

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.35	Page 1 of 7
	Original Effective Date: 12/15/01	New Effective Date: 08/31/20
	Supersedes: 500.30.35	Dated: 04/01/17
	Administrator's Approval: Makda Fessahaye, 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: Optometry Services		

POLICY

The Division of Adult Institutions shall provide optometric services to meet the eye health needs of patients.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-E-04 Initial Health Assessment, P-D-03, Clinic Space, Equipment, and Supplies

DAI Policy 309.20.03 – Inmate Personal Property and Clothing

DAI Policy 316.00.01 – Inmate Copayment for Health Services

DAI Policy 500.30.02 – Consultation with Off-site Providers or Health Care Provided by Off-Site Providers or On-Site Contract or LTE Providers

Wisconsin Statutes s. 302.38 – Medical Care of Prisoner

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority

ATR – Alternative to Revocation

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DCI – Dodge Correctional Institution

DOC – Department of Corrections

DOC-237 – Property Receipt

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3054A – Chronological Record of Eyecare Case Management

HSU – Health Services Unit

Medical Supply and Equipment List – Standard list of supplies and equipment facilities use as a guide to ordering.

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OCT – Optical Coherence Tomography

Qualified health care professional – For the purposes of Health Services policies/procedures this includes health care providers who are permitted by law to evaluate and care for patients: physicians, physician assistants, advanced practice nurse prescribers, registered nurses, pharmacists, optometrists, dentists, physical therapists, occupational therapists, speech therapists and psychologists.

Visual acuity screening – This includes both distance and near vision, color vision, and case history by health care staff. This may be accomplished by using a Snellen eye chart and Near Vision Card or Titmus Vision Tester.

PROCEDURES

I. Expectations of the HSU for the Optometric Program

- A. Provide facility orientation to the contractual optometric staff.
- B. Provide appropriate space and equipment from the standardized list for the Optometrist and Optometric Assistant as identified on the standardized Medical Supply and Equipment List.
- C. Develop a facility process for utilization of the optometrist, triage of requests, appointments, and processing orders for glasses and/or contacts.
- D. Ensure glasses are procured from the approved contracted vendor and paid for by the unit purchasing cards.
- E. Facility optometric vendor is responsible to submit bills for services to Health Services third party administrator.
- F. Notify BHS of issues related to optometric services at the facility.
- G. Facilities shall develop provision of services in conjunction with their Administrative Offices and monitor the provision of care and treatment by the vendor.

II. Service Provision

- A. Providers
 1. DOC optometrist.
 2. Contract optometrist.
 3. Off-site optometrist.
- B. Off-site ophthalmologists may be consulted if a medical emergency exists or a referral is made following DAI Policy 500.30.02.

III. Assessment and Evaluation

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- A. Patients shall have a visual acuity screening completed at intake.
 - B. ATR admissions shall be screened if it is determined necessary by a qualified health care professional.
 - C. Visual acuity screening shall be documented in the Health Record
 - D. Do not discard or destroy contact lenses on intake. The optometrist shall review all patients with contact lenses on intake and make a determination for medical necessity.
 - E. Referrals to an optometrist shall be made if:
 - 1. Vision screening shows vision deficiency in one or both eyes.
 - 2. Signs and symptoms are present indicating a need for an optometric assessment.
 - F. A basic optometric exam includes the following components:
 - 1. Dilated fundus exam.
 - 2. Biomicroscopy.
 - 3. Refraction.
 - 4. Tonometry.
 - 5. Color vision.
 - 6. Keratometry.
 - 7. Gross external examination.
 - 8. Case history.
 - G. Patients shall be referred to the optometrist if they are determined to need diagnosis and treatment by qualified health care professionals during sick call or appointments with ACPs.
 - H. Patients may request to be seen by the optometrist using DOC-3035 – Health Service Request and Copayment Disbursement Authorization.
 - I. Patients with diabetes mellitus and other conditions, as necessary, shall be scheduled for a dilated fundus exam yearly as part of management for their chronic disease.
- IV. Treatment of Eye Conditions and/or Referrals for Complex Examinations**
- A. Non-emergent or non-urgent referrals to an ophthalmologist shall be ordered following DAI Policy 500.30.02 by the facility ACP or DOC optometrist.
 - B. Non-emergent or non-urgent referrals to an ophthalmologist by the contract optometrist or off-site optometrist shall be referred to the facility ACP for submission following DAI Policy 500.30.02.
 - C. Visual fields, pachymetry and OCT:
 - 1. Are not included as part of a basic eye exam.

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2. Facilities are encouraged to schedule visual fields, pachymetry or OCT at a DOC facility.

