 <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: 01/25/21
	Supersedes: 500.30.50	Dated: 02/15/17
	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: Physical/Occupational Therapy		

POLICY

Division of Adult Institutions facilities shall ensure patients 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 Statutes 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

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

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. Services and Equipment**

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

DAI Policy #: 500.30.50	New Effective Date: 01/25/21	Page 2 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

- B. 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.
- C. 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 enter an order for a therapy evaluation and treatment.
- B. The therapist shall complete a Physical or Occupational Therapy Initial Evaluation.
- C. If therapy service is provided by contracted off site providers, the provider's documentation ~~form~~ may be used as long as it contains adequate pertinent information relevant to the referral order. Documentation shall contain results of the evaluation and a 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 patient's needs.

III. Documentation

- A. The therapist shall have the patient sign the DOC-3558 – Physical/Occupational Therapy Service Agreement indicating the patient has been informed and understands their responsibility for therapy.
 - 1. If the patient refuses to sign, therapy shall still be provided.
 - 2. The therapist shall document the refusal to sign and that the patient was informed verbally of the content.
- B. The therapist shall document each contact with the patient on the Physical and Occupational Therapy Daily Documentation Notes.
- C. Therapists providing on-site services shall include appropriate CPT codes for treatment sessions in all patient care documentation. Contractual therapists shall document and submit appropriate ICD-10 and CPT codes used in

DAI Policy #: 500.30.50	New Effective Date: 01/25/21	Page 3 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

treatment to the DOC third party administrator. Additionally, contracted off-site providers shall complete a HCFA 1500.

- D. Progress notes may be completed as indicated to update the referring ACP on how the patient is advancing toward the established treatment goals.
- E. When a patient is ready for discharge from active therapy, the therapist shall complete discharge summary.

IV. Home Exercise Program

- A. The patient may be asked to perform a home exercise program if recommended by the therapist.
- B. The program may be performed in the 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 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 patient and record rehabilitation progress.
- C. Follow DAI Policy 500.30.54 for documentation regarding patients who are non-adherent to the prescribed therapy treatment program.
- D. A patient shall be discharged from therapy if they fail to perform the home exercise program for at least two weeks.
- E. The patient, and if applicable, the recreation department and housing unit shall be notified of discontinuation.
 - 1. Complete a Physical/Occupational Therapy Discontinuance under orders.
 - 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, patient education, supporting patient progress, and therapeutic engagement of the patient in their physical progress.
- B. If the number of visits approved by the ACP is not sufficient to meet the goals, the therapist shall complete a Request for Additional Physical/Occupational Therapy to request additional treatment and forward to the ACP.
- C. The ACP shall review the request for and either order additional therapy or discharge the patient from therapy.

DAI Policy #: 500.30.50	New Effective Date: 01/25/21	Page 4 of 5
Chapter: 500 Health Services		
Subject: Physical/Occupational Therapy		

Bureau of Health Services: Michael Rivers **Date Signed:** 1/22/21
Michael Rivers, Director of Healthcare Administration

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

Mary Muse **Date Signed:** 1/22/21
Mary Muse, Nursing Director

Administrator's Approval:  **Date Signed:** 01/19/21
Makda Fessahaye, 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