

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 1.01

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INFORMATION ON HEALTH SERVICES

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that newly admitted inmates to Connecticut Department of Correction (**CDOC**) facilities are advised of the health services available to them.

PROCEDURE: The CMHC Health Service Administrator (**HSA**) shall be responsible for the development of procedures assuring that all inmates receive written and verbal instruction, both in English and Spanish, which describe the health services available and the procedures for gaining access to them.

This written and verbal instruction shall include, but is not limited to, emergency health care, sick call, access to medication, dental and mental health services, HIV testing and related health care. This information shall be posted in health services units and all living areas of each CDOC facility.

Information on health services shall be given to the inmate at the time of the intake health assessment and within 24 hours of arrival at a new CDOC facility.

Special procedures shall be used to ensure that inmates who have difficulty communicating (e.g., those who are developmentally disabled, illiterate, mentally ill or deaf) have access to health services or understand how to access health services.

Information on health services shall also be available at each CDOC facility in the Inmate Facility Handbook.

INFORMATION ON HEALTH SERVICES

- REFERENCES:** *Administrative Directive 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
- Administrative Directive 10.19, Americans with Disabilities Act.* 2008. Connecticut Department of Correction.
- Doe vs. Meachum Consent Judgement.* 1990. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-E-01).* 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services Daniel Bannish PsyD _____

The Health Services Unit provides a wide variety of health care services to the inmate population.

Inmates may sign up for medical, dental, and mental health care, using one form for each request.

**All services are
STRICTLY CONFIDENTIAL
and are accessed by
WRITING
to the
MEDICAL DEPARTMENT**

**MEDICAL SERVICES/SICK CALL
MENTAL HEALTH SERVICES
DENTAL SERVICES**



A completed inmate request form, placed in the “Medical” Health Services box, is the way to sign up for health care services. A “Medical” Health Services box is provided in designated areas. The request forms are picked up once a day.

Inmates are seen by appointment, which are scheduled by medical, dental, and mental health services. Health services may be provided by a Physician, Psychologist, Social Worker, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), Registered Nurse (RN), Licensed Practical Nurse (LPN), or other allied health care providers. Sick call requests are generally reviewed as soon as possible after the request is received by health services staff.

EYE CLINIC

For those inmates experiencing new or prior visual problems. Scheduled eye clinics are conducted. Use an inmate request form and place in the “Medical” “health Services” box.

X-RAYS

Should the doctor require an x-ray as part of your examination, one will be performed.

LAB WORK

If the doctor orders a blood test for you, your blood will be drawn on site.

DISCHARGE PLANNING

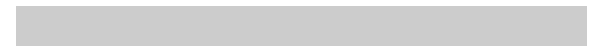
Inmates with Medical and/or Mental Health needs may receive assistance with the following discharge needs: assistance completing DSS Health (Department Social Services) insurance applications, medications for use upon release, and arranging for community health appointments.

HIV, TESTING AND TREATMENT

Any inmate can request HIV tester for Sexually Transmitted Disease/STD education, counseling and/or testing. Updated information, literature and HIV+ support groups are available. Clinics are scheduled regularly by the Infectious Disease Specialist Nurse.

TB TESTING

Each inmate will be administered a TB (tuberculosis) test yearly. This is a required test and is provided for your safety and staff safety.



MEDICATIONS

Prescriber ordered medications will be ordered either “on-line” or “on person”. If your medication is ordered “on-line” you will receive individual doses from a nurse. If your medication is ordered “on person” you will receive a supply from the nursing staff. You must report when your unit is called. Mouth checks are required for all individual doses. Please alert staff in writing if you are not receiving medication ordered.

Medications for sleep are not routinely ordered. We understand sleep can be difficult in this environment and encourage you to work with health services staff to use non-medication alternatives.



FEES FOR HEALTH SERVICE

All non-emergency medical care will be handled according to the Department of Correction, Administrative Directive 3.12, Fees for Programs and Services.

COMMISSARY

Many over the counter health care items are available. Routine cold, headache, stomach medications, and lotion may be purchased for a small cost. You may be informed by health services staff to purchase a medication/item through commissary. Please consider these remedies before signing up for sick call.

REMEMBER...

Put a note in the
“**MEDICAL**” Health Services
box. That is the best way to
**SIGN UP FOR HEALTH CARE
SERVICES**



HEALTH CARE SERVICES



CORRECTIONAL INSTITUTION

Facility and Address

4/2015

La Unidad de Salud de las instituciones correccionales, provee una gran variedad de servicios de salud a la población de presos.

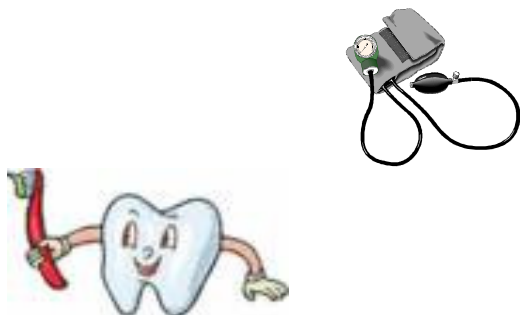
Los presos pueden solicitar servicios de médicos, dentales y de salud mental.

Todos los servicios son confidencial y se pueden solicitar por

ESCRITO al

DEPARTAMENTO MÉDICO

**LISTA PARA VER ENFERMERÍA
SERVICIOS DE SALUD MENTAL
SERVICIOS DENTALES**

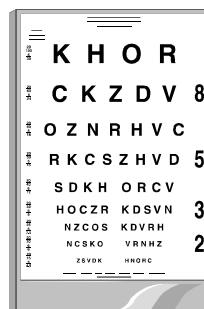


Para solicitar servicios de salud el preso debe someter una planilla de solicitud y colocarla en la caja con el nombre "Médical". Estas cajas están localizadas en lugares específicos y las planillas se recogen una vez al día.

Los presos son atendidos por citas, las cuales son hechas por el personal médico, dental y mental. Los servicios son llevados a cabo por médicos, dentistas, sicólogos, trabajadores sociales, enfermeras registradas de práctica avanzada (APRN), asistentes médicos (PA), enfermeras registradas (RN) y enfermeras de práctica con licencia (LPN) o cualquier otro proveedor de cuidado de salud. Los pedidos para citas médicas son leídos por el personal médico tan pronto son recibidos.

CLÍNICA DE LA VISIÓN

Para aquellos presos que tengan síntomas nuevos o previos con la visión. Las citas para esta clínica se llevan a cabo en la misma área. Llene una planilla de solicitud del preso y colóquela en la CAJA MÉDICA.



RAYOS X

Si el médico requiere rayos x como parte de su examen, estos se encuentran disponibles.

TRABAJO DE LABORATORIO

Si el médico requiere un examen de sangre, la muestra se obtiene en la unidad de servicios de salud.

PLANES PARA DARLO DE BAJA

Aquellos presos con necesidades médicas y/o mentales pueden recibir ayuda con los siguientes programas: ayuda para completar DDS SAGA (Departamento Estatal de Servicio Sociales Ayuda General), solicitud de seguro de salud, medicinas para el uso tan pronto sea dada de baja, y ayuda para con citas médicas en la comunidad.

