

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.50	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 08/01/08	<b>New Effective Date:</b> 01/17/24
	<b>Supersedes:</b> 500.30.50	<b>Dated:</b> 01/25/21
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 12/22/23	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Physical/Occupational Therapy		
<b>Guidance Document</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**POLICY**

The Division of Adult Institutions shall ensure PIOC have access to medically necessary therapy services.

**REFERENCES**

Standards for Health Services in Prisons, National Commission of Correctional Health Care, 2018 Standard P-D-08 Hospital and Specialty Care; 2018 P-D-03 Clinic Space, Equipment, and Supplies

Wisconsin Stats. s. 302.85 – Medical Care of Prisoners

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

HCFA 1500 – Health Insurance Claim Form

HCR – Health Care Record

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

HSU – Health Service Unit

PIOC – Persons in Our Care

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

**PROCEDURES****I. Services and Equipment**

- A. Therapy services shall be provided by licensed or certified personnel, either on or off site.

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

## **II. Initial Evaluation**

- A. The ACP shall enter an order for a therapy evaluation and treatment.
- B. The therapist shall complete an initial evaluation.
- C. If therapy service is provided by off-site providers, the provider's documentation shall be scanned into the HCR and shared with the DOC ACP. Documentation should include the results of the evaluation and the POC.
- D. The ACP shall review and make any modifications to the POC if indicated.
- 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.
- H. The ACP may order additional sessions of therapy based on the PIOC needs.

## **III. Documentation**

- A. The therapist shall document each contact within the HCR.
- B. Therapists providing on-site services shall include appropriate CPT codes for treatment sessions in all patient care documentation.
  - 1. Contractual therapists shall document and submit appropriate ICD-10 and CPT codes used in treatment to the DOC third party administrator.
  - 2. Contracted off-site providers shall complete a HCFA 1500.
- C. Progress notes shall be completed as indicated to update the referring ACP on how the PIOC is advancing toward the established treatment goals.
- D. When a PIOC is ready for discharge from active therapy, the therapist shall complete a discharge summary.

## **IV. Home Exercise Program**

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- A. The PIOC may be asked to perform a home exercise program if recommended by the therapist.
  - B. The program may be performed in the PIOC cell, the HSU and/or the recreation area, depending upon the types of exercises to perform.
    - 1. Facilities may designate recreation time for PIOC on designated PT exercise programs. Recreation staff 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 PIOC and record rehabilitation progress.
  - C. Follow DAI Policy 500.30.54 for PIOC who are non-adherent to the prescribed therapy treatment program or refuse therapy sessions.
  - D. A PIOC shall be discharged from therapy if they fail to perform the home exercise program for at least two weeks.
  - E. The PIOC, and if applicable, the recreation department and housing unit shall be notified of discontinuation.
    - 1. Complete a Physical or Occupational Therapy Discharge Summary and cancel any future appointments associated with the POC.
    - 2. If applicable, also complete/update any medical restrictions/special needs.
- V. Continuity of Care and/or Requests for Additional Therapy**
- A. Nurses' role in continuity of care includes: review of progress with home exercise program, education, supporting progress, and therapeutic engagement in their therapy progress.
  - B. If the number of visits approved by the ACP is not sufficient to meet the goals, the therapist shall request additional sessions through the PIOC ACP.
  - C. The ACP shall review the request for and either order additional therapy or discontinue therapy.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Physical/Occupational Therapy		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**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