



# Health Services

# Inmate Health Plan



**July 1, 2016**

Nebraska Legislature <http://nebraskalegislature.gov/laws/statutes.php?statute=83-4,153>

Nebraska Revised Statute [83-4, 154](#)

## Nebraska Correctional Health Care Services Act:

Terms, defined.

For purposes of the Nebraska Correctional Health Care Services Act:

- Community standards of health care means medical care of type, quality and amount that any individual residing within the community in question could expect to receive in that community.
- Department means Department of Correctional Services;
- Health care services means medical care provided by or on behalf of the Department to inmates and includes practice of medicine and surgery; the practice of pharmacy, nursing care, dental care, optometric care, audiological care, physical therapy, mental health care and substance abuse counseling and treatment;
- Inmate means an individual in custody of the Department; and
- Medical doctor means a person licensed to practice medicine and surgery in NE.

**This *Inmate Health Plan* outlines NDCS's commitment to comply with Nebraska Correctional Health Care Services Act. *NDCS Community* is made up of ten correctional facilities located across Nebraska and the standard of care is reflective of services typically found in Nebraska communities of 5000 or more people. Specialized services are provided when medically indicated.**

**For more detailed information:**

[Click on referenced Administrative Regulations \(A/R\) links - Table of Contents page 26](#)

# HEALTH SERVICES – Mission, Vision & Values

## **MISSION**

*Provide humane, comprehensive and integrated health care; including program opportunities consistent with standards of quality and scope of services found in communities to promote health and well-being of individuals placed in our custody.*

## **VISION**

Strive to continually improve health of individuals placed in our custody by developing integrated delivery systems that efficiently provide a continuum of needed, accessible and quality services.

# VALUES

## **Excellence:**

Fostering excellence through:

- Continuous Quality Improvement
- Cooperative partnerships and teamwork
- Cost efficiency, effectiveness and appropriate utilization of resources
- Diversity
- Flexibility
- Open communication and mutual respect
- Ownership and commitment
- Recruiting and retaining high quality staff

## **Service:**

Delivering services:

- Which encourage inmates to share responsibility in their health care and well-being
- Which promote rehabilitation and re-entry into society
- In partnership with community resources
- Responsively
- With care and compassion
- In a seamless continuum
- In an efficient and effective manner
- Through holistic and preventative philosophies

## **Personal and Professional Growth:**

- Building and expanding knowledge, skills and abilities through educational and training
- Developing leadership potential
- Fostering accountability

## **Credibility:**

- Community Standards of Care
- Integrity
- Professionalism
- Quality services
- Reliable, consistent service

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Effective 7/01/2016 Until Revised

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# Nebraska Department of Correctional Services (NDCS)

## Inmate Health Plan (IHP)

### Introduction

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**N**ebraska Department of Correctional Services (NDCS) provides medically necessary behavioral health and medical care to inmates incarcerated in our ten (10) facilities.

The Inmate Health Plan (IHP) defines which services are medically necessary; but is not a contract or a guarantee of services to inmates.

The IHP describes behavioral health and medical care services available to inmates; as well as services that are limited, elective or not available.

To be covered by the IHP, services must be:

- Medically necessary OR
- Necessary for the health and safety of the incarcerated community for public health reasons (for example, treatment for head lice) OR
- Required by law, regulation or NDCS policy AND
- Ordered by a NDCS health care Provider/Practitioner AND
- Authorized according to NDCS policies and procedures AND
- Delivered in the most cost-effective manner and location consistent with safe, appropriate care

If a facility is unable to provide any of the services listed below, an inmate may be transferred to another facility to assure access to the medically necessary services.

# **Definitions**

## **Activities of Daily Living (ADLs)**

Activities related to personal care including but not limited to: bathing/showering, dressing, eating, getting in/out bed/chair, using toilet, walking or assisted mobility

## **APRN - NP**

Advanced Practice Registered Nurse - Nurse Practitioner

## **Authorization for Medically Necessary Care**

- Approval authorization granted by NDCS Deputy Director – Health Services (Medical Director) is initiated by NDCS facility Providers.
- Automatically implies NDCS will pay expenses associated with authorized care; except as otherwise defined by contract or statute,
- Medically Necessary Care is a United States legal doctrine, related to activities which may be justified as reasonable, necessary and/or appropriate, based on evidence-based clinical standards of care.

## **Behavioral Health Administrator & Assistant Behavioral Health Administrator**

Licensed Clinical Psychologists

## **Care (Health Care)**

Includes collecting historical and current health care information, physical and/or psychological examination, diagnostic tests, treatments and communicating assessment and plans with the patient.

## **Chief of Dental Services**

Licensed Doctor of Dental Surgery or Doctor of Dental Medicine who acts as statewide dental health authority

## **Chief Operating Officer (COO) – Health Services**

Masters level Administrator who may also serve as Nursing Home Administrator for Three (3) Skilled Nursing Facilities (SNF)

## **Chief of Psychiatry**

New position created by Legislature that started 8-24-2015

Licensed Doctor of Medicine or Osteopathy

- Board Certified by American Board of Psychiatry

## **Deputy Director - Health Services (Medical Director)**

Licensed Doctor of Medicine or Osteopathy who acts as statewide clinical health services authority

### **Director of Nursing (DON)**

Registered nurse who supervises care of all patients at our ten (10) health care facilities including direct supervision of three (3) DONs at Skilled Nursing Facilities. This position has special training that pertains to health care management, facility operations, fiscal budget, and is responsible for communication between nursing staff and physicians/providers.

