

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-01	PAGE NUMBER 1 of 14
	RELATED NCCHC/ACA STANDARDS: A-01 (Essential) 4-4360; 4-4380; 1-HC-1A-01 (Mandatory); 1-HC-3A-06-2	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: ACCESS TO CARE	
EFFECTIVE DATE: 11/14/07 REVISED: 4/13/09; 7/16/2010; 9/12/13; 12/4/2015; 7/12/2016		
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: Offenders have access to care to meet their serious medical, dental, behavioral health, which includes mental health and substance abuse needs.
- III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS: See glossary.
- V. SUMMARY OF CHANGES:
- A. Adds clarification concerning the availability of dental root canal procedures.
 - B. Incorporates BCHS policy 11-D-04, *Diagnostic Services* which is hereby rescinded.
- VI. POLICY:
- A. It is the policy of the DDOC that all health services policies are based on ensuring that offenders are provided access to care to meet serious health needs.
 1. Any unreasonable barriers to an offender's access to health services shall be identified and eliminated. Examples of unreasonable barriers might include excessive co-payments, holding sick call at times outside normal institution operations or punishing offenders for seeking care for their serious health needs.
 2. The communication to offenders of information on health services is addressed in Policy E-01, *Information on Health Services*.
 3. Information on the Offender Co-Pay Program is addressed in Policy E-01.1 *Fee for Service (Co-Pay) Program*

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B. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for aspects such as the Aid to Impairment for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with BCHS.

C. Medical Services

1. Offenders under the DDOC custody in Level 5 and Level 4 facilities shall have access to medical Primary Care services through Intake Screening, Sick Call and Chronic Care Clinics staffed by Registered Nurses, Advanced Practice Nurses, Physician Assistants and Primary Care Physicians. The scope of Medical Services is outlined in BCHS policy 11-E-12, *Continuity of Care*.

2. Characterization of Medical Services

a. Medically Necessary – Acute or Emergent

i. 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 are; myocardial infarction, severe trauma, hemorrhage, stroke, status asthmaticus, precipitous labor or complications associated with pregnancy, acute loss of vision from a detached retina.

ii. Acute or emergent cases are most frequently transported to a community Emergency Room for treatment.

b. Medically Necessary – Non-Emergent

i. Medical conditions that are not immediately life-threatening but which without care the offender could be at significant risk of serious deterioration leading to premature death, significant reduction in the possibility of repair without timely but not immediate treatment, significant pain or discomfort which impairs the offender’s participation in activities of daily living. Examples are: chronic

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conditions such as diabetes, heart disease, bipolar disorder; infectious disease in which treatment allows a return to previous state of health such as pneumonia or improved quality of life such as in HIV disease; and cancer.

- ii. Non-emergent medically necessary conditions are usually treated within the DDOC facilities with specialty consultation provided both in-house and on occasion outside the DDOC facility with inpatient referral to a community medical facility as necessary.
- iii. This level of care is provided at the Level 5 facilities; Howard R. Young Correctional Institution, James T. Vaughn Correctional Center, Delores J. Baylor Women's Correctional Institution, Sussex Correctional Institution and at the Level 4 facilities; Plummer Community Correctional Center, Hazel D. Plant Women's Treatment Facility, Webb Community Correctional Center, Sussex Violation of Probation, Morris Community Correctional Center, Central Violation of Probation and Sussex Community Correctional Center.
- iv. Hospice care is available and contracted for when necessary at all Level 5 facilities. Dialysis is available at James T. Vaughn Correctional Center and is available for offenders housed at the other Level 4 and 5 facilities on a referral basis to a community dialysis facility.
- v. Pre-natal care shall be initiated or continued for pregnant offenders usually at Delores J. Baylor Women's Correctional Institution, but also as needed at the Level 4 Hazel D. Plant Women's Treatment Facility on a case-by-case basis. The Medical Contract Provider staff shall arrange appropriate childbirth arrangements to take place at an outside local medical facility. Child placement is the offender's responsibility

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prior to childbirth and no newborn shall return to the correctional facility with the mother. DDOC shall work with DSCYF's Division of Family Services as needed to resolve these issues.

vi. The medical and mental health personnel shall provide upon request, counseling for those offenders who desire termination of their pregnancy. DDOC shall not pay for abortions.

c. Medically Acceptable – Not Always Necessary

i. Medical conditions which are considered elective procedures when treatment may improve the inmate's quality of life. Examples are: joint replacement, reconstruction of cruciate ligaments of the knee, treatment of non-cancerous skin conditions.

ii. These treatments shall require a recommendation by the Medical Contract Provider's Utilization Review Committee who shall consider the risk/benefits of the procedure, available resources, natural history of the condition, and the effect of the intervention on the offender's functioning in their activities of daily living balanced with the security risk to the public. If there is no agreement concerning the necessity of the care, the final decision concerning this class of treatments resides with the DDOC Medical Director who shall take into consideration the Medical Contract Provider's Utilization Review Committee recommendations.

iii. Interested offenders shall be given appropriate information on birth control. Women prescribed oral contraceptives as hormonal replacement, severe menstrual symptoms or irregularity may have these continued during their incarceration; however, oral contraceptives shall not be continued for contraceptive reasons in the correctional environment.

