

ADMINISTRATIVE POLICIES AND PROCEDURES

State of Tennessee Department of Correction

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Effective Date: February 15, 2021								
Distribution: A								
Supersedes: 113.08 (1/15/18)								

Approved by: Tony Parker

Subject: PROSTHETICS AND DURABLE MEDICAL EQUIPMENT

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. <u>PURPOSE</u>: To provide guidelines for the provision of health care prosthetics and durable medical equipment to inmates.
- III. <u>APPLICATION</u>: Wardens/Superintendents, Associate Wardens/Deputy Superintendents, Health Administrators, health care staff, inmates, medical contractors, and privately managed institutions.

IV. DEFINITIONS:

- A. <u>Durable Medical Equipment</u>: Devices prescribed by a qualified health professional to help minimize the effects of a debilitating condition. Such devices are not attached to the body and usually enhance an individual's mobility or assist the individual to breathe. Examples of durable medical equipment include wheelchairs, crutches, canes, CPAP machines, and portable oxygen tanks.
- B. <u>Prosthetic</u>: For purposes of this policy only, an artificial device attached to the body to aid its function or to replace a missing part. Prosthetic devices include artificial limbs, false teeth, hearing aids, pacemakers, artificial eyes, eyeglasses, contact lenses, orthopedic appliances or shoes, etc.
- C. <u>Utilization Management Entity (UME)</u>: The person(s) or contractor designated by the Tennessee Department of Correction (TDOC) to process all requests for inpatient and outpatient specialty care.
- V. <u>POLICY</u>: When deemed necessary by the attending health care provider, health care prosthetic devices and durable medical equipment shall be provided to inmates in order to correct, assist, or improve significant body impairment or debilitating condition.

VI. PROCEDURES:

A. General:

- 1. Prior to ordering a prosthetic device, verification should be made that the inmate will be remaining in the physical custody of the TDOC for the length of time necessary to manufacture, fit, and adjust the device to the inmate.
- 2. Prosthetic devices shall remain the property of the TDOC until such time as the inmate is released from custody. The prosthetic device shall then become the personal property of the inmate. Durable medical equipment shall remain the property of the TDOC and shall not be given to the inmate upon release except as described in Section VI.(I).
- 3. Willful or negligent damage, destruction, or loss of issued prosthetic devices or durable medical equipment may result in disciplinary action being taken against the

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inmate. Additionally, replacement or repair costs shall be the responsibility of the inmate, except in unusual cases as determined by the Health Services Administrator.

4. There shall be a co-payment fee charged to the inmate upon issuance of certain prosthetics. (See Policy #113.15)

B. Eyeglasses:

- 1. Eyeglasses shall be provided for an inmate only by prescription of a licensed optometrist.
- 2. Only those inmates who have far or near vision of 20/40 acuity or greater in either eye as determined by screening (using a Snellen or Rosenbaum eye chart) or who have another debilitating pathology shall be referred to the optometrist.
- 3. The inmate will be provided a standard frame by the contract vendor at the expense of the state or private contractor. The following are the only exceptions:
 - a. Inmates who request to purchase personal eyeglasses shall be given a copy of the optical prescription from a facility approved provider. If an inmate requests a copy of his/her prescription in order to purchase personalized eyeglasses, it shall be noted in the health record. Inmates shall be permitted to forward optical prescriptions to a family member or to an optician, to be filled at their own expense. The purchase or delivery of personal eyeglasses is subject, however, to the following limitations:
 - 1. Inmates are responsible for arranging the financial transaction for the purchase of personal eyeglasses through their trust fund accounts.
 - 2. Delivery of personal eyeglasses to the inmate may be denied if the materials, design, or construction of the eyeglasses presents a security concern of substantial degree. Prior to delivery of inmate purchased eyewear to an inmate the Associate Warden of Security/Deputy Superintendent/designee must approve any security concerns.
 - 3. Personal eyeglasses will not be repaired at State expense.
 - b. Tinting of lenses shall only be done upon written request of a facility licensed ophthalmologist or optometrist and as approved by the Utilization Management Entity (UME). Generally, only the following types of conditions will be sufficient justification for tinting:
 - 1. Ocular problems such as dystrophy or recurrent ulceration of the cornea, chronic iritis or traumatic iris loss, retinosis pigmentosa, or advanced macular degeneration
 - 2. Systemic health conditions that have an ocular component such as

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diabetic retinopathy or albinism