### **Durable Medical Equipment (DME)**

- Non-expendable materials including, but not limited to braces, splints, walking aids, prostheses, orthotics, respiratory assistance machines and wheel chairs.
- NDCS will provide patients with medically necessary equipment and training for: prosthetics, orthotics and supplies as ordered by NDCS health care Practitioners to treat or correct specific covered conditions.
- Equipment provided under this IHP will be considered NDCS property.
- Patient's signature confirms his/her receipt of information. If the patient refuses to sign, NDCS will provide service according to guidelines.
- Refusal to sign should be documented in medical chart.
- NDCS will replace or repair medically necessary DME at state expense when replacement or repair is required due to:
  - normal wear and tear.
  - circumstances not preventable by the patient and outside their control.
- DME replacement or repair cost may include professional fees, testing, labor, travel and associated custody fees.

### **Emergency**

- Health care situation in which most similarly trained and experienced persons would agree immediate intervention is necessary for effective treatment of a medical condition.
- **AND** it would be significantly dangerous to the patient to postpone care until authorization obtained from Deputy Director - Health Services.
- Emergencies are not limited to life-threatening situations and may include serious evolving infections; severe pain; psychiatric conditions; and significant allergic reactions.
- Medically necessary emergency assessment, treatment and related services will be available at all times. Services will be consistent with the needs of the inmate as determined by a NDCS healthcare Provider.



- An inmate may be transferred to a community hospital or emergency room for care, if the level of service required cannot be adequately provided in the facility.
- If medically necessary, an inmate may be transported by ambulance, including air ambulance, to expedite transfer to the most appropriate care setting.

### **Health Care**

- Sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. It includes medical, dental, mental health, substance abuse, nursing, personal hygiene, dietary and environmental conditions.

### **Inmate Patient**

- Person incarcerated under NDCS jurisdiction (not on escape status) assigned to total confinement in a max, medium or minimum facility.
- Includes inmates boarding in NDCS community facilities.
- NDCS inmate receiving health care from or approved by NDCS.

### **Intractable Pain**

Pain that is moderate to severe in intensity

- **AND** frequent or constant in occurrence
- **AND** physiologically plausible based on objective evidence from examination or tests
- **AND** unresponsive to conservative measures including, but not limited to: reasonable trials of various analgesics; discontinuation of potentially exacerbating activities such as sports and work; physical therapy or a reasonable trial of watchful waiting.

### **Major Mental Illness**

When a patient's mental illness appears to be the cause of severe disability (impairment in social, occupational or other important areas of functioning) the Mental Illness Review Team (MIRT) will decide - based on DSM 5 (or current DSM edition) diagnosis, functioning and other factors - which inmates are added or removed from Major Mental Illness list.

Major Mental Illness is defined as one of the following:

- A. DSM 5 diagnosis of one or more of the following: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Substance-induced Psychotic Disorder (excluding intoxication and withdrawal), Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder and Bipolar Disorder I and II.

- B. DSM 5 diagnosis of one or more of the following and meeting the threshold for high severity as defined in depressive disorder, other mood disorder, posttraumatic stress disorder, obsessive compulsive disorder, panic disorder or other anxiety disorder.
- C. High severity is defined as one or more of the following: current functional impairment which causes clinically significant distress or impairment in social, occupational or other important areas of functioning; multiple prior hospitalizations for mental illness, prior mental health board commitment, multiple suicide attempts and/or high lethality attempt(s).

**Mental Disorder** American Psychiatric Association DSM-5 definition

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities.

**Mentally ill** Nebraska Mental Health Commitment Act definition

Having a psychiatric disorder that involves a severe or substantial impairment of a person's thought processes, sensory input, mood balance, memory or ability to reason which substantially interferes with such person's ability to meet the ordinary demands of living or interferes with the safety of others.

**Mentally Ill & Dangerous** Nebraska Mental Health Commitment Act definition

A person who is mentally ill or substance dependent and because of such mental illness or substance dependence presents:

- Substantial risk of serious harm to another person or persons within the near future as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm; or
- Substantial risk of serious harm to himself or herself within the near future as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm or evidence of inability to provide for his or her basic human needs, including food, clothing, shelter, essential medical care or personal safety.

**Medical Necessity**

Medically necessary care meets **one** or more of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb
- **OR** reduces intractable pain
- **OR** prevents significant deterioration of ADLs

- **OR** is of proven value to significantly reduce risk of one of three outcomes above (e.g. certain immunizations)
- **OR** immediate intervention is not medically necessary, but delay of care would make future care or intervention for intractable pain or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed
- **OR** reduces severe psychiatric symptoms to a degree that permits engagement in programming
- **OR** is described as part of NDCS policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline
- **OR** from a public health perspective is necessary for the health and safety of a community of individuals and is medically appropriate; but may not be medically necessary for the individual (example - treatment for head lice)

Any medically necessary care provided shall:

- **NOT** be considered experimental or lacking in medically recognized professional documentation of efficacy
- **NOR** be administered solely for convenience of inmate or health care Provider

### **Nebraska Department of Correctional Services (NDCS)**

NDCS acronym and “Department” are used interchangeably in IHP to mean:

NDCS Health Services **and** Nebraska Department of Correctional Services

### **PA or PA-C**

Physician Assistant **or** Physician Assistant - Certified

### **Peer Review Committee**

- Group of NDCS primary care physicians, mental health professionals, dentists, PAs and APRNs and/or other NDCS leadership staff appointed by Deputy Director - Health Services to review internal & external peer review reports.
- As part of NDCS efforts to improve clinical quality processes within NDCS health care system, patient charts by individual Practitioners may be reviewed by Internal and External Peer Review Process.

### **Program**

- Plan or system through which a correctional agency works to meet its goals. This program may require a distinct physical setting: such as a correctional institution, community residential facility, group home or foster home.

