policies and procedures regarding nonpayment of fees.**
  
- 4-ACRS-4C-02**    **(MANDATORY) The facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency.**
  
- 4-ACRS-4C-21**    **Individuals designated by the offender are notified in case of serious illness or injury.**
  
- 4-ACRS-7D-33**    **Procedures specify to the offender how the amount of offender fees will be determined, and when and how they will be collected and recorded. If the program is provided by a contractor, the contractor will provide the contracting agency, at least monthly, with an accounting of fees received, including the amount paid and the payer.**

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