

CHAPTER 8

Outpatient - Specialty Services

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall provide medically necessary specialty services to patient-inmates.

II. PURPOSE

To provide patient-inmates medically necessary specialty health care services to establish a diagnosis, to make recommendations for a diagnostic work-up, to provide therapy, and to establish a treatment plan that recommends frequency of follow-up visits with the specialist and/or the Primary Care Provider (PCP).

III. PROCEDURE

A. General Procedures

1. Specialty services shall be ordered by PCPs who provide primary care services within the CDCR. The ordering PCP shall complete a CDCR Form 7243, Request for Services, for each specialty service desired and shall indicate the time frame in which the service is necessary (emergent, high priority or routine). The ordering PCP shall also complete a CDCR Form 7221, Physician's Order, and shall document the requested specialty service on a CDCR Form 7230, Interdisciplinary Progress Note. The CDCR Form 7230, the CDCR Form 7221, and the green copy of the completed CDCR Form 7243 shall be filed in the Unit Health Record (UHR).
2. Emergency consultations or procedures shall be provided immediately. High priority consultations or procedures shall be provided within fourteen (14) calendar days of PCP order. Routine consultations or procedures shall be provided within ninety (90) calendar days of PCP order.
3. After submission of the CDCR Form 7243 for a high priority consult, the PCP must follow the patient-inmate as clinically indicated and determined necessary by the PCP until the specialist appointment occurs.
4. After submission of the CDCR Form 7243 for a routine consult or procedure to the UM Nurse, the PCP shall follow the patient-inmate as clinically indicated and determined necessary by the PCP to evaluate the status of the patient-inmate's clinical condition and to initiate medically necessary services based on the status of the condition.
5. The PCP shall inform patient-inmates of the plans for specialty services, including a general time frame of expected service delivery (numbers of weeks or months). If a specialty service is rescheduled, the PCP shall inform the patient-inmate that the requested service has been rescheduled. The information provided to the patient-inmate shall be documented on a CDCR Form 7230 and filed in the UHR. The specific date, time, and location of the off-site appointment, shall not be shared with patient-inmates.
6. If a specialty service request is denied the UM Nurse shall notify the PCP. The PCP may appeal the denial of the specialty consult to the Medical Authorization Review (MAR) Committee. If a specialty service request is denied by MAR, and the Health Care Review Subcommittee (HRSC) the PCP shall inform the patient-inmate that the requested service was denied and shall provide education regarding alternative treatment strategies. The PCP shall document the contact on a CDCR Form 7230. The CDCR Form 7230 shall be filed in the UHR.

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7. If an patient-inmate has been received via intrasystem transfer and has a previously scheduled appointment or consult pending, at the sending institution, the receiving institution shall ensure the patient-inmate receives the specialty appointment or consult no more than thirty (30) days from the date the specialty appointment was originally scheduled.
8. Within fourteen (14) calendar days of a routine specialty service, the patient-inmate shall be seen by the PCP to ensure necessary follow-up. For high priority specialty services, the patient-inmate shall be seen by the PCP within three (3) business days.
9. A specialty clinic staff person shall be designated at each institution and shall maintain the Specialty Referral Tracking Log; shall be responsible to schedule approved services as indicated on the CDCR Form 7243 with the specialty contract provider; and shall coordinate with custody staff to schedule appointments, and ensure that the priority health care ducats are issued.
10. For patient-inmates transferring to another institution for specialty services, refer to Volume 4, Chapter 3, Health Care *Transfer Process*.
11. In the event that an patient-inmate is approved for a specialty consult at one institution and is subsequently transferred to another institution before consult occurs, the receiving institution shall not cancel or void the sending institution's approval of the Specialty consult unless a treating physician at the new institution, after examination of the patient-inmate, determines that the specialty consult is no longer necessary. These findings must be documented in the UHR at the time the Specialty consultation is cancelled.
12. Specialty services requested/ordered for an patient-inmates housed in the General Acute Care Hospital shall be processed as high priority consults.

B. Utilization Management Review Process

1. Emergent requests are exempt from the pre-service UM process. However, a CDCR Form 7243 shall be submitted, after the fact, for emergent requests. The Chief Medical Officer (CMO), Chief Physician and Surgeon (CP&S), or designee shall review emergency consultations or procedures.
2. The PCP is required to complete the CDCR Form 7243 for emergency specialty services. However, based on the emergency nature of the request, the form may be completed after the service is provided.
3. The PCP shall forward routine and high priority CDCR Form 7243 to the UM nurse for the First Level review. High priority requests will be processed by the UM nurse within two (2) business days and denials will be reviewed by the CMO, CP&S, or designee within one business day.
4. The CMO, CP&S, or designee, is the Second Level of review per established guidelines.
5. The First and Second Level reviews for routine services shall occur within seven (7) calendar days of the completion date of the CDCR Form 7243.
6. The Medical Authorization Review (MAR) Subcommittee is the Third Level of review and shall review referrals per established guidelines. The Third Level review shall occur within twenty one (21) calendar days of the completion date of the CDCR Form 7243.
7. The Final Level of review and appeal is the Health Care Review Subcommittee (HCRS). The Final Level of review shall occur within sixty (60) calendar days of the completion date of the CDCR Form 7243.