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iv. Female offenders who are eligible for programs providing Long-acting Reversible Contraception (LARC) shall be offered access to these programs prior to release.

d. Limited Medical Value

i. Medical conditions in which treatment provides little or no medical value, are not likely to provide substantial long-term gain, or are expressly for the offender's convenience. Examples are: minor self-limiting conditions, cosmetic procedures, removal of non-cancerous skin lesions, sterilization, investigation for infertility or impotence, reversal of sterilization, sperm or egg donation, artificial insemination or in-vitro fertilization, refractive eye surgery, penile prostheses, pharmaceuticals used for non-FDA approved conditions, biofeedback, acupuncture, mammoplasties for augmentation, chiropractic, naturopathic services or paternity testing.

ii. Medical marijuana is not authorized in DDOC facilities.

e. Extraordinary Interventions

i. Medical treatments are deemed extraordinary if they affect the life of another individual, such as transplantation or those that are investigational in nature.

ii. Any treatment to be considered on a case-by-case basis in this category requires the DDOC Medical Director's review and approval with notification to the Contract Provider's Medical Director.

iii. Security may determine that implanted jewelry may pose a risk and may request that all or parts of the jewelry be removed. The Medical Contract Provider personnel shall assist, or if the offender is unable to remove the jewelry the medical personnel shall clip, cut and remove the jewelry as necessary as determined by security. Jewelry removed

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shall be placed with the offender’s personal property. If the offender objects or intends to resist to the removal, the Medical personnel and Security personnel may choose to request an urgent behavioral health consultation to determine the current psychiatric stability of the offender. Ultimately, the decision to remove the implanted jewelry rests with Security. The Contract Provider and Security shall provide same-gender personnel if requested.

3. Care beyond the scope of a Level 4 or 5 facilities shall be obtained through a local consultant, Emergency Room or community medical facility. If transportation is of an urgent nature such as a pregnant offender in labor or chest pain, it shall be arranged through the local Emergency Medical Service (EMS) or air ambulance; if the offender requires specific equipment such as oxygen, wheelchair, etc. it shall be provided by a local contracted medical transportation provider; otherwise transportation shall be through the DDOC system following BOP policy 8.29, *Transportation* – CONFIDENTIAL
4. Infirmary Care is available at all Level 5 facilities. Infirmary care is a focused observational level of medical, hospice or Psychiatric Close Observation when an offender should not be housed with the general population.
5. Airborne Infection Isolation (AII) negative pressure rooms are available at Howard R. Young Correctional Institution, James T. Vaughn Correctional Center, and Delores J. Baylor Women’s Correctional Institution to house offenders with particularly infectious airborne diseases such as active tuberculosis.
6. Chronic Care Clinics are available at all Level 4 and 5 facilities. These clinics focus on education and timely treatment of illnesses in order to mitigate complications for conditions lasting longer than six (6) months.
7. Offenders who are elderly or registered in the Chronic Care Clinic are encouraged

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to consider an Advance Directive to express their wishes should they become terminally ill during their incarceration. Inmates shall have the opportunity to complete an Advanced Directive during their routine physical or as requested by submitting a sick call.

8. Immunizations are available at all Level 4 and 5 facilities for hepatitis, influenza and other infectious disease agents as needed.
9. Eyeglasses that meet the security requirements shall be furnished for those who need corrective lenses and whose eyeglass frames do not meet the security requirements. Contact lenses shall not ordinarily be prescribed or supplied except for very specialized needs such as keratoconus.
10. Durable equipment such as Continuous Positive Airway Pressure (CPAP) machine, prostheses, orthoses, dentures, wheelchairs, crutches are available within the security restrictions.
 - a. A medical prosthesis is not replaced unless defective or currently inadequate to fulfill its purpose and are not prescribed for cosmetic purpose.

C. Behavioral Health Services

1. Offenders under the DDOC custody in Level 5 and Level 4 facilities shall have access to Behavioral Health Services, which includes Mental Health and Substance Abuse Treatment, psychiatric medications, education and counseling as appropriate. This policy does not include Forensic Evaluations.
2. Behavioral Health care is provided at the Level 5 facilities; Howard R. Young Correctional Institution, James T. Vaughn Correctional Center, Delores J. Baylor Women's Correctional Institution, Sussex Correctional Institution and at the Level 4 facilities; Plummer Community Correctional Center, Hazel D. Plant Women's Treatment Facility, Webb Community Correctional Center, Sussex Violation of Probation, Morris Community Correctional Center, and Central Violation of Probation.