V. Glasses

- A. Glasses shall be provided if the screening or the optometric examination indicates a corrective refractive error or a need for safety glasses.
 1. Non-prescription glasses solely for cosmetic reasons are not authorized.
 2. Non-prescription safety glasses shall be ordered only if the optometrist or ophthalmologist indicates they are medically necessary.
 3. Facility work areas and Badger State Enterprise work shops are responsible for providing safety glasses when required for work.
 4. Work safety glasses are not counted in the property limits for glasses and can only be used while in a work assignment requiring the safety glasses.
 5. Limit two (2) personal or a combination of one (1) personal and one (1) State pair of glasses.
 6. Some vision correction can only be managed with single lens glasses.
 - a. Patients may benefit by using over-the-counter reading glasses instead of bifocal or trifocal correction.
 - b. One pair of over-the-counter reading glasses are allowed and are not counted towards the prescription glasses limit.
- B. Prescription glasses
 1. Glasses (lens and frames) shall be purchased according to the current State Purchasing Operational Bulletin with BHS funds.
 2. BHS shall determine which frames, tints, lenses, etc., are allowed when a new bulletin is distributed.
 3. All glasses obtained through BHS shall have safety lenses (polycarbonate).
 4. Glasses dispensed are to be documented on DOC-3054A – Chronological Record of Eye Care Case Management and recorded as property on DOC-237 – Property Receipt/Disposition.
- C. Personal glasses
 1. Shall meet the property requirements of DAI Policy 309.20.03.
 2. Tints/dark tinted lenses are not allowed unless documented medical necessity is provided.
 - a. Photochromatic/Transitional lenses are allowed but they must be completely clear when indoors.
 - b. HSU approval is limited to verifying the patient requires prescription glasses and requirements for tinting.
 - c. The actual glasses do not need to be evaluated by HSU staff.
 3. A soft sided glass cases shall be permitted for each pair of glasses.
 4. General population inmates are allowed to have personal glasses sent or brought into the facility. Refer to DAI Policy 309.20.03.
 5. Personal glasses shall be documented on DOC-237– Property Receipt/Disposition by Security.

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- D. Copies of the prescription for glasses
 - 1. A copy of the current (24 months or less) DOC prescription shall be provided to a patient who wishes to order personal glasses according to DOC property rules.
 - 2. Ordering of personal glasses is not completed through the HSU.

VI. Contact Lenses

- A. Contact lenses are allowed only if determined to be medically necessary by the optometrist or the ophthalmologist.
- B. A corrective refractive error alone is not considered to be medically necessary.
- C. Patients who arrive at intake facilities with contact lenses which do not meet the medical necessity criteria may retain them only until a pair of glasses is obtained.
- D. If the patient does not want to have a pair of glasses, Security shall be notified. The contacts shall be turned in to Security to be sent home or destroyed.
- E. The facility may make exceptions for patients who are short-term admissions and allow them to retain their personal contacts.
- F. Contact lenses dispensed by DOC are to be documented in the Health Record and recorded as property on DOC-237– Property Receipt/Disposition by Security.
- G. Contact Lens Solutions/Cases
 - 1. Shall be provided by the HSU during intake or if contact lenses are medically indicated.
 - 2. Specific brand solutions shall not be provided unless determined to be medically necessary by an optometrist or ophthalmologist.

VII. Examination Recommendations – Scheduling and Requesting

- A. Recommendations for Basic Optometric Exam
 - 1. Patients under 40 years of age are recommended to have an examination by an optometrist every two years.
 - 2. Patients 40 years of age and older are recommended to have an examination by an optometrist every year. This examination shall include a check for intraocular pressure (glaucoma).
 - 3. Copayment and charges are addressed in DAI Policy 316.00.01.
- B. Scheduling Examinations
 - 1. Patients may request examinations by submitting a DOC-3035 – Health Service Request and Copayment Disbursement Authorization to the HSU.

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- 2. The request shall be triaged as to priority and referred for scheduling for an optometric appointment.

VIII. Repair and/or Replacement of State Purchased Glasses or Personal Glasses

- A. State purchased glasses shall be adjusted and screws replaced through the HSU.

- B. The HSU is not responsible, nor shall be involved in, repairs, adjustments or maintenance of personal glasses.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

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

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Chippewa Valley Correctional Treatment Facility		
Original Effective Date: 03/30/12	DAI Policy Number: 500.30.35	Page 7 of 7
New Effective Date: 05/28/21	Supersedes Number: 500.30.35	Dated: 06/28/17
Chapter: 500 Health Services		
Subject: Optometry Services		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Timothy A. Nelson, Warden Becky Gonzales, HSUM		

FACILITY PROCEDURE

Facility inmates receive optometry services at a local optometry clinic.