8. Upon approval/processing, the CDCR Form 7243 shall be forwarded to the designated specialty clinic staff person for scheduling.
9. If the CDCR Form 7243 is deferred or referred to the next level of review or is denied, the UM Nurse shall document on the CDCR Form 7230 or RFS form the reason for the deferral or denial and forward the decision to the ordering PCP. The PCP shall document the decision and provide the patient-inmate with alternate strategies during the next visit, which is to be within 30 days of the deferral or denial of the specialty service.
10. For referrals to the MAR Subcommittee, the UM Nurse shall include the PCP on the MAR Subcommittee agenda and shall forward a copy of the agenda to the PCP. The PCP shall attend the MAR Subcommittee and present the case for consideration.

C. PCP Monitoring Visits (Prior to Specialty Appointment)

1. For high priority requests, the PCP shall follow the patient-inmate as clinically indicated and determined necessary by the PCP until the specialty appointment has occurred. The PCP visit shall be documented on CDCR Form 7409, Specialty Consult Progress Note.
2. Once the CDCR Form 7243 has been submitted for a routine consult, the PCP shall see the patient-inmate as clinically indicated and determined necessary by the PCP. The PCP visit shall be documented on CDCR Form 7409, Specialty Consult Progress Note.
3. The PCP may discontinue monitoring as clinically indicated and determined necessary by the PCP.
4. After submission of the CDCR Form 7243 for a routine consult or procedure to the UM Nurse, the PCP shall see the patient-inmate as clinically indicated and determined necessary by the PCP.
5. The designated specialty clinic staff person shall notify the CMO or CP&S and the PCP when routine consultations exceed the ninety (90) day time frame. Upon notification that an patient-inmate's appointment for consultation or procedure has exceeded the ninety (90) day time frame, the HCM shall identify whether there is a pattern of delay in a specific specialty area and shall forward the matter to the Quality Management Committee for an evaluation and recommendation.

D. Health Care Manager/Chief Medical Officer Monitoring of Pending Specialty Appointment

1. The specialty clinic staff person shall notify the Health care Manager/Chief Medical Officer (HCM/CMO) and the PCP when a high priority consultation cannot be scheduled within and/or exceeds the 14-day time frame.
2. Upon notification, the HCM/CMO shall take steps, including if appropriate, contacting the proposed provider or directing the use of another provider, to ensure the consultation is completed within policy time frames.
3. The specialty clinic staff person shall maintain a log/record indicating the date the high priority specialty service was requested, the date of approval of a high priority specialty services request, and the date the specialty service actually takes place.
4. The HCM/CMO shall review this log/record at least quarterly, and refer to the Quality Management Committee any matter related to systemic delays for high priority specialty consults.