### **Provider/Practitioner**

Person licensed, certified, registered or otherwise duly authorized by law or rule in the state of Nebraska (or another state when patients are cared for in that state) to

practice in their profession. This, generally, will include Advanced Practice Registered Nurse–Nurse Practitioner, Consulting Specialists, Dentists, Mental Health Professionals, Pharmacists, Physicians, Physician Assistants, Physical Therapists, Psychiatrists, Psychologists, Podiatrists, Social Workers and Optometrists.

### **Primary Care Provider/Practitioner**

Specialist in Family Medicine (employee of NDCS OR contracts with NDCS) who provides definitive care at the point of first-contact and takes continuing responsibility for providing inmate patient's comprehensive care in NDCS facilities.

### **Primary Care Services**

Inmate patient's main source for regular medical care providing continuity and integration of health care services.

### **Programming**

Assessments, interventions and educational programs delivered by non-clinical staff.  
Note: Not medically necessary

### **Social Function**

Function or functions that may affect an individual's activities or interactions with other persons or the environment in prison or society.

### **Treatment** NDHHS Chapter 206 NAC 2

Recovery-oriented and person-centered clinical evaluations and/or interventions provided to consumers (inmates) to ameliorate disability or discomfort and/or reduce signs and symptoms of a behavioral health diagnosis delivered by licensed clinical staff.

Note: Individualized based on inmate's clinical presentation, level of functioning, level of cognitive ability, custody, safety and other individual factors.

Note: Medically necessary

### **Treatment Plan**

Series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services such as individual or group counseling and/or self-help groups the physician deems appropriate.

# Financial Responsibility

## Financial Responsibility - NDCS

- Health care delivered to inmate for whom NDCS is responsible.
- Providing Durable Medical Equipment (DME).
- Inmates may require health services for which another county, state, Medicaid, VA or other entity is either contractually or otherwise legally obligated to assume financial responsibility.
- When care is contemplated, patient's NDCS Primary Care Practitioner maintains a professional obligation to assure referral for such health care is medically appropriate.
- Nothing in IHP shall obligate NDCS to assume financial responsibility for health care received by persons prior to **OR** following their status as an inmate; including care related to health problems they experienced **OR** other health care they received during their status as an inmate.

## Financial Responsibility – Inmate Patients

- Elective Procedures:  
Defines circumstances under which inmates may have the right to purchase health care services not covered by IHP
- Replacement Durable Medical Equipment (DME):  
Inmate patients are personally responsible for properly operating and maintaining provided DME and exercising reasonable care to prevent loss or theft.  
Any willful or negligent damage, destruction, or loss of devices or equipment will be considered grounds for disciplinary action that may include payment for cost of repair or replacement costs which may include professional fees, testing, labor, travel and associated custody fees.

## Levels of Emergency Medical Care

Medical staff conducting initial assessment divides patients into the following

Triage categories:

1. EMERGENT – critical life threatening (risk to life, limb)
2. URGENT – Serious non-life threatening (less risk with delay in treatment)
3. NON-URGENT – lowest priority (minimal risk and may provide self-treatment)

## **Limitations**

Note: Inmates generally may refuse treatment, but not sentence-related programming without consequences.

When an inmate is disruptive, unruly, abusive **OR** uncooperative to the extent the behavior seriously impairs NDCS ability to furnish services to the inmate **OR** when the behavior poses a threat to NDCS staff, authorized health services may be delayed.

In these cases, the Provider will counsel the patient explaining why treatment is necessary and ask about patient concerns. If concerns can be addressed, treatment may continue when the inmate's behavior is no longer a constraint.

## **Medication**

Authorization procedures for medication use are described in NDCS Pharmaceutical Management documents.

# **Special Circumstances or Exceptions**

## **Care Provided during Hospitalization**

- Community inpatient care, during day surgery or ER is usually under the direct care of non-NDCS Practitioner/Providers.
- Mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the IHP.
- Practitioners/Providers are encouraged to inform community colleagues about the IHP and participate in clinical decision making where possible.
- Hospitals will only be reimbursed for services authorized in the IHP and in accordance with any NDCS contracts.
  - Comfort items with additional charges are NOT authorized by the IHP.
  - NDCS is NOT financially responsible for medical or non-medical services, goods or supplies provided in response to a patient's request.

## Role of Consultant(s) Recommendations

- During the course of health care, patients are sometimes referred to consultants. Such referrals often generate recommendations including instructions and orders.
- NDCS is not obligated to execute these recommendations, which are subject to the same criteria as any other NDCS provided care.
- It is the responsibility of the patient's NDCS primary care Practitioner to evaluate appropriateness and necessity of the recommendations in light of the patient's health while considering the IHP, NDCS policy and any other pertinent factor(s).
- When NDCS primary care Practitioners do not execute consultant recommendations, they are expected to explain their reasons to the patient and document the reasons in the health record.

# Behavioral Health Services

## Access to Care

Admissions to NDCS undergo a multidisciplinary screening and assessment process.

Receiving institutions:

- Diagnostic & Evaluation Center (DEC) for adult males.
- Nebraska Correctional Youth Facility (NCYF) for male youth/adolescents.
- Nebraska Correctional Center for Women (NCCW) for females of all ages.
- Mental Health Screenings - all newly admitted inmates to NDCS, as well as parole violators arriving directly from the community, will be screened for mental health needs upon admission.
- Mental Health Programming - Screenings will occur as determined by appropriate clinical teams. One example is the Clinical Violent Offender Review Team (CVORT).
- Intra-system inmates transferring between Department facilities will be screened.
- Inmates identified, during screening, as potentially needing mental health services, will undergo a Mental Health Appraisal.

