Idaho Department of Correction
Health Services

Guidelines for County Jails

SCOPE OF SERVICES

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IDAHO DEPARTMENT OF CORRECTION
HEALTH SERVICES

CATEGORIES OF CARE

CATEGORY 1

Medically Necessary – Acute or Emergent

Medical conditions that are of an immediate, acute or emergent nature, which without care would cause rapid deterioration of the offender's health, significant irreversible loss of function, or may be life threatening.

Examples of conditions considered a Category 1 include, but are not limited to:

- myocardial infarction;
- severe trauma such as head injury;
- hemorrhage;
- stroke;
- status asthmaticus;
- precipitous labor or complications associated with pregnancy; and
- detached retina, sudden loss of vision.

Treatments for conditions in Category 1 are essential to sustain life or function and warrant immediate attention.

A condition that is a Category 1 does not require a Medical Authorization to treat initially, however, a Medical Authorization must be submitted within 72 hours (3 days) for approval of treatment that was provided.

CATEGORY 2

Medically Necessary – Non-Emergent

Medical conditions that are not immediately life threatening but which without care the offender could not be maintained without significant risk of:

- serious deterioration leading to premature death;
- significant reduction in the possibility of repair later without present treatment; or
- significant pain or discomfort which impairs the offenders participation in activities of daily living.

Examples of conditions considered a Category 2 include, but are not limited to:

- chronic conditions (diabetes, heart disease, bipolar disorder, schizophrenia;
- infectious disorders in which treatment allows for a return to previous state of health or improved quality of life (HIV, tuberculosis); or cancer.

A condition that is a Category 2 will require a Medical Authorization approval prior to treatment.

CATEGORY 3
Medically Acceptable – Not Always Necessary

Medical conditions which are considered elective procedures, when treatment may improve the offender's quality of life. Examples in this category include, but are not limited to:

- dental prosthetics;
- minor surgical procedures;
- diagnostic testing; or
- treatment of non-cancerous skin conditions;

A condition that is a Category 3 will always require a Medical Authorization prior to any treatment.

CATEGORY 4
Limited Medical Value

Medical conditions in which treatment provides little or no medical value, are not likely to provide substantial long-term gain, or are expressly for cosmetic purposes or the offender's convenience.

Examples of items and treatments in Category 4 include, but are not limited to:

Cosmetic / Acne Treatments:
- Face cream, lotion, or wash of any kind
- Acne cream, lotion or wash of any kind
- Antibiotics for acne

Supplements:
- Vitamin or herbal supplements of any kind

Nail Fungus:

Insomnia:

Miscellaneous:
- shoe inserts
- special footwear
- special shampoo
- chiropractic care
- dry skin
- cracked feet
- treatment for dry eyes

Dental:
- prosthetics
- night or occlusal guards
- teeth cleaning
- root canals
- root scaling
- denture cleaner or adhesive

A condition that is a Category 4 will always require a Medical Authorization approval prior to treatment, however, only on rare occasions will these items / treatments receive approval. Any item / treatment in this category which a health care provider recommends may be referred to the IDOC for review. The referral must include documentation from the licensed medical provider stating that the item / treatment is medically necessary.

Optometry Care:

Shall consist of an optical examination at a cost not to exceed $96.00. Corrective eyewear, **if indicated,** will be approved at a cost not to exceed $20.00.

Optometry care may also, at the discretion of IDOC Health Services, be deferred to a state facility. The offender may then pursue optical care when transferred.

If a licensed medical provider determines that an optical examination is medically necessary, include that documentation with the Medical Authorization request.

Dental Care:

Examples of dental conditions considered acute or emergent include, but are not limited to:

- face / neck swelling;
- face / neck pitting edema;
- fractured jaw;
- fever;
- purulent drainage;
- fractured tooth at gum line;

A dental condition that is acute or emergent does not require a Medical Authorization approval to treat initially, however, a Medical Authorization must be submitted within 72 hours (3 days) for approval of treatment that was provided.

