Section-14 Health Services	OP-140121	Page: 1	Effective Date: 10/08/2024
Outside Providers for Health Care Management	**ACA Standards: 2-CO-1F-14, 2-CO-4E-01, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6C-05, 5-ACI-6C-09M, 5-ACI-6C-11, 4-ACRS-4C-03M, 4-ACRS-4C-04M, 4-ACRS-4C-20M, 4-ACRS-7D-26**		
Steven Harpe, Director **Oklahoma Department of Corrections** _____			

Outside Providers for Health Care Management

I. Outside Specialty Care

Inmates, whose medical needs require health related services not available at the ODOC or primary medical contract provider, will have treatment and/or hospitalization made through an outside community provider (e.g., physician, emergency room, hospital, etc.) pursuant to 57 O.S. § 627. (5-ACI-6A-05, 4-ACRS-4C-04M, 4-ACRS-7D-26)

When referral for community specialist care is warranted, the indication will fall within four levels of care, as described below. Transportation will be provided in accordance with OP-040111 entitled “Transportation of Inmates.”

A. Levels of Care

1. Level 1: Medically Mandatory/Emergency Care

Immediate, urgent, or emergency care that is required to maintain or treat a life threatening illness or injury.

2. Level 2: Medically Necessary Care

Routine care or treatment provided to maintain a chronic or non-life threatening condition that cannot be reasonably delayed without the risk of further complication, serious deterioration, significant pain or discomfort.

3. Level 3: Medically Acceptable Care

Care or specific procedure that is medically acceptable but may not be medically necessary and is provided generally for the convenience of the inmate.

4. Level 4: Elective/Cosmetic Surgery

Care or specific procedure that is not medically necessary and may not be medically acceptable but requested by the inmate for cosmetic purposes or personal desire.

II. Referral Procedures (5-ACI-6A-04, 4-ACRS-4C-03M, 4-ACRS-4C-04M, 4-ACRS 7D-26)

A. Level 1: Medically Mandatory/Emergency Care

1. The inmate will be transported to a network provider unless the inmate's condition warrants immediate care; in such cases, the inmate will be transported to the nearest appropriate emergency facility. Transportation by Emergency Medical Services (EMS) will be within the protocols as established by the Oklahoma State Department of Health.

2. The facility health authority or designee will notify the Chief Medical Officer or designee by the next working day of admissions to community hospitals. Efforts will be made to transfer inmates to Lindsay Municipal Hospital (LMH) or Oklahoma University Medical Center (OUMC) when clinically appropriate. Primary consideration will be given to the inmate's medical and safety needs.

3. Staff will refer to the following levels of after-hour care and weekend medical coverage with the understanding that this procedure does not require non-medical staff to have the level of training of licensed staff, but rather this system of referral makes use of basic first aid training.

a. Level A: Emergency/Life Threatening Situation

It is not necessary for the nurse (in a 24-hour care facility) or staff to contact the on-call medical provider in this category. The EMS will be summoned and the inmate transferred to the nearest appropriate emergency room (ER). This would include, but is not limited to:

(1) Observed unconscious and/or unresponsive.

(2) Circulatory or respiratory collapse such as severe chest pain or severe difficulty breathing.

(3) Uncontrolled seizure activity.

(4) Severe trauma leading to profuse bleeding, open fractures with protruding bones, severe head injuries, severe lacerations, or stab wounds, etc.

(5) Sudden onset of altered mental status such as confusion, slurred speech, difficult to arouse, suspected drug overdose, or head injury followed by vomiting.

b. Level B: Urgent

The nurse (in a 24-hour care facility) or staff will consider the following as urgent and warranting contact of the on-call medical provider:

(1) Any complaint relating to the head or neck such as severe headache, neck stiffness, or head/neck injuries.

(2) Any complaint relating to the chest such as chest pain or difficulty breathing.

(3) Any complaint relating to the abdomen such as diarrhea, vomiting, abdominal pain, or constipation of unusual duration.

(4) Sports or work injuries such as suspected fractures, severe joint injury, spinal injuries, etc.