### Self-Referral:

- Any inmate can request mental health services by submitting a Health Services Inmate Interview Request (IIR).

### Staff Referral:

- All facility staff receive Mental Health referral training while at Staff Training Academy. Referrals will be submitted to Mental Health staff **OR** by making immediate contact with mental health staff in the event of a mental health crisis.

## **Mental Health Screening ([AR115.23](#))**

### **I. Anger/Violence Programming:**

Inmates convicted of a violent offense; have a history of violence; and/or violent Misconduct Reports will be screened and referred to the Clinical Violent Offender Review Team (CVORT), which makes treatment recommendations based on clinically-assessed risk and need. Inmates will receive recommendations in writing and will be provided the opportunity to accept or decline the recommendations.

#### **1. Anger Management:**

- Treatment provides instruction and practice on basic anger control strategies.

#### **2. Aggression Replacement Training (ART):**

- ART is a program available for juvenile offenders considered to be at high-risk for violent re-offense. In addition to targeting effective anger control, it attempts to promote pro-social thinking patterns (i.e. moral reasoning) and pro-social interpersonal behavior (social skills training).

#### **3. Domestic Violence (DV):**

- Domestic violence intervention utilizing the Duluth Model to assist inmates in understanding patterns of abusive behavior. DV concentrates on providing group facilitated exercises that challenge a male's perception of entitlement to control and dominate his/her partner.

#### **4. Violence Reduction Program (VRP):**

- VRP is a residential treatment program designed to provide inmates the opportunity to understand, manage, and reduce frequency and intensity of their violent offending.
- VRP can also help inmates develop useful skills for achieving their short-term goals or long-term goals (i.e. successful re-entry into the community).



## Covered Services

### **Mental Health Treatment**

- Screening for mental health problems on intake as approved by the mental health professional.
- Outpatient services for the detection, diagnosis and treatment of mental illness.
- Crisis intervention and management of acute psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration.
- Residential mental health services in general population and secure housing settings
- Provision for referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility.
- Procedures for obtaining and documenting informed consent.
- When mental health care services are rendered against an inmate's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse (in writing) mental health care services.
- Mental health care encounters, interviews, examinations and procedures should be conducted in a setting that respects the inmate's privacy.

### **Sex Offender Services**

**Healthy Lives Programs (HeLP):** Inmates convicted of a sexual offense will be screened by Clinical Sex Offender Review Team (CSORT), which makes programming recommendations based on clinically assessed risk and need. Inmates who are not convicted of a sexual offense, but have a sexual component to their crime may be screened by CSORT for programming recommendations. Inmates will receive recommendations in writing and will be provided the opportunity to accept or refuse the recommendation. Inmates convicted of a sexual offense who refuse or do not satisfactorily complete the recommended sex inmate program may be subject to a mandatory psychological evaluation pursuant to the Sex Offender Commitment Act (LB1199). Inmates who accept the treatment recommendation will have their name added to the appropriate wait-list. Inmates with questions may submit Inmate Interview Requests to CSORT.

## **Social Work Services ([AR 115.25](#))**

### **MISSION**

Provide comprehensive and integrated discharge and aftercare planning as part of the continuum of care provided by Behavioral Health Services. We seek to address needs of high-risk and high-need inmates with the goal of reducing recidivism by connecting inmates to community resources and supports that help them maintain stable lives in the communities in which they reside.

Social Workers priorities include, but are not limited to:

- Major Mental Illness
- Substance Abuse Issues
- Chronic Medical Needs

Social Workers also offer assistance in following areas:

- Community Support
- Education
- Employment
- Financial Resources
- Living Arrangements
- Medical & Mental Health Appointments
- Medication Management
- Parole
- Substance Abuse follow-up

Inmates can obtain social work assistance through:

- NDCS staff referral
- Outside referral (family member, outside agency, etc.)
- Inmate request

Whether referred by staff, outside party or self-referred, social workers will review the appropriateness of a referral and the time frame to discharge or parole. The inmate may be asked to contact Social Work again when closer to discharge/parole if they are more than 6 months from release.

Social Work Services and Reentry work together to provide discharge planning assistance. If it is determined an inmate does not meet criteria for Social Work assistance, the inmate will be encouraged to utilize the reentry specialist from their institution. Inmates are not required to meet with Social Work if they have been recommended by NDCS staff, but it is encouraged by parole board in an effort to address potential discharge concerns.

In addition to providing assistance with discharge planning, Social Work strives to integrate input from all areas of the institution to help identify and meet the needs of discharging/paroling high-needs inmates. Social Work Services provides consultation to other NDCS staff regarding resources and identifying support systems and supportive community agencies.

## **Substance Abuse Services** ([AR 115.09](#))

Updated assessments and level of care recommendations are performed throughout an inmate's sentence on a regular basis and/or special circumstances - e.g. changes in sentence structure, positive urinalysis for substance use and substance use treatment completion/termination/refusal.

