Minnesota Department of Corrections

Policy:	**500.150**
Title:	**Adaptive Equipment/Medical Authorizations**
Effective Date:	**11/21/17**

PURPOSE: To provide medically-indicated special appliances, in a consistent manner, to offenders to compensate for decreased functional ability and standardize the issuing of medical authorizations.

APPLICABILITY: Minnesota Department of Corrections (DOC); all facilities

DEFINITIONS:

Activities of daily living (ADL) – activities involving the basic tasks of living including such examples as ambulation, sleeping, personal hygiene, dressing, programming, and transfer movements. Sports or recreation is a voluntary act and not considered an ADL.

Adaptive equipment – permanent, offender-specific devices that replace missing body parts or compensate for defective bodily functions, such as artificial limbs, eyeglasses, dental prostheses, hearing aids, special footwear, and eating utensils as ordered by the practitioner.

Medically-indicated – condition that requires attention of which any delay or lack of treatment would lead to significant deterioration of the condition, risk of serious or permanent body harm, or loss of basic function/ambulation status. How the condition affects the person's ADL is the primary measurement of medically indicated.

Orthopedic appliances – medical supplies used for treatment and care of orthopedic conditions. Items include such examples as braces, splints, ace wraps, supports, orthotics, and sleeves.

PROCEDURES:

A. General guidelines

1. The department provides adaptive equipment and/or medical authorization to an offender when the offender's health or functional ability would otherwise be adversely affected, as determined by a designated prescribing authority or nursing staff, and approved by the facility health services administrator/designee. The contracted vendor and the health services contract manager are responsible to determine what offender-specific equipment may be provided.

2. Medical authorizations are limited to one year and reviewed for need at the receiving facility. All medical authorizations for non-acute health care (e.g. extra blankets/pillows, bottom bunk, flight restriction, work restrictions, etc.) are to be written only by health services supervisory staff in consultation with the appropriate practitioner, as indicated.

3. Unit nursing staff members are allowed to write time-limited medical authorizations for adaptive equipment or measures due to an acute injury, unstable seizure history, or temporary need until able to be reviewed by supervisory staff.

4. Medical authorizations are not granted for double mattresses, egg-crate mattresses, or headphones.

B. Guidelines for providing adaptive equipment

1. When it is determined that an offender has a physical disability, the facility nurse must obtain a medical history and past medical records, if indicated.

2. The appropriate health services professional must conduct all necessary testing and diagnostic assessment and formulate a medical treatment plan that may include adaptive equipment.

3. All costs involved for the replacement or repairs to adaptive equipment, beyond the normal wear and tear, are the responsibility of the offender.

4. The indication for all adaptive equipment must be noted in the medical record and a medical authorization form must be completed by health services supervisory staff in consultation with the appropriate practitioner, indicating the type of equipment, length of need and conditions of usage. This information is then entered into the correctional operations management system (COMS) including the expiration date.

5. Offenders must receive instruction concerning the proper use and care of their adaptive equipment.

C. Issuance of orthotic appliances

1. The physical therapist primarily determines if an orthopedic appliance is medically indicated and is able to write the medical authorization. Physicians, nurse practitioners, registered nurses, and physician assistants are also qualified in making the determination if an appliance is medically indicated. However, the medical authorization is to be approved only by the health services supervisory/designee staff. An offender may grieve the initial decision or the decision of the health services supervisor by following Policy 303.100, "Grievance Procedure."

2. If the appliance is authorized, the health care professional identified must determine the expected duration of need for the appliance.

3. The health care professional must educate the offender on the proper use of the orthotic appliance.

4. The health care professional must re-evaluate the offender's need and the status of the appliance upon expiration of the medical authorization should the offender request continuation of the medical authorization.

5. Offender improper use of the orthopedic appliance includes such examples as use of the appliance for non-ADL activities, purposeful improper application of the appliance, unauthorized sharing of the appliance with other offenders, or unauthorized modification of the appliance.

6. The first instance of non-compliance results in re-education on the proper use of the appliance and a warning. The second instance of non-compliance may result in removal of the appliance and rescinding of the authorization.

