



# Operating Procedure

<b>Effective Date</b> December 1, 2015	<b>Number</b> 720.2
<b>Amended</b>	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 720.2 (12/1/12)	
<b>Authority</b> COV §32.1-59, §53.1-32, §54.1-2900 et seq., §54.1-3000 et seq.	
<b>ACA/PREA Standards</b> 4-4142, 4-4143, 4-4144, 4-4285, 4-4347, 4-4348, 4-4349, 4-4350, 4-4352, 4-4359, 4-4362, 4-4363, 4-4364, 4-4365, 4-4366, 4-4376, 4-4398, 4-4399, 4-4403-1, 4-4414, 4-4417, 4-4418, 4-4419, 4-ACRS-4C-06, 4-ACRS-4C-07, 4-ACRS-6A-04-2; 2-CO-4E-01 §115.15[e], §115.61[c], §115.215[e], §115.261[c]	
<b>Office of Primary Responsibility</b> Health Services Unit	

**Subject**  
**MEDICAL SCREENING, CLASSIFICATION, AND LEVELS OF CARE**

<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>FOIA Exempt Attachments</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #1 <input type="checkbox"/>
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## I. PURPOSE

This operating procedure provides guidance to establish baseline data for use in subsequent care, treatment, and appropriate medical classification of offenders incarcerated in Department of Corrections facilities. It also includes provisions for 24-hour inpatient care for acute illnesses, injuries, surgeries, and appropriate medical support services requiring convalescent or chronic care. Facilities will provide varying levels of health care to offenders as needs indicate.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**Activities Of Daily Living (ADL)** - Any individual activity including basic self-care, performing manual tasks, walking, talking, hearing, seeing, breathing, learning, and working, etc. and including major bodily functions (non-exhaustive list).

**Assisted Living** - The care for offenders who require assistance with two or more Activities of Daily Living

**Chronic Care** - Health care provided to offenders over a long period of time; health care services provided to offenders with long-term health conditions or illnesses (asthma, diabetes, cardiac, hypertension, seizure, mental health, and human immunodeficiency virus (HIV)); care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

**Consultant Care** - Recommended treatment of a medical condition by a clinical specialist, either within the DOC or in the private sector, for conditions beyond the scope of services available at the facility or that can be provided by the attending physician

**Convalescent Care** - Health care provided to an offender over a period of time to assist in the recovery from an illness, injury, or surgery

**Convalescent Unit** - Beds located in the medical area that provide a higher level of care that can be managed in the outpatient general population setting, but the patient does not require infirmary or hospital care.

**Disability** - A physical or mental impairment that substantially limits a major life activity.

**Emergency Care** - Treatment of an acute injury or illness that requires immediate medical attention

**First Aid** - The immediate treatment of an injury or illness by someone trained in first aid

**Health Authority** - The individual who functions as the administrator of the facility medical department

**Health Trained Staff** - A DOC employee, generally a Corrections Officer who has been trained to

administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

**Hospital Care** - Inpatient care for a medical condition that requires twenty-four hour clinical management in a facility licensed to provide such service

**HSU Clinical Coordinator** - The person in the Health Services Unit who is responsible, by job description, for transferring offenders either from a hospital, an infirmary, or a population to a facility that can provide the appropriate health care environment.

**Impairment** - A medically documented physiological condition or disorder affecting a body system; the condition must be of a permanent or long-term nature.

**Infirmary Care** - Inpatient care provided to offenders who are not in need of hospitalization, but whose care cannot be managed safely in an outpatient setting; intravenous fluids, oxygen, and other advanced care are provided at this level.

**Intersystem Transfer** - Transfer of an offender from one distinct correctional system into another i.e., from a jail or out-of-state institution into a DOC institution

**In-Transit** - Temporary housing for an offender until they reach their final destination

**Intra-system Transfer** - Transfer of an offender from one institution to another, from an institution to a Community Corrections facility, or for transfer from a Detention Center to a Diversion Center within the Virginia Department of Corrections

**Medical and Nursing Guidelines** - A set of definitive treatment plans for the safe, effective, and timely management of medical and surgical conditions in the corrections setting

**Medical Practitioner** - A physician, physician's assistant, or nurse practitioner licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld.

**Physical or Mental Impairment** - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Qualified Health Care Personnel** - A licensed LPN, RN, physician assistant, nurse practitioner, or physician

**Reasonable Accommodation** - A modification, action, or provision that will assist a disabled offender in the performance of essential functions without causing an undue hardship to the facility or compromise the health and safety of offenders, visitors, or staff.

**Self-Care** - Treatment of a condition that can be accomplished solely by the offender.

**Telemedicine** - The use of telecommunications equipment and/or networks to transfer health care information among participants at different locations; telemedicine is generally used for consultation with off-site specialists to avoid the stress and expense of transporting the offender.

**Tuberculin Skin Test (TST)** - A test given to screen for the possibility of infection with tuberculosis

**Undue Hardship** - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature or operation of the business or work performed.