TRATAMIENTO, ASESORÍA Y PRUEBA DEL VIRUS DEL SIDA

Cualquier preso puede solicitar ver al asesor del virus del SIDA para recibir información sobre enfermedades transmitidas sexualmente (STD) educación, consejos o examen. Información mantenida al día, literatura y ayuda en grupos sobre el SIDA. Enfermeras o especialistas en enfermedades infecciosas regularmente mantienen consultas en sus clínicas

EXAMEN DE TUBERCULOSIS (TB)

Cuando ingresan por primera vez a la institución y anualmente, cada preso será examinado para la TB y así determinar si ha sido expuesto al germen. Este es un examen requerido y se provee para su seguridad y al del personal.

MEDICINAS

Las medicinas pueden ser ordenadas “en línea” o “en persona”. Si el medicamento se ordena de forma “en persona” el personal de enfermería se las proveerá. Si el medicamento se ordena “en línea” la enfermera le dará tan solo una dosis a la vez. Tiene que presentarse cuando se convoque su unidad. Todas las dosis individuales requieren inspección de la cavidad oral. Favor de notificar por escrito al personal médico si no recibe sus medicamentos. Medicamentos para dormir no son ordenados de rutina. Entendemos que el dormir puede ser un problema en este ambiente y pedimos que coopere con el personal de salud para utilizar otras alternativas.



PAGOS POR EL SERVICIO DE SALUD:

Todo servicio de salud que no sea de emergencia, será considerado de acuerdo con el Documento Administrativo 3.12, del Departamento de Corrección, Pagos de Programas y Servicios.

COMISARÍA:

La comisaría tiene muchos artículos de salud que se compran sin receta. Las medicinas para resfriados, dolores de cabeza o medicamentos para la digestión y lociones se pueden comprar por un costo nominal. El personal médico puede pedirle que compre algunos artículos médicos en la comisaría. Favor considere estos remedios antes de firmar por ver a la enfermera.

RECUERDE...

Dejando una nota en la **CAJA MÉDICA** es la mejor forma para **SOLICITAR SERVICIOS MÉDICOS.**



SERVICIOS DE SALUD



INSTITUTO CORRECCIONAL

Bridgeport Correctional Center
1106 North Ave.
Bridgeport, CT 06604

**UCONN HEALTH
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NUMBER: E 2.01

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INTAKE HEALTH SCREENING

Effective Date: 02/01/00

POLICY:

Intake health screening shall be performed by qualified health care professionals on all newly admitted inmates, upon their arrival at a Connecticut Department of Correction (**CDOC**) facility utilizing **Form HR 001 Intake Health Screening**.

All inmates incarcerated in the CDOC for the **first time**, shall receive a mental health screening by qualified mental health staff within 24 hours of arrival utilizing form **Form HR 504, Mental Health Screening**.

All Licensed Practical Nurses (**LPN**) shall be required to complete a six hour training course at the academy specifically dealing with intake screening procedures, important clinical aspects of HIV infection and appropriate referral criteria.

PROCEDURE:

At a minimum, the initial screening process will include the following:

Information To Be Completed By Custody Staff:

- Charges, bond amount, sentence
- Special suicide precautions advised
- Most recent MH and Medical Classification Score (returning inmates)
- Medication brought to the facility
- Assistive devices
- Interstate Compact
- Supervision of self-administered MAYSI-2 Screening Instrument for Inmates Under the Age of 18 at Manson Youth Institution and York Correctional Institution

INTAKE HEALTH SCREENING

Information To Be Completed By Health Services Staff:

- Identify if this is the first CDOC incarceration
- Review custody information, including **MAYSI-2 screening results for inmates under the age of 18 at Manson Youth Institution or York Correctional Institution**
- Note if the Detainee Questionnaire (Marshall Services) accompanied the inmate
- Vital Signs
- Inquiry into current and past illnesses, health problems, and conditions including:
 - Any past history of serious infections or communicable illness, and any treatment or symptoms suggestive of such illness, (i.e., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
 - Dental problems;
 - Allergies;
 - Medications taken and special health (including dietary) requirements;
 - (Female inmates): date of last menstrual period, date of last Pap smear, current gynecological problems and pregnancy history/status;
 - Use of alcohol and other drugs, and any history of associated withdrawal symptoms;
 - Observation of the following: behavior, which includes state of consciousness; mental status (including suicidal ideation); appearance; conduct; tremors; and sweating;
 - Body deformities and ease of movement;
 - persistent cough or lethargy; and
 - condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, and needle marks or other indications of drug abuse.
- Administration of a screening test for Tuberculosis.
- Determine whether the inmate has or may have HIV infection by inquiring of the inmate if s/he is infected, asking about the inmate's past behaviors which pose a risk of transmission and making a preliminary determination of any clinical indications of infection, including:
 - fever
 - night sweats
 - fatigue
 - dysphasia
 - cough

INTAKE HEALTH SCREENING

shortness of breath
lymph node enlargement
diarrhea
new skin lesions
pruritus
visual changes
headache
memory changes
weakness
numbness
paresthesias/dysesthesias
recent weight loss

- Inmates who have not tested HIV positive in the past and who describe past risk behaviors related to HIV infection and/or who have significant findings suggestive of HIV-infection, shall be advised of the medical benefits of being tested to assess if they are HIV infected and referred to the CMHC HIV Counselor.
 - CDOC inmates who are known to have HIV infection, who demonstrate symptoms suggesting HIV infection, and/or who have notified CMHC/CDOC staff that he/she is HIV infected, or are **newly** diagnosed as having **HIV infection**, shall have **Form HR 002, Physical Exam**, completed within ninety-six (96) hours of admission or **diagnosis**.
- The intake health screening shall also be used to determine if the inmate is in need of immediate further evaluation, next-day physician referral, and/or other appropriate follow-up.
- Inmates who present with signs or symptoms of critical illness or injury require immediate emergency department evaluation and shall be transferred to the emergency department, preferably without delaying for the custody or medical intake process.

Health services staff shall supply necessary first aid and other care until:

Emergency Medical Services can assume control and transport the inmate to the
Emergency Department

OR

The inmate is stable enough to be remanded back to the police for transport to an
Emergency Department.

- Notation of the disposition of the patient, such as immediate referral to an appropriate health care service, placement in general inmate population with later referral to an appropriate health care service, or placement in the general inmate population.
- In addition, the inmate shall be assigned a mental health and medical classification score in accordance with CDOC Objective Classification Manual.

INTAKE HEALTH SCREENING

- If the health screening indicates that an inmate's condition may require immediate medical and/or mental health treatment, that inmate shall be referred immediately for such additional care to appropriate CMHC medical and/or mental health staff. This staff shall promptly assess the inmate's status, provide appropriate treatment, and make all necessary additional referrals, including, as appropriate, to the Infectious Disease Specialist. The time, date and nature of each referral shall be noted in the inmate's health record. Access to such specialist services shall not be denied based on custodial concerns or other non-medical issues.
- Regardless of the level of medical needs, the medical prescriber shall be contacted on the morning following intake screening if any current medication or therapy might need to be continued. A report of the inmate's health history, current medications, and status shall be given at that time.
 - ✓ If the inmate reports that HIV medications were last taken the day before his/her arrest and the medication names are verified, the nurse shall call the on-call or on-site IDS for HIV medication orders.
- Physician Order Sheet HR 925 shall be stamped in red, with "Admission", and a handwritten date and time. This notes that all previously written orders are discontinued.

