

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-G-10**

SUBJECT: AIDS TO IMPAIRMENT

POLICY: Medical and Dental orthoses, prostheses, and other aids to impairment will be provided when the health of the inmate would otherwise be significantly adversely affected, as determined and ordered by the responsible practitioner or dentist and approved by the Therapeutic Levels of Care committee as indicated. Inmates will not be denied prostheses, orthoses, or other aids that are medically necessary because of lack of funds. This procedure specifies the method to provide these aids to inmates.

Medical aids issued by Health Services as part of acute treatment for a limited medical condition such as casts, splints, ace wraps, short-term usage of canes/crutches/braces, etc., are routinely authorized and not generally charged to the inmate.

Hardware that is an essential part of a medically necessary procedure such as, heart valves, cardiac stent at time of angioplasty, inter-ocular lens implants at time of cataract surgery, etc., are routinely authorized and not generally charged to the inmate.

Inmates may also in certain circumstances obtain prostheses that the practitioner or dentist has determined are elective, which are significantly medically appropriate, but are not medically necessary. This procedure establishes the mechanism for inmates to obtain these prostheses, orthoses, or other aids.

Most aids, prostheses, orthoses become the personal property of the inmate to emphasize the inmate's responsibility to care for the item(s) properly.

REFERENCE: OAR 291-124-085 (2)  
NCCHC Standard P-G-10

DEFINITIONS:

- A. Orthoses/ Prosthetic Devices/ Mechanical Aids: are specialized mechanical devices used chronically to support or supplement joints or limbs, or are artificial devices to replace missing body parts.

## Aids to Impairment

- B. Appropriate but elective orthoses, prostheses, and aids to Impairment are those services/devices which are not essential to prevent significant deterioration in the essential health of the patient, but nevertheless are reasonably expected to significantly improve the quality of life for the patient as it relates to a proven chronic or ongoing medical condition. These items are generally for chronic use and become the personal property of the patient. These items include, but are not limited to; dentures, dental prosthetics such as partials, flippers, etc., glasses (see P&P P-G-10.1, Eye glasses), contact lenses, artificial eyes, artificial limbs, certain knee/ankle/foot braces, hearing aids, special support hose, TENS units, non-institution issue shoes, suspenders, batteries for hearing aids and other battery operated devices, and include maintenance and/or repair of any such device.
- C. There are certain items that though they may be available in the community, or are used for certain conditions, are of minimal proven medical value, requests to health services to authorize special items must be weighed against the concerns of running a safe and secure institution, and appropriate institution routine. There are many items in this category that are **not** generally considered or approved by Health Services as rising to a level of need to create a medical exception to institution rules, policies, and standards, some examples are; high top tennis shoes, soft pillows, heating pads, knee sleeves for sports, etc.

### PROCEDURE:

A practitioner or committee of practitioners will consider the following in determining the relative need of a prostheses, orthoses, or other aid; urgency of need, time left on sentence, overall necessity, morbidity, mortality, functional disability and expected improvement, alternatives, risk/benefit, cost/benefit, and security concerns. Based on these factors a decision is then made as to whether the exception for the elective item should be allowed for the patient, and if the patient may incur indebtedness to Health Services, or will need to pay for the item prior to delivery. Cases may be submitted to the TLC Committee.

- A. **Patient purchase - Debt** – Inmate may incur debt.
  - 1. Upon receipt of a valid ODOC practitioner order, complete section A of the Patient Purchase Debt form (CD 1091H (12/06), which includes the patient's name and number, the device/service to be purchased, the estimated cost of purchase, the practitioner recommending the purchase, date of recommendation, and the signature and date of approving authority.

## Aids to Impairment

2. The patient is to sign a withdrawal request (CD28) at this time. **A CD28 must be signed by the patient before service is provided.** Section A is then detached and maintained in the health care record and the remainder of the form and the CD28 is sent to Central Trust at the Department of Corrections.
3. Section B will be completed by Central Trust and will indicate if sufficient funds are available or not available to cover the cost of the device. If sufficient funds are not available to cover the cost, a reserve account will be established.
4. Central Trust will affix a signature and date to Section B, detach and maintain for their records and return the remainder of the form to the Health Services section of origination.
5. These devices or services will be purchased or obtained at the time of the practitioner's order regardless of the availability of funds. However, **a CD28 must be signed before service is provided.**
6. Upon receipt of the Patient Purchase – Debt form from Central Trust, a review by the approving authority or designee will assure the device/service has been ordered.
  - a. When the device or service is provided to the patient, the billing will be attached to the goldenrod and green copies of the form.
  - b. An approving authority will affix a signature to section C.
  - c. The invoice/bill will be attached to the goldenrod and green copies of the form and then sent back to Central Trust.
  - d. Central Trust will return the green copy of the 1091 form when the process is complete. The completed green copy is then returned to the appropriate health services section and filed in the miscellaneous section of the health care record.
    - If a general fund warrant is necessary, Central Trust will process it through Department of Corrections Accounts Payable. The appropriate notation will be made on the form and the green copy of the CD1091 will be returned to the originating Health Services program to be filed in the patient's record.