(5) Most lacerations may be repaired up to 19 hours after injury has occurred, as long as bleeding is controlled and infection is prevented. All lacerations will be reported directly to the on-call medical provider to determine if repair is more urgent than can be provided by waiting until the next clinic availability.

c. Level C: Non-urgent

The nurse (in a 24-hour care facility) or staff does not need to contact the on-call medical provider in this category. This will include complaints not in Level A or B. This would include, for example, minor body aches, athlete's foot, cold symptoms, etc. Such cases may wait until the next working day, when there will be either a nurse or other medical provider on site. There is, however, nothing precluding the nurse from calling the on-call medical provider if there is any doubt in the presentation given by the inmate.

d. The facility health authority of each facility will provide security with the schedule and phone numbers of the on-call medical staff.

B. Level 2: Medically Necessary Care (4-ACRS-7D-26)

1. A facility medical provider will initiate a request for an outside community referral in electronic form. Appropriate history, physical exam, diagnostic results, and radiographs will be included in the request for outside consultation.

2. The referral will be sent to the regional physician within 24 hours for approval or disapproval.

3. The regional physician will approve, disapprove, or forward the request to a specialist for online recommendations and triage within three working days. The medical provider will monitor the electronic referral for online specialist recommendations and reply as appropriate.

4. Disapproval of the referral by the regional physician may be appealed to the Chief Medical Officer or designee, by the referring medical provider.

5. Approved referrals will be scheduled with the appointment time and date sent to the requesting facility. The facility health authority will assign appropriate staff to monitor the appointment date and time and to notify facility security staff for transportation. The referral will be monitored by the medical provider for timeliness of appointment. The ODOC Nurse Manager at OUMC, the Nurse Clinic Manager at Lindsay Memorial Hospital, or other outside clinic managers may be contacted regarding non-emergent appointments which are determined by the medical provider to be time sensitive.

6. Upon completion of the specialty appointment or receipt of online recommendations from a specialist, the documentation will be scanned and placed into the electronic health record (EHR) within

one week of the appointment and/or online recommendations received and sent to the initiating medical provider for co-signature. The medical provider will review the recommendations and document treatment plan changes within three working days of receipt. (5-ACI-6A-04)

C. Level 3: Medically Acceptable Care

1. Any referral in this category will be brought to the Utilization Review Committee (URC) for consideration of approval. Approval will be on a case-by-case basis.

2. URC is comprised of medical staff, which is responsible for the collection and review of data that assures the appropriate allocation of medical resources. URC addresses under-utilization and over-utilization of resources as well as the review of treatment to determine that it meets professionally recognized standards of care and clinical practice guidelines.

3. If the referral is approved, the procedures for Level 2 medically necessary care referral will be followed.

D. Level 4: Elective/Cosmetic Surgery (5-ACI-6C-05, 4-ACRS-4C-20M)

1. Any referral will be brought to the Utilization Review Committee for consideration of approval. This may not be approved unless there is a demonstrable and necessary medical or psychological need or substantial functional deficit that is correctable by the treatment or procedure.

2. If a referral is considered having met the above criteria, the medical provider will forward such referral to the Chief Medical Officer for consideration of approval on a case-by-case basis.

3. If approval is given, the referral procedures for Level 2 medically necessary care will be followed.

4. Under circumstances as outlined in OP-031001 entitled “Inmate Escorted Leave/Activities,” an inmate may be allowed to finance an elective or cosmetic surgical procedure at their own expense with an appropriately licensed provider of care. The inmate will sign the appropriate notarized “Affidavit of Financial Responsibility for Medical, Mental Health, Dental and/or Vision Care” (DOC 140121D) before approval will be given.

III. Telehealth/Telemedicine

A. Procedures for Telehealth/Telemedicine

Telehealth/telemedicine is the delivery of health care services done by interactive audio and video technology within the inmate's medical unit.

1. Prior to the inmate's initial telehealth/telemedicine appointment, an "Informed Consent for Telemedicine Service" (DOC 140701D) will be signed and will remain in full effect until the inmate either no longer requires telehealth/telemedicine or the inmate rescinds the consent by signing a "Waiver of Treatment/Evaluation" (DOC 140117D). (5-ACI-6C-11 b#1)

2. The telehealth/telemedicine consultant may request additional information, including information from the inmate's EHR, which will be faxed or mailed to the telehealth/telemedicine clinician. (5-ACI-6C-11 b#3)

3. The facility provider or other health care professional will remain with the inmate during the telehealth visit to operate the telehealth system, assist the patient as needed, and to present any additional information to the telehealth/telemedicine consultant.