Medications that usually need to be continued include:

- Anti-arrhythmics
 - Antibiotics
 - Anticoagulant therapy
 - Anti-rejection therapy (example: post organ transplant)
 - Anti-seizure medications
 - Asthma inhalers used on a regular basis
 - Barbiturates or benzodiazepines
 - Beta blockers
 - Clonidine
 - Drugs needed for psychosis or bipolar disorder (refer to Mental Health)
 - Glaucoma therapy
 - Hepatitis C treatment (Refer to CMHC Policy G 2.11)
 - HIV treatment
 - Insulin or oral hypoglycemics
 - Oral steroids
 - Other antihypertensive therapy
 - Other chronic medications or therapies
 - Other recently prescribed medications or therapies
- Clinical Record HR 401 shall be stamped in red with "Admission" along with a handwritten date/time.
 - All inmates incarcerated in the CDOC for the **first time**, shall receive a mental health screening by qualified mental health staff, utilizing forms **HR 504, Mental Health**

INTAKE HEALTH SCREENING

Screening, or when clinically appropriate complete **HR 508 Mental Health Assessment in lieu of HR 504, and HR 517 Suicide Risk Assessment** within 24 hours of arrival.

- The date and time the initial screening, and the mental health screening (if appropriate) is completed, the results of this screening and the signature and title of the person completing the screening shall be documented on **Form HR 001, Intake Health Screening** that shall become part of the inmate's Health Record.
- At the time of admission to a CDOC facility, all inmates shall be given written materials in English and/or Spanish which describe available medical and mental health services for HIV-related care, the confidentiality of these services and the procedures for gaining access to these services.
- **Minors: CMHC Form HR 306, Consent for Treatment of a Minor** shall be completed at the time of admission for inmates under 18. The form shall be sent for signature to the inmate's parents, legal guardian, or personal representative, as appropriate. A copy of the form shall be placed in the inmate's health record to document the attempt to obtain consent for treatment of a minor.

CDOC shall maintain a facility log of all inmates incarcerated in the CDOC for the first **time**. The log shall include inmate name, inmate number, date/time of health screening, date/time of mental health screening.

REFERENCES: *Administrative Directives 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-E-02). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

Title: CMHC Director of Medical Services, Johnny Wu MD

Title: CDOC Director Health Services, Kathleen Maurer MD

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 2.01a

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BODY PIERCING AND EMBEDDED COSMETIC HARDWARE

Effective Date: 10/15/07

- POLICY:** CMHC will cooperate with CDOC custody staff to assure that inmates do not wear potentially dangerous hardware attached to their body.
- PROCEDURE:** On admission CDOC custody staff shall ask inmates to remove all removable jewelry and related hardware. This includes studs, loops, and any other metallic objects that are attached to ear, nose, lip, tongue, nipple, genitals, or any other body part. If an inmate refuses to remove the item, custody staff shall address this issue through the CDOC disciplinary process.
- If an inmate agrees to remove an object, but states that it is impossible or unsafe to do so, the inmate shall be referred to health services for a determination. This medical visit shall be conducted with the full consent of the inmate. The inmate consent for the removal of the body hardware shall be documented on **Form HR 305 Consent for Treatment**, and the medical visit shall be documented in the inmate health record, **Form HR 401**.
- Upon examination of the inmate, if health services staff finds that an object is held in firmly by scar tissue, such that it won't slide within the track by which it was inserted, health services staff will notify custody that it is not safe to remove the object. Health services staff shall then consult with the CDOC Director of Clinical Services. The CDOC Director of Clinical Services shall make the final determination regarding the object in question. Health services staff shall inform custody of the determination of the CDOC Director of Clinical Services.
- REFERENCES:** *Standards for Health Services in Prisons (P-E-02). 2008. National Commission on Correctional Health Care. Chicago, IL.*

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 2.03

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INMATE CLASSIFICATION SYSTEM

Effective Date: 04/01/00

POLICY: UConn Health, Correctional Managed Health Care Program (**CMHC**) shall utilize the inmate Medical, Mental Health, Dental Needs Classification System developed by the Connecticut Department of Correction (**CDOC**), as described in the CDOC Objective Classification System Manual (~~07/06~~). **2012**

PROCEDURE: Inmate medical/mental health scores shall be established at the time of CDOC admission and revised as appropriate throughout incarceration. Dental scores are established per policy E 6.02 Dental Screening and Examination.

All health classification scores shall be documented on **HR 800a Health Summary Form**.

See attachment: **Inmate Classification System: Revised Medical, Dental, and Mental Health Classification**, January 7, 20**09**, **2012**

Update references

REFERENCES: *Administrative Directive 8.1, Scope of Health Service Care*. 2007. Connecticut Department of Correction.
Administrative Directive 9.2, Inmate Classification. 2006. *Scope of Health* Connecticut Department of Correction.
Standards for Health Services in Prisons (P-E-05). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

Revised Medical, Dental, and Mental Health Classification

January 7, 2009

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Part I Medical Need

An individual's physical condition will be assessed concerning specific medical needs for treatment within the correctional environment. Medical needs scoring may only be conducted and determined by a licensed health professional such as a registered nurse or physician, and must be done on intake and annually thereafter or when a significant change in the individual's condition occurs. Classification staff shall be notified of initial scores and revisions to scores.

All inmates will receive a medical classification. Depending on their condition, some inmates will receive one or more medical subcodes. In some cases the subcodes may suggest a need for ADA accommodation.

Class	Definition
M5	These inmates need 24 hour nursing care, possibly for an extended time.
M4	These inmates need 24-hour access to nursing care, but most of the time don't actually access that care. There is a reasonable likelihood that from time to time they will need 24-hour actual nursing care. (not just access to it)
M3	These inmates need predictable access to nursing care for 16 hours a day, 7 days a week. (Any need for Directly Observed Therapy, other than TB treatment, qualifies as M3)
M2	These inmates are not expected to require nursing care on a regular basis; they have some subacute or chronic disease that requires occasional nursing attention, but not on an urgent basis
M1	These inmates have no physical problems that require nursing attention, other than problems that might arise in the future due to illness or injury.

CMHC, in cooperation with the CDOC Department of Health and Addiction Services, will publish a detailed guide to classification, intended to help health services staff accurately and consistently classify each offender. This guide will be revised from time to time as necessary, and become a part of the CMHC Policy & Procedure Manual. The current version is appended to this manual as Appendix A.

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Medical Subcodes

Code	Definition	Notes
L	Paraplegic	
E	Hemiplegic	
Q	Quadriplegic	
H	Hospice	
B	Blind	
D	Deaf	
A	Living will (“advance directives”) on file	
I	Life-threatening allergy to stinging insects	
K	Walker	
W	Wheelchair	
R	Prosthesis	Includes leg, foot, arm, hand
C	Crutch	
N	Cane	
O	Other medical device	Includes sleep apnea machine, chronic tracheostomy, ileostomy, colostomy, ureterostomy, oxygen concentrator; does NOT include hearing aids, dentures, glasses, or contacts lenses

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Part II Mental Health Need

An individual's mental health needs will be assessed concerning specific needs for treatment within the correctional environment. Behavioral, cognitive, emotional, and/or interpersonal deficits or patterns that potentially influence adjustment within an institutional or community correctional environment are critical factors in determining the mental health score.