**Utilization Manager (UM)** - Person responsible for reviewing, approving, and suggesting alternative plans to consultation requests; the UM is also responsible for training users and maintaining the UM process.

#### IV. SCREENING AND CLASSIFICATION (2-CO-4E-01)

A. The Department of Corrections must protect the health and wellbeing of offenders and employees through early appraisal of the health status of each arriving offender.

1. The facility's qualified health care personnel should review offender health care records upon arrival from outside health care entities, including those from inside the correctional system. (4-4347)
2. All offenders shall be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a Medical or Mental Health Screening, Appraisal, or Examination. (§115.61 [c], §115.261[c])

B. Intake Medical Screening (4-4362; 4-ACRS-4C-06)

1. An intake medical screening shall be performed by health-trained staff or qualified health care personnel upon the offender's arrival into the DOC, i.e. at a Reception and Classification Center, Detention Center, or Diversion Center. (4-4285) The purpose of the medical intake screening is to ensure that emergent and urgent health needs are met and to protect staff and offenders from unnecessary exposure to communicable disease.
2. All findings by qualified health care personnel are recorded on the [Preliminary Medical Screening 720\\_F8](#).
3. When qualified health care personnel are not available, health-trained staff will complete the [Health Screening - Health-Trained Staff 720\\_F10](#) immediately upon the arrival of the offender to the facility. The screener will send the form to the facility medical staff for review by health care staff and inclusion into the Health Record.
4. Written procedures and screening guidelines are established by the responsible physician in cooperation with the Facility Unit Head. The screening includes at least the following: (4-4285)

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- Current illness and health problems, including communicable diseases
- Current or prescribed medications
- Dental problems
- Mental health problems including suicide attempts or ideation
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- The possibility of pregnancy and history of problems (female only)
- Other health problems designated by the responsible physician

Observation of:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- Body deformities, ease of movement, and so forth
- Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the offender:

- General population
- General population with prompt referral to appropriate health care service
- Referral to appropriate health care service for emergency treatment

Offenders who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance.

5. For offenders on medication, a medical practitioner should decide whether to continue, discontinue,

or modify the medication within 24 hours of arrival and prescribe accordingly. Medication should be available to the offender at a time considered appropriate by the medical practitioner.

C. Mental Health Screening - An intake mental health screening shall be performed by health-trained or qualified mental health care personnel upon the offender's arrival at a Reception and Classification Center. All findings are recorded on the [Preliminary Medical Screening](#) 720\_F8. The mental health screening includes, but is not limited to:

Inquiry: into:

- Whether the offender has a present suicide ideation
- Whether the offender has a history of suicidal behavior
- Whether the offender is presently prescribed psychotropic medication
- Whether the offender has a current mental health complaint
- Whether the offenders are being treated for mental health problems
- Whether the offender has a history of inpatient and outpatient psychiatric treatment
- Whether the offender has a history of treatment for substance abuse

Observation of:

- General appearance and behavior
- Evidence of abuse and/or trauma
- Current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- To the general population
- To the general population with appropriate referral to mental health care service
- Referral to appropriate mental health care service for emergency treatment

D. Laboratory and Diagnostic Studies - required for all offenders entering institutions or Community Corrections facilities ([COV §32.1-59](#))

1. Laboratory Tests for newly received offenders should include:

- a. RPR (Syphilis)
- b. CBC (Complete Blood Count) with diff (not applicable for Community Corrections Facilities)
- c. Comprehensive Metabolic Panel (CMP-14) (not applicable for Community Corrections Facilities)
- d. Urine pregnancy test
- e. Urine for Chlamydia and Gonorrhea (males)
- f. Urinalysis
- g. Cervical cytology (Pap test) and testing for Chlamydia and Gonorrhea (females)
- h. TST (Tuberculin Skin Test)
- i. Chancroid, if symptomatic
- j. Granuloma inguinale, if symptomatic
- k. HIV

2. Immunizations and vaccines to include: Tetanus Diphtheria (Td) or Tetanus, Diphtheria Pertussis (Tdap), Hepatitis A, Hepatitis B, Influenza, and Pneumococcal if indicated per *Medical and Nursing Guidelines*.

