

## **Summary of Changes to the DIHS Detainee Covered Services Package Web Page**

The purpose of this summary is to outline the significant additions and deletions to the DIHS Detainee Covered Services Package ("Covered Services") in comparison to the benefit package currently in effect.

The revised Covered Services is formatted to list benefits according to body systems for easier retrieval by the user. The DIHS Detainee Covered Services Package emphasizes that benefits are provided for emergency care and not elective or non-emergent or pre-existing conditions. The definition of an emergency is "a condition that poses an imminent threat to life, limb, hearing or sight." However, all service requests are reviewed on a case by case basis. At the end of each body system, a disclaimer is printed that indicates that "the information contained herein... should not be construed... to create any rights..." and includes a link to the Managed Care section of the DIHS Web site for additional program requirements.

It is recognized that the Covered Services may change as the Managed Care Program continues to define all aspects of the medical care. Revision dates to each body system in the Covered Services are noted in the footer of each page and will be updated as needed to ensure identification of the most recent versions.

Routine screenings (e.g., mammograms, PSAs, Pap smear, etc.) for detainees in custody 12 months or more with no indication of imminent removal have been changed to state that screening for disease processes (e.g., breast, cervical, prostatic, colorectal cancer) are considered on a case by case basis, subject to clinical findings, and pursuant to the Guide to Clinical Preventative Services, (latest version), Report of the U.S. Preventative Services Task Force. In other words, clinical findings must support the need for the requested screening. This change will remove the impression that these tests are automatically approved for a detainee who is in custody for over 12 months.

Presently, for detainees with conditions that are deemed chronic in nature, (e.g., asthma, hypertension, diabetes, etc.) the benefit package states that mandatory follow-up care and testing is to occur every 3 months. In the revised Covered Services, the responsibility for recommending appropriate follow-up treatment has been changed to the onsite provider who will determine the frequency of follow up-care and testing based upon the detainee's medical history and clinical findings. As such, we have clarified to providers that DIHS does not mandate the frequency a detainee is seen or what testing needs to be done by the onsite physician. The responsibility will lie with the provider. The detention facility will continue to be required to seek payment authorization for all recommended services.

### **DENTAL**

Dental benefits are designed to meet the Adult Local Detention Facilities, Fourth Edition (ACA) and the National Commission on Correctional Health Care (NCCHC) standards of accreditation.

Forensic dental examinations must be ordered by the ICE/BP Officer when there is a need for this information by the requesting agency.

Dental services performed by a DIHS dentist at a DIHS facility will not require authorization as a claim for reimbursement is not submitted for these services.

### **Hearing**

Hearing testing and screening are not covered benefits. Hearing aids are not covered nor are supplies or repairs to hearing aids.

### **Investigational (Experimental) Drugs, Devices and Procedures**

Non-covered service.

### **Male Genital System Surgery**

No coverage for removal of foreign objects or piercings of the genitalia unless acute signs of infection.

### **Orthopedics/Rehabilitation**

No coverage for acute rehabilitation facilities or rehabilitative services (e.g., physical, occupational, speech or cognitive therapy).

Clarified that orthopedic shoes replaced only if detainee entered custody with the shoes which are now damaged beyond repair.

### **Pharmacy**

Includes recently revised formulary.

Clarified that detainees deported, released from custody or an inter-facility transfer will be given a 5 day supply of medications.

### **Radiology**

Approvals for chest x-rays to rule out tuberculosis in detainees with a positive PPD or a history of, will be approved for a single view only, unless medical justification for a PA and Lateral.

### **Vision**

Eyeglasses are no longer a covered benefit. Snelling tests will be used for screening purposes only, not to determine the need for eyeglasses.

Detainees coming into custody with broken glasses or the glasses broke while in ICE/BP custody will be repaired or replaced via Institutional Eye Care.

### **Lost Property**

Detainee property (e.g., glasses, dentures, prosthesis, etc.) that is lost while the detainee is being transferred from one facility to another will not be the responsibility of DIHS to replace. This is considered a property issue between the two facilities.