4. The telehealth/telemedicine consultant will fax or scan to the facility provider copies of the evaluation, progress notes, and treatment recommendations. These copies will be scanned into the inmate's EHR and sent to the medical provider for co-signature in accordance with OP-140106 entitled "Healthcare Record System". (5-ACI-6C-11 b#4)

5. The telehealth/telemedicine appointment will be held in an area that provides visual and auditory privacy. (5-ACI-6C-11 b#2)

6. All staff present will comply with facility policies on privacy, confidentiality, and electronic security. (5-ACI-6C-11 b#2)

IV. Hospital Admissions/Emergency Room/Outside Referral Appointments

A. Admissions

1. Admissions to LMH or OUMC will be conducted in the following manner:

   a. Telephonic or faxed communication may occur between providers prior to admission.

   b. Scheduled admissions will be confirmed by the CHSA or designee prior to the inmate leaving the facility.

2. For admission to local hospitals and OUMC, the facility health authority or designee will notify the Chief Medical Officer or designee by the next working day, utilizing the "Notification of Inmate

Admission to Local/OUMC Hospital" (DOC 140121F) and sending an email notification of its completion/submission. Admissions to LMH does not require notification.

B. Pertinent Medical Information for Inmate

The following protocol will be followed for hospital admissions, emergency room visits and outside referral appointments:

1. Hospital Admissions and Emergency Room Visits During Clinic Hours

   A qualified healthcare professional (QHCP) will complete the "Outside Referral Record Summary" (DOC 140121A) and a copy will be placed in sealed envelope for transport. The "Outside Referral Record Summary" (DOC 140121A) will include, at a minimum:

   a. Allergies;

   b. Current medications;

   c. Current labs;

   d. Current immunizations;

   e. Current problems;

   f. Present illness;

   g. Pertinent physical findings; and

   h. Most recent vital signs (specific for emergency room).

2. Hospital Admissions and Emergency Room Visits After Clinic Hours

   a. If an emergency room visit occurs after clinic hours at a non-24 hour facility, a QHCP will complete the "After Clinic Hours Transfer to ER Note" (DOC 140121G).

   b. Emergency room visits that occur after clinic hours at a non-24 hour facility will be in accordance with MSRM 140117.01 entitled "Nursing Practice Protocols."

3. When an inmate returns back to the facility after an emergency room visit, hospital procedure or hospitalization admit, a follow-up by a QHCP will be completed utilizing the nursing protocol "Post Hospitalization/ER/Procedure Assessment" (MSRM 140117.01.15.6).

4. Initial and Follow-Up Outside Specialty Care Appointments

   A copy of the "Consult Request" and all pertinent clinical information will be placed in a sealed envelope for transport. The "Consult Request" will include, at a minimum:

   a. Allergies;

   b. Current medications;

   c. Current labs;

   d. Current immunizations;

   e. Current problems;

   f. Present illness;

   g. Pertinent physical findings; and

   h. Most recent vital signs

5. All documentation will be kept confidential and placed in a sealed envelope for transport. Discharge summaries and any other medical records given upon discharge will be placed in a sealed envelope and returned to the facility medical unit.

6. Any documentation received from an outside entity will be scanned into the EHR and sent to the medical provider for co-signature in accordance with OP-140106 entitled "Healthcare Record System."

7. Medical Transport Cancellation of Procedure or Clinic Appointments

   a. The Chief of Security will promptly notify the facility health authority and the facility medical provider (Physician, PA, or Nurse Practitioner) of the anticipated missed appointment due to lack of transportation availability. The health information technician (HIT)/medical secretary and facility health authority need to coordinate with facility security staff 2-3 days ahead of scheduled appointments to review transportation plans/needs in order to determine facility transport capability. Medical staff will also advise facility security staff of any changes made to the transports due to added or cancelled appointments. Transportation cancellation will need to be reported to medial 24 hours in advance in order to avoid a "no show" fee from the outside provider.

