	DEPARTMENT OF CORRECTIONS AND REHABILITATION	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.F.09
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G.10 of December 29, 2008	
	SUBJECT: DURABLE MEDICAL EQUIPMENT		Page 1 of 5

1.0 PURPOSE

To purpose of this policy is to establish guidelines for the purchase of medically indicated prostheses, orthosis, and mechanical devices.

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. American Correctional Association, Standards for Adult Correctional Institutions.
- b. Hawaii Revised Statutes, Section 26-14.6, Department of Corrections and Rehabilitation; Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- c. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- d. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- e. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

- a. Assistive Device: Any single or combination of prosthetic, orthosis or mechanical devices that assist a person in performing their daily activities of living.
- b. Basic Level Prosthetics – The level of prosthetic devices such as limbs, hearing aides, eyes that would be covered under the State of Hawaii Medicaid Program.
- c. Dental Appliance_– Partial, bridges, crowns, orthodontic braces, retainers, braces, spacers, implants, bite planes.

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- d. Mechanical Device: wheelchairs, patient lifts, motorized assistive devices, CPAP.
- e. Prosthesis: Artificial devices to replace missing body parts or augment the function of a natural function such as a limb, eye, hearing aid, full plate dentures, etc.
- f. Orthotic Devices: appliances for the immobilization or stabilization of a body part to prevent deformity, protect against injury, or assist with function can include slings, splints, braces, etc.

.3 Forms

- a. DCR 0477, Purchase Agreement (attached)
- b. DCR 0477-B, Furlougee Purchase Agreement (attached)
- c. DCR 0417, Refusal to Consent to Medical/Dental Treatment/Medications form (attached)

4.0 POLICY

- .1 Physicians and dentists may prescribe medically necessary clinically indicated prosthetics when required to assist the retention or improvement of physical function or when the health of the patient would otherwise be adversely affected.
- .2 Prosthetic devices must be authorized as medically necessary through the Special Utilization Review Panel (SURP) before being approved for purchase through the Department. The Department will cover basic level replacement limbs, hearing aides, eyes and the necessary supporting medical supplies such as stockings, batteries, etc. for a patient, who is expected to demonstrate according to their physician's assessment, a retention or improvement in physical function as a result of the device. This device will be provided at no cost to the patient.
- .3 Mechanical Devices that are deemed medically necessary to support or sustain the life of a patient such as continuous positive airway pressure (CPAP) and biphasic positive airway pressure (BIPAP) machines for sleep apnea, alternating pressure mattresses, oxygen, feeding pumps, etc., and all medical supplies necessary to operate these devices will be covered at no cost to the patient.

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- .4 Medical devices other than those listed above such as, but not limited to, appliances for the immobilization or stabilization of a body part to prevent deformity, protect against injury, or to assist with function, including slings, splints, braces, wheelchairs, motorized assistive devices and dental appliances shall be the financial responsibility of the patient. The patient shall pay for all fees, costs including the care of the prosthetic, orthosis or mechanical device.
- .5 The Department will cover the cost of medical equipment listed under .4 above, for those patients who have been determined to be indigent under the Health Care Payment plan. The patient must sign a Purchase Agreement [DCR 0477] allowing any funds deposited above a ten dollar (\$10.00) minimum balance in their patient account, be withdrawn from the account until the equipment cost is paid in full. The following conditions apply:
 - a. The patient has a mandatory minimum sentence or parole date with sufficient remaining incarceration time to allow for the potential repayment of the cost of the equipment.
 - b. The equipment is determined to be medically necessary by a State physician.
 - c. The patient is determined to be indigent; and therefore, unable to pay for the cost of the equipment in advance.
 - d. All more cost effective alternatives to the equipment have been considered.
 - e. The patient signs a purchase agreement document.
- .6 Prior authorization through the Special Utilization Review Panel (SURP) is required for medically recommended prosthetics, orthoses and mechanical devices that cost in excess of two hundred dollars (\$200).
- .7 All outstanding medical cost obligations owed by the patient shall be deducted from the patient's account prior to the release of any account balance to the patient.
- .8 Prosthetics purchased for the patient shall not be replaced within a frequency period of less than five (5) years, unless the patient's physical condition has changed necessitating a new prosthetic.
- .9 Prosthetic devices deliberately damaged by the patient will not be replaced.

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5.0 PROCEDURES


- .1 Prostheses, orthoses or mechanical devices shall be searched during intake, including the removal of the device, if necessary. The Health Care Section (HCS) shall be notified immediately when a device is to be confiscated. A physician shall determine the medical necessity of the device. If deemed not medically necessary, it will be removed, recorded and managed as an item of the patient's property.
- .2 Provisions shall be made for a patient to purchase and maintain an assistive device including corrective eyeglasses, hearing aids, dentures, artificial limbs, wheelchairs and orthopedic appliances, when ordered by a treating State physician or dentist.
- .3 Any patient with a physical disability or impairment may request an assistive device through the sick call process. The patient shall be referred to the facility physician or dentist, who shall determine whether or not the requested device is medically necessary. Only devices deemed medically necessary shall be considered for use in the facility.
- .4 Approval from the SURP is required prior to the purchase, when the applicable provider fee and the cost of the prosthetic exceed two hundred dollars (\$200) and the patient is using the health care payment plan to pay for the cost of the device. The facility health authority or designee is responsible for reviewing and approving purchases totaling less than two hundred dollars (\$200).
- .5 The patient's mandatory minimum sentence and/or parole date, ability to pay and the availability of cost effective alternatives shall be considered during the approval process.
- .6 When a payment plan is utilized for authorized purchases by patients with insufficient funds; funds shall be withdrawn from the patient's account whenever there is more than ten dollars (\$10) in the account. A joint voucher will be used to transfer funds from the patient's account to the facility's HCS operating fund if the transfer is made during the fiscal year that the prosthesis is purchased. Patients refusing to sign the purchase authorization shall not be provided with the equipment.
- .7 After completion of the fiscal year, the funds shall be made out to the Director of Finance and transferred to the state general fund. The patient shall sign the Purchase Agreement [DCR 0477] to authorize the withdrawal of funds to pay for the device.

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- .8 Furloughed patients require the collection of at least one-half the cost of applicable fees and the prosthetic, at the time of the initial examination and measurement. Any purchase that will result in a balance in excess of two hundred dollars (\$200.00) requires the authorization of the SURP. The balance shall be an agreed upon amount paid at regular intervals. Payment shall be made to the HCS by cashier's check, facility check or money order. The furloughed patient shall sign the Furlougee Purchase Agreement [DCR 0477-B].
- .9 A patient may refuse the purchase of a recommended prosthetic. A refusal of a prosthetic by a patient shall be documented on the Refusal to Consent to Medical/Dental Treatment/Medications form [DCR 0417].


APPROVAL RECOMMENDED:



 Deputy Director for Corrections Date

JAN 0 1 2024

APPROVED:



 DIRECTOR Date

JAN 0 1 2024

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