MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-01.1 INMATES WITH SPECIAL HEALTH NEEDS**
Effective Date:	11/01/2010 Page 1 of 2
Revision Date(s):	12/31/2019; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Develop a proactive program that provides care for special needs patients who require specific medical supervision or multidisciplinary care due to developmental disabilities, serious mental health needs, or physical disabilities, including those who are frail and elderly.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Special Needs Committee

1. Inmates with special needs requiring medical management are identified and referred to the Special Needs Committee by:
   a. the Chronic Care Nurse
   b. nursing staff after sick call encounters utilizing the clinic scheduling process
   c. Martz Diagnostic and Intake staff during the initial health screening process
   d. security and housing unit staff
   e. the designated MSP ADA coordinator
   f. provider referrals
   g. mental health staff
2. Criteria for special need treatment plans will be determined by the Special Needs Committee.
3. The treatment plan will be developed according to diagnosis and relevant criteria that have been agreed upon and implemented by the Special Needs Committee.
4. The treatment plan and assistive devices will be discussed among committee participants to coincide with evidence-based practice and security guidelines.
5. When requested, security staff, unit managers, mental health staff, and other support staff may be invited to the Special Needs Committee meeting to provide additional information about the patient's living conditions and situations in the housing unit.
6. Mental Health staff may utilize the Special Needs Committee for coordination of inmate care as needed.
   a. They will refer and communicate with the Special Needs Committee as appropriate.
   b. A treatment plan will be created and documented (*see MSP HS F-03.0 Mental Health Services*).

B. Documentation of Discussion and Plan of Care

1. Documentation of committee discussion will be made in the inmate's medical record.
   a. The *Special Needs Treatment Plan* form will be utilized by the Special Needs Committee for documentation.
   b. Documentation under chronic care may also be utilized for those individuals with chronic illness requiring special needs intervention.
   c. Special Needs patients will be identified by the "Special Needs Patient" flag being placed on the patient's chart, which is also identified in the Problem List.
   d. A running list of Special Needs patients will be collected and maintained by the Chronic Care Nurse and updated as appropriate.

2. A *Health Status Report (HSR)* form will be completed and distributed when deemed necessary, with respect to medical, facility, and security needs, such as special housing, assistive devices, or security exception requests.
   a. The *HSR* form will be completed in the patient's electronic health record, and a copy is provided to the offender.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *NCCHC Standards: P-F-01 2018*
B. *MSP HS B 07.0 Communication on Inmate Health Needs*
C. *HS F-03.0 Mental Health Services*