Whenever possible, all Mental Health Need Scores will be determined by mental health professionals. In those facilities with limited mental health resources, MH-1 and MH-2 ratings may be determined by qualified classification staff or by health services staff who do not specialize in mental health. Rating of MH-3 and above may only be scored by mental health staff. Mental health needs scoring must be done on intake and annually thereafter or when a significant change in the individual's condition occurs. Classification staff shall be notified of initial scores and revisions to scores.

All inmates will receive a mental health classification. Depending on their condition, some inmates will receive one or more mental health subcodes. In some cases the subcodes may suggest a need for ADA accommodation.

Class	Definition
MH5	Crisis-level mental disorder (acute conditions, temporary classification). Requires 24x7 nursing care
MH4	Mental health disorder severe enough to require specialized housing or ongoing intensive mental health treatment; almost always on psychotropic medications
MH3	Mild or moderate mental health disorder (or severe mental disorder under good control); may or may not be on psychotropic medication
MH2	History of mental health disorder, not currently active or needing treatment, OR current mild mental health symptoms, not requiring treatment by a mental health professional
MH1	No current or former mental health problems

CMHC, in cooperation with the CDOC Department of Health and Addiction Services, will publish a detailed guide to classification, intended to help health services staff accurately and consistently classify each offender. This guide will be revised from time to time as necessary, and become a part of the CMHC Policy & Procedure Manual. The current version is appended to this manual as Appendix B.

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Mental Health Subcodes

Code	Definition	Notes
S	Suicide risk	Mental health needs due to suicidal ideation, gestures, or attempts.
[M]	[On psychotropic medication]	DELETED
D	DMHAS target population	<p>Inmates with any one of the following:</p> <ul style="list-style-type: none"> • Diagnosis of a severe mental illness (i.e. Schizophrenia, Bipolar) • Has been hospitalized for psychiatric treatment in a DMHAS or other psychiatric inpatient setting in the past 3 years • Has received community-based psychiatric services funded or operated by DMHAS within the past year. <p>A “D” code should not be assigned solely for a principal diagnosis reflective of sexual deviancy, alcohol or drug abuse or dependence, or mental retardation in the absence of a major psychiatric disorder.</p>
R	DMR (now DDS) target population	Inmates who have previously received services from DDS (formerly DMR); OR who have an IQ score below 70 on an individually administered IQ test AND have concurrent impairments in at least 2 areas of adaptive functioning as measured by an adaptive functioning scale.
T	Traumatic brain injury	Inmates with a documented acquired brain injury or congenital brain damage; AND deficits related to impulse control, memory, or cognition that directly affect functioning within the correctional environment or would be expected to affect functioning in the community.

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Appendix A: Samples of Medical Level, by disease category

Medical Level:	1	2	3	4	5
Disease state					
HIV	Never applicable	CD4 & V.L. acceptable, on no meds or on a stable regimen	Any AIDS-defining condition within the prior 6 months	Kaposi's sarcoma; any symptomatic opportunistic infection; advanced neuropathy	Delirium, severe diarrhea
Asthma/COPD	Never applicable	Able to tolerate rec., occasionally uses a rescue inhaler.	Frequent use of rescue inhaler	Requires oral steroids more than 2 weeks a year, or long-term oxygen	Requires oxygen acutely, or round the clock inhaler treatments
Coronary disease	Never applicable	Complete revascularization over 6 months ago w/o ischemia since; on no drugs for pain control	Rare exertional angina, relieved by rest. Revascularization within 3 to 6 months and free of pain.	Exertional angina requiring nitrates; MI within last 6 months. Revascularization procedure within last 3 months	Accelerated angina; immediate convalescence after revascularization or MI
Diabetes	Never applicable	Controlled on diet alone; well-controlled on oral agents	Requires insulin	Erratic control; frequent insulin reactions; GI autonomic neuropathy	Vomiting; any other condition requiring very frequent monitoring of blood glucose
Congestive heart failure	Never applicable	No symptoms despite off drug therapy for 6 months	Minimal D.O.E., no dyspnea at rest or orthopnea. Controlled with diuretics/ACEIs, etc	Orthopnea, dyspnea at rest (chronic), NYHA Class 3 or 4	Acute worsening in breathlessness or dramatic increase in fluid retention

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Medical Level:	1	2	3	4	5
Disease state					
Chronic renal failure on dialysis	Never applicable	Never applicable	Compliant with diet and meds; minimally symptomatic between treatments; BP controlled between treatments	Gets dyspneic shortly before a treatment. Problems with access. Needs Kayexylate.	Needs parenteral fluids
Cancer – on active radiation or chemo therapy	Never applicable	Never applicable	Tolerating treatment well	Tolerating treatment with some need for nursing intervention or prn medication	Severe vomiting or weakness; observation for neutropenic fevers
Thyroid disorder	Never applicable if on meds	New or chronic thyroxine for hypothyroidism; stable anti-thyroid med treatment	Mildly symptomatic hyperthyroidism awaiting definitive control	Advanced myxedema in early stages of treatment. Moderate – severe symptomatic hyperthyroidism awaiting definitive control	Unstable or sustained arrhythmias
Paralyses	Never applicable	Long-standing hemiplegia, with or without assistive devices; long-standing paraplegia in a reliable inmate able to use wheelchair	Stable hemiplegia or paraplegia requiring frequent help with ADLs	Adjusting to recent onset of hemiplegia or paraplegia; skin breakdown.	Quadriplegia. Immediate convalescence period following injury/rehab stay. Problems w/ pulmonary toilet
Colostomy or ileostomy	Never applicable	Competent in self-care	Some other medical condition making it impossible for inmate to care for own stoma; skin irritation	Marked complication of stoma, such as skin breakdown	Rarely applicable; marked dehydration from diarrhea

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Medical Level:	1	2	3	4	5
Disease state					
Seizure disorder	Never applicable	On or off meds, but no seizures in last year	No seizures in last 3 months	Any seizure in last 3 months; need to adjust meds d/t medication failure or severe side effects	More than one seizure in 24 hours, needing observation, possibly parenteral medications
Amputations	Never applicable	Functional with or without prostheses or assistive devices	Needs help with ADLs despite prostheses	Skin breakdown	Rarely applicable; ulcers requiring frequent dressing changes
Acute infection	Uncomplicated URI, bronchitis, STD, UTI not requiring any nursing follow-up	Uncomplicated URI, bronchitis, STD, UTI requiring nursing follow up	Need meds on-line at least bid d/t inmate noncompliance	“Toxic” symptoms – high fever, N&V, weakness	I.V. antibiotics; respiratory isolation; immediate post-hospital period
Hypertension	Never applicable	Able to take KOP	Needs drugs on med-line, or needs frequent adjustment of meds	Substantial end-organ damage such as nephropathy or CHF	Acutely elevated or uncontrolled BP requiring dosage adjustments several times a day
GI bleed	Not applicable	Inmate-reported, but vitals fine and hematocrit ok	Bleed confirmed but chronic and slow, Hematocrit under 35, but vitals ok	Bleed of recent onset, hematocrit under 35, vitals ok	Bleed of recent onset or recently worse, hematocrit under 35, tachycardic
Chronic liver disease	Not applicable	Abnormal LFTs, no symptoms	Prior history of GI bleed or encephalopathy	Recent history of GI bleed or encephalopathy	Current GI bleed not requiring hospital transfer; mild to moderate encephalopathy. Palliative care for end-stage liver.