E. Specialty Appointments Outside the Institution

1. The designated specialty clinic staff person shall complete the medical portion of the CDCR Form 7252, Request of Authorization of Temporary Removal for Medical Treatment, for medical services that are provided off institutional grounds.
2. The designated specialty clinic staff person shall include the patient-inmate's Tuberculosis (TB) Alert Code, information about any disabilities (i.e., DD, DPP), and medical transportation needs in the "Remarks" section.
3. The designated specialty clinic staff person shall forward CDCR Form 7252 to the HCM or designee for signature. The designated specialty clinic staff person shall ensure that the CDCR Form 7252 is signed by the HCM and is forwarded to custody staff.
4. Custody shall prepare the "custodial portion" of the CDCR Form 7252 and shall ensure all necessary signatures are obtained. Custody staff shall contact the institutional transportation team that provides transportation for the patient-inmate to the scheduled appointment.
5. The HCM or the physician designee shall prioritize the scheduled appointments when transportation needs exceed custody availability. Appointments shall be rescheduled and shall not exceed the time frame based on UM approval/process.
6. The CDCR Form 7243 and any other pertinent medical information shall be placed in an envelope and provided to custody staff for delivery to the specialty provider. The custody staff person shall obtain the completed CDCR Form 7243 from the specialty provider and shall return the CDCR Form 7243 to the Triage and Treatment Area (TTA) or designated RN upon return of the patient-inmate to the institution.
7. All patient-inmates who receive specialty services outside the institution shall be processed upon return to the institution by an RN.
8. The designated RN shall assess the patient-inmate, review the recommendations made by the specialist, and document the assessment on a TTA form or Progress Note. The designated Nurse shall notify the PCP or Physician on Call (POC) of any immediate medication or follow-up requirements; note all orders; ensure the patient-inmate's current housing is consistent with clinical needs; and refer the patient-inmate to the appropriate yard clinic to schedule a follow-up with the PCP within fourteen (14) calendar days, or sooner if clinically appropriate; and ensure that the specialty provider's portion of the CDCR Form 7243 is completed.
9. The designated RN shall sign the CDCR Form 7243. The CDCR Form 7243 shall be filed in the UHR and a copy shall be forwarded to the PCP.
10. For all other routine consults the PCP will review the consultants report within three business days.
11. In the event that an patient-inmate returns without the CDCR Form 7243 or with an incomplete CDCR Form 7243, the designated RN shall call the specialty provider and shall ascertain/confirm the findings and recommendations. The telephone contact shall be documented by the designated RN on the CDCR Form 7243 and shall include the specialty provider's findings and recommendations, the designated RN's name, and the date and time of the telephone contact. If the specialty provider is unavailable, the designated RN shall contact the POC for direction.
12. Podiatry, Physical Therapy, and Optometry does not routinely require a fourteen (14) day follow up by the PCP unless requested by the consultant.

F. Specialty Clinic Appointments Within the Institution

1. The specialty provider shall document their recommendations and findings on the CDCR Form 7243.
2. For patient-inmates seen within the institution, the designated RN or MTA shall review the CDCR Form 7243.
3. The RN or MTA shall notify the PCP or POC of any immediate medication or follow-up requirements; note all orders; ensure the inmate/patient's current housing is consistent with clinical needs and ensure that the specialty provider's portion of the CDCR Form 7243 is completed.
4. The RN or MTA shall sign the CDCR Form 7243. The CDCR Form 7243 shall be filed in the UHR and a copy forwarded to the PCP.
5. The PCP shall review the consult report within three (3) business days.
6. High priority consult patient-inmates shall be seen by the PCP within three business days and routine consult patient-inmates will be seen by the PCP within fourteen (14) calendar days. Podiatry, Physical Therapy, and Optometry do not routinely require a fourteen (14) day follow-up by the PCP unless requested by the consultant. However, the PCP shall still review the CDCR Form 7243 within three (3) business days.

G. Specialty Provider Recommendations

1. Specialty providers may not order additional diagnostic tests or specialty services or make referrals directly.
2. Follow-up appointments recommended by a specialty provider (with the specialty provider) may occur according to the time frame indicated on the CDCR Form 7243, only with the approval of the PCP unless the PCP documents a reason to see the patient-inmate according to another time frame. The PCP shall document the reason for the modified time frame on a CDCR Form 7230.

H. Follow-up Appointment/ PCP Responsibilities

1. At the follow-up appointment with the PCP, the PCP shall discuss the specialty provider's findings and recommendations with the patient-inmate. The PCP shall sign the CDCR Form 7243 and shall complete a CDCR Form 7230 documenting the discussion with the patient-inmate and the follow-up plan. The CDCR Form 7230 shall be filed in the UHR.
2. The PCP shall complete a CDCR Form 7243 for each service recommended by the specialty provider, as appropriate, and shall forward the CDCR Form 7243 to the UM Nurse for review. Ongoing treatments (e.g., chemotherapy) require only an initial approval by UM review to initiate the series of treatments.
3. For follow-up visits requested by the Specialist, the PCP is responsible to determine the necessity for the follow-up consult/visit and like all other consultant recommendations, the PCP is required to document reason(s) for choosing an alternative strategy. The PCP must see the patient-inmate as clinically indicated. Follow-up appointments do not require a new CDCR Form 7342, Request for Services or UM review. The PCP shall order the appropriate number of follow-up appointments, and determine the priority on a CDCR Form 7221, Physician Order. The designated RN shall note the order and forward the order to the scheduling department for scheduling.

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4. The PCP shall also write orders for follow-up with the specialist and diagnostic or other testing, as indicated in the Physician's Order, CDCR Form 7221. The CDCR Form 7221 shall be filed in the UHR.

REFERENCES

- Volume 4, Chapter 8: Outpatient-Specialty Services, III A. General Procedures
- Volume 4, Chapter 8: Outpatient-Specialty Services, III C. PCP Monitoring Visits (Prior to Specialty Appointment)