

**Correctional Managed
Health Care Committee**

Inmate Health Services Plan

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Inmate Health Services Plan

Correctional Managed Health Care Committee

Introduction

The Inmate Health Services Plan describes the level, type and variety of health care services made available to inmates incarcerated within the Texas Department of Criminal Justice (TDCJ). This Plan is adopted pursuant to Section 501.146 of the Texas Government Code. In this Plan health care services are delivered through a cooperative arrangement between TDCJ, the University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center under the direction of the Correctional Managed Health Care Committee.

Definition of Health Care Services

Health Care, for the purposes of this Plan, is defined as health-related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the inmate population. Health care, among other aspects, includes medical services, dental services, and mental health services.

Access to Care

All inmates shall have equal access to health care services. Each facility within TDCJ has written procedures which describe the process for inmates to gain access to the care needed to meet their medical, dental and mental health needs. Inmates are provided information at intake and upon receipt at their unit of assignment on the procedures for obtaining health care services.

Classification of Levels of Care

For purposes of this Plan, health care services can be prioritized into the following classifications:

Level I Medically Mandatory: Care that is essential to life and health and without which rapid deterioration is expected. The recommended treatment intervention is expected to make a significant difference or is very cost effective.

- *Care at Level I is authorized and provided to all inmates*

Level II Medically Necessary: Care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration or where there is a significant reduction in the possibility of repair later without treatment.

- *Care and treatment of conditions at Level II is provided to all inmates but evolving standard and practice guidelines controls the extent of service*

Utilization Management and Review

Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process. Determinations made through the utilization management and review process may be appealed by the referring provider for additional review and decision in accordance with established procedures.

Formulary and Disease Management Guidelines

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly to review the use of drugs within the health care system, evaluate agents on the formulary and consider changes to the available medications. All medications prescribed for inmates must be listed in the formulary unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

In addition to the formulary, the Pharmacy and Therapeutics Committee develops and maintains disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Disease management guidelines are just that. They are guidelines. They represent pathways that will help practitioners provide care for the majority of patients in the middle portion of a bell-shaped curve. Pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

Complaints and Grievances About Health Care

If an inmate believes that he/she has not received medical care that is necessary and appropriate for his/her medical condition, the following mechanisms are available:

- First, asking questions of the treating professionals in the medical department in order to understand what is being done to address the issue;
- If the issue remains unresolved, the next step is to complete an I-60 Request to Official form and send it to the facility medical complaints coordinator at the medical department for informal resolution;
- An inmate also has the right to file a grievance in accordance with the appropriate inmate grievance procedures.

Inmate Co-payment Requirements

In accordance with state law, if a visit to a health care provider meets inmate health care co-payment criteria, the inmate may be assessed a \$13.55 co-payment. Inmates will be afforded access to health care services regardless of their ability to pay.

Inmate Health Services Plan

Medical Services and Supplies Provided by Physicians and Other Health Care Professionals

All services are subject to a determination of medical necessity

Service Description
<p>Diagnostic and Treatment Services</p> <p>Professional services of providers:</p> <ul style="list-style-type: none"> ▪ In provider's office or department ▪ Consultations by specialists when indicated ▪ Office medical consultations ▪ During a hospital stay ▪ During an infirmary stay
<p>Laboratory, X-ray and Other Diagnostic Tests</p> <p>Tests, including but not limited to:</p> <ul style="list-style-type: none"> ▪ Blood tests ▪ Urinalysis ▪ Pathology ▪ X-rays ▪ Mammograms ▪ CAT Scans/MRI ▪ Ultrasound ▪ Electrocardiogram and EEG

Treatment Therapies

- Chemotherapy and radiation therapy
- Respiratory and inhalation therapy
- Dialysis—hemodialysis and peritoneal dialysis
- Intravenous (IV)/Infusion therapy

Physical and Occupational Therapies

Services for each of the following:

- Qualified physical therapists
- Occupational therapists
- Rehabilitation therapy and exercise

Note: Physical and occupational therapy is limited to services that assist the member to achieve and maintain self-care and improved functioning in other activities of daily living.