   b. Confirmation from the inmate as to willingness to go to the outside appointment will be obtained several days prior to

actual date of appointment. Staff will never divulge the actual date of the appointment to the inmate for security reasons. Any refusal by the inmate requires counseling of the potential adverse consequences to their health as a result of their refusal. A “Waiver of Treatment/Evaluation” (DOC 140117D) will be completed by the medical staff. The patient is to sign the form and then the form will be scanned into the medical record. The stated reason for the inmate's refusal to attend the appointment will be included on this form. If an inmate refuses to sign the form, a medical staff member will sign as the primary witness and any correctional officer or other staff member present can cosign as the secondary witness to the refusal.

c. The facility medical provider will make a determination as to the medical necessity of the scheduled appointment and how critical is the need to be seen, or whether it is appropriate to cancel and reschedule the appointment to another date. If the inmate is refusing to go to a critical outside appointment, the facility provider will counsel the patient and attempt to persuade them to attend the appointment, divulging the harmful consequences of their refusal.

d. If the appointment is deemed by the facility medical provider to be medically necessary and essential to make, but insufficient transportation staffing exists, arrangements for special transport to the outside appointment will be coordinated through the facility head/designee, and Chief of Security. If additional assistance is needed when the facility resources are absent, contact will be made to the assigned Administrator of Institutional Operations over that facility. Adequate time to arrange transportation will be accounted for in this process.

e. It is not acceptable to cancel a previously made outside medical appointment without the facility medical provider first reviewing the chart and determining the importance of making the appointment. If it is medically acceptable for the appointment to be cancelled and rescheduled to another date, that will be communicated by the responsible medical provider to the CHSA and HIT, with a brief documented entry into the inmate's health record indicating such.

f. In the event that an appointment is missed or canceled for any reason, the involved medical provider, facility Nurse Manager and the CHSA are to be notified of the occurrence (co-sign provider, Nurse Manager & CHSA to the notification entry into patient's medical chart). Arrangements to reschedule the appointment at the earliest feasible time are to be promptly

made, and the medical provider is to be co-signed to the new appointment date in the medical record. If there will be an extended time period before the inmate can be seen again, the medical provider will be notified so appropriate alternative action can be taken in response.

g. When an inmate transfers facilities in the interim time awaiting an outside specialty appointment, the receiving facility's medical provider will be notified of the previously scheduled appointment and will review the chart to determine if continued need for the appointment exists. If the specialist is now a long distance away from the receiving facility, the medical provider will determine if it is appropriate to change the appointment to a closer specialist to the receiving facility. Instances where wait time to see the specialist has occurred, and ability to get a new appointment will result in unacceptable delay in care, the inmate will not be transferred until after the specialist has seen the patient and the facility medical provider has determined it is appropriate to allow transfer.

V. Rules, Regulations and Administrative Procedures

A. Individual Appointments

Lindsay Municipal Hospital, OU Medical Center or other network providers will not hold routine sick call or perform medical and surgical services that are available in an ODOC, primary medical contract provider clinic or infirmary.

B. Return Appointments

For security reasons, minimum and higher security level inmates will not be informed of the date of an appointment or scheduled hospital admission.

C. Payment for Services

Payment for medical services incurred from an outside community referral for the ODOC or primary medical contract provider will be accomplished by the outside community provider submitting a claim to the ODOC third party administrator. Any claims, which come directly to the CHSA, will be forwarded to the third party administrator for payment.

VI. Tracking

Outside community provider referrals will be reported on the “Worksheet for Monthly Medical Activity Report” (DOC 140107A) or via the ODOC web site https://oklahoma.gov/doc.html, in accordance with OP-140107 entitled “Medical Services Management System.”

VII. Health Leaves

Escorted health leaves may be granted to allow inmates who are not deemed a threat to the public or the employee, an opportunity to obtain specialized health care that cannot be provided by the state.

Inmates at community corrections centers or community contract facilities may be granted an authorized leave to obtain health care from community resources at their own expense as outlined below. Such leave will be escorted by an approved volunteer or an approved family member in accordance with OP-031001 entitled "Inmate Escorted Leave/Activities." Inmates assigned to work release and halfway houses do not require an escort for approved health leaves. (4-ACRS-7D-26)

A. Eligibility

Inmates at all security levels are eligible for health leave as defined in the criteria below:

1. At minimum and higher security facilities, inmates may submit a request for health leave for a specific purpose to the CHSA. If the request is a valid health need, the CHSA will notify the facility head and the Medical Services Administrator.

