

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Referrals for Outside Healthcare Services

Policy Number: 507.04.11

Effective Date: 12/11/2024

Page Number: 1 of 5

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

The responsible Clinician will make a referral for a subspecialty consultation, diagnostic test, or therapeutic intervention only after in-house resources have been exhausted without reaching a satisfactory resolution. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

- A. Ga. Comp. R. & Regs. 125-4-4-.04 (2).
- B. GDC Standard Operating Procedures (SOPs): 507.04.13, Continuity of Care for Ambulatory Services; 507.04.10, Consultations and Procedures; and 507.04.09, Hospital and Specialized Ambulatory Services.
- C. NCCHC 2018 Adult Standards: P-D-05 and P-E-08; and
- D. ACA Standards: 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6D-06, 4-ALDF-4C-04, and 4-ALDF-4C-05.

III. Definitions:

As used in this SOP, these terms are defined as follows:

- A. **Referral Services** - A sub-specialty, diagnostic test, or therapeutic intervention (non-hospitalization) provided on-site or outside of GDC facilities. These services are typically office visits, diagnostic tests, medical evaluations, or therapeutic interventions that are not available within a GDC facility or if available, cannot be obtained within a defined time period. Outpatient referrals include subspecialty consults, physical therapy, prosthetics, diagnostic tests, or specialized medical care.
- B. **Clinician** - A physician, nurse practitioner, physician assistant, dentist, licensed professional counselor, medical social worker, clinical psychologist and/or clinical nurse specialist.

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C. **Responsible Health Authority** - A qualified health care professional who may or may not be a physician that is designated to ensure the provision of appropriate health care for all offenders. When this authority is other than a physician, medical judgments rest with a designated licensed physician.

D. **Provider Network** - A list of the doctors, other healthcare providers, and hospitals that are contracted to provide medical care.

IV. Statement of Policy and Applicable Procedures:

A. Identifying the Need for Referral Services:

1. The responsible Clinician will determine the need for referral for medical services.
2. Determination of need for an outside referral requires an evaluation of the offender, including:
 - a. Interpretation of subjective complaints.
 - b. Physical examination of the appropriate anatomical area or functional system.
 - c. Diagnostic testing to the highest level available within the facility as indicated; and
 - d. An assessment that documents the need for an outside referral based on subjective and objective findings.
3. The assessment that an outside referral is indicated will follow the GDC Summary of Healthcare Benefits.

B. The goals of the Constitutional Healthcare Delivery System are:

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1. Support health maintenance.
2. Preserve an adequate level of function.
3. Prevent disease and disability.
4. Prevent deterioration; and
5. Provide relief from pain and suffering.

C. Eligible healthcare services include:

1. Medically necessary.
2. Ordered by a Clinician.
3. Within the framework of Constitutional Healthcare.
4. Diagnostic evaluations and procedures; and
5. Procedures and treatment of potential/actual communicable disease.

D. Seeking Referrals Within the GDC Provider Network:

1. Every reasonable attempt will be made to identify a subspecialty physician or service provider available within the GDC Provider Network.
2. If the indicated sub-specialist or medical service is not within the GDC network or cannot be obtained in a defined period of time, the Clinician may then seek out-of-network referral.
3. The contract vendor will provide a current list of contracted specialty care to the Office of Health Services and GDC Statewide Medical Director regarding each facility for an annual review.

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4. The facility will have access to and use the list of contracted providers unless the service or referral must be obtained on an emergency basis in accordance with SOP 507.04.09, Hospital and Specialized Ambulatory Care.
 5. Vendor initiated contracts with community providers or medical service agencies will contain up-to-date information about the cost of services and billing must not exceed the contract cost listed.
 6. When patients are referred for outside care, written or verbal communication about the patient and the specific problems to be addressed must be communicated to the outside entity.
 7. Contracts or letters of agreement will be completed with community providers or medical service agencies.
 - a. The agreements will require the off-site facilities or specialty service clinics to provide a summary from the specialist-provider that should contain assessment, testing, treatment completed; diagnosis and/or findings; and recommended treatment plan, including medications, patient instructions, and follow-up. This information should accompany the patient upon return to the facility.
 - b. The health record will contain results from off-site visits or attempts by health care staff to obtain these results.
- E. Accepted Time Frames for Subspecialty Referrals or Medical Services:
1. The clinical need will dictate the time required to receive the ordered service; however, the waiting times should not exceed average waiting times in community practice.
 2. The Responsible Health Authority will work with the facility authority regarding procedures that transporting personnel follow while escorting

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patients for specialty care. This will include providing diagnostic studies, consult referral form, and other pertinent clinical information.

3. The GDC Statewide Medical Director will determine the acceptable time frames with a target of seven (7) days for urgent consultations and procedures and a target of thirty (30) days for routine procedures and initial consultations. The contract vendor will ensure that subspecialty referrals will be completed within the accepted time frame defined by the GDC Statewide Medical Director.
4. The Responsible Health Authority and responsible Clinician in each facility will review all consults and referrals weekly to determine how long it has been since the referral was requested. This review will also determine whether or not a date has been set for the referral and if a date has been set, whether the referral is still scheduled.
5. If the offender's condition has changed or there has been some deterioration in function, the Clinician will need to assess whether more urgent attention is indicated.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.