



Health Services

Guidelines for County Jails

Effective July 19, 2018

SCOPE OF SERVICES

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Medical Authorizations:

All requests for provider visits, medications, tests, optometry needs, dental needs, or any other medical treatment as outlined in these guidelines require an approved Medical Authorization Request form prior to providing such services. Unless the care qualifies as “Category 1,” the Medical Authorization Request form should be submitted prior to the time of service, but can be submitted within a 72 hour period if services are provided prior to IDOC approval. **Medical Authorizations that are submitted after 72 hours are subject to non-payment.**

A new Medical Authorization Request form is provided with this packet. **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 without processing.** 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.

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 Category 1 Conditions include, but are not limited to:

- myocardial infarction (heart attack);
- severe trauma such as head injury;
- hemorrhage (severe, uncontrolled bleeding);
- stroke;
- acute exacerbation of asthma;
- imminent/sudden labor or complications associated with pregnancy;
- detached retina, sudden loss of vision
- Dental conditions when acute or emergent as detailed below under “Dental Care.”

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

A Category 1 condition does not require prior Medical Authorization to treat. A Medical Authorization Request form must be submitted within 72 hours (3 days) for approval of the 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 Category 2 conditions 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)

A Category 2 condition requires Medical Authorization approval prior to treatment.

CATEGORY 3

Medically Acceptable – Not Always Necessary

Medical conditions where treatment may improve the offenders quality of life, but treatments are elective (not necessary) in nature.

Examples of Category 3 conditions include, but are not limited to:

- dental prosthetics;
- minor surgical procedures;
- diagnostic testing; or
- treatment of non-cancerous skin conditions;
- hormone therapy to include the use of Estrogens or Testosterone (justification of clinical need must be present)

A Category 3 condition requires Medical Authorization approval prior to 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 improvements to the offender's health, or are expressly for cosmetic purposes or the offender's convenience.

Examples of Category 4 conditions, treatments or requests include, but are not limited to:

Cosmetic / Acne Treatments:

- Facial 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:

- Sleep aids of any kind, when prescribed for the sole purpose of insomnia, to include but not limited to; Benadryl, Vistaril, Trazodone, Clonidine, Amitriptyline, Seroquel, etc.

Miscellaneous:

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

Dental:

- prosthetics
- night or occlusal guards
- teeth cleaning
- denture cleaner or adhesive

A Category 4 condition requires a Medical Authorization approval prior to treatment. All requests for Medical Authorization must include a referral from a licensed medical provider, which details the justification for treatment of a

Category 4 condition. Only on rare occasions will Category 4 conditions receive Medical Authorization.

OTHER SERVICES AND INFORMATION:

OPTOMETRY CARE:

Optometry care is generally given at the IDOC state facility and the offender may pursue optical care upon transfer to an IDOC facility.

If an offender is housed in a county jail s/he may, at the discretion of the county medical provider and with approval from IDOC Health Services be eligible for an optical exam if:

- The offender has been housed at the county facility for greater than one (1) year and an optical exam was completed more than two (2) years ago; or
- If the offender is unable to complete activities of daily living and/or participate in IDOC required programming due to the severity of visual deficits.

If a licensed medical provider determines that an optical examination is medically necessary per the above criteria, supporting documentation must be sent with the Medical Authorization request form. If necessary, IDOC will approve payment for the optical exam and the prescription only. Please email the prescription for glasses to Judy Wormington at jworming@idoc.idaho.gov or fax 208-327-7007 Attention Judy Wormington. We will order the glasses from Institutional Eye Care and have them shipped directly to your facility.

DENTAL CARE:

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

- facial / neck swelling;
- facial / 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 prior to treatment, however, a Medical Authorization Request form must be submitted within 72 hours (3 days) of the treatment provided for approval.

All Other Dental Care: Medical Authorization is required for all dental care that is not acute or emergent. 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. IDOC may elect to treat at the county or to move the inmate to a state facility for further treatment.

Dental treatment will be provided on an acute or emergent basis. **Routine dental requests will be approved no more than one (1) time per month, not to exceed one (1) tooth per visit.** Inmates may be housed in a county jail for up to, and in some cases exceeding, one (1) year. If extensive dental work is indicated, as stated above, the county jail must notify IDOC.

All requests for dental care will be approved for **extraction or filling only** and the approval only pertains to the **one (1) 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 the dental provider feels that extraction of an impacted wisdom tooth is medically necessary, please provide the IDOC with documentation from the dental provider. If a referral to an oral surgeon and/or IV sedation is required, Medical Authorization must be obtained prior to such procedure. The IDOC may approve, defer until a later date, or transfer the inmate to an IDOC facility for treatment.

Medications with Abuse Potential:

Wellbutrin: Wellbutrin is not approved in any IDOC facility. Any *new* Wellbutrin authorization requests for payment for IDOC offenders housed in a county jail will be deferred to the county jail for payment. If a patient arrives in a county jail with a current Wellbutrin order, IDOC will authorize payment.

Neurontin: All Medical Payment Authorization requests for Neurontin must be accompanied by documentation from a licensed medical provider justifying clinical need.

Controlled Substances: All requests for controlled substances (of any kind) must be accompanied by documentation from a licensed medical provider justifying clinical need for such medication. In most cases, controlled substances will not be continued upon transfer to an IDOC institution.

Controlled Substance Anti-Anxiety Medications: All requests for controlled substance anti-anxiety medications must be accompanied by documentation from a licensed medical provider justifying clinical need for such medication. In most cases, controlled substance anti-anxiety medication will not be continued upon transfer to an IDOC institution.

IDOC NOTIFICATION:

The county jail must notify the IDOC if an offender meets the following criteria:

- Housed in county jail for greater than one (1) year (exception Bonneville)
- Pregnant
- Insulin Dependent Diabetic
- Requires a referral to an offsite medical specialist or needs services that are not provided within the jail (i.e. Oncologist, Rheumatologist, Orthopedist, Physical Therapist, Cardiologist, Dermatologist, etc.)
- Requires IM (injectable) Antipsychotics

Notification of the above can be provided to the IDOC at healthservices@idoc.idaho.gov, or fax: 208-327-7007.

TRANSPORT INFORMATION:

Transport to IDOC per County Medical Request:

If a county jail requests that an offender be moved to an IDOC institution for medical purposes, the county must supply the following documentation and information to IDOC prior to the transport:

- Reason for request, including provider progress notes, orders, consult reports, ER reports, lab results, etc.
- Medical authorization for transport and recommended mode of transport (i.e., state bus/van, special transport for wheelchairs/walkers, etc., or ambulance for unstable or emergent conditions)

Transport Medications:

When transferring offenders to an IDOC facility, **DO NOT** put offender medications and MAR's in the offender's property. All offenders transferring to the same facility shall have their medications placed in a secure bag or sealed envelope and provided to the transport team. If you have any questions please call IDOC Health Services.

Optional Medical Co-Pay:

The Idaho Department of Correction realizes that the implementation of a medical co-pay program may be useful in controlling redundant requests for medical and dental services. The IDOC has specific guidelines regarding medical co-pay for IDOC offenders. County jails interested in implementing a medical co-pay program must contact IDOC Health Services for required information prior to beginning a medical co-pay program.

IDAHO DEPARTMENT OF CORRECTION HEALTH SERVICES CONTACT INFORMATION

Idaho Department of Correction - Health Services:
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Boise, Idaho 83706

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Fax: 208-327-7007

Health Services email: healthservices@idoc.idaho.gov

If you have any medical questions or concerns, please contact Rona Siegert. If you have any questions regarding billing, please contact Judy Wormington.