2. The facility head will make the final decision regarding the health leave after joint consultation with the CHSA and Chief Medical Officer. The inmate will be required to pay the current mileage rate (round trip) and the hourly wages to include salary and benefits of the transporting officers. A notarized statement of inmate financial responsibility will accompany the "Health Care Leave Request " (DOC 140121B).

3. At community corrections centers and halfway houses, inmates may receive health care through a community provider of their choice or through ODOC medical providers.

    a. ODOC medical providers may include certain community clinics with which ODOC has established a contract or memorandum of understanding to provide medical care for ODOC patients, or medical providers, which are enrolled in the ODOC network of providers.

    b. In no case will health care services be denied to any inmate based on prior care by a non-ODOC medical provider.

    c. Inmates at community corrections centers and halfway houses will understand and sign the "Rules for Health Care Leave and Medication for Inmates Assigned to Community Corrections" (DOC 140121C).

4. All inmates who receive health services from non-ODOC medical providers will complete an "Affidavit of Financial Responsibility for Medical, Mental Health, Dental and/or Vision Care" (DOC 140121D), an "Authorization for Release of Protected Health Information" (DOC 140108A) and provide records of each encounter on the "Record of Treatment by Community Health Care Provider" (DOC 140121E).

   a. This documentation will be returned to the facility medical unit for entry into the healthcare record.

   b. Escorted activities as outlined in OP-031001 entitled "Inmate Escorted Leave/Activities" will apply to health leaves.

B. Community (4-ACRS-7D-26)

1. Non-emergency health care provided by community resources for inmates at community level facilities or below or on health leave status will be the financial responsibility of the inmate.

2. While on escape status the inmate will be financially responsible for all health care.

VIII. Research and Medical Experimentation

Under no circumstances will inmates be utilized for medical, pharmaceutical, or cosmetic experiments. This does not preclude individual treatment of an inmate based on their need for a specific medical procedure that is not generally available. (2-CO-1F-14, 2-CO-4E-01, 5-ACI-6C-09M, 4-ACRS-4C-20M)

Any research involving inmates will be consistent with established ethical, medical, legal, and regulatory standards for human research and in accordance with the Code of Federal Regulations. The Chief Medical Officer and the agency Director will approve any medically related research prior to its initiation. (5-ACI-6C-09M)

IX. Notification of Designated Individuals (2-CO-4E-01)

Notification of designated individuals (next of kin) will be in accordance with OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures."

X. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-031001 entitled "Inmate Escorted Leave/Activities"

OP-040111 entitled "Transportation of Inmates"

OP-140106 entitled "Healthcare Record System"

OP-140107 entitled “Medical Services Management System”

OP-140111 entitled “Inmate Death, Injury and Illness Notification and Procedures”

MSRM 140117.01 entitled “Nursing Practice Protocols”

57 O.S. § 627

XI. Action

The Chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency Director.

This procedure is effective as indicated.

Replaced: OP-140121 entitled “Outside Providers for Health Care Management” dated December 28, 2021

Distribution: Policy and Operations Manual
Agency Website

Referenced Forms	Title	Location
DOC 140121A	"Outside Referral Record Summary"	Attached
DOC 140121B	"Health Care Leave Request"	Attached
DOC 140121C	"Rules for Health Care Leave and Medication for Inmates Assigned to Community Corrections"	Attached
DOC 140121D	"Affidavit of Financial Responsibility for Medical Mental Health, Dental, and/or Vision Care"	Attached
DOC 140121E	"Record of Treatment by Community Health Care Provider"	Attached
DOC 140121F	"Notification of Inmate Admission to Local/OUMC Hospital"	Attached
DOC 140121G	"After Clinic Hours –Transfer to ER Note"	Attached
DOC 140107A	"Worksheet for Monthly Medical Activity Report"	OP-140107
DOC 140108A	"Authorization for Release of Protected Health Information"	OP-140108
DOC 140117D	"Waiver of Treatment/Evaluation"	OP-140117
DOC 140701D	"Informed Consent for Telemedicine Service"	OP-140701
MSRM Form	"Post Hospitalization/ER/Procedures Assessment"	MSRM 140117.01