

Medical and Nursing Services

Introduction

The Minnesota Department of Corrections (DOC) provides medical and nursing care to offenders on a daily basis. Offenders have a constitutional right to health care as provided by the 8th and 14th amendments.

Since 1998, the department has contracted with a private health care vendor to provide a variety of services. The current contract provides: primary care practitioners and psychiatrists to provide care at the prisons; sub-contracting with community providers for inpatient and outpatient hospital care and specialty care; ancillary services such as physical therapy and optometry; utilization management services; and pharmacy services.

Nursing care, dental care, mental health services, substance use disorder, and sex offender treatment are provided by state employees.

Background

All DOC facilities operate outpatient clinics Monday through Friday. Offenders access care by signing up in their living units or sending a request on a correspondence form detailing their concerns. The request is triaged by nursing staff and appointments are made with nursing staff or with the primary care provider.

Level 1 – Nursing services

Nursing staff are on-site at all prisons, 7 days per week. Minnesota Correctional Facility (MCF)-Oak Park Heights and MCF-Faribault have nursing staff on-site 24 hours per day. Nurses provide a variety of services to the offender population. They include preventative care screening, sick call triaging, implementation of physician standing orders, patient education, medication administration, management of chronic conditions, quality assurance activities and emergency response.

Level 2 – Physician services

On-site physicians and primary care practitioners manage the day-to-day medical care for offenders. Most sites have at least one practitioner on-site 5 days per week. Smaller prisons have coverage less frequently, based on size and need. Practitioner services include clinic visits, management of acute and chronic illnesses, and determining medication needs. They make referrals to community providers when care needs extend beyond the scope of facility clinics.

At the DOC's female facility, MCF-Shakopee, the department provides comprehensive pregnancy care, including prenatal care through delivery.

In addition, the DOC has 24-hour on-call physician and nursing services to provide guidance and direction to both nursing and security staff when the practitioner is not on-site.

Level 3 – Transitional Care Unit and Linden Unit

The Transitional Care Unit (TCU) is a 54-bed unit housed at MCF-Oak Park Heights. It provides a higher level of care for adult males across the system regardless of custody level. Staff at the TCU can provide a high level of nursing care and monitoring including IV therapy, wound care, pre- and post-surgical care, hospice care and management of other complex medical conditions that require intensive nursing interventions. A physician is on-site 5 days per week and nursing staff are present 24 hours a day, 7 days a week.

Level 3 – Transitional Care Unit and Linden Unit (continued)

MCF-Oak Park Heights also provides on-site dialysis services. Currently, there are six chairs, which serve an average of 12 offenders needing dialysis.

The Linden Unit at MCF-Faribault has 100 beds and provides care for adult males who need a close level of monitoring on a 24-hour basis. Many of the offenders housed in the Linden Unit need assistance with their daily living activities, such as dressing and showering. Nurses are also able to provide short-term IV therapy, wound care and other treatments. Many of these offenders are diagnosed with geriatric-related conditions, such as Alzheimer's, coronary artery disease and pulmonary conditions.

Level 4 – Community-based services

While most offenders' care is provided on-site, inpatient and outpatient hospital and specialty care is sometimes needed. Non-emergency off-site care usually is reviewed through a utilization management system. When offenders receive care off-site, they are transported by officers who continue to provide security until the offender returns to the facility.

Copayments

To promote offender self-reliance and participation in his/her own health care decisions and to promote responsible use of services, offenders are charged a copayment for services they initiate. The copayment is \$5 per visit. Offenders are not charged a copayment for accessing mental health services or for clinic visits related to specific chronic care management, work injuries or emergencies. Offenders with insufficient funds or classified as indigent are not denied health care. A process is in place to provide payment at a later time or have the copayment waived if indicated.