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Medical Level:	1	2	3	4	5
Disease state					
Hepatitis C (refer also to 'chronic liver disease')	Not applicable	Asymptomatic, not on specific treatment	On active treatment	On active treatment with moderate side effects	Severe reaction to treatment
Renal colic	Not applicable	Not applicable	Recent onset or return of pain or gross hematuria	Pain requiring prn narcotics	Need for parenteral analgesics, i.v. hydration
Urinary tract infection	Uncomplicated UTI not requiring monitoring during treatment	Uncomplicated UTI not requiring monitoring during treatment	UTI in pregnancy or an immuno-compromised person	UTI complicated by nausea/vomiting or systemic toxicity	Need for i.v. antibiotics
Pelvic inflammatory disease	Not applicable	Mild case, treated orally	PID in pregnancy; systemic toxicity or marked pain	Nausea and vomiting	Need for i.v. antibiotics
Acute ortho injury	Never applicable, but reassignment likely to be temporary	Splinted or casted for metacarpal or phalanx fracture, more than one week after fracture	Splinted or casted for metacarpal or phalanx fracture, within one week of fracture. Post-ER care for shoulder dislocation.	Ankle fracture in first few days, needing checks for swelling.	Possibly on immediate return from hospital, or to observe for compartment syndrome or neuro deficits

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Appendix B: Samples of Mental Health Level, by disease category

MH Level:	1	2	3	4	5
Disease state					
Anxiety disorders	N/A	Mild anxiety symptoms	PTSD w/ ongoing moderate symptoms; other severe anxiety disorders	Severe anxiety disorder; e.g., trichitillomania, agoraphobia, claustrophobia	N/A
Mood disorders	N/A	Dysthymic symptoms	Bipolar disease, stable Mood disorders secondary to substance dependence or general medical condition, not on meds Dysthymic disorders, Major depression (current) Bipolar (manic phase), w/o psychosis	Severe mood disorder requiring a higher level of care (should be temporary) Bipolar, manic phase, w/o psychosis	Suicidal or self-harm behavior Suicidal and/or crisis with risk for self-harm Severe depression without sufficient oral intake, or with severe lack of self-care Bipolar, manic, with psychosis

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

MH Level:	1	2	3	4	5
Disease state					
Cognitive disorders (includes TBI)	N/A	Borderline or subnormal intellectual function without serious behavioral problems or functional impairment; able to function w/o special supervision or accommodation plan that requires mental health staff	Moderate cognitive/ intellectual deficits with behavioral problems or functional impairment that requires case management and accommodation plan by mental health staff	Moderate to greater cognitive/ intellectual deficits with serious behavioral problems or functional impairment that requires specialized housing and coordinated planning by mental health staff	
Thought disorders	N/A	N/A	Schizophrenia, schizoaffective disorder, delusional disorder --- stable on meds	Psychosis due to substance use or a general medical condition Schizophrenia Schizoaffective disorder Delusional disorder.	Acute psychotic episode due to any cause
Life problems	N/A	Adjustment problems Insomnia Grief reaction Other life circumstance problems --- not requiring mental health intervention	Adjustment disorder requiring mental health intervention		

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

MH Level:	1	2	3	4	5
Disease state					
Personality disorders	N/A	Personality disorders	Personality disorders with moderate behavioral problems, Typically borderline, antisocial, or paranoid	Severe personality disorders and impulse control behaviors w/ serious behavioral problems. Typically borderline, sociopathic, or paranoid	Actively suicidal or self-mutilating, or extremely disruptive
Usual range of GAF	>65	>65	51-70	31-55	11-33

Note: substance abuse status does not influence mental health classification. Severe intoxication or withdrawal would earn a **temporary** medical level 5 but not a mental health classification. Inmates with dual diagnosis will be classified according to the severity of their psychiatric condition

Note: The clinician assigning a mental health score should consider both the specific illness and the functional score. Global Assessment of Functioning (GAF) scores are presented as a range. The clinician may classify based either on the specific illness or the GAF, but any major discordance between the two axes may suggest a need for further evaluation. Non mental-health professionals assigning a mental health score of 1 or 2 are not expected to incorporate the GAF score into their analysis.

Revised dental classification plan

Part I Definitions of dental levels

Class	Definition
D5	Treatment requiring URC approval
D4	Emergency treatment required
D3	Treatment required, urgent
D2	Treatment required, not urgent
D1	No treatment required

INMATE CLASSIFICATION SYSTEM - ATTACHMENT

Samples of Dental Level, by disease category

Dental Level:	1	2	3	4	5
Dental conditions					
Examination by facility dentist	Exam up to date	Intake DVM Request with no symptoms	Referral/request with mild symptoms (pain, discomfort)	Referral/request with severe symptoms (pain, discomfort, swelling)	No need
Cleanings	No need	Generalized plaque formation	Moderate plaque/calculus build up	Severe calculus built up	None applicable
Tooth Decay	No need	Incipient lesion	Moderate to deep lesion	Deep lesion with pulpal involvement	Deep lesion with cellulites requiring OMFS
Endodontic	No need	Routine treatment	Discomfort present	Swelling and/or pain present	Cellulitis present
Extractions	No need	Simple or surgical extraction	On x-ray/clinical, pathology suggestive of risk of uncontrolled infection	Swelling/pain present	Symptomatic impacted tooth
Jaw fracture	No need	No need	Under treatment at facility	No need	Fresh fracture
Dentures	No need	Routine dentures	No need	No need	Extremely complicated case

**UConn HEALTH
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

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INMATE TRANSFER HEALTH CARE REVIEW

Effective Date: 02/01/00

POLICY:

Inmate transfer health care review shall be performed by qualified health care professionals on all Connecticut Department of **Correction (CDOC)** inmates who are:

- intra-system transfers (including half-way houses under community release)
- individuals returning from furlough
- other individuals with an established inmate Health Record (**HR**) for their current incarceration.

For inmates transferred to Northern CI

Staff shall follow **policy E 3.02 Transfer/Care of Inmates to Northern CI, Administrative Segregation.**

PROCEDURE:

When transferring an inmate to another CDOC facility, medical and mental health needs shall be reviewed prior to transfer.

The transferring staff shall complete **Form HR 005, Transfer Summary**, or complete and print **Form HR 005 E, Electronic Transfer Summary/TSR** from Siemens Net Access/Invision and do the following:

- Review and update the medical and mental health classification scores on **Form HR 800a, Health Summary**, and assure that the corrected scores are suitable for the receiving facility.
- Review pending laboratory & radiology orders printed on page 2 of the Electronic Transfer Summary Form HR 005 E.
- Provide the sending facility physician/prescriber a copy of the inmates pending laboratory & radiology orders on page 2 of the Electronic Transfer Summary HR 005 E.
- Assure that the proposed method of travel is safe considering the inmate's medical and mental health evaluation
- Prepare a summary or copy of pertinent HR information
- Prepare medication or other therapy required en route
- Prepare instructions to transporting personnel regarding medication or other special treatment.

Utilization Review (UR) Management – review UR section of health record for pending activities. Document any UR determinations and/or pending/scheduled appointments. Notify facility UR nurse case manager of impending transfer.

INMATE TRANSFER HEALTH CARE REVIEW

Information transmittal to various receiving entities:

Halfway Houses (under community release):

The sending facility shall FAX the updated/current HR005, Inmate Transfer Summary to:

- The receiving halfway house
- The receiving Jail responsible for the HWH
- Residential Parole

Prison/Jail:

The sending facility may FAX the following documentation to the receiving facility prior to transferring the inmate to a non-24 hour facility.