All other requests for dental care will be approved for **extraction or filling only** and only on the **one** tooth that is causing the problem e.g. pain, cracked, broken, filling fell out, etc. The IDOC does not authorize payment for the routine extraction of impacted wisdom teeth. If your dental provider feels that extraction of an impacted wisdom is medically necessary, please provide the IDOC with documentation from the dental provider. If a licensed dental provider indicates that non-emergent, extensive dental work is needed, please submit this information to the IDOC Health Services for approval to treat at the county or move to a state facility for further treatment.

Medical Authorizations:

All requests for provider visits, medications, tests, optometry needs, dental needs, or any other medical treatment require an approved Medical Authorization form prior to providing such services. The Medical Authorization form should be submitted at the time of service but can be submitted within a 72 hour period. **Medical Authorizations that are submitted after 72 hours are subject to non-payment.**

A new Medical Authorization form is provided with this packet. Please use this form **only** for all medical requests. **All areas on the form must be complete, if an area is not completed, or if an old form is used it will be returned to you.** Prompt, accurate documentation of medical requests enables the IDOC Health Services to efficiently process all bills submitted by the county and in turn ensure prompt payment.

Transport Medications:
When transferring offenders to an IDOC facility, **Please DO NOT** put their medications and MAR's with their property. You can place all offenders, who are being transferred to the same facility, medications in one bag and secure it at the top and give the bag to the driver. If you have any questions please call IDOC Health Services at one of the numbers listed below.

**** Please specify whether payments are to be sent to the county or to the vendor.**

Idaho Department of Correction - Health Services:
1299 N. Orchard, Suite 110
Boise, Idaho 83706

Rona Siegert RN, Health Services Director
Phone: 208-658-2047
E-mail: rsiegert@idoc.idaho.gov
Fax: 208-327-7007

Vicky Brady, Technical Records Specialist II
Phone: 208-658-2128
E-mail: vbrady@idoc.idaho.gov
Fax: 208-327-7007

Zarah Martin, RN Virtual Prison Program
Phone: 208-672-3434
E-mail: zmartin@idoc.idaho.gov
Fax: 208-327-7007

If you have any medical questions or concerns, please contact Zarah Martin or Rona Siegert. If you have any questions regarding billing, please contact Vicky Brady.

Instructions for Completing Request for Payment Form

Effective April 1, 2011

The purpose of the new Request form is to streamline the authorization/billing/payment process and hopefully reduce the number of requests that have to be returned for clarification. **The new Request Form will be required starting April 1, 2011. The new form is in PDF format and can be emailed to you. It is an interactive form and can be filled out electronically. You are encouraged to send the completed form to us at healthservices@idoc.idaho.gov. You may also print the completed form and fax it to us at 208-327-7007. The revised Jail Guidelines and the new form can also be accessed on the IDOC web page at corrections.state.id.us. From this site click on County Health Services under Programs & Services on the right hand side of the page. From there you can save the new form onto your computer.**

Please fill out as many of the sections on the form as possible, failure to do so may result in your request being returned to you for clarification and delay authorization. Most of the form is self-explanatory. Please note that Inmate IDOC number and Medical Provider are required fields. Initially, we will provide the Inmate IDOC number. We ask that you make note of the number to be used on future medical requests.

Type of Service: If you are only requesting medication authorization please only check the medication box and list the medications in the List Medications field on the form. If you have already requested a medical/dental/mental health visit and it has been authorized, you do not need to check the visit box AND the medication box when requesting medications. Checking only one box will help us clarify what is actually requested and reduce the number of payments being denied because of confusion or lack of information however; you may request more than one service on the same form.

Details of Current Illness/Injury: Please briefly state the reason for the service being requested. If you are only requesting medications you can skip this section.

Treatment Plan: List treatment recommendation i.e. needs glasses, medical visit, x-ray, etc. If you are only requesting medications you can skip this section

List Medications Requested: If you are only requesting medications this is the only section you will need to complete. We are now requiring more information when you are requesting medications. You will only need to request authorization for a medication one time; as long as the offender is still housed in your county jail and has not left and come back. However, there will be exceptions to this; for example, antibiotics will not have an unlimited authorization.

If you have any questions or concerns regarding the new form or the Jail Guidelines please do not hesitate to call Vicky Brady 658-2128, Zarah Martin 672-3434 or the Health Services Director, Rona Siegert, RN 658-2047.