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- a. All Level 5 facilities provide treatment for crisis intervention, emergency services, risk assessment for self-harm or harm towards others, screening for symptoms or behavioral disturbances, detoxification from alcohol, benzodiazepines, narcotics and barbiturates, diagnosis of mild to moderate mental illnesses, continuation of psychiatric treatment initiated at other institutions, and monitoring of offenders on psychiatric medicines for adverse effects and drug interactions.
 - b. All Level 4 facilities provide treatment for crisis intervention, emergency services, risk assessment for self-harm or harm towards others, screening for symptoms or behavioral disturbances, diagnosis of mild to moderate mental illnesses, continuation of psychiatric treatment initiated at other institutions, and monitoring of offenders on psychiatric medicines for adverse effects and drug interactions. Any Behavioral Healthcare beyond the scope of a Level 4 facility shall be transferred to a Level 5 facility.
3. Substance Abuse treatment is available through the Key Programs at the Level 5 facilities; Howard R. Young Correctional Institution, Delores J. Baylor Women’s Correctional Institution, Sussex Correctional Institution; through the Crest Programs at Webb Community Correctional Center, Hazel D. Plant Women's Treatment Facility, Morris Community Correctional Center, Sussex Community Correctional Center, and Central Violation of Probation and through the 6 for 1 Programs at Howard R. Young Correctional Institution, and Delores J. Baylor Women’s Correctional Institution.
 4. Psychiatric hospitalization is available when necessary at the Delaware Psychiatric Center, Mitchell Building and under very limited circumstances at one of the private psychiatric hospitals.

D. Dental Services

1. Offenders under the DDOC custody in Level 5 and Level 4 facilities shall have access to General Dentistry services.

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2. Scope of Dental Services

a. Initial Oral Examinations

- i. Detentioners and un-sentenced offenders shall have an oral symptom screening during the Intake Screening process and an oral examination by a dentist within thirty (30) days unless an examination has been performed within the last year. (ACA Standard 4-4360)
- ii. Sentenced offenders shall have an oral screening during the Intake Screening process and an oral examination by a dentist within thirty (30) days unless an examination has been performed within the last year. (NCCHC Standard E-06)
- iii. The oral examination shall document the offender's dentition and a soft tissue examination.
- iv. Dental x-rays shall be taken as needed based upon the Medical Services Contract Provider dentist's decision.

b. Emergency Dental Care

- i. Emergency Dental Sick Call services are available to all offenders regardless of their detainee or sentenced status or the length of sentence.
- ii. Examples of Emergency Dental Care are; post-operative uncontrolled bleeding, facial edema secondary to a dental infection that is of a life-threatening nature or causing facial deformity, fracture of the mandible, maxilla or zygomatic arch, avulsed dentition, an extremely painful condition that is non-responsive to the implementation of dental treatment guidelines, intraoral lacerations that require suturing to include the vermillion border of the lips, fractured dentition with pulp exposure, acute dental abscess, oral pathological condition that may severely compromise the general health of the inmate, acute necrotizing ulcerative gingivitis, purulent drainage or discharge and a

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fractured tooth at the gum line.

c. Continuation of Outside Dental Care

i. DDOC shall not assume responsibility of continuing dental care that was initiated outside the correctional facility. The Medical Services Contract Provider dentist shall evaluate each situation and develop a DDOC dental treatment plan.

d. Dental Restorations and Extractions

i. Every effort shall be made by the Medical Services Contract Provider dentist to restore a tooth with a restoration, rather than an extraction. The restorability of a tooth shall be determined by the Medical Services Contract Provider dentist and documented on a dental treatment plan.

ii. Endodontics (root canal therapy) – Endodontic treatment is not routinely available within DDOC but may be considered on a case by case basis. The tooth must be functional, have a good/excellent prognosis and be restorable without a crown. The Medical Services Contract Provider dentist shall determine if root canal therapy is an appropriate treatment option for the patient.

iii. Criteria for Removal of Wisdom Teeth: Wisdom teeth shall not be removed or referred to an outside provider for removal if they are asymptomatic, symptomatic but can be treated by medications, oral hygiene practices, soft tissue removal, occlusal adjustment or extraction of the opposing third molar. Removal may be considered if after continued treatment as outlined above persists or exacerbates, there is demonstrated pathology (either by x-ray or clinical examination), there is continual presence of infection, the wisdom tooth is affecting the adjacent tooth causing it to become loose or

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decayed.

e. Dentures - Inmates must be sentenced and incarcerated more than six (6) months in a Level 5 facility prior to denture fabrication. No prosthetic replacements other than first priority or where the teeth were extracted by DDOC as part of a treatment plan that included replacement shall be started if the inmate has less than six (6) months remaining in custody to avoid releasing the offender before the treatment can be completed.

