



Operating Procedure

Effective Date December 1, 2013	Number 720.3
Amended	Operating Level Department
Supersedes Operating Procedure 720.3 (10/1/10)	
Authority COV §53.1-32, §53.1-33	
ACA/PREA Standards 4-4361, 4-4367, 4-4446; 4-ACRS-5A-10	
Office of Primary Responsibility Health Services Unit	

Subject
HEALTH MAINTENANCE PROGRAM

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

This operating procedure establishes guidelines for a health maintenance program for all offenders incarcerated in Department of Corrections facilities. Elements of this program include education and a system of immunizations, screenings, and examinations leading to early detection and treatment of health problems and instructions on self care for chronic conditions followed by discharge planning and preparation.

II. COMPLIANCE

This operating procedure applies to all facilities 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

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; care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

IV. PROCEDURE

A. Each facility should operate a health education program appropriate to its mission and offender population, so that health education and wellness information is provided to all offenders. (4-4361, 4-ACRS-5A-10) Educational methods may include posters, printed materials, seminars, videos, and individual instruction. The educational portion of the health maintenance program should include such topics as:

1. Personal hygiene
2. Sexually transmitted disease
3. Tuberculosis and other communicable disease
4. Effects of smoking / Smoking Cessation
5. Self examination for breast cancer
6. Dental hygiene
7. Drug abuse and danger of self-medication
8. Physical fitness and exercise
9. Chronic diseases and/or disabilities
10. Family planning/pregnancy and birth control
11. Diet, Nutrition
12. HIV education - All offenders should have documented evidence that they have received education

concerning transmission of HIV.

13. Access to Health Care Services
14. Self Medications
15. Methicillin Resistant Staphylococcus Aureus (MRSA)

B. Each facility should operate an immunization program in which offenders are immunized against various diseases when medically indicated in accordance with *Medical Guidelines* and *Nursing Guidelines*. Certain immunizations require that the offender review a *Vaccine Information Statement* and sign a consent form before the vaccine is given (see Operating Procedure 740.1, *Infectious Disease Control*).

C. Screenings and Physical Examinations

1. On entering the DOC, each offender will receive an intake medical screening and physical examination/health appraisal in accordance with Operating Procedure 720.1, *Access to Health Services*, (Community Corrections facilities) or Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care* (Division of Operations offenders).
2. Each offender transferring from one DOC facility to another will receive a medical screening in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
3. The conditions for periodic health examinations for offenders are as determined by the Health Authority. (4-4367)
4. If an offender is diagnosed with any medical condition for which they are receiving ongoing treatment, or other significant medical condition, or significant past medical condition; this information is to be entered on the [Problem Sheet 720_F32](#) which is to be placed prominently in the Health Record in accordance with Operating Procedure 701.3, *Health Records*.
5. Each offender who does not have a record of a positive test result will be offered a test for infection with human immunodeficiency virus (HIV) within 180 days of the offender's scheduled discharge (see Operating Procedure 740.1, *Infectious Disease Control*). Any offender may choose not to be tested.

D. Medical Planning for Discharge from DOC

1. Due to the medical requirements for admission and the short duration of Community Corrections facility programs, the time limits and requirements of this section apply only to institutions. If an offender is being released from a Community Corrections facility with the need of continuing medical care, this section may serve as a guide for developing an ongoing treatment plan.
2. A pre-discharge medical assessment is conducted to determine community health and medical needs of offenders being released from DOC facilities. If continued treatment or medical needs are identified, the offender is educated about ongoing health care needs and information is provided to the offender regarding resources for maintaining continuity of care. (4-4446)
3. In accordance with Operating Procedure 820.2, *Reentry Planning*, Medical staff should use VACORIS to generate a listing of offenders who are approaching their anticipated release date so that pre-release preparation can begin.
4. Medical staff shall then complete a pre-release assessment.
 - a. Community corrections facility medical staff should forward a copy of the [Medical Discharge Summary; Community Corrections 720_F7](#) to the offender's release P&P Office at least 60 days prior to the anticipated release date.
 - b. Institutional medical staff should forward a copy of the [Medical Discharge Summary, 720_F5](#) to the offender's assigned Counselor and/or Facility Transition Specialist at least 180 days prior to the offender's anticipated release date.

NOTE: (1) Substance abuse records may **only** be released upon receipt of a signed [Consent for](#)

[Release of Alcohol and Drug Abuse Record Information](#) 050_F15. (2) Per [COV](#) §32.1-36.1, disclosure of HIV test results **without** a release of information can only occur as follows (partial listing): Department of Health, health care providers for purposes of consultation or providing care and treatment to the subject of the test, and to the spouse of the subject of the test.

