

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.50	Page 1 of 5
	Original Effective Date: 08/01/08	New Effective Date: 02/15/17
	Supersedes: 500.30.50	Dated: 07/21/14
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

POLICY

Division of Adult Institutions facilities shall ensure inmate patients have access to medically necessary therapy services. Therapy services shall be provided by licensed or certified personnel, either on or off site.

REFERENCES

Standards for Health Services in Prisons, National Commission of Correctional Health Care 2014, Standard P-D-05, Hospital and Specialty Care
DAI Policy 500.30.54 – Informed Consent and Right to Refuse Treatment

DEFINITIONS, ACRONYMS AND FORMS

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

CPT codes – Current Procedural Terminology Codes

DOC – Department of Corrections

DOC-3024A – Wound Care Initial Assessment

DOC-3024B – Wound Care Weekly Assessment Flow Sheet

DOC-3332B – Medical Restrictions/Special Needs

DOC-3558 – Physical/Occupational Therapy Service Agreement

DOC-3559 – Physical/Occupational Therapy Initial Evaluation

DOC-3560 – Physical/Occupational Therapy Progress Notes

DOC-3561 – Physical/Occupational Therapy Discharge Summary

DOC-3562 – Request for Additional Physical/Occupational Therapy

DOC-3568 – Physical/Occupational Therapy Discontinuance

HCFA 1500 – Health Insurance Claim Form

DAI Policy #: 500.30.50	New Effective Date: 02/15/17	Page 2 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

Home Exercise Program – A set of exercises prescribed for each individual patient by the therapist as appropriate for his/her particular diagnosis.

HSU – Health Service Unit

ICD-10 Codes – International Statistical Classification of Diseases and Health Related Problems

OT – Occupational Therapist

Plan of Care (POC) – Depicts duration, frequency, and procedures to be implemented in the patient's treatment, short and long term goals, etc.

PT – Physical Therapist

PROCEDURES

I. Equipment and Services

- A. Facilities providing on-site physical or occupational therapy shall have standardized equipment for use by the inmate patient and therapist as well as space to provide the therapy within the facility.
- B. If space and equipment are not available at the facility, therapy services shall be provided by contracted off-site providers.

II. Initial Evaluation

- A. The ACP shall write an order for a therapy evaluation and treatment.
- B. The therapist shall complete a DOC-3559 – Physical/Occupational Therapy Initial Evaluation.
- C. If therapy service is provided by contracted off site providers, the provider's form may be used if it includes the similar information as noted on the DOC form. Documentation shall contain results of the evaluation and a POC.
- D. The ACP shall review, make any modifications to the POC if indicated and sign the DOC-3559 – Physical/Occupational Therapy Initial Evaluation.
- E. Six therapy visits are initially authorized for typical ACP-referred treatment.
- F. If orthopedic surgery is requested and therapy is required post-surgery, the need for therapy shall be addressed at the time of the surgical request.
- G. Therapy shall be provided immediately if required post-operatively. The POC for post-operative referrals shall follow the rehabilitation protocol of the particular surgical procedure performed.

DAI Policy #: 500.30.50	New Effective Date: 02/15/17	Page 3 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

H. The ACP may order additional sessions of therapy based on the inmate patient's needs.

III. Documentation

- A. The therapist shall have the inmate patient sign the DOC-3558 – Physical/Occupational Therapy Service Agreement indicating the inmate patient has been informed and understands their responsibility for therapy.
 - 1. If the inmate patient refuses to sign, therapy shall still be provided.
 - 2. The therapist shall document the refusal to sign and that the inmate patient was informed verbally of the content.
- B. The therapist shall document each contact with the inmate patient on the DOC-3560 – Physical and Occupational Therapy Progress Notes.
- C. Any wound care provided by the therapist shall be documented on the DOC-3024A – Wound Care Initial Assessment and DOC-3024B – Wound Care Weekly Assessment Flow Sheet.
- D. The therapist, whether DOC or contractual, shall document and submit appropriate ICD-10 and CPT codes used in treatment to the DOC third party administrator. Additionally, contracted off-site providers shall complete a HCFA 1500.
- E. The two Web site addresses that PTs/OTs shall use to login into the claim system for Vestica are: <http://www.vestica.com/> and https://www.vestica.com/services/wc_login.asp.
- F. Data provided to the third party administrator may be used for trending by all providers.
- G. When an inmate patient is ready for discharge from active therapy, the therapist shall complete DOC-3561 – Physical and Occupational Therapy Discharge Summary, which includes the inmate patient's initial status, treatment provided and status at discharge.

IV. Home Exercise Program

- A. The inmate patient may be asked to perform a home exercise program if recommended by the therapist.
- B. The program may be performed in the inmate patient's cell, the HSU and/or the recreation area, depending upon the types of exercises to perform.
 - 1. Facility recreation staff is permitted to allow additional time in the recreation area, if needed, for the inmate patient to perform the home exercise program and may be asked to document participation.
 - 2. Medical Restrictions/Special Needs shall be completed as needed. The therapist shall review the program periodically with the inmate patient and record rehabilitation progress.

DAI Policy #: 500.30.50	New Effective Date: 02/15/17	Page 4 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

- C. Follow DAI Policy 500.30.54 for documentation regarding inmate patients who are non-adherent to the prescribed therapy treatment program.
- D. An inmate patient shall be discharged from therapy if they fail to perform the home exercise program for at least two weeks.
- E. The inmate patient, and if applicable, the recreation department and housing unit shall be notified of discontinuation.
 - 1. Complete a DOC-3568 – Physical/Occupational Therapy Discontinuance.
 - 2. If applicable, also complete/update DOC-3332B – Medical Restrictions/Special Needs.

V. Requests for Additional Therapy

- A. If the number of visits approved by the ACP is not sufficient to meet the goals, the therapist shall complete DOC-3562 – Request for Additional Physical/Occupational Therapy to request additional treatment and forward to the ACP.
- B. The ACP shall review the DOC-3562 and either order additional therapy or discharge the inmate patient from therapy.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.50	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		
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