### **Residential Substance Abuse Treatment:**

- Education, recovery and relapse prevention treatment in conjunction with additional emphasis on criminal thinking/choices/behavior patterns. Residential programs rely on concrete rather than the abstract in working with substance use inmates.
- Treatment is evidence-based, holistic and includes a variety of disciplines to assist inmates with issues of substance use, criminal thinking/behavior, anger, stress, violence, lifestyle (work, leisure, health) and spirituality. Programs require inmates to take responsibility for their actions; to participate in all program components; and to accept the obligation to practice new attitudes, thoughts and behaviors.
- Individual treatment plans and progress are assessed by the primary counselor and the treatment team at regularly scheduled intervals and under special behavioral considerations based on individual need.
- Orientation/Initial Classification to residential treatment programs occur during the first weeks after arrival. This process determines the group, primary counselor, room/job assignment and assures inmates have received DCS Rules and Regulations and Treatment Program In-House Rules. Orientation also provides instruction on Program Agreement; Inmate Rights and Behavioral Expectations; Conditions of Participation; institution-specific procedures; and group process. Inmates become involved in a regular program of group and individual counseling; substance use education; recovery and relapse prevention classes/groups; cognitive restructuring classes/groups; random drug testing; life skills; leisure skills; parenting; physical fitness; health; and work.
- Group counseling addresses issues important to each group's members, including anger control, violence/domestic violence, parenting, human sexuality, relationships and communication. Since inmates are involved in group counseling from the outset, each has many opportunities to suggest focus areas for the group. Individual counseling addresses particular issues and works in conjunction with group counseling, providing individual instruction and progress assessments.

- Substance use recovery and relapse prevention classes/groups expect participation in the holistic program. Participants learn and practice recovery/relapse prevention designed specifically for correctional settings. Members identify their own warning signs of relapse; mentor others in the process; examine potential re-entry problems and expectations; and take the first steps to finding re-entry resources and sponsors.
- Cognitive restructuring is a systematic cognitive-behavioral approach to promote change in criminal thinking, criminal excitement and its related behaviors. Held in conjunction with substance use classes and group work, an inmate learns to see thinking errors; learns how to change criminal behavior; begins to practice new behavioral patterns and identifies patterns; and strategies to effectively cope with criminality relapse issues.
- Physical Fitness and Health are two essential components of successful substance use recovery. Substance Use staff and the Activities and Recreation staff provide numerous opportunities and growth experiences for inmates in residential treatment programs.
- Institutional work assignments focus on the application of demonstrated and learned work skills. Inmates learn to experience pride in their work and the responsibility associated with it. Subsequently, their work will enhance their physical surroundings and benefit their individual and group treatment.
- Residential Treatment Community groups of inmates have been involved in various community service projects including **Matt Talbot Kitchen** and **Lincoln Food Bank**.
- Women's programs provide gender-specific components for dealing with issues surrounding female substance use as well as addressing criminal thinking/choices/behavior patterns.

### **Non-Residential Substance Abuse Treatment Services (NRTS)**

- NRTS address needs of inmates who meet requirements and criteria for a less intense level of care or, due to other circumstances, including limited sentence structure, are not eligible for residential treatment services.
- NRTS programming consists of two levels:
  - Intensive Outpatient (IOP)
  - Outpatient (OP)
- Modeled after and similar to residential treatment programming, NRTS provides a cognitive-behavioral approach with emphasis on recovery, relapse prevention and criminal thinking/behavior which is delivered through classes, groups and individual sessions.

## **Services Not Medically Necessary/Not Authorized**

- Abortion
- Caffeine-related Disorders
- Chiropractic Care, unless medically necessary
- Communication Disorders
- Dental Implants
- Elective Procedures
- Erectile Dysfunction
- Factitious Disorder
- Learning Disorders
- Motor Skills Disorder
- Nicotine-related Disorders
- Other conditions/disorders/issues/procedures
  - as determined by Deputy Director – Health Services
- Payment for newborn care

## **Appeals**

Inmate Patients may appeal authorization decisions through the normal grievance process.

# Medical Services

## Access to Care

Inmates may access health care by:

- Going to Sick Call.
- Sending a written Inmate Interview Request (IIR) to Health Services.
- For emergencies, reporting to any NDCS staff.

## Covered Medical Services:

### 1. Dental Services

NDCS provides medically necessary dental care. At any time during incarceration, an inmate may seek evaluation by a dental Provider and may receive treatment based on existing guidelines. Services at some facilities are limited and may include the use of Travel Orders.

#### **Emergent and Urgent Dental Treatment**

- Intractable pain.
- Severe pain and swelling with or without fever due to dental disease.
- Facial bone fractures and facial trauma shall be evaluated emergently or urgently referred to appropriate Emergency Room or Practitioner/Provider.

#### **Non-emergent, Non Urgent Dental Treatment (NENUT)**

- Dental examinations are provided at intake and before initiation of routine care.
- Treatment plans must be updated as necessary to remain current.
- Nature of services are determined by Providers, Chief of Dental Services in accordance with IHP, guidelines and protocols.
- Services are further prioritized based on patient acuity level and functional impairment.

### 2. Chemotherapy

### 3. Dialysis

### 4. Durable Medical Equipment (DME)

### 5. Emergency Care

### 6. End of Life Medication and Care

NDCS does not provide medication to a patient with a terminal illness for the purpose of self-administration to end his or her life.

## **7. Hearing Care**

Hearing screening exams will be performed upon entry into NDCS.

Hearing assessments and one or two hearing aids are provided when medically necessary.

Any willful or negligent damage, destruction, or loss of hearing aids will be considered grounds for disciplinary action and may include payment for the cost of repair or replacement.

## **8. Hospital Care (in the Community)**

Inpatient services will be provided either in a community hospital or in one of three (3) Skilled Nursing Facilities (SNF). The most appropriate setting will be determined by the authorized NDCS health care Practitioner according to the severity of illness or level of service required.

Any hospitalization must be authorized by NDCS.

When hospitalized in the community, the inmate's medical needs, custody level and community safety considerations will determine the type and location of hospital room assigned.

Medical and/or security needs may require an inmate be assigned to a private hospital room.