3. Chest x-ray for HIV positive offenders only unless pathology exists and further study is needed

E. Health Appraisals ([4-4365](#); [4-ACRS-4C-07](#); [2-CO-4E-01](#))

1. A comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the

- designated health authority.
2. Health Appraisals include the following:
    - a. Within 14 days after arrival at the facility, but sooner for incoming offenders with more urgent conditions, and in all cases consistent with the degree of urgency:
      - i. Review of the earlier receiving screen
      - ii. Collections of additional data to complete the medical, dental, mental health, and immunization histories
      - iii. Laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
      - iv. Record of height, weight, pulse, blood pressure, and temperature
      - v. Other tests and examinations, as appropriate
    - b. Within 14 days after arrival for offenders with identified significant health care problems:
      - i. Medical examination, including review of mental and dental status (for those offenders with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
      - ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care personnel, if such is authorized in the medical practice act
      - iii. Initiation of therapy, when appropriate
      - iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
    - c. Within 30 days after arrival for offenders without significant health care problems:
      - i. Medical examination, including review of mental and dental status (for those offenders without significant health care concerns identified during earlier screening-no identified acute or chronic disease, no identified communicable disease, and so forth).
      - ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional.
      - iii. Initiation of therapy, when appropriate
      - iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
  3. The health appraisal data collection and recording will include the following: (4-4366)
    - a. A uniform process as determined by the health authority
    - b. Health history and vital signs collected by health-trained or qualified health care personnel
    - c. Collection of all other health appraisal data performed only by qualified health personnel
    - d. Review of the results of the medical examination or tests and identification of problems is performed by a medical practitioner, as allowed by law
    - e. A written treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care.
    - f. Documentation will be completed on [Medical Classification C&R 7 720\\_F15](#).
  4. The history and physical shall include the following:
    - a. Review of the jail medical record when available
    - b. Review of [Preliminary Medical Screening 720\\_F8](#) or [Health Screening - Health-Trained Staff 720\\_F10](#)
    - c. Collection of additional data to complete the medical, dental, mental health, and immunization histories
    - d. Review the results of test, examinations, identification of problems by a physician or other qualified health care personnel, and all lab studies
    - e. Record of prior hospitalizations, including psychiatric hospitalizations and history of tuberculosis

- f. Allergies, immunization status, laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
  - g. Obstetrical history
  - h. Medical examination, including review of mental and dental status
  - i. Record of height, weight, pulse, blood pressure, and temperature
  - j. Initiation of therapy, when appropriate
  - k. Development and implementation of a treatment plan, including recommendation concerning housing, job assignment, and program participation.
5. Offenders identified with conditions that indicate a need to be followed in a chronic care clinic, or have any other non-urgent follow-up needs shall be identified when they are assigned.
  6. The health appraisal shall conform to age and gender recommendations in accordance with the *DOC Offender Health Plan* which is based on generally accepted national guidelines.
  7. Reception and Classification Centers shall pursue diagnosis and treatment of abnormal results only if a clinical urgency is perceived, or if six months has elapsed since the findings. These abnormalities shall be documented on the [Medical Transfer Comments](#) 720\_F24 and follow-up initiated at the receiving facility.
  8. The Reception and Classification Center should make the initial infectious disease clinic appointment for offenders requiring antiretroviral medications for treatment of HIV.
  9. If a transgender or intersex offender's genital status is unknown, a physical examination will not be conducted for the sole purpose of determining their genital status. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private. (§115.15[e], §115.215[e])

#### F. Out-of-State Offenders

1. Offenders received from out of state on contract shall be processed at their assigned facility and should have a health assessment to include:
  - a. Health history and inquiry into complaints
  - b. Review of medical record
  - c. Labs and examination as indicated
  - d. Completion of C&R 7 with available information from out of state record, and addition of any test or examinations as a result of health history/offender complaints.
2. Offenders received by interstate compact are processed through Reception Centers the same as Virginia offenders.
3. Upon entry into a facility, "in transit" offenders will receive a health screening by health trained or qualified health care personnel. The finding will be recorded on the [Health Services Complaint and Treatment Form](#) 720\_F17 and will accompany the offender to all subsequent facilities until he or she reaches their final destination. Health screenings will be reviewed at each facility by a health trained or qualified health care personnel. A complete health appraisal will be completed upon the arrival at the assigned facility. (4-4364)

#### G. Refusal of Health Appraisal

1. Every offender has the right to refuse a health appraisal. This right must be respected.
2. Any offender who refuses to submit to an examination, testing, or treatment or to continue treatment shall be placed in medical isolation until such time as it is ascertained that no contagious disease is present. The Epidemiology Nurse & the Chief Physician at the HSU will be notified.
3. Refusal of health appraisal and efforts to gain compliance should be documented on the [Health Services Complaint and Treatment Form](#) 720\_F17.

## H. Mental Health Appraisal

1. Mental health appraisal shall be completed in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
2. At facilities where no QMHP is available, an initial mental health classification code of MH-X will be assigned if the offender has not previously been assigned a mental health code.

