



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.12

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Effective Date: February 15, 2023

Distribution: A

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PCN 20-15 (4/1/20)

Approved by:

Subject: SPECIALTY CONSULTANT SERVICES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that the availability of specialty consultation and services for inmates are consistent with community standards for health care.
- III. APPLICATION: Wardens, Superintendents, Associate Warden of Treatment, health administrators, health care staff, medical contractors, inmates, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Central Dispatch Office (CDO): A function of the office of Director of Classification which coordinates and schedules the transfer and transportation of inmates.
  - B. DeBerry Special Needs Facility (DSNF) Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved inmate specialty consultation services.
  - C. Utilization Management Entity (UME): A licensed medical person(s) or contractor designated by the Tennessee Department of Correction (TDOC) to process all requests for inpatient and outpatient specialty care.
- V. POLICY: Consultation by a medical specialist or other health professional, as well as any prescribed treatment, shall be made available when it is determined that an inmate requires specialty care beyond the training or expertise of the institutional health care staff or institutional resources.
- VI. PROCEDURES:
  - A. General
    1. All requested consultations or services (including elective surgeries) shall be reviewed by the UME to determine medical necessity. Services shall be approved and performed only when they are determined to be medically necessary to correct a substantial functional deficit, or when an existing pathological process threatens the well-being of an inmate over a period of time. To facilitate such requests, health care information shall be released in accordance with Policy #113.52.
    2. The TDOC UME shall make every effort to provide specialty consultant services locally when feasible for those inmates housed in Davidson County. Therefore, specialty care, consultations, and diagnostic testing shall be primarily provided at the DeBerry Special Needs Facility (DSNF) for males and the Debra K. Johnson Rehabilitation Center (DJRC) for females. Specialty consultant services may also be provided at an alternative site as determined by the UME when such services are beyond the capability of the facility.

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3. For inmates housed at a privately managed facility, specialty consultant services shall be approved or denied by the UME within seven working days from the date of referral.
4. At least annually, the UME of both the TDOC and the privately managed facilities shall provide an updated, written list of outpatient and inpatient referral sources for designated facilities. The list shall be distributed to all applicable facilities and the Chief Medical Officer or designee.

B. Consultation Request Process, Evaluation, and Classification

1. Referrals to specialists shall be made only by a licensed medical provider (physician, dentist, optometrist, or mid-level provider). The licensed medical provider should only request a referral for an inmate if he/she can justify that the inmate's condition is causing (or may potentially cause) the inmate undue suffering, severely limiting the inmate's ability to participate in activities of daily living or is expected to worsen in severity. All referrals for services shall be subject to the approval of the UME.
2. All requests for consultation and/or specialty care shall be submitted to the UME in the manner designated by the UME and approved by the State. The licensed medical provider requesting the service shall provide pertinent information to justify the medical necessity of the request. Entries shall include a detailed history consisting of an evaluation, suspected diagnosis (if known), and results of laboratory or radiology studies, etc.
3. Requests that are not deemed to be medically necessary but require more intervention at the primary level shall be returned with a written explanation. For all institutions, the TDOC Chief Medical Officer or designee, in conjunction with other staff, shall have the authority to reverse or modify decisions made by the Utilization Management Entity (UME).
4. All routine requests shall be evaluated and classified based on the urgency and priority of need. All emergency requests shall be addressed in accordance with Policies #113.04, #113.30, and #113.32.
5. Approval: Once approved, specialty consultations shall be scheduled by the UME. The date, time, provider, and location of the appointment shall be communicated to the DSNF scheduler and/or the institution requesting the consultation request. All approved referrals shall have a designated appointment date as indicated below from date of approval:
  - a. Urgent referrals within 14 working days
  - b. Routine referrals within 60 calendar days
6. Coordination: The DSNF scheduler shall record approved consultations and appointments on the Medical Appointment screen in the offender management system (OMS). He/she shall coordinate transportation from DSNF to off-site

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specialty consultations through the Central Dispatch Office and shall document the transfer on LIMA.

7. Inmate Notification of Off-Site Medical Appointments: The health care staff shall meet with the inmate to ensure that he/she understands that a consultation or procedure has been scheduled and that he/she will be transported for this purpose. The health care staff of the sending institution shall then review the inmate's health record to ensure that all documentation is in order for the consultation or procedure no later than three days prior to scheduled transportation. At no time shall staff inform an inmate of the specific date, time, or location of an off-site medical appointment.

C. Inmate Refusal of Health Services: An inmate's refusal of health services shall be addressed in accordance with Policies #113.51 and #113.15.

1. In the event the licensed medical provider believes the inmate's refusal is life or limb-threatening, he/she shall counsel the inmate regarding the potential health consequences of the refusal.
2. Should the inmate continue to refuse treatment, the licensed medical provider may contact the Medical Director at DSNF (or DJRC for females) to request a temporary transfer of the inmate so that he/she will be in proximity to the TDOC contracted hospital. Licensed medical staff shall document the refusal on the Problem-Oriented Progress Record, CR-1884; Refusal of Medical Services, CR-1984; and on LIMA in OMS.
3. If it is documented in the health record that the inmate affirmed that he/she would go to the scheduled appointment then refuses to be transported on the day of transfer, the inmate shall be charged \$10.00.

The inmate shall also be charged \$10.00 if he/she has been transferred to DSNF for a specialty consult/appointment and, once at DSNF (or DJRC for women), refuses to go to the scheduled clinic at the appointed time.

D. Documentation of Specialty Consultation Recommendations: Within seven days following the specialty consultation or procedure, the physician or contractor shall submit the results of the consultation and/or procedure in a typed report which provides sufficient information to ensure continuity of care including:

1. Reason for consultation
2. Inmate's chief complaint
3. History of present illness
4. Past medical history
5. Social history
6. Family history

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7. Review of systems
8. Prescribed medications
9. Physical examination
10. Laboratory results
11. Diagnostic studies
12. Assessment/ Findings
13. Plan/ recommendations, including referrals for other needed specialty care

E. Post Consultation: Once the specialty consultation has been completed and unless the inmate needs additional care or procedures immediately, the inmate shall be returned to the sending institution. The institutional physician shall review the specialist's report with emphasis on the findings, treatment, and recommendations and document the review including plan of action on the Problem Oriented - Progress Record, CR-1884 within three (3) working days of receipt of the consultation results.

- VII. APPLICABLE FORMS: CR-1884 (Rev. 8-2019), and CR-1984 (Rev. 8-2019)
- VIII. ACA STANDARDS: 5-ACI-6A-04 and 5-ACI-6A-05.
- IX. EXPIRATION DATE : February15, 2026





**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
REFUSAL OF MEDICAL SERVICES**

**INSTITUTION:** \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

This is to certify that I \_\_\_\_\_ (Inmate's Name), \_\_\_\_\_ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: \_\_\_\_\_  
(Inmate) (TDOC ID) (Date)

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

The above information has been read and explained to,

\_\_\_\_\_ but has refused to sign  
(Inmate's Name) (TDOC ID)  
the form.

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)