When ordered and medically necessary, the following will be provided:

Anesthesia	Labor and delivery room
Casts	Laboratory
Diagnostic services	Medical rehabilitation
Dressings	Nursing care
Drugs administered during the stay	Operating room and related Services
Equipment	Radiation
Hospital services	Radiology
Intensive care unit and services	Respiratory services

Additional charges for television are not authorized for stays in community hospitals.

Personal comfort items such as hygiene items or slippers that cause additional charges will not be issued unless authorized by NDCS.

Reimbursement will only be made for services authorized by NDCS in accordance to this IHP per allowable charges between NDCS's third party Administrator and the hospital.

## **9. Maternity Services**

Medically necessary maternity services are covered for inmates during their period of incarceration. These services are provided in the most appropriate setting (institution's clinic or a community facility) as determined by NDCS health care Practitioner in accordance with the level of service required. Services include diagnosis of pregnancy; prenatal care; delivery; postpartum care; care for complications; physician services; and hospital services.

## **10. Medical and Surgical Services**

Medical and surgical services are limited to the following and are covered only when ordered or prescribed by an authorized NDCS health care Practitioner.

These services will be provided in NDCS clinics or three SNFs unless the necessary equipment or supplies are not available, or the health care Provider determines the severity of illness or level of service required indicates a community health care facility is the most appropriate setting for the care. Medically necessary non-emergent community care is subject to approval by Deputy Director - Health Services.

The following services are included in this provision:

- Anesthesia and oxygen services.
- Blood derivatives and related services.
- Chemotherapy.
- Community or Provider office and hospital visits and related services to include diagnostics, treatments, consultations or second opinions.
- Dialysis.
- Dressings, casts and related supplies.
- Health appraisals to determine programming or work restrictions.
- NDCS health care Provider clinic, SNF and hospital visits to include initial evaluations, diagnostics, treatments, consults or second opinions.
- Medications as defined in "Pharmacy" section below.
- Physical therapy, occupational and speech therapy.
- Radiology, nuclear medicine, ultrasound, laboratory and other diagnostic services.
- Surgical and anesthesiology services.



### **11. Optometry - Optical Care**

Vision screening exams will be performed upon entry into NDCS

New glasses will be provided when medically necessary due to change in visual acuity.

Any willful or negligent damage, destruction or loss of glasses will be considered grounds for disciplinary action and may include payment of the cost of repair or replacement.

### **12. Pharmacy**

NDCS formulary lists drugs and supplies that will be provided when prescribed by NDCS health care Practitioners:

- Generic equivalents will be provided in accordance with formulary.
- Over the counter medications will be available per NDCS policy.
- Non-formulary drugs and supplies will be provided only when authorized by Deputy Director - Health Services.

### **13. Preventive Care**

The following preventive and screening services are available:

- Initial physical, mental health and dental exams, including diagnostic screening tests.
- Periodic health maintenance evaluations conducted when necessary and appropriate.
- Voluntary and court-ordered HIV testing and counseling.
- Immunizations, as deemed medically appropriate.
- Screening and diagnostic tests for sexually transmittable and blood-borne disease(s).

### **14. Skilled Nursing Facility (SNF)**

Inmates may be placed in one of three (3) NDCS Skilled Nursing Facilities (SNF) to receive care and services that cannot be provided in outpatient clinics; or for health conditions that prevent them from living in general population safely:

- Diagnostic & Evaluation Center (DEC)
- Nebraska State Penitentiary (NSP)
- Tecumseh State Correctional Institution (TSCI)

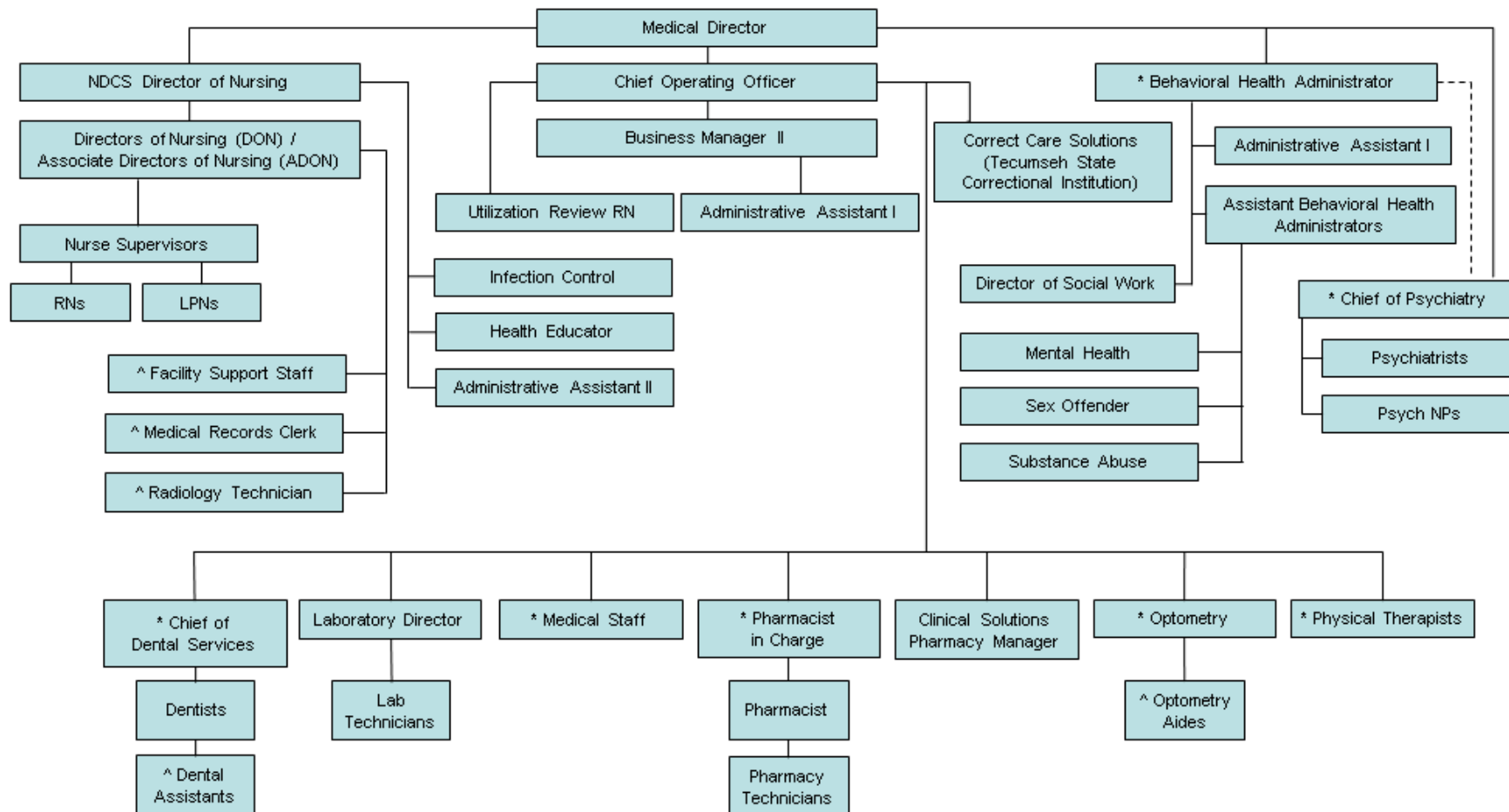
Hospice services are available for terminally-ill inmates who choose not to continue cure-oriented services. Hospice care shall emphasize palliative services for pain management and support.