## Aids to Impairment

### B. Patient Purchase – Pay in Advance – Inmate to pay first.

1. If a device/service is deemed “pay in advance”, **a CD28 must be signed by the patient, and funds available, before a device/service is purchased and provided.** Complete section A of the Patient Purchase – Pay in Advance form (CD 1091 aH (12/06), which includes the patient’s name and number, the device/service to be purchased, the cost of purchase, practitioner recommending the purchase, the date of recommendation and the signature and date of approving authority. Section A of the optional form (CD 1091a) is then detached and maintained in the health care record and the remainder of the form and the CD28 is sent to Central Trust at the Department of Corrections.
2. Section B will be completed by Central Trust and will indicate if sufficient funds are available or not available to cover the cost of the device/service. **\*\*\*\* No device/service will be provided until Central Trust verifies if the patient has sufficient funds. \*\*\*\***
  - a. If the patient has sufficient funds and the patient’s account has been debited:
    - 1) The device/service will be ordered and the persons with approved signature authority will affix a signature to Section C of the CD 1091a form.
    - 2) Upon receipt of the service/device by the patient, the CD 1091a is then signed by a person with approved authority on section C.
    - 3) The invoice/bill will be attached to the goldenrod and green copies of the form and then sent back to Central Trust.
    - 4) Central Trust will return the green copy of the CD 1091a form when the process is completed. The completed green copy is then returned to the appropriate health services section and filed in the miscellaneous section of the inmate’s health care record.
  - b. If sufficient funds are not available to cover the cost, notify the patient that he or she will not receive the device/service until funds are available.

Effective Date: \_\_\_\_\_

Review date: October 2008

Supersedes P&P dated: August 2008

DEPARTMENT OF CORRECTIONS  
2575 Center Street NE  
Salem, Oregon 97310

\*\*\* PATIENT PURCHASE - PAY IN ADVANCE \*\*\*

Medical  
Department

**A**

Inmate \_\_\_\_\_ is approved to receive  
(Inmate Name & Number)

\_\_\_\_\_ at an estimated cost of \$ \_\_\_\_\_  
The inmate is required to have funds available equal to the estimated  
cost before services are provided.

RECOMMENDED BY:

APPROVED BY:

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Inmate  
Accounts

**B**

The Inmate's General Account and Dedicated Fund Account has been  
checked and:

\_\_\_\_\_ Sufficient funds are available to cover the estimated cost. A  
Trust check will be issued upon receipt of the billing, a signed  
Withdrawal Request (CD 28) and a copy of this form.

\_\_\_\_\_ Funds are not sufficient to cover estimated cost. No further  
action will be taken by Inmate Accounts on this case. If the  
service or estimated costs are changed, a new form should be  
submitted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Medical  
Department

**C**

An approved billing and a signed Withdrawal Request (CD 28) are  
attached. Please process for payment. Unless it is noted otherwise, this  
is the final billing for this service and any unused funds may be released.

APPROVED FOR PAYMENT:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Inmate  
Accounts

**D**

\_\_\_\_\_ Paid from Inmate's Account by Trust Check or Transfer to  
Medical Reimbursement Account.

\_\_\_\_\_ Account Receivable established (Reserve Account)

DEPARTMENT OF CORRECTIONS  
2575 Center Street NE  
Salem, Oregon 97310

\*\*\* PATIENT PURCHASE - DEBT \*\*\*

Medical  
Department

**A**

Inmate \_\_\_\_\_ is approved to receive  
(Inmate Name & Number)

\_\_\_\_\_ at an estimated cost of \$ \_\_\_\_\_.  
These services are considered necessary under OAR 291-124-085 (2)  
(d) and the inmate's account should be charged for the estimated cost.

RECOMMENDED BY:

APPROVED BY:

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Inmate  
Accounts

**B**

The Inmate's General Account and Dedicated Fund Account has been  
checked and:

\_\_\_\_\_ Sufficient funds are available to cover the estimated cost. A  
Trust check will be issued upon receipt of the billing, a signed  
Withdrawal Request (CD 28) and a copy of this form.

\_\_\_\_\_ Funds are not sufficient to cover estimated cost. The estimated  
cost will be deducted from the inmate's General Account and a  
Reserve account established. When received, the billing will be  
processed for payment from Institution Health Services General  
Funds.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Medical  
Department

**C**

An approved billing and a signed Withdrawal Request (CD 28) are  
attached. Please process for payment. Unless it is noted otherwise, this  
is the final billing for this service and any unused funds may be released.

APPROVED FOR PAYMENT:

GENERAL FUND PAYMENT  
COST CODE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*      \*\*\*\*

Inmate  
Accounts

**D**

\_\_\_\_\_ Paid from Inmate's Account by Trust Check or Transfer to  
Medical Reimbursement Account.

\_\_\_\_\_ Payment made from General Fund Warrant.

\_\_\_\_\_ Account Receivable established (Reserve Account)