Cardiac rehabilitation is provided subject to the limitations below:

Therapy to restore bodily function is provided only when there has been a total or partial loss of bodily function due to injury or illness.

Services are limited to those that continue to meet or exceed the treatment goals established by the provider. For the physically disabled—maintenance of functioning or prevention of or slowing of further deterioration.

Hearing Services

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

Vision Services

- Eye examination (vision screening) to determine the need for vision correction
- Ocular prosthesis if medically indicated
- Optometry services
- Corrective lenses as medically indicated

Foot Care

- Corrective orthopedic shoes, arch supports, braces, splints or other foot care items if medically indicated

Orthopedic and Prosthetic Devices

- Artificial limbs and eyes; stump hose
- Terminal devices
- Braces for arms, legs, back or neck
- External cardiac pacemaker
- Internal prosthetic devices, such as artificial joints, pacemakers
- Foot orthotics when medically necessary

Durable Medical Equipment

Provision of necessary durable medical equipment, including repair and adjustment, as prescribed by the provider, such as:

- Hospital beds
- Standard wheelchairs
- Crutches
- Walkers
- Blood glucose monitors
- Suction machines
- Oxygen

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Exhibit A

Educational Material, Classes or Programs

- Health education material, classes and programs are provided

Preventive Health Care Services

Service Description
<p>Routine Immunizations</p> <ul style="list-style-type: none"> ▪ Limited to Td, MMR, influenza (age 50 or older), pneumococcal vaccine (age 65 or older)
<p>Medically Indicated Immunizations</p>
<p>Hepatitis A Vaccination for Occupational Risk</p>
<p>Hepatitis B Vaccinations will be Administered According to Correctional Managed Health Care Infection Control Policy and Protocol</p>
<p>Post-exposure Testing and Prophylaxis for Inmate Non-occupational Bloodborne Pathogen Exposure</p>
<p>TB Related Services</p> <ul style="list-style-type: none"> ▪ Annual TB screening tests ▪ Treatment of Latent TB infection ▪ Directly observed therapy for TB disease ▪ Treatment for TB, including respiratory isolation when indicated ▪ Contact investigation around active TB cases ▪ Specialty Consultation for drug-resistant TB cases

<p>HIV Related Services</p> <ul style="list-style-type: none"> ■ HIV testing and counseling upon intake and prior to release as required by state law ■ HIV testing and counseling upon request (no more than every 6 months) ■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol ■ Opportunistic infection prophylaxis ■ Infectious disease consultation for HIV infection
<p>Partner Elicitation and Referral for Sexually Transmitted Diseases, Including HIV</p>
<p>Syphilis Screening upon Intake</p>
<p>Testing for Communicable Diseases when Clinically Indicated</p>
<p>Treatment of Chronic Hepatitis B and C According to Correctional Managed Health Care Policies and Protocols</p>
<p>Hepatitis C Antibody Testing upon Inmate Request</p> <ul style="list-style-type: none"> ■ Not greater than once per year
<p>Post-exposure Prophylaxis for Varicella when Medically Indicated</p>
<p>Post-exposure Prophylaxis for Meningitis when Clinically Indicated</p>
<p>Periodic Medical Assessments as Required for Certain Job Assignments Involving Excessive Noise Exposure or use of a Respirator</p>
<p>Access to Personal Hygiene Supplies as Described in Correctional Managed Health Care Policy and Protocol</p>
<p>Periodic Physical Examination According to Frequency Designated in Policy</p>
<p>Fecal Immunochemical Test According to Frequency Designated in Policy</p>
<p>Health Education Services</p>

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Exhibit A

Mammogram Services for Females

- Mammogram annually from age 40 and higher

Pelvic Exam and Pap Smear for Females

- Frequency may be adjusted by the provider when clinically indicated

Obstetrical Services

- Prenatal and postnatal care, including medically indicated vitamins and nutritional care
- Delivery and complications of pregnancy

Note: Elective termination of pregnancy is not covered. Medical care of the newborn infant is not covered.