- c. Eyeglasses must be delivered within ten business days from the date of the prescription order.
- 4. Once a pair of eyeglasses is issued to an inmate, he/she shall only be issued another pair by TDOC under the following circumstances:
 - a. The inmate requests to be seen for vision care and a subsequent screening and optometric exam (if needed) reveal that the inmate's vision has changed sufficiently enough that a new prescription is required to correct the visual error. Co-payment fees for the initial assessment and issuance of glasses will be assessed according to Policy #113.15.
 - b. The glasses were damaged or lost while performing duties related to the inmate's job assignment, supported by an incident report on the offender management system (OMS) conversation LIBJ and Accident/Incident/Traumatic Injury Report, CR-2592. No co-payment fee is assessed.
 - c. An inmate is seen for vision care because of a chronic care protocol or treatment guidelines (e.g., diabetes, AIDS) and the subsequent screening and optometric exam (if needed) reveal that the inmate requires a new prescription. No co-payment fees for the visit or for the glasses are assessed.
- C. <u>Contact Lenses</u>: Contact lenses shall only be issued to inmates who have an approved medical necessity. This approval can only be given by an approved licensed optometrist or ophthalmology specialist through the Health Services Administrator.
- D. <u>Medical Prosthetics</u>: Medical prosthetics, including orthopedic appliances, hearing aids (to include replacement batteries), braces, and orthopedic shoes, shall be provided as required for bonafide medical conditions. The Associate Warden of Security/Deputy Superintendent/Designee shall be notified prior to an inmate receiving an orthopedic prosthesis device (other than dentures, or hearing aids) to determine if the prosthetic compromises institutional security. If he/she believes it may create a security risk, he/she shall review the matter with the institutional physician or designee to find a solution.
- E. <u>Dental Prosthetics</u>: Dental prosthetics shall be provided per Policy #113.62. Under normal circumstances, the inmate shall have a prosthetic case completed only once. Loss, destruction, or mutilation of the provided denture is solely the inmate's responsibility. Remaking of the denture will be done at the discretion and judgement of the dental authority of the institution. Should it become necessary to construct a second denture because of the inmate's negligence, it shall be made at the inmate's expense.
- F. <u>Durable Medical Equipment</u>: Prior to ordering or issuing durable medical equipment, the health services administrator or designee shall advise the Warden/Superintendent or Associate Warden/Deputy Superintendent of the medical necessity for the equipment in order to determine if the medical equipment compromises institutional security. If the Warden/Superintendent or Associate Warden/Deputy Superintendent believes it may create

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a security risk, he/she shall review the matter with the institutional physician or designee to find a solution.

- G. <u>Procurement</u>: The procurement of prosthetic devices and durable medical equipment shall be in accordance with state purchasing requirements or contract provisions, as appropriate.
- H. <u>Documentation</u>: All prosthetic devices and durable medical equipment issued in accordance with this policy shall be properly documented in the inmate's health record. The inmate shall sign a completed Prosthetic Device/Durable Medical Equipment Receipt, CR-3428, for all items received. This form shall be retained in Section 5 of the health record.
- I. Transfer of Durable Equipment for Humanitarian Reasons: Institutional staff should make every effort to ensure that any cane, crutch, or wheelchair-dependent inmate scheduled for release has access to needed durable medical equipment through charitable or social service agencies or through the inmate's family. In the event that an inmate is released from custody and he/she does not have access to simple equipment such as crutches or a cane, the Health Services Administrator may allow an inmate to retain equipment acquired while in the custody of the TDOC. Wheelchairs may be given to inmates if it is determined that the wheelchair has significantly depreciated in value and that the use of the chair will enhance the inmate's ability to successfully return to the community.
- J. <u>Release</u>: The Health Administrator shall maintain a log documenting staff efforts to ensure the inmate has access to the necessary equipment upon release.
 - 1. The log shall contain:
 - a. The inmate's name
 - b. TDOC number
 - c. Medical condition requiring the equipment
 - d. The location where the equipment is to be retained
 - e. Contacts and dates efforts were made to obtain the item for the inmate in the community
 - f. Location(s) where no community assistance was found
 - g. The original and (estimated) depreciated value of the item the inmate is to take with him/her upon release.
 - 2. Continuous positive airway pressure (CPAP) machines and portable oxygen tanks will not be given to inmates.
 - 3. Any Prosthetic Device Durable Medical Equipment Receipts, CR-3428, documented in the health record shall be noted on the log prior to the inmate's release indicating the status of the equipment. The log shall indicate if the equipment was returned/retained at the institution or released with the inmate.

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K. At the discretion of the Warden/Superintendent and when appropriate, health care staff shall be involved in the removal of prosthetic devices. (See Policy #506.06)

VII. <u>ACA STANDARDS</u>: 5-ACI-6A-40

VIII. <u>EXPIRATION DATE</u>: February 15, 2024



TENNESSEE DEPARTMENT OF CORRECTION ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER	ł:	<u> </u>	TDOC ID:		
Name:		Number:		Date of Birth:	
Last	First Middle	e			
Employee	Inmate	Visitor	Othe	r	
Location (of occurrence)		Date (of occurrence)	o	Time (of ccurrence)	
Type of Injury / Incide	nt: Work-re			lence	
Weapon, Property, Eq Subject's Version (how	uipment, Machinery Inv	volvement (Specify):			
	,				
Witness' Version:			Signature of S	ubject	
-					
Printed Name of Witness	3	,	Signature of W	Vitness	
<u>Health Service Provide</u>	r's Poport				
oubjective.					
Objective:					
-					
Assessment:					
Plan:					
Date of Treatment	t	Time	Signatu	ure of Health Servi	ice Provider
Disposition:	Treated by Institutiona Service Staff	al Health			
	Transported to Commu Facility for Outpatient				
	Transported to Commu Hospital for Inpatient (Facility	
				Hospital	
	Other, explain:				
Did death resul	_	<u> </u>	elatives notified:	Yes	☐ No
	Workers Compensa	ation Claim #:			



TENNESSEE DEPARTMENT OF CORRECTION PROSTHETIC DEVICE/DURABLE MEDICAL EQUIPMENT RECEIPT

		INSTIT	TUTION	
NMATE:				TDOC ID:
	Last	First	Middle	
I have rece	ived the following	prosthetic device/c	durable medica	I equipment
		(It	em)	·
for	mber of days, weeks, e	c., if applicable	r until released	from the custody of Tennessee
	t of Correction.	7 11		
I understar	nd the Prosthetic	Device issued to	o me remains	the property of the Tennessee
-			-	understand that durable medical
	•	•	nnessee Depa	artment of Correction and I must
relinquish it	t after I am release	ed.		
Received B	Rv.			
Neccived E	,y	Inmate's Signatur	e	Date
Issued By:		Oi man de la Tital		
		Signature / Title		Date