

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient -
Disabilities
POLICY # TX VII-3

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SUBJECT: Durable Medical Equipment (DME) and Medical
Appliances

EFFECTIVE DATE: October 2012
SUPERCEDES DATE April 2011

References

Related ACA Standards 4th Edition Standards for Adult Correctional Institutions 4 - 4375
Health Services Policy and Procedure Manual - TX I -4 Medical Treatment Services Outside DAC, AD III-7
Utilization Review Policy
Department of Public Safety Custody Regulations - Chapter --, Section--, Reasonable Accommodation for
Inmates with Disabilities
Department of Public Safety Policy and Procedure Manual
Facility Standard Operating Procedures

PURPOSE

To provide guidelines on acquiring DME and medical appliances.

Definitions

Durable Medical Equipment (DME)

Durable Medical Equipment is medical equipment that meets all the following criteria:

- Can withstand repeated use.
- Is primarily and customarily used to serve a medical purpose.
- Is not useful to a recipient in the absence of an illness or injury.
- Is appropriate for use in the residential setting (prison facility).
- Is intended for use by only one inmate.
- Is prescribed by a healthcare provider.

Attachment A List of Durable Medical Equipment (not all inclusive)

Medical Appliance

In addition to meeting the criteria for DME (above), medical appliances **MUST** also meet the following criteria:

- Replaces or enhances the function of all or part of an internal or external body organ.
- Changes in the physical condition of the inmate may require replacements.

Attachment B List of Medical Appliances (not all inclusive)

POLICY

Inmates will be issued DME and medical appliances only in accordance with this procedure.

PROCEDURE

A. UTILIZATION REVIEW APPROVAL

Medical and dental prostheses except glasses and dentures require utilization review authorization and will be approved when:

1. The provision of the prosthesis will allow the inmate to perform official duties that he/she would not otherwise be able to do without a prosthesis and no acceptable alternative duties are available that can be performed without a prosthesis. This benefit must be certified by the program staff or the facility head/designee where the inmate is housed.

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2. The inmate's health and/or level of independent functioning (activities of daily living) are sufficiently enhanced.
3. The inmate's health or ability to be fitted for prosthesis in the future would be significantly adversely affected by not receiving the prosthesis.
4. The request for the DME or medical appliance must be submitted through the Utilization Review Process.
5. Special features on prostheses and appliances are covered only if they serve a therapeutic function.
6. Protective orthotic devices required for use only during recreational activities will not be provided.

B. VOCATIONAL REHABILITATION (VR) CLIENTS

If an inmate has been certified as an eligible VR client and requires DME or a medical appliance, co-ordination to obtain it will be through the VR counselor and facility social worker.

C. PROPERTY OF THE DIVISION OF PRISONS AND LIMITATIONS

1. Medical prosthetic devices/appliances provided to inmates remain the property of the Division of Adult Correction until such time as the inmate is released.
 - a. This information will be brought to the attention of the inmate when the prosthesis is provided and the inmate will be instructed that willful or negligent damage, destruction, or loss of the device is a punishable offense as specified in the Division of Adult Correction Policy and Procedure Manual.
 - b. The inmate shall sign the DC-863 Receipt of State Property when the prosthetic device/appliance is issued.
 - c. A prosthetic device/appliance obtained for an inmate shall be transferred with the inmate any time the inmate is moved to another facility.
 - d. Ownership of the prosthetic device/appliance shall be transferred to the inmate upon release.
2. DME items remain property of the Division of Adult Correction.
 - a. The inmate shall sign the DC-863 Receipt of State Property when the DME is issued.
 - b. DME will be transferred with an inmate when he/she moves to another facility and will be listed on the DC-387A Movement Record.
 - c. The social worker assigned to the facility coordinates obtaining DME needed upon release. This is identified in aftercare planning.
3. In all instances when any DME/medical appliances purchased by the facility are not transported with the inmate, the receiving facility will be given adequate notification of the inmate's arrival to ensure availability of needed DME/medical appliances so as to avoid any disruption in continuity of care across the period of incarceration.

D. CONTACT LENS

1. Inmates will not have the option of selecting contact lenses in lieu of conventional eyeglasses.
2. Inmates who enter the Division of Adult Correction with contact lenses will have this noted on the DC-435 Health Screening during the initial screening process.
3. An evaluation to determine if contact lens will be allowed will occur as follows:

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- a. The provider will obtain information on the care and treatment of these lenses from the inmate.
- b. Records from inmate's previous eye care provider shall be obtained, reviewed by current provider, and then placed in the medical record.
- c. It will be the responsibility of the facility to provide appropriate solutions for basic maintenance care and upkeep of these lenses until appropriate eye care referrals have been made.
- d. The licensed optometrist/ophthalmologist will determine if contact lenses are medically necessary.
- e. In cases where it is determined that glasses may be used to correct the visual impairment, the facility will arrange to have the contact lenses released to the inmate's family.
- f. When vision can not be corrected by glasses to 20/50 in at least one eye, referral for contact lenses will be submitted for UR approval.