i. First priority shall be given to those requiring full dentures in order to be able to chew, medically compromised patients who as a result of missing teeth are exhibiting a significant medical condition that can be ameliorated by return to adequate masticatory function.

ii. Second priority shall be given to those sentenced offenders needing full upper or lower dentures or both as a result of extractions performed as part of an ongoing treatment plan or who have lost teeth while in custody.

iii. Third priority given to those offenders requiring partial dentures (offenders with less than six (6) posterior occluding natural teeth) which were removed while in custody. Inadequacy of mastication, usually due to the absence of premolars and molars, is an indication for partial dentures. Unopposed teeth that would otherwise cause pain/bleeding is also an indication.

iv. Fourth Priority shall be given to those who enter DDOC with missing teeth (edentulous upper and/or lower). Patients should have at least one year remaining on their sentence at a Level 5 facility. DDOC is not obligated to provide dentures to patients edentulous upon entry to DDOC. Patients may pay lab fee for dentures fabricated in arch where no teeth were removed by DDOC.

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- v. Fifth priority shall be given to those patients requiring partial dentures (patients with less than six (6) posterior occluding natural teeth) where teeth were not removed by DDOC and pay lab fee for dentures fabricated in arch where no teeth were removed.
- vi. Patients with poor oral hygiene are not considered good candidates for partial dentures. Only acrylic partials are permitted (no metal). No partial dentures shall be supplied solely for esthetic purposes (missing one or more of their six upper front teeth). Any periodontally compromised teeth should be removed and all fillings and a cleaning are to be completed before the fabrication of a partial denture. When evaluating a patient for dentures, the treating dentists shall note the estimated time of release on the referral, should ensure that all necessary dental work is completed (e.g. extractions, fillings, cleaning) and the dentures can be fabricated within the remaining time of sentence. Dentists shall also note if there are unopposed teeth that are causing pain or bleeding and shall note if the patient is able to maintain proper nutrition.
- vii. Patients may have access to dentures fabricated in the community prior to their entry into DDOC. Patients must file a sick call slip to be evaluated by dentistry and shall note on the sick call sheet that they are requesting to have their dentures from home. The dental assistant shall inform the security staff that a patient has requested his or her dentures from home. The dentures shall be sent to the Health Services Administrator at the address of the facility. Once scanned and cleared by the security staff, the dentures must be examined by a dentist and the offender scheduled to dental clinic to receive the dentures and for the dentist to assess fit and functionality of the dentures.

f. Accessory Dental Treatment

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i. Accessory dental treatments are elective and beyond the scope of DDOC dental care. Examples of these accessory treatments are orthodontic tooth movements, fixed prosthetics such as a Maryland Bridge, dental implants, bleaching, and TMJ procedures.

g. Dental Hygiene and Cleanings

- i. Toothbrushes, dental floss and dentifrice is available to offenders through the commissary. Dental staff shall provide education on dental hygiene as requested by an offender.
- ii. Dental cleanings (prophylaxis) are non-emergency care and shall be available to enable the dentist to perform a comprehensive examination or upon request from a Chronic Care provider.

E. Diagnostic Services

1. Point of Care Services

- a. At a minimum the following diagnostic services are available at each facility:
 - Multiple-test dipstick urinalysis
 - Finger-stick blood glucose testing
 - Hand-held peak flow meter
 - Occult stool cards and developer
 - Pregnancy testing (in facilities housing and Booking and Receiving areas processing females)
- b. Procedural manuals, calibration instructions and results of calibration shall be available for any diagnostic services/equipment utilized.
- c. Appropriate Clinical Laboratory Improvement Amendments (CLIA) of 1988 certification shall be obtained. The Site Health Services Administrator is responsible for certification or waiver from Centers for Medicare and Medicaid Services in accordance with CLIA requirements.

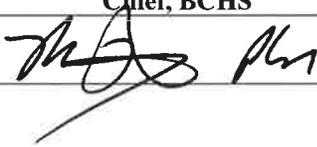
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2. Laboratory tests and diagnostic studies not available at the institution are provided by a contracted service through the Medical Services Contract Provider. The contracted service shall provide for storage, pick up of specimens and reporting of results to site.
3. Diagnostic imaging services may be provided by a contracted service through the Medical Services Contract Provider. Imaging studies that cannot be provided on-site shall be referred out through the Off-site Consultation Approval process.

F. Medication

1. The DDOC medication formulary follows the Delaware Medicaid formulary with some medications requiring review by the Medical Contract Provider's Chief Medical Officer before approval.

Approval:

Marc D. Richman Ph.D. Chief, BCHS	Date	Robert Coupe Commissioner	Date
	7/11/16		7/12/2016