

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.03	Page 1 of 4
	Original Effective Date: 11/01/03	New Effective Date: 08/24/23
	Supersedes: 500.30.03	Dated: 08/31/20
	Administrator's Approval: Sarah Cooper, Administrator – 07/31/23	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Medical Examinations by Non-DOC Providers		

POLICY

The Division of Adult Institutions shall evaluate PIOC requests for medical and mental health examinations by non-DOC providers when it is outside of the care deemed medically necessary by DOC providers.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-A-02 Responsible Health Authority, P-A-03 Medical Autonomy
Wis. Stat. s. 302.38 – Medical Care Of Prisoners
Wis. Stat. s. 302.385 – Correctional Institution Health Care
Wis. Stat. s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority

BHS – Bureau of Health Services

DOC – Department of Corrections

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

HCR- Healthcare Record

HSU – Health Services Unit

Non-DOC Provider – A licensed health care provider who is not employed or under a contract with DOC to provide health care to PIOC.

Outside Examination – A medical examination performed by a non-DOC provider either on site at a DOC facility or outside of a DOC facility.

PIOC – Persons in our Care

PROCEDURE**I. Request for Outside Examination**

- A. Approval of non-DOC provider medical exams shall be limited to a specific set of circumstances.

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- B. A PIOC, attorney or family member may request that a non-DOC provider examine a PIOC. The request shall be in writing and shall contain the following information:
1. Descriptive reason for the examination. (i.e., community ACP second opinion, disability benefits etc.)
 2. Name, address, telephone number of proposed examiner.
 3. Proposed time frame and location of the examination (time and location may be changed due to security reasons).
 4. Release date if requesting evaluation for eligibility of benefits upon release.
 5. Statement that all expenses of the examination shall be borne by the requester including, but not limited to, security staff escort, transportation and record copying.
 6. The facility shall provide estimate of cost.
- C. All requests shall be submitted to the BHS Director of Healthcare Administration-

II. Determination by BHS Director of Healthcare Administration

- A. The BHS Director of Healthcare Administration shall determine whether the request is being made for one of the following reasons:
1. To establish eligibility of disability benefits of the PIOC during incarceration or upon return to the community.
 2. To respond to the request of an attorney representing the PIOC in a legal proceeding regarding matters such as conviction/adjudication, sentencing, parole or other release issues.
 3. To comply with a court ordered examination.
- B. The BHS Director of Healthcare Administration shall determine if the exam can take place on-site if possible.
- C. Requests made greater than six months from release date, may be denied.

III. Determination by Warden/Superintendent

- A. The Warden/designee shall review security issues involving the examination.
- B. The Warden/designee shall make a determination to approve or deny the requested examination based on:
1. Level of escort for examination.
 2. Location of the examination.
 3. Security issues with the identified PIOC being transported or off-site provider.
- C. Denial of transport shall be discussed with the BHS Director of Healthcare Administration.

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IV. Upon Approval by BHS Director of Healthcare Administration and Warden/Designee

- A. PIOC/requestor shall prepay all expenses.
- B. HSU shall make available copies of the PIOC HCR as requested by the non-DOC provider and based on a signed DOC-1163A - Authorization for Use and Disclosure of Protected Health Information (PHI).
- C. If the examination takes place at a DOC facility, an exam room and equipment such as a blood pressure cuff and stethoscope may be provided at the discretion of the HSU Manager/designee.
- D. HSU shall not provide disposable equipment/supplies to a non-DOC provider.
- E. HSU staff shall not assist in the examination nor provide any services to locate providers, set up appointments, obtain diagnostic specimens, take x-rays, etc.
- F. HSU shall not perform diagnostic tests as part of a non-DOC examination.
- G. HSU may not request or retain any reports of the non-DOC provider examination unless there are treatment recommendations.
- H. If there are treatment recommendations from medical examinations by non-DOC providers the DOC ACP shall review and determine an approved treatment plan.
 - 1. The DOC ACP shall document justification of changes in the recommended treatment plan.
 - 2. The PIOC shall be notified of the changes by the DOC ACP.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 00/00/00	DAI Policy Number: 500.30.03	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number: 500.30.03	Dated: 09/04/14
Chapter: 500 Health Services		
Subject: Medical Examinations by Non-DOC Providers		
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.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other