E. EYEGLASSES

An inmate will be referred to a licensed optometrist or ophthalmologist when the following criteria are met:

1. Facility screening – An inmate with near or far vision refractive error in either eye equal to or greater than 20/50.
2. Refractions - Eye refractions will be limited to no more than once every two years unless otherwise medically indicated.
3. Photo grey or tinted lenses are only available to the inmate population when their needs cannot be met via other lenses. Clip-on sunglasses will be provided for justifiable photophobia.
4. Bifocals - The two basic types of bifocals which are approved and available to the inmate population are:
 - a. Round bifocals
 - b. Ft. 25 Flat top bifocals-
5. Eye Glass Replacement - Provision for eye glass replacement will be made in the event of deterioration under normal usage with no more than one replacement allowed within a one year time frame or within 90 days of transfer into a correctional facility when an inmate's glasses are not in compliance with North Carolina Department of Public Safety Custody Regulations. Breakage or losses will be evaluated on a case-by-case basis before replacements can be approved.
6. Personal Eye Glasses - Inmates who enter the system with prescription eye glasses will be allowed to retain them when glasses are in compliance with North Carolina Department of Public Safety Custody Regulations. When an inmate's glasses do not comply, an Optometry Utilization Review Request will be entered into OPUS. The inmate will be scheduled for an Optometry appointment within 60 days of arrival, and replacement glasses will be provided. When replacement glasses have been provided, the personal glasses will be retrieved from the inmate and placed with the inmate's personal property or sent home. The Division of Adult Correction will not be responsible for the repair of personal glasses, unless doing so is more beneficial to the Division. In the event that personal glasses are damaged, lost or stolen, the Division of Adult Correction will provide for an eye exam and a pair of State-issued eye glasses if indicated.
7. Outside Optometric Services
 - a. Inmates requesting eyeglasses from outside providers must have prior approval according to facility po
 - b. Inmates' requests to visit outside providers for eye care will be handled in accordance with Health Care Policy and Procedure TX I-4 Medical Treatment Services Outside the Division of Adult Correction.
 - c. The Division of Adult Correction will assume no responsibility for the accuracy of any prescription provided to the inmate which is filled by outside laboratories.

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- d. The maintenance of these glasses will be the sole responsibility of the inmate.

F. PRESCRIPTION FOOTWEAR

1. Prescription footwear and/or orthotic foot devices shall be provided to those inmates that have individualized, specific needs due to a particular medical condition(s) as determined by the facility provider/orthopedist/podiatrist.
2. After examination and determination of need, the provider/orthopedist/podiatrist will write a recommendation for the type, size, and/or modification for special shoes and/or devices needed by the inmate based on documented diagnosis. The recommendation will be sent to Utilization Review Section (UR) for approval prior to purchase.
3. If/when the UR request is approved, facility administrative staff will process and procure the prescription footwear using State purchasing policy guidelines.
4. When obtained, the prescription footwear will be issued by facility medical staff and documented on the DC-387 Chronological Record of Health Care Inpatient/Outpatient Notes. The inmate will sign the DC-863 Receipt of State Property which will be filed in the medical record.
5. A notation will be made on the Problem List and entered in OPUS on the MS08 screen indicating the diagnosis which requires the footwear.
6. The inmate will retain possession of the prescription footwear throughout his/her incarceration unless the underlying medical condition is changed/resolved. **If an inmate transfers, this property will transfer with the inmate.**
7. Replacement of the prescription footwear by the Division of Adult Correction is authorized by the facility provider based on verification of continued need, wear beyond repair, changes in the physical condition of the inmate which requires different prescribed footwear, or the property is no longer functional.
8. Sizing and orthotic needs are addressed as follows:
 - a. Prescription footwear **is not** defined as special sizes not available in the facility usual shoe inventory.
 - b. Requests for correct size shoes will be handled by the clothes house officer at each facility.
 - c. Each Division of Adult Correction facility will purchase and maintain a sizing device for measurement of the inmate foot.
 - d. When an inmate requests correctly sized shoes or when prescription footwear is newly ordered, the clothes house officer will measure the inmate's feet and purchase the correct size from the warehouse or State approved vendor per Division of Adult Correction purchasing policy guidelines.
 - e. If applicable, cobbler modification of existing shoes will be attempted before providing orthotics.
 - f. If applicable, over-the-counter orthotics (generic brand) will be attempted prior to custom orthotics.
9. In the absence of documented clinical findings, prescription footwear and/or orthotics will not be provided.

G. HEARING AIDS

The Division of Adult Correction will provide a hearing aid when it is determined by a licensed physician that it is medically necessary.

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For an inmate to qualify to have the Division of Adult Correction provide a hearing aid, **ALL** of the following must be documented:

1. A significant hearing loss, which is amenable to amplification, is identified.
2. The hearing loss is significantly interfering with the inmate's official duties. These official duties include:
 - a. Being able to hear and obey legal orders.
 - b. Being able to participate in jobs, programs, activities and services.
3. The inmate does not already have an adequate hearing aid.
4. Lost or damaged hearing aids will not be replaced within 2 years of issue or entry into the system with a functioning hearing aid, except upon recommendation of the Chief of Health Service/designees.
5. Inmate is not a safe keeper.
6. Utilization Review approval is documented.



10/31/12

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Deputy Medical Director

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Attachment A LIST OF DURABLE MEDICAL EQUIPMENT

Canes

Walkers and Accessories

Manual and Power Wheelchairs

Wheelchair Accessories

Mobility Devices

- Transport Chairs
- Bed rails
- Standing frame table systems

Compression Devices

Pulmonary/respiratory devices

- C-pap machines
- Bi-pap machines
- Humidifiers
- Oxygen concentrator

Insulin pump

TENS units

Special mattresses

- Clinitron beds
- Other specialized mattresses

Trapeze bars

Traction devices

Bathing and toileting devices

- Commode chairs
- Bath/shower chairs
- Transfer benches

Speech generating devices

Wound vac

Osteogenesis stimulators

Special dining utensils

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Attachment B LIST OF MEDICAL APPLIANCES

Ostomy bags and supplies

Prescription glasses

Contact lenses

- Furnished subsequent to each cataract surgery with insertion of intraocular lens

Braces

- Upper extremity
- Lower extremity
- Back

Artificial limbs (prosthesis)

- Upper extremity
- Lower extremity
- Eyes

Pacemakers

Dentures

Glucometers

Prescription footwear

Hearing Aid