## I. Assignment of Medical Classifications

### 1. Community Corrections Facilities

- a. Offenders in Community Corrections facilities will not be medically classified and assigned a location code.
- b. All offenders assigned to Community Corrections facilities should meet the following health eligibility criteria:
  - i. The offender must be physically and mentally capable to perform work.
  - ii. The offender shall not require daily nursing care.
  - iii. The offender shall be able to function independently.
- c. An offender may be removed from a Community Corrections program if unable to participate due to a health related issue as determined through an evaluation made by the appropriate Health or Medical Authority (i.e. facility nurse, physician, or Qualified Mental Health Professional).
  - i. Recommendations for removal from the program, due to health related issues, may be made during intake or at any time during the program if the offender develops health related problems making them unsuitable for participation in the program.
  - ii. Recommendations for removal from the program should be made to the Probation Officer Senior and forwarded to the Facility Unit Head for action.
  - iii. If it is medically appropriate and approved by the Facility Unit Head and the sentencing Court, an offender may be furloughed to receive medical treatment and then re-enter the Community Corrections facility program once medically able.
2. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
3. The offender's medical activity classification shall be assigned by the physician according to the "Medical & Location Codes" (see *Nursing Guidelines*).
4. The Health Authority or designee shall assign a medical location classification according to the "Medical & Location Codes" (see *Nursing Guidelines*).
5. The following medical categories must be considered in identifying offenders who may require medical classification and possible separation for appropriate diagnosis and treatment;
  - a. Communicable disease
  - b. Physical disability
  - c. Cognitive or developmental disability
  - d. Serious mental illness
  - e. Risk of harm to self
  - f. Chronic illness and debility
6. Upon completion of the medical classification, the medical code, mental health code (see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*) and location code must be entered into the computer-based offender information system. The C&R 7 should be forwarded to the person at the facility designated by the Facility Unit Head to input this data into the computer-based offender information system.
7. No offender should be allowed to sign a waiver or other document for the purpose of obtaining a Medical & Location Code other than the code determined based on the offender's current health and

medical history.

J. Dental Appraisal

1. Offenders shall receive a dental screening and classification in accordance with Operating Procedure 720.6, *Dental Services*.
2. Only emergency dental needs should be treated during reception and classification.

K. Changes in Medical or Location Codes

1. The physician shall change the offender's medical classification code whenever the offender's condition so indicates.
2. The Health Authority or designee shall change the offender's location code whenever the offender's condition indicates.
3. Changes in the medical classification or location code shall be noted in VACORIS and recorded on the [Health Services Complaint and Treatment Form 720\\_F17](#).
4. Each Facility Unit Head will designate facility staff responsible for ensuring that the current medical and location codes are entered into the computer-based offender information system.

L. Medical and Mental Health Intra-system Transfer Screening (4-4363)

1. All offenders will receive a medical and mental health screening by health trained or qualified health care personnel upon arrival to a facility. Offenders confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.
2. All data collected by qualified health care personnel on admission to the facility will be recorded on [Intra-system Transfer Medical Review \(DOC 726-B\) 720\\_F9](#).
3. Facilities without 24-hour health care staff will have health trained staff to screen offenders when the qualified health care personnel are absent. These health trained officers will complete the [Health Screening - Health-Trained Staff 720\\_F10](#) immediately upon the arrival of the offender to the facility. The screener will send the form to the facility medical staff for review by health care staff and inclusion into the Health Record.
4. Intra-system transfer screening will include:
  - a. Inquiry into whether:
    - The offender is being treated with a medical or dental problem
    - The offender is currently on medication
    - The offender has a current medical or dental complaint
    - The offender has a present suicidal ideation
    - The offender has a history of suicidal behavior
    - The offender is presently prescribed psychotropic medications
    - The offender has a current mental health complaint
    - The offender is being treated for a mental health problem
    - The offender has a history of inpatient or outpatient psychiatric treatment
    - The offender has a history of treatment for substance abuse
  - b. Observation of:
    - Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
    - Body deformities and ease of movement
    - Conditions of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse
    - Current symptoms of psychosis, depression, anxiety and/or aggression
  - c. Disposition of offender:



- To the general population
- To the general population with prompt referral to appropriate health care or mental health service
- Referral to the appropriate health or mental health care service for emergency treatment

#### V. LEVELS OF CARE (2-CO-4E-01)

A. Various levels of care are established to assure appropriate medical care is available to all incarcerated offenders. Continuity of care will be maintained from admission to discharge, or transfer from the facility. When indicated, offenders will be referred to local health care providers in accordance with utilization management guidelines. (4-4347) Assignment to the appropriate level of care is based on medical need. Special purpose medical beds should not be used for population management except in emergencies. Offenders may not choose their own practitioner or specialist. This includes physicians, physician extenders, and nurses inside and outside the DOC.

1. Basic care – All offenders have access to medical care in accordance with Operating Procedure 720.1, *Access to Health Services*. Facility assignment may be based on offender need for access to full time or specialized health care.
2. Chronic care
  - a. Offenders shall have continuity and coordination of care for chronic conditions such as hypertension, diabetes, cancer, and other diseases that require periodic care and treatment. They shall be monitored at a minimum of every six months for offenders whose condition is controlled and stable or at a minimum of every three months for others, including: (4-4359) (see *Chronic Care Guidelines*)
    - i. Monitoring of medications
    - ii. Laboratory testing
    - iii. The use of chronic care clinics
    - iv. Health record forms
    - v. Specialist consultation and review as determined by the Medical Authority
  - b. Facilities shall develop a system to provide chronic care to offenders in Special Housing as well as general population.
  - c. A written treatment plan is required for offenders requiring medical supervision, including chronic care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the offender, and is approved by the appropriate health care practitioner for each offender requiring a treatment plan. (4-4350)
  - d. There is consultation between the Facility Unit Head (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: (4-4399)
    - i. Housing assignments
    - ii. Program assignments
    - iii. Disciplinary measures
    - iv. Transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

3. Assisted Living
  - a. Facilities providing Assisted Living care are designated by the Health Services Unit. Each facility with an assisted living unit shall develop procedures to define the scope of services available.
  - b. Trained staff will be available at all times to provide assistance as needed.

