

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.10.12	Page 1 of 6
	Original Effective Date: 01/26/89	New Effective Date: 04/08/24
	Supersedes: 500.10.12	Dated: 01/25/21
	Administrator's Approval: Sarah Cooper, Administrator – 03/08/24	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Prior Authorization Guidelines for Non-Urgent Care (Class III)		
Guidance Document: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

POLICY

The Division of Adult Institutions shall utilize Prior Authorization Guidelines for non-urgent treatment. Hospital and specialty care will be arranged for PIOC in need of these services.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-01 – Access to Care, P-D-08– Hospital and Specialty Care.

Wis. Stat. s. 302.38 - Medical Care of Prisoners.

Wis. Stat. s. 302.385 - Correctional Institution Health Care

DEFINITION, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

Class 3 Committee Review - A group of DOC ACPs and MD supervisor(s) that discuss facility ACP presented requests for non-urgent specialty care.

DOC – Department of Corrections

DOC-3001 – Off-site Service Request and Report

DOC-3436 – Prior Authorization for Non-Urgent Care

Health Care Record (HCR) – DOC-approved electronic medical record

Off-Site Dental Treatment – This includes dental services provided off the premises of the DOC facilities or dental services provided on the premises of a DOC facility by a contracted dental specialist.

PIOC - Persons in our Care

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Prior Authorization – The process by which a DOC ACP submits an electronic or written request describing the need for a particular medical, psychiatric or dental service to the respective director for review and approval.

Specialty Care – Specialist-provided healthcare (e.g., nephrology, surgery, dermatology, orthopedic).

Telemedicine – The use of electronic information and communications technologies to provide and support health care when distance separates the participants.

PROCEDURES

I. General Guidelines

- A. For each community hospital or off-site specialty service used regularly for medical and mental healthcare, a collaborative written or verbal agreement shall be in place.
- B. When PIOC are referred to for outside care, written or verbal information about the patient and the specific problem to be addressed shall be communicated to the outside facility.
- C. Off-site facilities or health care providers are requested to provide a summary of the treatment given and any follow-up instructions.
 1. This information is best to accompany the patient upon return to the facility for continuity of care, utilizing DOC-3001.
 2. Facility staff shall call the off-site facility for verbal report between professional health staff if written information does not accompany the patient upon return to the facility.
 3. Written health information that is not received from the hospital or specialty facility upon the patient's return to the facility shall be requested by facility health staff within 1-3 days.
- D. For on-site specialty services used regularly for medical and mental health care, there shall be appropriate licenses, certifications, and timely communication for continuity of care.
- E. Classification of Medical and Surgical Conditions
 1. Class I: Emergency Care-Medically Mandatory
 - a. A potentially life-threatening condition requiring immediate care.
 - b. A delay in treatment may result in death or permanent serious impairment of the patient's health.
 2. Class II: Urgent Care-Presently Medically Necessary
 - a. An urgent medical problem, while not an emergency, is one in which prolonged delay of treatment could present a risk for serious bodily harm, disability, or further deterioration in the patient's condition resulting in worsening health.
 3. Class III: Non-Urgent Medically Acceptable

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- a. A non-urgent condition is one that at present does not represent a significant threat to the PIOC general medical health and which is not likely to pose such a threat in the foreseeable future.
- b. Surgical procedures can be performed at the convenience of physicians, persons and institutions involved. Non-urgent cases are of two types and in both types, prior-authorization is required.
4. Class III-A
 - a. Cases involving persistent pain or dysfunction where pain or dysfunction have been progressive but do not pose an urgent threat to the health of the patient.
 - b. The condition must be subject to medical correction or arrest.
 - c. While no medical detriment is expected to result from a delay of several weeks to months, adequate care dictates the performance of medical or surgical procedure as soon as scheduling reasonably permits.
5. Class III-B- No procedure or referral should be scheduled at the present.
 - a. Cases not involving persistent pain, progressive disease or impairment and not solely for the convenience of the patient.
 - b. No medical effects are expected to result from surgical delay of months to years.
6. Class IV: Elective Non-Covered Care Services.
 - a. Services that are considered not medically necessary or required in accordance with acceptable medical standards for medical and surgical practice.
 - b. No procedure or referral should be scheduled at the present.

II. Specialty Request Process

- A. No prior authorization to proceed with care is required for Class I or II. approval.
- B. All Class III requests shall be submitted per current BHS medical director guidelines (located in Share Point) by the facility ACP completing a "Consult Class III" order in the electronic health record. Approval for Class III requests shall be granted by the medical director, designee, or by the Class III committee.
- C. Class III committee review shall occur for:
 1. General surgery requests unless approved after discussion with the medical director/designee.
 2. Chronic opiate treatment (> 3 months).
 3. Permanent medical restrictions
 4. Any other case a facility ACP wishes to review with peers.
- D. All specialty care shall be reviewed for their appropriateness for telemedicine consultation.

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- E. Facilities shall enable timely scheduling of appointments upon request approval.
 1. The ACP shall identify appropriate scheduling timelines for all patient appointments.
 2. The ACP shall be notified by facility scheduling staff if an appointment cannot be scheduled within the identified timeline.
 3. All contacts made when scheduling appointments shall be documented in the HCR utilizing the Ad Hoc Referral Information Form.
 4. Wardens shall be notified by the facility scheduling staff if an appointment cannot be scheduled within the identified timeline due to lack of transportation staff.

- F. Process of ACP re-evaluation for non-approved Class III requests.
 1. An ACP shall resubmit the request with further supporting information when the facility ACP believes the need to appeal a non-approved request.
 2. An ACP shall resubmit the request when there is a change in the patient's condition necessitating another request submission.

- G. Submission of Class III Requests for Dental and Mental Health.
 1. Prior authorization shall be obtained for any non-urgent dental or mental health treatment.
 2. All prior authorization requests, with supporting information, shall be submitted on DOC-3436.
 3. Verbal authorization from the dental director or mental health director shall be followed with a completed DOC-3436.
 4. The Class III decision by the dental director or mental health director shall be documented on the DOC-3436 and forwarded to the referring facility ACP.

- H. Central Office clerical support staff shall produce statistical reports as requested regarding offsite requests or approvals.

III. Notification of Class III Decisions and Patient Appeal Process

- A. All specialty care request decisions shall be communicated to the patient by the referring facility ACP.

- B. A patient may appeal a non-approved decision through the Inmate Complaint Review System (ICRS).

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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Chapter: 500 Health Services		
Subject: Prior Authorization Guidelines for Non-Urgent Care (Class III)		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

1.

a.

B.

C.

II.

A.

B.

C.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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