# ADMINISTRATIVE REGULATIONS

Blue links in Inmate Health Plan sections take you to A/R public location on NDCS Website <http://www.corrections.nebraska.gov/policieshealth.html> and are available in inmate libraries

A/R #	ADMINISTRATIVE REGULATION TITLE
<a href="#">115.01</a>	Health Authority and Administration
<a href="#">115.02</a>	Health Personnel Management
<a href="#">115.03</a>	Health Care Records
<a href="#">115.04</a>	Access to Health Services
<a href="#">115.05</a>	Health Screenings, Examinations, Appraisals and Reviews
<a href="#">115.06</a>	Emergency Medical Care
<a href="#">115.07</a>	Dental Care
<a href="#">115.08</a>	Pharmaceutical Services
<a href="#">115.09</a>	Substance Abuse Treatment Programming, Detoxification, and Chemical Dependency
<a href="#">115.10</a>	Pharmacy Medication Distribution, Access & Training
<a href="#">115.11</a>	Health Education
<a href="#">115.12</a>	Special Needs Inmate Programs
<a href="#">115.13</a>	Serious Illness or Injury, Advance Directives and Death
<a href="#">115.15</a>	Serious Infectious Diseases
<a href="#">115.16</a>	Disposal of Infectious Waste
<a href="#">115.18</a>	Management of Medical Control Items
<a href="#">115.23</a>	Mental Health Services
<a href="#">115.24</a>	Critical Incident Stress Management (CISM)
<a href="#">115.25</a>	Social Work Services

# NDCS Health Services Organizational Chart



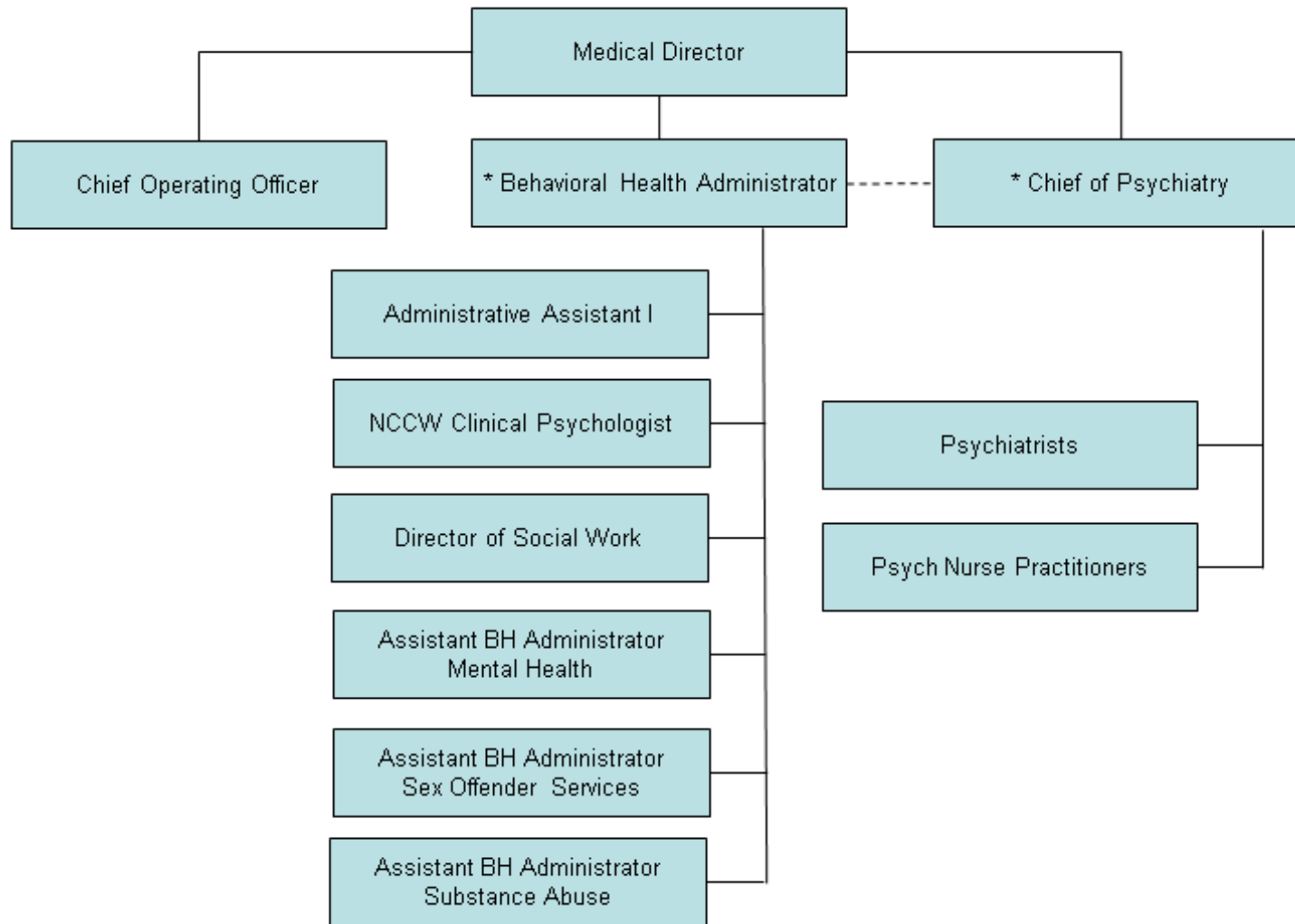
\* Clinical Supervision: Medical Director  
 Administrative Supervision: Chief Operating Officer