#### 4. Convalescent Care (Medical Observation)

- a. Each facility that provides convalescent care shall develop procedure for those offenders medically admitted to the observation area to define the scope of services available. A written treatment plan is required for offenders requiring medical supervision, including convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is approved by the appropriate health care practitioner for each offender requiring a treatment plan. (4-4350)
- b. A prescriber will be available on call 24 hours per day.
- c. Health care personnel will have access to a registered nurse on call 24 hours per day when an offender is present.
- d. All admissions and discharges require a prescriber's order at least via phone and the prescriber will see the offender by the prescriber's next scheduled working day.
- e. All admissions to the convalescent care area will be documented in the complaint and treatment notes that will include the following:
  - i. Vital signs
  - ii. Weight
  - iii. The prescriber and reason for the admission
  - iv. Any complaints and observations
  - v. Any treatment or care provided to the offender.
- f. All encounters with the offenders will be documented in the complaint and treatment notes.
- g. Vital signs, complaints, and observations will be documented within 2 hours of the start of every nursing shift.
- h. The offender may be temporarily removed from the general population and housed in an area with ready access to health care staff.
  - i. There are sufficient bathing facilities in the medical housing unit to allow offenders housed there to bathe daily. (4-4417)
  - ii. Offenders have access to operable washbasins with hot and cold running water in the medical housing unit at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (4-4418)
  - iii. Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical housing unit. (4-4419)
    - (a) Toilets are provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities.
    - (b) Urinals may be substituted for up to one-half of the toilets in male facilities.
    - (c) All housing units with three or more offenders have a minimum of 2 toilets.
    - (d) These ratios apply unless state or local building or health codes specify a different ratio.
- i. Medical rounds shall be conducted as part of the report at each nursing shift change.
- j. While in Convalescent Care (Medical Observation Unit), an offender may only consume food items provided by the institutional Food Service Department or ordered by the Medical Authority.

#### 5. Infirmary Care

- a. All offenders have access to infirmary care if needed either within the correctional setting or off site. Facilities providing on-site infirmary care are designated by the Health Services Unit. (4-4352)
- b. If provided onsite, infirmary care includes, at a minimum, the following: (4-4352)
  - i. Infirmary care is appropriate to meet the serious medical needs of patients. This includes physical plant accommodations and hygiene, privacy, heat, and staffing.
  - ii. Each facility with an infirmary shall develop procedures to define the scope of services available

- iii. A physician on call or available 24 hours per day
  - iv. Health care personnel with access to a physician or a registered nurse and on duty 24 hours per day when patients are present
  - v. All offenders/patients are within sight or sound of a staff member
  - vi. An infirmary care manual that includes nursing care procedures
  - vii. Each time an offender is placed into a DOC infirmary, an *Infirmiry Admission Assessment* should be completed and placed in the Health Record
  - viii. Compliance with applicable state statutes and local licensing requirements
  - ix. There are sufficient bathing facilities in the medical infirmary area to allow offenders housed there to bathe daily. (4-4417)
  - x. Offenders have access to operable washbasins with hot and cold running water in the medical infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (4-4418)
  - xi. Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical infirmary area. (4-4419)
    - (a) Toilets are provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities.
    - (b) Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more offenders have a minimum of 2 toilets.
    - (c) These ratios apply unless state or local building or health codes specify a different ratio.
  - c. Medical rounds shall be conducted as part of the report at each nursing shift change.
  - d. Vital signs, complaints, and observations will be documented within 2 hours of the start of every nursing shift.
  - e. Approved *Infirmiry Forms* can be found on iDOC under Health Services, Patient Care Services - Institutions. Approved Infirmiry Forms should be printed on blue paper and placed in Section V of the 6 part record and Section VI in the 8 part record.
  - f. While in Infirmiry Care, an offender may only consume food items provided by the institutional Food Service Department or ordered by the Medical Authority.
6. Outpatient Surgery (including dental)
- a. Shall be obtained locally whenever possible
  - b. When Infirmiry or Convalescent care is needed for a limited time following outpatient care, the closest facility with an appropriate bed shall be contacted in advance when possible to make arrangements. The HSU Clinical Coordinator shall be notified of this arrangement in order to obtain authorization from Central Classification Services for the temporary transfer.
  - c. When Infirmiry or Convalescent care is needed unexpectedly, the HSU Clinical Coordinator shall be notified and may assist as needed to find an available bed.
7. Hospital care; see *Offender Medicaid Inpatient Program* section of this operating procedure
- a. Hospital care provides inpatient services for an illness or diagnosis requiring 24-hour clinical management in a hospital licensed to provide such service. Hospital care is beyond the scope of practice that can be provided within DOC facilities.
  - b. Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provision to a facility where such care is available. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually. (4-4348)
  - c. Hospital care is available locally to each facility either through designated security wards controlled by DOC personnel or through agreements established with local hospitals.
  - d. If an offender housed in a Community Corrections facility requires admittance to a hospital or DOC infirmary, the offender must sign a [Hospital or DOC Infirmiry Admission Permission](#)

720\_F21.