Surgical and Anesthesia Services Provided by Providers and Other Health Care Professionals

Facility Providers must obtain precertification for all offsite surgical procedures.

Service Description
<p>Surgical Procedures</p> <p>A comprehensive range of services, such as:</p> <ul style="list-style-type: none"> ▪ Operative procedures ▪ Treatment of fractures, including casting ▪ Normal pre- and post-operative care by the surgeon ▪ Endoscopy procedures ▪ Biopsy procedures ▪ Removal of tumors and cysts ▪ Insertion of internal prosthetic devices

Services Provided by an Infirmary, Hospital or Other Facility and Ambulance Services

Facility physicians must obtain precertification for hospital stays. All services are subject to a finding of medical necessity.

Service Description
<p>Infirmary Care</p> <p>Health care services at TDCJ facilities with infirmaries for an illness or diagnosis that requires limited observation and/or management by a registered nurse but does not require admission to a licensed hospital.</p>
<p>Inpatient Hospital</p> <p>Room and Board</p> <ul style="list-style-type: none"> ■ General Nursing Care ■ Meals and Special Diets <p>Other Hospital Services, such as:</p> <ul style="list-style-type: none"> ■ Operating, recovery, obstetrical and other treatment rooms ■ Prescribed drugs and medicines ■ Diagnostic laboratory tests and X-rays ■ Administration of blood and blood products ■ Blood or blood plasma ■ Dressings, splints, casts and sterile tray services ■ Medical supplies and equipment, including oxygen ■ Anesthetic services as necessary

<p>Hospice Care</p> <p>Supportive and palliative care for the terminally ill is provided in a designated hospice facility. Services include inpatient and outpatient care. These services are provided by a multidisciplinary team under the direction of the facility provider who certifies the terminal stages of illness, with a life expectancy of approximately six months or less. Services include appropriate support services at the correctional unit for the inmate's family as outlined in policy.</p>
<p>Ambulance</p> <p>Local professional ambulance service when medically necessary.</p>
<p>Medical Emergency Services</p> <p>A medical emergency is the sudden and unexpected onset of a condition or an injury that the facility provider believes endangers life or could result in serious injury or disability, and requires immediate medical or surgical care.</p>

Mental Health Services

Service Description
<p data-bbox="272 464 571 489">Mental Health Care</p> <p data-bbox="412 527 1279 585">Diagnostic and treatment services recommended by a qualified mental health provider, including:</p> <ul data-bbox="461 627 1279 1478" style="list-style-type: none"><li data-bbox="461 627 1279 657">■ Professional services such as medication monitoring and management<li data-bbox="461 699 1279 728">■ Outpatient services<li data-bbox="461 770 1279 800">■ Psycho-social services as indicated<li data-bbox="461 842 1279 926">■ Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care<li data-bbox="461 968 1279 997">■ Crisis management / Suicide prevention<li data-bbox="461 1039 1279 1068">■ Continuity of care services<li data-bbox="461 1110 1279 1379">■ Specialized mental health programs<ul data-bbox="509 1167 1058 1379" style="list-style-type: none"><li data-bbox="509 1167 1058 1197">■ Program for the Aggressive Mentally Ill Offender<li data-bbox="509 1230 1058 1260">■ Developmental Disabilities Program<li data-bbox="509 1293 1058 1323">■ Restrictive Housing step-down program<li data-bbox="509 1356 1058 1386">■ Program for the chronic self-injurious<li data-bbox="461 1419 1279 1478">■ Emergency mental health services are available 24 hours a day, seven days per week

