



Illinois Department of Corrections

Administrative Directive

Number: 04.03.103	Title: Offender Health Care Services	Effective: 1/1/2020
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Acting Director
Supersedes:	04.03.103 effective 5/1/19

Authority: 730 ILCS 5/3-2-2, 5/3-6-2 and 5/3-7-2 20 IAC 415 and 504	Referenced Policies: DR 415 04.03.101 04.03.105 04.03.115 04.03.125	Referenced Forms: DOC 0088 – Offender Medical Problem List DOC 0095 – Offender Medical Emergency Consent Waiver DOC 0097 – Emergency Involuntary Administration of Psychotropic Medication DOC 0145 – Child Resistant Packaging Waiver DOC 0215 – Offender HIV Counseling and Education DOC 0254 – Medical Special Services Referral and Report DOC 0255 – Medical Special Service Referral Denial or Revision DOC 0314 – Segregation Sick Call Rounds Chart DOC 0411 – HIV/AIDS Testing Sites Handout and Certification DOC 0433 – Discharge Medical Summary DOC 0490 – Medication Receipt at Discharge
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I. POLICY

The Department shall ensure offenders have access to adequate health care.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a uniform procedure for the provision of health care services to offenders in correctional facilities.

B. Applicability

This directive is applicable to all facilities, excluding Transitional Level Security facilities, within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Chronic illness - those diseases, as listed in accordance with Administrative Directive 04.03.105, and medical conditions that require long term follow-up as determined by the Medical Director.

HIV (Human Immunodeficiency Virus) - the virus identified as the cause of HIV disease. This virus attacks cells of the immune system, destroying a particular type of white cell thus weakening or

	Illinois Department of Corrections Administrative Directive	Page 2 of 5
Number: 04.03.103	Title: Offender Health Care Services	Effective: 1/1/2020

destroying the body's natural ability to fight infection and other serious illnesses. (See Administrative Directive 04.03.115).

Specialty Service - includes non-routine services and items including, but not limited to, off-site consultations, off-site x-rays, non-formulary medications and medical equipment.

F. Requirements

The Chief Administrative Officer (CAO) shall develop a written procedure covering the provision of health care services within the facility. The procedure shall be dated and signed by the CAO and the designated health care authority for the facility and approved by the Agency Medical Director. The procedure shall provide for the following:

1. Direction

The health care services program shall be directed by a designated health care authority whose scope of duties are detailed in a written agreement, contract or job description that is reviewed annually and revised when necessary.

2. Scope of Services

- a. The method by which all offenders of a facility, regardless of custody status or other factors, can obtain health care services at the level of self care, first-aid, emergency care, clinic care, specialty care, infirmary care and hospitalization shall be identified and described.

NOTE: This may include the services provided by an outside or community hospital.

- b. The method for providing a health education program, health maintenance program, chronic and convalescent care, continuing care and emergency care shall be identified and described.

3. Offender Access

- a. All offenders shall have an intake exam upon admission to a reception and classification center, performed in accordance with Administrative Directive 04.03.101.
- b. All offenders shall have daily access to health care personnel and be referred to a facility physician, physician's assistant or nurse practitioner as needed.
- c. Offenders shall be referred for specialty services if determined medically necessary.
 - (1) If a facility physician, physician's assistant or nurse practitioner deems specialty services necessary, a Medical Special Services Referral and Report, DOC 0254, shall be submitted to the Facility Medical Director.
 - (2) The Facility Medical Director shall review the referral and make a determination:
 - (a) If denied, forward referral to the facility Health Care Unit Administrator for a Utilization Review in accordance with Administrative Directive 04.03.125.
 - (b) If approved, submit the referral to the Utilization Management Unit of the facility's health care vendor. The referral may be made in writing or verbally through a collegial review. Verbal reviews shall be documented on the progress notes in the offender's medical record.

	Illinois Department of Corrections Administrative Directive	Page 3 of 5
Number: 04.03.103	Title: Offender Health Care Services	Effective: 1/1/2020

(c) The vendor's Utilization Management Unit will review the referral and must submit a written response to the Facility Medical Director within five working days.

- i. If the response is not received within five working days, the Facility Medical Director shall advise the Health Care Unit Administrator who shall contact the Agency Medical Director.
- ii. The response shall be placed in the consultation section of the offender's medical file.
- iii. If the referral is approved, the Facility Medical Director shall ensure services are scheduled and the course of treatment is initiated.
- iv. If the referral is denied, the Facility Medical Director shall forward the referral to the facility Health Care Unit Administrator for a Utilization Review in accordance with Administrative Directive 04.03.125.

(3) If approved, health care staff shall schedule the pending specialty service.

(4) If denied, the Facility Medical Director shall notify the offender in writing on the Medical Special Service Referral Denial or Revision, DOC 0255.

NOTE: The Health Care Unit Administrator or Facility Medical Director may request a Utilization Appeal directly to the Agency Medical Director in all cases of denials from the vendor's Utilization Management Unit.