- e. Offenders admitted to local hospitals requiring extended hospital care may be transferred to a hospital with a DOC security ward when the attending physician approves the transfer and arranges with a physician to accept the offender into the hospital with a security ward. The HSU Clinical Coordinator is to be notified that this move is occurring.
8. Detoxification is done only under medical supervision in accordance with local, state, and federal laws. (4-4376)
    - a. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center.
    - b. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.
  9. Offenders with disabilities
    - a. Offenders are essentially dependent on the physical conditions of and services provided by their facilities.
      - i. The Facility shall make reasonable accommodations for physically challenged and mentally ill offenders, consistent with and as required by the law.
      - ii. This shall include but not be limited to medical and mental health care, physical plant accommodations, medication, protection from heat injury, skilled nursing care, and programming.
      - iii. Health care, security, and other staff shall avoid disciplining offenders for their disabilities and provide personal safety protection for those with disabilities, especially the elderly.
      - iv. Facilities shall provide offender access to medical services and wheelchair access in dining halls.
      - v. Toilet access shall be provided for offenders consistent with their medical needs as determined by a medical practitioner.
    - b. To the extent feasible, offenders with disabilities should be placed in general population settings. Offenders with disabilities requiring special health care and services will be placed in settings that provide reasonable accommodation of the offender's needs without undue hardship to the facility based on its structure and mission.
    - c. Offenders with disabilities are housed in a manner that provides for their safety and security. Housing used by offenders with disabilities is designed for their use and provides for integration with other offenders. Programs and services are accessible to offenders with disabilities who reside in the facility. (4-4142)
    - d. Appropriately trained individuals should be assigned to assist offenders who cannot otherwise perform basic life functions. (4-4143) Offenders should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
    - e. The facility should provide education, equipment and facilities, and the support necessary for offenders with disabilities to perform self-care and personal hygiene in a reasonably private environment. (4-4144, 4-ACRS-6A-04-2)
    - f. Durable medical equipment in appropriate working order, supplies, disability aids, and prostheses are ordered, maintained, provided, and available for offender use, as medically necessary.
    - g. Physical therapy shall be available on or off-site, as appropriate, and shall be carried out, subject to the offender's consent, as prescribed by the offender's physician.
    - h. Training and Education - Each facility should develop and implement training for security and health services personnel on the needs and care of offenders with disabilities who are housed at that facility.
    - i. Disabilities and certain medical conditions may require modification to standard restraint procedures (see Operating Procedure 420.2, *Use of Restraints and Management of Offender*

*Behavior.*

- j. Medical personnel should provide guidance in the application of restraints to offenders housed in Convalescent Units and Infirmarys.
10. Deaf and Hard of Hearing Offenders
- a. Offenders with reported hearing disabilities will be referred to the facility attending physician for examination and diagnosis. Consultation with, or referral to, a specialist may be appropriate to determine the extent of the disability.
  - b. The offender's attending DOC physician will certify and advise the Facility Unit Head if the offender needs a special non-medical accommodation or qualified sign language interpreter. In such cases an interpreter must be provided at no expense to the offender in the following situations:
    - i. Medical screenings and services as defined by the DOC
    - ii. Mental health interviews and services as defined by the DOC
    - iii. Due process issues as defined by DOC procedures, to include disciplinary hearings, adverse classification hearings, parole hearings, or any other hearing that may adversely affect the offender
  - c. In cases where an offender cannot read, speak, is dyslexic, or cannot lip-read, the facility should contact the Special Programs Manager for further review.
11. If telemedicine is used for offender encounters, the plan includes: (4-4403-1)
- a. Offender consent (see [Consent to Participate in a Telemedicine Consultation](#) 720\_F22)
    - i. For participation in Telemedicine Consultation
    - ii. For release of relevant confidential or protected health information
  - b. Documentation of the encounter in the *Progress Notes*
  - c. The report of the consultation should be filed in Section VII of the Health Record

B. Utilization Management

- 1. The utilization management program works to enhance quality of care by providing timely access to an appropriate level of care.
- 2. Other than for medical emergencies as determined by the facility Health/Medical Authority, any referral for medical services beyond the services available in DOC facilities must be reviewed by the Utilization Manager (UM).
- 3. Elective surgical procedures for offenders will not be approved. (4-4398)
- 4. Review may be initiated through use of a *Utilization Management Request* (see Attachment 1 for sample). As utilization management services may be provided by a contract vendor, detailed instructions for preparation and submission of the *Utilization Management Request* may be found in *Nursing Guidelines, Consultation Requests*.
- 5. The Utilization Manager and the Health Services Unit are responsible for providing guidance to medical staff in use of the utilization management process.
- 6. The requesting physician will document their requested procedure or consultation in the offender's Health Record progress notes as an order, including the following information:
  - a. Procedure, treatment, or modality requested
  - b. Medical history
  - c. Pertinent physical or ancillary findings
  - d. Past and present treatments and response including medications
- 7. This information should be entered on a *Utilization Management Request* and submitted to the UM with a copy of the *Request* placed in the offender's Health Record.
- 8. All UM requests shall be reviewed and returned to the facility within 5 working days.