Pharmacy Services

Service Description
<p data-bbox="261 443 573 478">Pharmacy Services</p> <p data-bbox="412 510 1227 569">Medically necessary medications are provided to inmates when clinically indicated.</p> <ul data-bbox="459 611 1282 1144" style="list-style-type: none"><li data-bbox="459 611 1240 642">■ Over the counter medications as specified by the formulary and policy<li data-bbox="459 680 873 711">■ Formulary prescription medications<li data-bbox="459 749 1279 808">■ Non-formulary medications must have prior authorization through the non-formulary approval process<li data-bbox="459 846 1279 905">■ Maintenance medications are dispensed as a 30-day supply with up to 11 refills authorized<li data-bbox="459 942 1282 1039">■ Acute medications (e.g., antibiotics) are dispensed as a course of therapy and may not be refilled without obtaining a new prescription from the provider<li data-bbox="459 1077 1279 1136">■ Certain medications may be provided KOP (Keep on Person) based on policy

Dental Services

Eligibility for Dental Services:

- All inmates are eligible for emergency or urgent needs (Level 1).
- All inmates are eligible for interceptive care (Level 2). Subject to co-payment.
- All inmates are eligible for routine care (Level 3) after 12 months of incarceration and demonstration of satisfactory oral hygiene. Subject to co-payment.
- Referrals for evaluation and treatment by specialists will be subject to utilization review process and require prior authorization.
- Dentists may request variation from the guidelines regarding eligibility and scope of services for the protection of patients judged to have special dental needs jeopardizing overall health.

Service Description
<p>Diagnostic/Preventive Dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ■ Initial/Periodic oral examination ■ Development of treatment plan ■ Oral cancer examination ■ Visual aids ■ Consultations
<p>Dental X-rays</p> <ul style="list-style-type: none"> ■ Bitewing ■ Single ■ Other X-rays <ul style="list-style-type: none"> ■ Full Mouth ■ Panoramic

<p>Prophylaxis</p> <ul style="list-style-type: none"> ▪ Oral hygiene instruction ▪ Fluoride treatment ▪ Sealant treatment (per tooth) ▪ Infection control
<p>Restorative (fillings) by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces) ▪ Composite resin (white) restorations on anterior teeth (1, 2, 3 or more surfaces) ▪ Acid etch bonding for repair of incisal edge
<p>Endodontics (root canal therapy/anterior teeth) by Primary Dentist</p>
<p>Oral Surgery by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Single/multiple tooth extraction(s) ▪ Surgical extraction-erupted tooth ▪ Surgical extraction-soft tissue impaction ▪ Surgical extraction-partial bony impaction ▪ Surgical extraction-full bony impaction
<p>Periodontics (gum treatment) by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Occlusal Adjustment-Limited ▪ Occlusal Adjustment-Complete ▪ Periodontal scaling and root planing (per quadrant)
<p>Major Restorative Dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Re-cement crown/bridge ▪ Post for crown ▪ Stainless steel crown

Prosthodontics by Primary Dentist

- Medically Necessary Prosthodontics (dentures)
- TMJ Appliance

University Providers will demonstrate best effort to comply with a 30-90 day time frame for delivery of those qualifying for oral prosthetics.

The Inmate Health Services Plan is intended to serve as a guide for determining the health care services provided to inmates. It is not intended to represent an all-inclusive list of services to be provided nor to replace sound clinical judgment of the health care providers. In addition, the Plan is intended to work in conjunction with other tools provided to health care providers such as the approved formulary and disease management guidelines adopted by the program.

The Plan should also be considered a work in progress. As necessary, the Plan will be updated to reflect changes in policy, practice and standards of care. The Plan was developed in a cooperative effort of the three medical directors involved in the correctional managed health care program, along with the input of management in various health care disciplines. The Plan also draws heavily on a number of reference documents, most notably, the Oregon Department of Corrections Health Care Plan and the HMO Blue Texas Plan.