	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>	<b>POLICY NO.:</b> <b>COR.10.D.08</b>
		<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>COR.10.1D.05 (10/20/15)</b>	
<b>SUBJECT:</b> <b>HOSPITAL AND SPECIALTY CARE</b>		<b>Page 1 of 4</b>	

## 1.0 PURPOSE

The purpose of this policy is to ensure that hospitalization and specialty care are available to incarcerated individuals when needed.

## 2.0 SCOPE

This policy and procedure shall apply to all correctional facilities and their assigned personnel.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Code of Federal Regulations Title 21, 45 CFR 160-169, Federal Register Documents, (2023).
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.10, Patient Escort.
- c. *Estelle v. Gamble*, 429 U.S. 97 (1976).
- d. Hawaii Revised Statutes §323B, Health Care Privacy Harmonization Act.
- e. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- f. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).

### .2 Definitions

- a. Protected Health Information (PHI): Information that (i) is created or received by a health care provider, health plan, employer or health care clearinghouse; (ii) relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and (iii) identifies the individual, (or for which there is a reasonable basis for believing that the information can be used to identify

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the individual). PHI does not include employment records maintained by the department's personnel files in its role as an employer.

- b. Responsible Health Authority: The Clinical Services Administrator is the designated individual tasked with ensuring the organization and delivery of all medical and clinical services care in the facility.
- c. Specialty Care: Specialist-provided health care (e.g., nephrology, surgery, dermatology, orthopedics).
- d. Special Utilization Review Panel: A multi-provider panel including State physicians and nurse practitioners headed by the Medical Director who reviews requests for outside provider services and makes an approval or denial determination regarding the request based on patient clinical findings and other criteria.

.3 Forms

- a. DCR 0406, Consultation Record.
- b. DCR 0447, Authorization Review.

**4.0 POLICY**

- .1 Incarcerated individuals shall have appropriate and timely access to hospital and specialist care when necessary.
- .2 When incarcerated individuals are referred for specialty care, written or verbal information about the incarcerated individual and the specific problem to be addressed shall be communicated to the specialty care provider.
- .3 The health record shall contain results and recommendations from hospital and specialty care off-site, in-reach, and telehealth visits, or attempts by health staff to obtain the results.

**5.0 PROCEDURES**

- .1 Specialty Care Referral and Review.
  - a. The treating provider shall refer incarcerated individuals for clinically indicated specialty care using DCR 0406 (Consultation Record) and DCR

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0447 (Authorization Review) or by referral through the electronic health record when indicated.

- b. Referrals for non-emergent specialty care, testing, or treatment shall be reviewed and authorized by the Medical Director, Physician Manager, Psychiatrist Manager, or Chief Nursing Officer. The Medical Director, Physician Manager, Psychiatrist Manager, or Chief Nursing Officer may refer complex cases to the Special Utilization Review Panel (SURP) for final review and authorization or denial of the request. The SURP shall complete the Authorization Review [DCR 0447] or the SURP referral template in the electronic health record.
  - c. Reviews and authorizations for specialty care shall be based on community standards of practice, amenability to treatment, indications and contraindications, anticipated degree of functional improvement and/or treatment effectiveness, anticipated length of incarceration, and other relevant case specific information for the specialty care.
- .2 Prior to the hospital or specialty care visit, written or verbal information about the incarcerated individual and the specific problem to be addressed shall be provided to the specialty care provider:
- a. Health care staff shall fax the Consultation Record [DCR 0406] and any additional requested and relevant protected health information to the specialty care provider for purposes of treatment;
  - b. Health care staff shall upload a secured file to the department authorized SharePoint site and provide the specialty care provider access to the Consultation Record [DCR 0406] and any additional requested and relevant protected health information for purposes of treatment through the department authorized and secured SharePoint file; and/or
  - c. Health care staff shall call the specialty care provider to provide a verbal report of the relevant protected health information for purposes of treatment.
- .3 To facilitate appropriate continuity of care, the responsible health authority shall ensure that a summary of the specialty care is received and added to the patient's health record.
- a. The specialty care provider shall provide a summary of their assessment, testing, or treatment completed; diagnosis and/or findings; and

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recommended treatment plan, including prescribed medications, patient instructions, and follow-up.


- b. If the specialty care provider does not provide the requested information above, the health care staff responsible for scheduling specialty care visits shall regularly follow-up with the specialty care provider until the results have been obtained. All attempts to obtain the specialty care provider summary shall be documented in the health record.
- c. All specialty care records shall be filed in the health record.

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

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STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

**AUTHORIZATION REVIEW**

Facility: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_

PATIENT INFORMATION	URGENCY	Check
NAME:	<b>NOW</b>	
SID:	Urgent (1-14 days)	
DOB:	Routine (2-12 wks)	
ANTICIPATED RELEASE DATE:	Standard (3-6 months)	
SERVICE/ TEST REQUESTED:		

History Related to Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pertinent Physical Findings, Lab, Diagnostic Radiology: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Necessity (could potential diagnosis compromise longevity)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Patient have pain and/or functional disability? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When Relevant (other diagnoses or medications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewing Provider: \_\_\_\_\_ Date: \_\_\_\_\_  **APPROVED**  **DENIED**  
(Requires recommendation)

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Panel Signatures: \_\_\_\_\_