- a. All urgent UM requests are returned within 48 hours.
  - b. Denials or alternate recommendations shall only be issued by a licensed physician.
9. After review of the *Utilization Management Request* the UM will take one of the following actions:
- a. Recommend and authorize a specific diagnostic or therapeutic modality
  - b. Suggest an alternative treatment plan
  - c. Request additional information
10. If the UM's recommendation is an alternate treatment plan, the requesting practitioner shall contact the UM if there are any questions, extenuating circumstances, or areas of concern. The requesting physician is responsible for discussing the alternative action plan with the patient. The practitioner is encouraged to call the UM to discuss atypical cases or concerns regarding the UM process.
11. If a diagnostic or therapeutic modality is approved, the requesting facility may proceed with the scheduling of the modality. A printed record of the *Request* and its approval by the UM will serve as reference in the offender's Health Record.
12. Only medically necessary consultations will be approved. When alternative treatment is recommended, the practitioner should prescribe the alternative treatment, if in agreement.
13. The original *Utilization Management Request* in the offender Health Record will be replaced with the *Request* showing the UM's response.
14. If, after discussing the case with the UM, the physician is not in agreement with the response from the UM, the physician may appeal to the DOC Chief Physician, who will review the appeal, make a decision and forward the decision to the physician and copy the UM. Once the final response is received from the UM or the Chief Physician, it will be filed in the offender's Health Record.
15. DO NOT write in the Health Record "Request denied by UM." Please use terms such as "alternative treatment recommended." If the physician agrees the consultation is NOT medically necessary they are encouraged to explain this to the offender and document accordingly.
16. Initial referrals shall be accomplished within 30 days of the initial request. When this is not possible, unless otherwise indicated, a physician shall see the patient every 30 days until the referral visit is accomplished, to review for deterioration and increased urgency.
17. When the offender is transported to a consult appointment, the [\*Health Services Consultation Report 720\\_F23\*](#) with the top portion completed, along with copies of any pertinent lab, x-ray, MAR, or other reports should be sent with the offender.
18. The first follow-up visit after surgery does not require a *Utilization Management Request*.
19. Consultant recommendations shall be acknowledged in the Health Record and either followed or amended, with Health Record documentation of the rationale for not following the consultant's recommendations.
- a. Follow-up appointments shall be scheduled by the facility and realized, as per the consultants' orders or as determined by the facility physician.
  - b. Some types of follow-up care can be provided by the facility physician without transporting the offender to the consultant.
20. Dental Consultations
- a. Facilities with DOC dental staff should submit requests for dental consultations to the Chief Dentist in accordance with the above procedure for medical consultations.
  - b. Facilities with contract dental services should follow the instructions of the contract vendor for dental consultations.
- C. Consent for medical, surgical, or special procedures shall be obtained in accordance with Operating Procedure 720.1, *Access to Health Services*.

#### D. Offender Medicaid Inpatient Program

1. Offenders admitted to a hospital for more than 24 hours may be eligible to have their bills paid through Medicaid instead of Anthem. Once an offender is approved for the Offender Medicaid Inpatient Program, the hospital should be provided with the offender's Medicaid information instead of the Anthem billing information for inpatient admissions.
2. Offenders in the following groups are eligible for Medicaid coverage.
  - a. Age 65 or over with less than \$2000 in their Inmate Trust System account and income of \$766 or less per month
  - b. Pregnant with income of \$1274 or less per month
  - c. Disabled as determined by the Social Security Administration with less than \$2000 in their Inmate Trust System account and income of \$766 or less per month
    - i. Impairments considered severe enough to prevent an individual from doing any gainful activity may qualify a person as being disabled.
    - ii. A *Listing of Impairments* can be found on the [Social Security Administration](#) website.
  - d. Upon intake to the Department of Corrections, each offender should be questioned to determine if they have ever received Supplemental Security Income or been eligible for Medicaid.
    - i. If the offender answers yes, staff should attempt to confirm the offender's Social Security Number and obtain their Medicaid number.
    - ii. Affirmative responses and the Medicaid number should be recorded in VACORIS (use Facility Notes until a VACORIS data field is available)
3. Applying for Medicaid payment of hospital bills
  - a. The Health Authority at each facility shall be responsible to notify the DOC Headquarters Health Services Unit of all offender hospital admissions by submitting an [Institutional Inpatient Admission Report 720\\_F30](#) by email to the Healthcare Reimbursement staff or FAX to 804-674-3551.
  - b. The Healthcare Reimbursement staff in the DOC Headquarters Health Services Unit will review the specific offender information for Medicaid eligibility criteria.
  - c. The Healthcare Reimbursement staff will review offender Trust Accounts to determine Medicaid financial eligibility.
  - d. For offenders who are age 65 or older, pregnant, or previously approved for SSI disability, the Healthcare Reimbursement staff will prepare an [Application for Health Coverage & Help Paying Costs](#) and [Appendix D](#) and send it to the facility for the Counselor to complete sections related to resources and assets based on input from the offender and have the offender sign the *Application*.
    - i. Facility staff shall scan and email or FAX relevant pages of the [Application for Health Coverage & Help Paying Costs](#) and [Appendix D](#) to the Healthcare Reimbursement staff.
    - ii. Healthcare Reimbursement staff will submit the completed [Application for Health Coverage & Help Paying Costs](#) and [Appendix D](#), documentation of the inpatient hospital admission, and offender financial information by hardcopy (not on-line) to the Virginia Department of Social Services office serving the facility where the offender is assigned.