^ Auxiliary Staff Supervised by DON / ADON / Patient Flow Coordinator

----- Secondary Supervision

Revised June 7, 2016

# NDCS Behavioral Health Organizational Chart

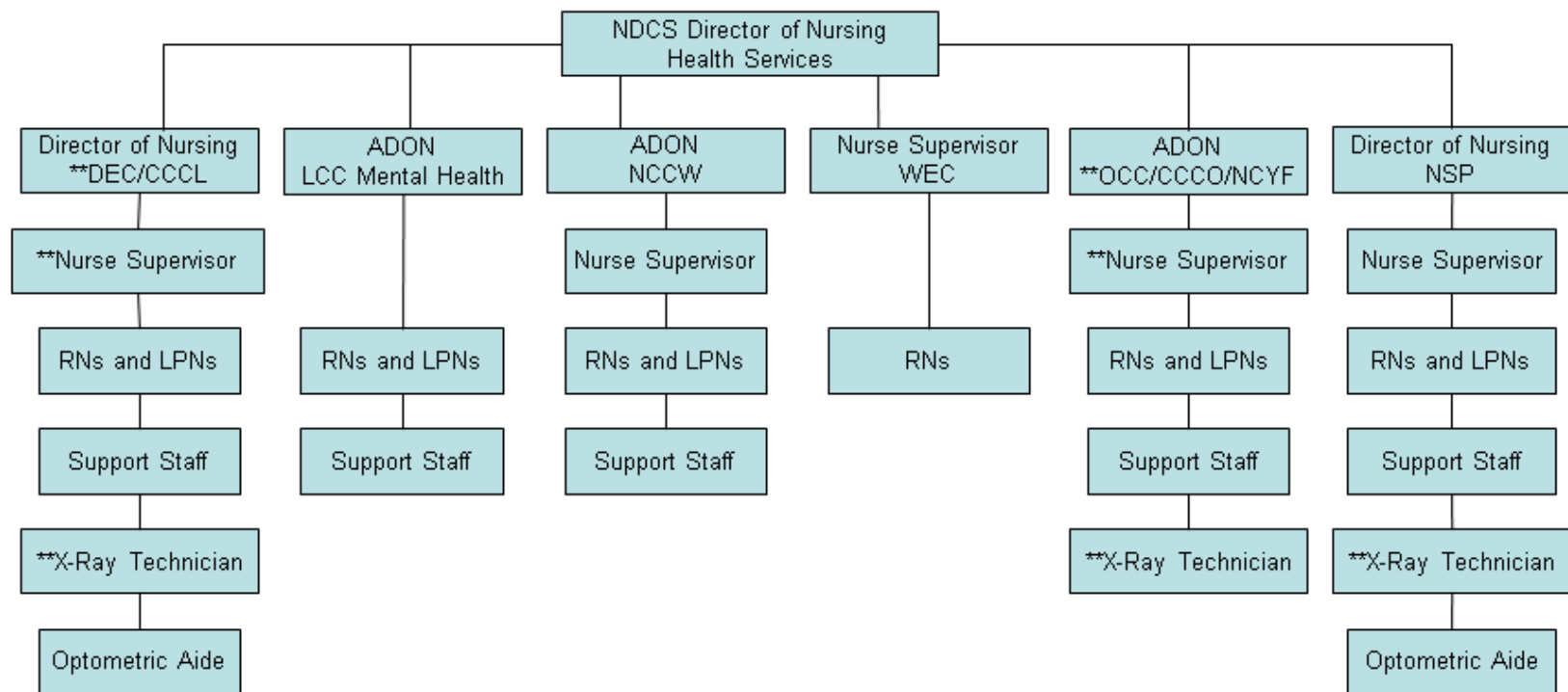


\* Clinical Supervision: Medical Director  
 Administrative Supervision: Chief Operating Officer

----- Secondary Supervision

Revised June 6, 2016

## NDCS Nursing Organizational Chart



\*\* Same Person Travels to Facilities

Revised September 24, 2015