7. Nursing staff, in consultation with unit staff, practitioner and/or physical therapist must review the need for adaptive equipment should an offender be placed in segregation or a restricted living unit.

D. Types of adaptive equipment available to offenders

When medically indicated, the department provides the following types of adaptive equipment:

1. Ambulatory aids

   Ambulatory aids, such as crutches, walkers, canes, and wheelchairs are issued on a temporary basis. Health services must track the type of aid issued, offender name and offender identification number (OID), date of issue, and the date the aids are returned.

2. Artificial limbs

   The department provides artificial limbs when medically indicated. The physician or specialist must determine when an artificial limb requires replacement.

3. Hearing devices

   a) The department supplies the initial hearing device when it is medically approved.

   b) Batteries are provided on an as-needed basis through the contracted vendor.

   c) Hearing devices are replaced every five years, if needed.

   d) Hearing devices owned by the offender prior to incarceration are considered personal property. The offender is responsible for any cost of repair/replacement.

4. Eyeglasses

   a) Routine eye examinations are available once every 24 months unless otherwise ordered by the optometrist/ophthalmologist or physician. Eye examinations may be allowed earlier than 24 months if both:

      (1) The offender's driver's license is up for renewal; and

      (2) The offender is within six months of supervised release.

   b) Offenders age 50 or over are eligible for an annual eye exam, if requested.

   c) Only approved safety frames and lenses are provided through the process indicated in Policy 105.113, "Personal Protective Equipment (PPE)."

   d) Framed lenses are provided no more frequently than every two years.

   e) Framed glasses are ordered if there has been a change in the offender's prescription.

   f) Tinted lenses are not provided unless they are specifically prescribed due to an optical condition. Tinted lenses must not exceed grade #2 tint and require a current medical authorization.

   g) Offenders are not permitted to purchase additional eyewear from the DOC contracted vendor. Offenders are to use the approved vendor and order through property.

h) Contact lenses

(1) Contact lenses are not on the DOC allowable property list and therefore a medical authorization is needed for an offender to have in his/her possession. Authorizations are limited to medical necessity as deemed by the prescribing authority.

(2) If an offender enters the system with contact lenses, the offender is scheduled with an optometrist within two months to determine a need for eyeglasses.

(3) The offender is responsible for the purchase of all lens care products, to be purchased through the canteen, until he/she receives his/her eyeglasses.

(4) Contact lenses are not replaced during this timeframe.

(5) Once eyeglasses are obtained, all contact lenses and solution must be sent out through property.

5. Footwear

Primary practitioners may refer offenders with medical disorders requiring special footwear to the physical therapist for evaluation.

6. Transcutaneous Electrical Nerve Stimulation (TENS) unit

Physical therapy determines if TENS (muscle stimulation) units are medically indicated. Offenders are allowed to have TENS unit, electrodes, pads, and charger in room with current medical authorization.

7. Continuous Positive Airway Pressure/Bilevel Positive Airway Pressure (CPAP/BIPAP) units and oxygen concentrators

a) Offenders are allowed CPAP/BIPAP units and oxygen concentrators if medically indicated and the offender:

(1) Has a sleep study in his/her medical record demonstrating indication for unit and operational settings; and

(2) Has a current practitioner order stating operational settings.

b) Offenders are allowed personal (obtained prior to incarceration) CPAP/BIPAP units. Offenders are responsible for any costs or repairs of the personal unit.

INTERNAL CONTROLS:

A. An adaptive equipment log and medical authorizations are maintained in health services and the offender's medical record.

ACA STANDARDS: 4-4375; 1-ABC-4E-36

REFERENCES: Minn. Stat. §241.01
Policy 303.100, "Grievance Procedure"
Division Directive 302.250, "Offender Property"
Policy 105.113, "Personal Protective Equipment (PPE)"
Policy 203.250, "Modifications for Offenders/Residents with Disabilities"

REPLACES: Policy 500.150, "Adaptive Equipment," 4/19/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Medical Authorization Criteria for Housing Assignments (500.150B)

APPROVED BY:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support