This documentation shall be reviewed by health care staff at the receiving facility as appropriate, so that there are no unreasonable delays in continuing the inmate's medications, treatments, etc.

The Mental Health nurse/designee shall screen incoming inmates receiving psychoactive medication to determine the need to see a prescriber.

The UR nurse case manager shall be notified of all inmates with UR activity.

Inmates transferring from one facility to another within the CDOC system shall be accompanied by their HR. The HR shall be reviewed within 12-72 hours of the inmate's arrival to the new facility.

All Friday transfers shall be reviewed by the sending facility CHNS or designee, prior to faxing documentation or sending the inmate.

A nurse-to-nurse report shall be conducted on inmates transferred from John Dempsey Hospital, Med-Surg 5 to a CDOC facility. The Med-Surg 5 nurse shall call the nurse at the receiving CDOC facility to give a direct report prior to the inmate discharge from JDH .

Form HR 005 E, Electronic Transfer Summary/TSR or Form HR 005, Transfer Summary shall include, at a minimum, the following items:

- Any known allergies;
- Date and results of last Tuberculosis skin test and/or chest x-ray;
- Identification of any current medical, dental, or mental health problems;
- **Current** treatment plan for any identified health problems;
- **Current** medications, including last dose and delivery date
- Any pending appointments for diagnostic work (e.g., lab, radiology), specialty care, or pending referrals to URC or HepCURB, Suicide history, previous MH Level 4 or 5.
- PREA Transfer Screening questions related to: prior sexual victimization, sexual aggression, and self-perceived vulnerability.

INMATE TRANSFER HEALTH CARE REVIEW

- REFERENCES:** *Administrative Directives 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
- Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-E-03).* 2014. National Commission on Correctional Health Care. Chicago, IL.
- CMHC Patient Safety System/PSS User Manual (Rev.3/2008).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CMHC Dir. MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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**TRANSFER/CARE OF INMATES TO NORTHERN CI
ADMINISTRATIVE SEGREGATION**

Effective Date: 05/24/06

POLICY:

Any inmate being considered for Administrative Segregation (AS) transfer to Northern Correctional Institution ("NCI"), or, being reviewed for AS based on a pending criminal charge of Capital Felony Murder, shall be evaluated by a psychologist, psychiatrist, or psychiatric APRN using **Form HR 508 Mental Health Assessment** to determine any clinical contraindications for Northern CI AS placement. The inmate will be placed in appropriate housing by custody staff. **Form HR 523 Northern Correctional Institution Mental Health Clearance Form** is completed by the psychologist, psychiatrist, or psychiatric APRN in order to inform the DOC Director of Psychological Services who will notify population management of the move.

PROCEDURE:

1. The evaluation shall include an interview, a review of the health record, and review of custody data including but not limited to RT 50, 60, 67, 74, & 77.
2. A current/updated **Form HR 508 Mental Health Assessment** and **HR 523 Mental Health Clearance Form for Administrative Segregation (AS)**, and clinical note documenting interview findings (**HR 401**) shall be completed.
3. Contraindications to placement in Administrative Segregation housing may include serious mental illness, such as the following:
 - A. Psychotic disorders, Bipolar Disorders, Major Depressive Disorder and any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional.
 - B. Psychological disorders- as relating to the mental and emotional state of an individual.
 - C. Cognitive impairments- as relating to intellectual and cognitive abilities associated with brain function.
 - D. Behavioral disorders – as relating to actions or reactions in response to external or internal stimuli that is observable and measurable.

**TRANSFER/CARE OF INMATES TO NORTHERN CI
ADMINISTRATIVE SEGREGATION**

4. Upon completion, **HR 523**, a current **HR 508**, and the **HR 401** clinical note, shall be **faxed** to CT DOC Director of Psychological Services (or designee). In the absence of extenuating circumstances the psychologist shall contact the CTDOC Director of Psychological Services (or designee) for consultation.
5. Upon the review and approval by the CTDOC Director of Psychological Services (or designee), the HR 523 is forwarded to the Offender Classification and Population Management Unit for action.
6. If HR 508 Mental Health Assessment is not completed by the sending facility the form will be completed by the mental health clinician at Northern CI.

REFERENCES: *Administrative Directives 8.5 Mental Health Services*. 2008. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-E-03). 2014. National Commission on Correctional Health Care. Chicago, IL.
 CMHC Patient Safety System/PSS User Manual (Rev.3/2008).

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

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**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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HEALTH ASSESSMENT

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that a health assessment consisting of a health history and physical examination shall be completed on newly admitted inmates to a Connecticut Department of Correction (**CDOC**) facility in accordance with the provisions of this policy.

PROCEDURE: A health assessment, consisting of a health history **HR001 Intake Health Screening** and either a focused physical exam or a comprehensive physical exam, **Form HR 002, Physical Exam M/F**, will be performed following admission.

Form HR 001Y, Intake Health Screening and **Form HR 002, Physical Exam F**, shall be completed on **female** inmates within seven days of admission to a CDOC facility.

Health assessments for inmates seen for initial Chronic Disease Management visits are to be completed and documented on **Form HR420, Chronic Disease Initial Baseline Health Data** unless a health assessment was completed and documented on **HR 001 Intake Health Screening** and **Form HR 002, Physical Exam F** within the previous year, excluding ID inmates.

Only a Physician, Physician Assistant (**PA**), or Advanced Practice Registered Nurse (**APRN**) shall perform the inmate **Physical Exam (Form HR 002)**.

Only qualified health care professionals (personnel approved by CMHC) shall collect the inmate's health history and vital signs.

CDOC inmates who are known to have HIV infection, who demonstrate symptoms suggesting HIV infection, and/or who have notified CMHC/CDOC staff that he/she is HIV infected, or are **newly** diagnosed as having **HIV infection**, shall have **Form HR 002, Physical Exam**, completed within ninety-six (96) hours of admission or **diagnosis**.

HEALTH ASSESSMENT

At a minimum, the **Physical Exam (Form HR 002)**, shall include:

- A review of the results recorded on **Form HR 001, Intake Health Screening** in the inmate's Health Record (**HR**), including TB screening results, and the collection of additional data to complete the medical, dental, and mental health histories;
- Review of HR001 Intake Health Screening
- TST (tuberculin skin test) to be read within seventy-two (72) hours after application), unless the inmate is TST positive and/or has a past history of TB;
- A comprehensive or focused physical examination, including baseline weight, temperature, pulse, respiratory rate, blood pressure, and an examination of the lungs, cardiovascular system and abdomen;
- Basic examination of the soft tissues of the mouth, which shall include assessment of abnormalities indicative of HIV-infection (e.g. oral hairy leukoplakia, Candida, oral ulceration, oral Kaposi's sarcoma, and progressive periodontal disease);
- Appropriate neurologic examination
- Basic mental status examination, which shall assess any memory loss, speech difficulties, delusions, symptoms of psychotic or marginal behavior, clinical depression and/or suicidal ideation;
- Evaluation of lymph node status in various chains including cervical, supraclavicular, axillary and inguinal areas;
- Basic examination of the skin to assess any HIV- related problems, e.g. nonspecific rashes/dermatitis, folliculitis, psoriasis, seborrhea, and lesions suggestive of Kaposi's sarcoma;
- As appropriate, evaluation of the genitalia and perirectal areas (for men) or a Pap smear, pelvic and perirectal examination (for women, as detailed in York CI Facility Addendum G 7.01a Gynecological Care).