- d. Health care personnel shall conduct rounds in segregation or confinement units daily to ensure adequate offender access. Rounds by health care providers shall be documented on the Segregation Sick Call Rounds Chart, DOC 0314, and other appropriate living unit log books.
- e. A physician, physician's assistant or nurse practitioner shall make rounds in the segregation or confinement units at least once per week.

4. Offender Notification

- a. Offenders shall be informed of the following:
 - (1) All offenders may participate in sick call; and
 - (2) The procedures for gaining access to health care services and for filing a complaint regarding health care services.
- b. In the event the offender does not understand English or is hearing impaired, he or she shall be informed of the foregoing in a language that he or she understands or by sign language or other accepted method of communication for his or her disability.

5. Medical Treatment

- a. When an offender is incapable of giving consent, medical treatment, including medication, may be given against an offender's will where approved by the CAO or the Duty Administrative Officer (no designees) when, in the opinion of an Illinois licensed physician, immediate treatment is required:

	Illinois Department of Corrections Administrative Directive	Page 4 of 5
Number: 04.03.103	Title: Offender Health Care Services	Effective: 1/1/2020

- (1) To protect the offender from a physical condition threatening to cause death, damage or impairment of bodily functions or disfigurement and the offender is incapable of giving consent.
 - (2) Where death of the offender or serious permanent bodily injury is likely to result in the near future if treatment is not provided.
- b. The physician's opinion and recommendation and the CAO's or the Duty Administrative Officer's approval shall promptly be documented on an Offender Medical Emergency Consent Waiver, DOC 0095, and placed in the offender's medical record.
 - c. The involuntary administration of psychotropic medication shall comply with Department Rule 415.70. The physician's opinion and order shall be documented on an Emergency Involuntary Administration of Psychotropic Medication, DOC 0097, and placed in the offender's medical record.
6. Review of Sick Call Requests
- a. Health care staff shall review offender sick call requests within 24 hours of receipt. Medical emergencies shall be addressed as they occur.
 - b. Upon determination that a nursing evaluation is appropriate, health care staff shall schedule an evaluation. The evaluation shall take place within 24 hours of receipt of the request, 72 hours on weekends, or sooner, as clinically indicated.
 - c. When an offender's request for non-emergency medical attention results in referral to a primary care physician by the screening health care staff, the primary care evaluation shall take place within 72 hours or upon the next scheduled visit by a primary care physician.
7. Health Care Planning for General Population Offenders
- a. Health care staff shall identify offenders who have health conditions that require health care planning.
 - b. Prior to an offender's release from the facility, health care staff shall:
 - (1) Complete health care planning for each offender as indicated and offer counseling and testing for HIV, free of charge.
 - (2) Document on the Offender HIV Counseling and Education, DOC 0215, the offender's consent or refusal of the testing and retain the form in the offender's medical record.
 - (3) Provide the offender with the HIV/AIDS Testing Sites Handout and Certification, DOC 0411, in accordance with A.D. 04.03.115. The last page of the form shall be signed by the offender and retained in the offender's medical record.
 - (4) Complete the Discharge Medical Summary, DOC 0433. A copy shall be provided to the offender upon discharge or release.
 - c. To ensure no interruption in the treatment of offenders being released, discharged or transferred to a transitional security facility, health care staff shall:
 - (1) Provide a two-week supply of the medication and a prescription for an additional two-week supply with one refill.

	Illinois Department of Corrections Administrative Directive	Page 5 of 5
Number: 04.03.103	Title: Offender Health Care Services	Effective: 1/1/2020

- (2) Provide a 30-day supply of HIV medications, when applicable.
 - (3) Document all medication provided to the offender upon release on the Medication Receipt at Discharge, DOC 0490. The DOC 0490 shall be signed by the offender and retained in the offender's medical record. Any refusal to sign by the offender shall be documented on the DOC 0490; however, such refusal shall not prevent the release of medication.
 - d. If medication is released in a non-child resistant package, health care staff shall ensure:
 - (1) A sticker stating "Package NOT child resistant" is affixed to the package.
 - (2) The Child Resistant Packaging Waiver, DOC 0145, is completed and signed by the offender or the offender's refusal to sign is documented.
 - (3) The medication is released to the offender. Refusal to sign the DOC 0145 shall not prevent release of medication.
 - e. Following completion of the health care planning, a note shall be placed:
 - (1) On the Offender Medical Problem List, DOC 0088, indicating that health care planning has been completed.
 - (2) In the progress notes describing the health care plan and indicating that the plan was discussed with the offender.
 - f. The Health Care planning portion of local procedures shall be reviewed, and revised and re-approved annually, at the time of the annual governing body meeting as scheduled by the Agency Medical Director.
8. Review of Health Complaints

Reports of health problems or other medical complaints made by offenders shall be reviewed within 24 hours, or immediately in the event of an emergency, by designated trained staff. Appropriate referrals to scheduled or unscheduled health care services shall be made as needed.
