



Operating Procedure

Effective Date December 1, 2016	Number 720.3
Amended 1/16/18, 4/1/19	Operating Level Department
Supersedes Operating Procedure 720.3 (12/1/13)	
Authority COV §32.1-36.1, §32.1-37.2, §53.1-28, §53.1-32, §53.1-33 §53.1-40.10	
ACA/PREA Standards 4-4357, 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"/>	Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 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

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs.

Institution - A prison facility operated by the Department of Corrections – includes major institutions, field units, and work centers

IV. PROCEDURE

A. Health Education Program

1. 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)
2. Educational methods may include posters, printed materials, seminars, videos, and individual instruction. The form and format should be designed to maximize offender comprehension.
3. The educational portion of the health maintenance program should include such topics as:
 - a. Personal hygiene
 - b. Sexually transmitted disease
 - c. Tuberculosis and other communicable disease
 - d. Effects of smoking / Smoking Cessation
 - e. Self examination for breast cancer
 - f. Dental hygiene
 - g. Drug abuse and danger of self-medication
 - h. Physical fitness and exercise
 - i. Chronic diseases and/or disabilities
 - j. Family planning/pregnancy and birth control
 - k. Diet, Nutrition

- l. HIV education - All offenders should have documented evidence that they have received education concerning transmission of HIV.
- m. Access to Health Care Services
- n. Self Medications
- o. Methicillin Resistant Staphylococcus Aureus (MRSA)
- p. Offender Initiated Preventative Care

B. Immunization Program

1. 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*.
2. 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* (institutions).
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 determined by the Health Authority, based on age and gender, in accordance with the *DOC Health Care Plan* which is based on generally accepted national standards. (4-4367)
 - a. Screening services are available at offender request.
 - b. Offender requested screening services will only be provided at the frequency allowed in the *DOC Health Care Plan*.
 - c. There is no co-payment for screening services.
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*.

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. In accordance with Operating Procedure 820.2, *Re-entry Planning*, Medical staff should use VACORIS to generate a listing of offenders who are within 180 days of their anticipated release date so that pre-release preparation can begin.
3. A *Medical Discharge Summary* is completed by medical staff 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)
 - 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 District 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 Re-entry Counselor at least 180 days prior to the offender's anticipated release date.

- c. When there is change in the offender's treatment or medical needs, after the *Medical Discharge Summary* has been completed, facility medical staff will determine if the [Medical Discharge Summary; Community Corrections 720_F7](#) or [Medical Discharge Summary 720_F5](#) will be updated and as necessary, notify the P&P District or Re-entry Counselor.

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.

4. 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*).
 - a. Once appointments are made by medical for follow-up care, medical staff should notify the offender's assigned Re-entry Counselor who will notify the Community Release Unit. Medical staff shall also fax necessary medical information to the local health department.
 - b. 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.
5. In February 2015, human immunodeficiency virus (HIV) testing was added to laboratory tests for newly received offenders.
 - a. 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 release from an institution and 60 days for community corrections.
 - b. When a newly received offender is tested and they are within 180 days of their scheduled release from an institution and 60 days for community corrections, a new test prior to the offender's scheduled release is not required.
 - c. Any offender may choose not to be tested.
 - d. A [Consent to Test for HIV Antibodies & Disclosure of Results 720_F33](#) must be obtained from the offender in all cases before the test is carried out, and appropriate pre- and post-test counseling provided. See COV, §32.1-37.2
 - e. HIV infected offenders require specific discharge planning and reporting in accordance with *Medical Guidelines* and *Nursing Guidelines*. (4-4357)
6. In March 2019, hepatitis C virus antibodies testing was added to laboratory tests for newly received offenders.
 - a. Each offender who does not have a record of a positive test result will be offered a test for infection with hepatitis C virus within 180 days of the offender's scheduled release from an institution and 60 days for community corrections.
 - b. When a newly received offender is tested and they are within 180 days of their scheduled release from an institution and 60 days for community corrections, a new test prior to the offender's scheduled release is not required.
 - c. Any offender may choose not to be tested.
7. Medical staff shall obtain a supply of discharge medications and other necessary medical supplies not to exceed a 30-day supply for offenders who are pending release.
 - a. Offenders released to the VASAVOR program shall obtain a 75-day supply of discharge medications and other necessary medical supplies for those offenders who are pending transfer.
 - b. If indicated, Medical staff shall obtain necessary supplies such as blood glucose monitoring machines, testing supplies, wound care supplies, etc.

- c. 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 need wheelchairs, walkers, canes, crutches, etc. generally do not enter DOC with such equipment in their personal property. If the offender has 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, *Re-entry Planning*.
9. When an offender requires Home Health care, the referral will be initiated at the facility prior to the offender's release so that continuity of medical care can be maintained.
 - a. The facility Physician will write a prescription for Home Health care so that home health assistance can be arranged through the Community Release Unit.
 - b. The prescription will serve to initiate the process but does not order the specific home health care that will be provided to the offender once they are released.
 - c. Once released, the offender is responsible for obtaining specific home health care orders from a medical practitioner in the community as they are no longer under the care of the DOC.
10. 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.

11. 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.
12. 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.
13. 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, they 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, *Re-entry Planning*, and the [Pre-Release Benefit Applications Guide](#) for more detailed directions.
14. 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 Re-entry Counselor at least 120 calendar days prior to release. All supporting medical and mental health disability documentation must be submitted with the initial referral packet. The offender and the staff member would complete the remainder of the application packet and document this action in VACORIS.
15. [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.

16. 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 they have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or have an eye that has a visual field limitation such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered as having a central visual acuity of 20/200 or less. A person whose sight is not poor enough to be considered blind may still qualify as disabled.
17. 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.
18. If needed, transition staff shall coordinate with facility Medical staff who shall make special transportation arrangements for release, i.e. ambulance service, oxygen transport, handicap accessible van, etc.

V. REFERENCES

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, *Re-entry Planning*

VI. FORM CITATIONS

[Consent for Release of Alcohol and Drug Abuse Record Information](#) 050_F15

[Consent for Release of Confidential Health and/or Mental Health Information](#) 701_F8

[Medical Discharge Summary](#) 720_F5

[Medical Discharge Summary; Community Corrections](#) 720_F7

[Problem Sheet](#) 720_F32

[Consent to Test for HIV Antibodies & Disclosure of Results](#) 720_F33

VII. REVIEW DATE

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

The office of primary responsibility reviewed this operating procedure in December 2017 and necessary changes have been made.

Signature Copy on File

N. H. Scott, Deputy Director of Administration

10/28/16

Date