#### VI. MEDICAL TRANSFERS

- A. Each facility shall provide a transportation system that assures timely access to services that are only available outside the correctional facility. (4-4349)
  1. The Health Authority, or designee, shall determine the need for and provide the following as needed:
    - a. Prioritization of medical need
    - b. Urgency (for example, an ambulance versus a standard transport)
    - c. Use of a medical escort to accompany security staff, if indicated
    - d. Transfer of medical information

2. The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the Facility Unit Head and the Health Authority.

#### B. Medical Requests for Transfer

1. When the facility health care staff determines an offender requires temporary or permanent assignment elsewhere for medical care, a request for transfer should be submitted to the HSU Clinical Coordinator.
2. Where indicated, the HSU Clinical Coordinator may consult the DOC Chief Physician to determine an appropriate facility assignment.
3. The HSU Clinical Coordinator shall notify DOC Central Classification Services to prepare the transfer order. DOC Central Classification Services shall be responsible for forwarding authorization for the transfer, via fax or other means, to the sending and receiving facilities.
4. Any emergency medical transfer to a medical facility not maintained by the DOC should be initiated by the facility Medical Authority or Health Authority with the cooperation of facility security and administrative staff.

#### C. Transfers of Extraordinary Medical Cases

1. Direct admission to the VCU Medical Center requires physician to physician contact.
2. The HSU Clinical Coordinator shall be notified when the following occurs:
  - a. There is a planned or emergency admission to a local hospital or the VCU Medical Center. When emergency admission is on a weekend, the HSU Clinical Coordinator shall be notified on the next working day.
  - b. An offender is discharged from a local hospital or the VCU Medical Center, and the offender cannot be medically managed at the offender's currently assigned facility.
  - c. An offender's medical needs increase beyond what is available at the offender's currently assigned facility.

#### D. Routine Transfers.

1. Facility nurses shall review Health Records of all offenders who transfer for:
  - a. Correct and appropriate medical classification and location codes;
  - b. Appropriateness of transfer
  - c. Contraindications to transfer
2. If the facility nurse determines the offender should not be transferred, the HSU Clinical Coordinator shall be contacted no later than 1:00 PM (1300 hours) of the day preceding the scheduled transfer.
3. Prior to transfer, *Medical Transfer Comments* 720\_F24 (pink) shall be completed on all offenders, signed, dated, and filed in Section VI of the Health Record. (4-4414) The offender's current medical conditions, medications, and appointments should be listed.
4. Offenders transferring from one facility to another shall be screened by the receiving facility staff in accordance with the *Medical and Mental Health Intra-system Transfer Screening* section above. Offenders confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers. (4-4414)
5. Maintenance medications should be continued as prescribed until orders are entered by a physician.
6. The Facility Unit Head shall develop a referral system to ensure that each offender transferred to the facility receives a medical screening as soon as possible; and to ensure that any offender in need of immediate medical attention upon arrival receives needed care.
7. When offenders need transport to another facility, hospital or clinic, the facility's medical staff shall



coordinate and cooperate with security personnel to determine the conditions of transportation. Necessary security precautions shall be utilized, when appropriate, in accordance with the security level of the offender.

#### VII. REFERENCES

*Medical and Nursing Guidelines*

Medical Procedures Manual, *Inmate Health Care Plan*

Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*

#### VIII. FORM CITATIONS

[Application for Health Coverage & Help Paying Costs](#) and [Appendix D](#)

[Preliminary Medical Screening](#) 720\_F8

[Intra-system Transfer Medical Review \(DOC 726-B\)](#) 720\_F9

[Health Screening - Health-Trained Staff](#) 720\_F10

[Medical Classification C&R 7](#) 720\_F15

[Health Services Complaint and Treatment Form](#) 720\_F17

[Hospital or DOC Infirmary Admission Permission](#) 720\_F21

[Consent to Participate in a Telemedicine Consultation](#) 720\_F22

[Health Services Consultation Report](#) 720\_F23

[Medical Transfer Comments](#) 720\_F24

[Institutional Inpatient Admission Report](#) 720\_F30

#### IX. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

*Signature Copy on File*

*10/15/15*

N. H. Scott, Deputy Director of Administration

Date