In addition, the following tests shall be performed on **HIV infected inmates**:

- CBC with differential (to be repeated twice a year at a minimum);
- Chem 20 (or similar chemistry profile), done when the CBC is first done, and thereafter repeated with the CBC;

- Dipstick urinalysis (repeated thereafter at the yearly physical examination);
- VDRL;
- HBsAg and HBsAb unless the HBsAb is known to be positive;
- T cell profile, when indicated, including an absolute CD4 count and a CD4/CD8 ratio, shall be repeated twice a year. (The T cell profile will be done more often if there is evidence of clinical deterioration consistent with advancing HIV disease. It will also be repeated more often if the inmate's most recent T4 count was approaching a level for which s/he would qualify, under currently accepted professional standards, for a treatment that had not yet been offered. Once the T4 count falls below 200/mm, the T cell profile need not be repeated unless medically appropriate.)
- Chest x-ray, to be repeated yearly;

If CMHC staff conducting the Health Assessment detects any significant clinical findings in an inmate's mental status examination, the neurological examination, the examination of the mouth, and/or the laboratory tests, immediate referrals shall be made to specialists when appropriate. Access to such specialist services shall not be denied based on custodial concerns or other non-medical issues. The time, date, and nature of each such referral shall be recorded in the inmate's HR.

When indicated, **Form HR 102, HIV Flow Sheet and Form HR 103 HIV Treatment Plan** shall also be completed and placed in the HR.

When an **HIV** inmate is re-admitted to a CDOC facility, his or her health status shall be updated. In the absence of changes or serious chronic illness, the full physical exam does not need to be repeated if a comprehensive physical exam has been completed within the past **sixty (60)** days.

The following shall be completed for **all inmates**:

The Physical Exam shall be conducted in private and the results recorded on **Form HR 002, Physical Exam** and placed in the inmate's HR.

Therapy and immunizations shall be initiated when appropriate.

The Health Assessment for **all readmitted inmates** need not be conducted if, after review of the inmate's HR, it is established that:

- At the time of readmission, the completed **Form HR 001, Intake Health Screening** has revealed no acute medical or mental health conditions. The prior results shall be reviewed and documented in the HR. when appropriate, histories, test, etc shall be update on all readmitted inmates; and
- The inmate has a documented **Form HR 002** performed in a CDOC facility, within the previous **ninety (90)** days;

Certain elements of the Health Assessment shall be repeated at appropriate frequencies, as determined by the responsible physician, in consideration of the age, sex, and health needs of inmates in the population.

- REFERENCES:** *Administrative Directive 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
- Controlling TB in Correctional Facilities.* (1995). Centers for Disease Control and Prevention. Atlanta, GA:
- Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
- Standards for Health Services in Prisons P-E-04, Health Assessment.* 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

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**UConn Health
Correctional Managed Health Care
Policy and Procedures
For Use Within the Connecticut Department of Correction**

NUMBER: E 5.01 **Page 1 of**
REQUESTS AND REFERRALS FOR MENTAL HEALTH ASSESSMENTS AND/OR SERVICES

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) Mental Health clinicians shall ensure that all Connecticut Department of Correction (**CDOC**) inmates who request or are referred, for mental health assessment and/or services, are evaluated by a Qualified Mental Health Professional/Practitioner (QMHP) in a time frame determined by the nature of the request or referral.

DEFINITION:

Mental Health Clinician means psychiatrist, psychiatric APRN, psychologist, clinical social workers, licensed professional counselor, or nurse clinician.

Qualified Mental Health Professional/Practitioner (QMHP) means psychiatrists, psychologists, social workers and/or licensed professional counselor, nurse clinicians, nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Qualified Health Professional (QHP) means licensed health care professional.

- CDOC first time incarcerations shall be defined by CDOC as
 - Inmates who have never been in CDOC custody
 - Inmates who have been previously incarcerated but out of CDOC for 10 years or longer
 - Inmates who have been previously incarcerated with the total incarceration of ten (10) days or less.

PROCEDURE:

Inmate Requests

Inmates can request mental health services on a routine or an emergency basis.

Inmates request Mental Health Services by utilizing Form **HR 501, CN 9601**, or any available paper. Inmate requests for mental health services shall be triaged by qualified health care professionals within twenty-four (24) hours of receipt. Requests are reviewed for immediacy of need and required intervention (triage) by a QMHP. The inmate shall be seen or the issue addressed within 72 hours for non-emergent concerns.

**REQUESTS AND REFERRALS/ASSESSMENT: FOR MENTAL HEALTH ASSESSMENTS
AND/OR SERVICES**

Emergent inmate requests can be made verbally to any staff member and shall be addressed by a QHP/QMHP immediately.

Non-Inmate Referrals

Emergent and non-emergent referrals can be made by any non–inmate concerned party. Mental health staff shall provide feedback when clinically appropriate to the referring staff/unit/concerned party to complete the communication loop. Feedback information shall be documented in the health record.

Upon intake, inmates who are incarcerated for the first time or who are referred by court (court mittimus alert) are referred to mental health. In addition, referral to mental health is required when active community-based treatment is reported. These inmates shall receive a mental health assessment by a mental health clinician as soon as possible but not later than 24 hours of arrival. The assessment should be completed utilizing the identified forms for a mental health assessment and/or a suicide risk assessment.

Each facility shall maintain an organized system that tracks all requests/referrals for mental health services in a bound logbook, or electronic tracking system noting:

- Date of request written
- Date request received
- Inmate name
- Inmate number
- Name/ title of person referring/ initiating the request
- Reason for request
- Date request/referral is triaged
- Initials of staff that triaged the request/referral
- Date scheduled to be seen
- Date seen/addressed and by whom(with title)
- Date of disposition or response to inmate
- Comments

Original inmate requests including staff responses shall be scanned, electronically saved in a secure and retrievable system, and made available within the processes and guidelines as established with CMHC IT. The original request, including staff responses, shall be returned to the inmate after it is scanned.

Encounters from all inmate requests or non-inmate generated referrals shall be documented in the health record on HR 401 Clinical Record with specific language reflecting that the encounter is in response to a written request/referral.

(See related CMHC Policy E 7.01, Inmate Requests for Non-Emergency Health Services)

**REQUESTS AND REFERRALS/ASSESSMENT: FOR MENTAL HEALTH ASSESSMENTS
AND/OR SERVICES**

REFERENCES: *Administrative Directives 8.5. Mental Health Services.* 2008. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-01) (P-E-02). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC**Date:****Title: CMHC Executive Director, Robert Trestman MD PhD** _____**Title: CMHC Dir. Of MH and Psychiatric Services, Robert Berger MD** _____**Title: CDOC Director Health Services, Kathleen Maurer MD** _____**Title: CDOC Chief of Psychiatric Services, Craig Burns MD** _____

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ORAL CARE SERVICES

Effective Date: 04/01/01

Annual Review Completed: 06/2010

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall provide dental care to all inmates in the custody of the Connecticut Department of Correction (**CDOC**). Oral Care Services shall include: Diagnostic, Preventive, Restorative, Endodontics, Removable Prosthodontics, Dental Surgical Procedures, and Outpatient Hospital Dental Services.