5. If indicated, Medical personnel should assist offenders diagnosed with infectious diseases and other serious, chronic health conditions with referrals to community service providers such as local health departments or clinics (see *Directory of District and Local Health Departments*). Once appointments are made by medical for follow-up care, medical staff should notify the offender's assigned Counselor who will notify the Community Release Unit. Medical staff shall also fax necessary medical information to the local health department. At a minimum, offenders should be provided the address and instructed to report to a local clinic or physician to get follow-up medical treatment as soon as possible and to avoid interruption in medication therapy.
6. HIV infected offenders require specific discharge planning and reporting in accordance with *Medical Guidelines* and *Nursing Guidelines*.
7. Medical staff shall obtain a supply of current medications not to exceed a 30-day supply for offenders who are pending release. If indicated, Medical staff shall also obtain necessary supplies such as blood glucose monitoring machines, testing supplies, wound care supplies, etc. All necessary actions completed as a part of the discharge planning schedule above shall be documented in the offender's Health Record.
8. Offenders who utilize wheelchairs, walkers, canes, crutches, etc. generally do not enter DOC with such equipment in their personal property. If the offender is utilizing equipment provided by the DOC, the offender will not be able to keep this equipment after release. Medical staff should make efforts for the offender to purchase or have access to necessary equipment in accordance with Operating Procedure 750.3, *Prostheses*, and Operating Procedure 820.2, *Reentry Planning*.
9. [COV](#) §53.1-40.10 governs the release of medical and mental health information. In most cases, information may be released to transition staff, Probation & Parole and Community Services Boards without a Release of Information from the offender.

NOTE: The following exceptions are listed in this Code section. (1) Substance abuse records may **only** be released upon receipt of a signed [Consent for Release of Alcohol and Drug Abuse Record Information](#) 050_F15. (2) Per [COV](#) §32.1-36.1, disclosure of HIV test results **without** a release of information can only occur as follows (partial listing): Department of Health, health care providers for purposes of consultation or providing care and treatment to the subject of the test, and to the spouse of the subject of the test.

10. If a consent for release of information is needed based on provisions of [COV](#) §53.1-40.10, the Counselor, Medical, or Mental Health staff should request the offender to sign a [Consent for Release of Confidential Health and/or Mental Health Information](#) 701_F8. If a release is obtained, records may be forwarded to the designated entities.
11. Per [COV](#) §53.1-28, any offender may obtain a copy of his/her medical records within 30 days of release so long as the offender requests a copy of the records at least 60 days prior to the release date.
12. Transition and medical staff shall maintain basic information and applications for federal and state Medicaid and disability programs to aid discharging offenders with medical and mental health needs and/or disabilities. If an offender is 65 years or older, blind and/or disabled with limited income or sufficient, recent work history credits, he/she could be eligible for Federal benefits. The DOC has a Memorandum of Understanding with Social Security Administration, Department of Social Services, and Disability Determination Services covering pre-release benefit application procedures. Please refer to Operating Procedure 820.2, *Reentry Planning*, and the [Pre-Release Benefit Applications Guide](#) for more detailed directions.
13. If an offender on the pending release list is identified by medical staff as meeting the requirements for disability benefits upon release, medical staff shall begin the benefit application process with the

offender by completing all medically related information in the benefit application packet (Disability Report (Adult) Form SSA-3368-BK from the Social Security Administration). Medical staff shall then forward the packet to the appropriate DOC transition staff person. The offender and the staff member would complete the remainder of the application packet and document this action in the offender's file.

14. [Social Security Administration](#) applications for disability claims (Supplemental Security Income (SSI), Social Security Disability, and/or Medicare) may not be submitted more than 120 days prior to release. Social Security Administration applications for age based claims (Social Security Retirement and/or Medicare) may not be submitted more than 30 days prior to release. Department of Social Services applications for Medicaid may not be submitted more than 90 days prior to release for a disability claim nor more than 45 days prior to release for an age based claim.
15. Eligibility Criteria for Social Security Income (SSI) and Medicaid:
 - a. People age 65 or older or disabled or blind who have low income and few resources (things owned).
 - b. A person age 18 or older is considered disabled if a physical or mental condition (or combination of conditions) keeps the person from working and is expected to last at least 12 months or result in death.
 - c. A person is considered blind if he or she has vision no better than 20/200 or a limited visual field of 20 degrees or less in the better eye with the use of eyeglasses. A person whose sight is not poor enough to be considered blind may still qualify as disabled.
16. Benefits (other than those received through the Veterans Administration) are not available to offenders while incarcerated. If an offender is deemed eligible for benefits, coverage will begin after the offender is released from the correctional facility.
17. If needed, transition staff shall coordinate with facility Medical staff shall make special transportation arrangements for release, i.e. ambulance service, oxygen transport, handicap accessible van, etc.

V. REFERENCES

Operating Procedure 050.1, *Incarcerated Offender Records Management*
Operating Procedure 701.3, *Health Records*
Operating Procedure 720.1, *Access to Health Services*
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*
Operating Procedure 740.1, *Infectious Disease Control*
Operating Procedure 750.3, *Prostheses*
Operating Procedure 820.2, *Reentry Planning*

VI. FORM CITATIONS

[Consent for Release of Alcohol and Drug Abuse Record Information](#) 050_F15
[Medical Discharge Summary](#), 720_F5
[Medical Discharge Summary; Community Corrections](#) 720_F7
[Consent for Release of Confidential Health and/or Mental Health Information](#) 701_F8
[Problem Sheet](#) 720_F32

VII. 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

10/29/13

A. David Robinson, Chief of Corrections Operations

Date