PROCEDURE:

Prior to initiating any dental treatment both the dentists and dental assistant shall independently verify patient identity from id photo or medical chart photo. Both Dentist and assistant shall confirm with each other and the patient, his identity, and dental procedure to be performed. In cases of extraction this verification shall be noted on **HR 308 Oral Surgery Consent Form** and signed by both dentist and assistant.

Diagnostic Services

Diagnostic Services shall consist of the following procedures:

- Radiographs
 - Bitewing films as indicated
 - Peri-apical films as indicated
 - Extra-oral films as indicated
 - Panoramic films as indicated
- Oral Examinations
 - Screening Exam
 - Comprehensive Exam
 - Periodic Oral Exam
 - Emergency Oral Exam
 - Soft Tissue Exam

Preventive Services

ORAL CARE SERVICES

Preventive Services shall consist of the following procedures:

Inmates are eligible for routine scaling once every twelve months on a space available basis, and if at the discretion of the dentist there is a need. The inmate must be demonstrating proper home care and have at least one of the following in order to be considered for preventive services:

1. Visible calculus
 2. Bleeding on probing
 3. Pocket depth greater than 4 mm
- Oral Hygiene Instruction

Written instruction in English and Spanish to be given to the inmate within seven days of admission

Restorative Services

Restorative Services shall be limited to the restoration of carious teeth, whose structural integrity is stable enough to provide long-term stability with conventional intracoronal restorative materials. Teeth severely periodontally involved shall not be eligible for restorative treatment. Although cosmetic dentistry shall not be provided, efforts shall be made when restoring anterior teeth to achieve a reasonable esthetic result. Routine dental care shall be discontinued if, in the judgment of the dentist, the inmate is not meeting the standards of oral hygiene necessary for the preservation of his/her dentition, or if the inmate has a record of broken appointments. Such an inmate shall qualify for emergency treatment only.

- Permanent Fillings

Permanent fillings shall be placed using American Dental Association approved silver amalgam or composite resin material.

- Temporary or Sedative Fillings

Temporary or sedative fillings shall be placed when indicated. Temporary polycarbonate or posterior stainless steel crowns may be utilized on teeth that have previously had a crown preparation.

Endodontics

- Root Canal Therapy and/or Apicoectomy

ORAL CARE SERVICES

Root canal therapy and/or apicoectomy shall be performed for the upper and lower six (6) anterior teeth when, in the dentist's judgment, the retention of the tooth is necessary to maintain integrity of the dentition and the prognosis is favorable.

Teeth suitable for endodontic therapy must be both periodontally and structurally stable and able to achieve a favorable long-term prognosis using conservative restorative techniques.

Posterior and anterior teeth which require either pin or post-retained 'core build-up in order to be fully restored by means of a crown, are not eligible for endodontic or restorative procedures.

Removable Prosthodontics

Removable prosthesis is defined as an artificial structure made by, or under the supervision of, a dentist to replace a full or partial set of teeth. Permission must be obtained from the Director of Dental Services for any removable prostheses.

- Prostheses Construction

Prostheses shall be constructed only if the inmate can tolerate them and is expected to use them on a regular basis, and all necessary restorative and surgical treatments are completed.

The inmate has less than a "stable" bicuspid occlusion or its equivalent. (Eight (8) points or less of occlusion)

An intact anterior tooth has been lost **during** incarceration (an inmate admitted with 2 or less missing anterior teeth in an arches (a pre existing condition) is not eligible for replacement unless they qualify based on posterior contact or an additional anterior tooth is removed while in custody).

The inmate's earliest release date is a minimum of six (6) months from the time the first impression is taken.

- Replacement

Replacement of existing dentures shall occur only once in any five (5) year period from the date of delivery of the existing dentures.

Exceptions shall be considered when the absence of dentures would create an adverse condition that could jeopardize the inmate's health.

ORAL CARE SERVICES

To be eligible for the replacement of dentures "lost in transit", misplaced, or stolen an inmate must file a formal incident report with custody, documenting the "inappropriate" disposition of the denture.

- **Relining or Re-basing**

Relining or re-basing dentures shall occur only once in any five (5) year period at the discretion of the dentist.

- **Repair**

Repair of dentures shall be provided to sentenced inmates with 6 or more months left of sentence.

Dental Surgical Procedures

Dental surgical procedures shall include but not be limited to the following:

- Suturing of cases incidental to dental surgery and of lacerations within or about the mouth.
- Re-implantation of avulsed anterior tooth.
- Exodontia (simple or surgical extraction)
- Teeth with pathology requiring a "complex extraction" shall be referred to a surgical specialist through Utilization Review Management.
- Incision and drainage
- Closure of oral-antral defects shall be subject to Utilization Review Management.
- Biopsy of soft or hard tissue.
- Surgical treatment of the medically compromised patient.
- Complex 3rd molar extractions may require referral

A platelet count shall be obtained on all known HIV positive inmates within 30 days of any surgical procedure.

Outpatient Hospital Dental Services

Licensed dental personnel shall perform outpatient hospital dental services for CDOC inmates, within the scope of their profession, if approved by Utilization Review.

(See CMHC Dental Manual)

REFERENCES: *Administrative Directive 8.4, Dental Services.* 2007. Connecticut Department of Correction.
 Dental Manual. 2008. University of Connecticut Health Center, Correctional Managed Health Care Program. Farmington, Connecticut.
 Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-E-06). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CMHC Director of Dental Services, Richard Benoit DMD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 6.02

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DENTAL SCREENING AND EXAMINATION

Effective Date: 04/01/01

Annual Review Completed: 06/2010

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that dental care is provided to each inmate in the custody of the Connecticut Department of Correction (**CDOC**), under the direction and supervision of a dentist licensed in the State of Connecticut. At the time of the inmate health screening admission to a CDOC facility, instruction in oral hygiene and preventive dental education shall be conducted during orientation (**see attached**).

A dental examination, instruction in oral hygiene and preventive dental health education shall be completed within three months of admission. Each inmate shall have access to the preventive benefits of fluoride in a form determined by the dentist to be appropriate for the needs of the inmate.

Policy E 4.01, Health Assessment shall be followed for all inmates newly diagnosed as having HIV infection.

PROCEDURE: Oral Hygiene and Dental Health Education

Oral hygiene and dental education shall be provided to CDOC inmates by a qualified health care provider and shall include but not be limited to the following:

- A. Patient Education - Elementary instruction shall be given to the inmate regarding the nature of the disease processes, and the relationship of dental plaque, its development and progress. The inmate shall be made aware of the personal responsibility for the condition of his/her mouth and understand that successful continuation of treatment shall be dependent upon the response to self-help suggestions.
- B. Diet and Nutrition – the inmate shall be given elementary instruction regarding the relationship of plaque formation and dental pathology to the intake, and frequency of intake, of simple carbohydrates.

DENTAL SCREENING AND EXAMINATION**Dental Screening**

At the time of admission to a CDOC facility, a newly admitted inmate shall receive a dental screening, consisting of a visual observation of the teeth and gums. If the intake-screening nurse determines that there is evidence of an emergent dental condition as defined by: Trauma, infections with obvious swelling, severe intractable pain, or obvious pathology, the inmate shall be referred to and evaluated by dental staff within 72 hours.

In addition, the inmate shall be instructed regarding the procedure to follow to gain access to dental services while incarcerated.

Dental Examination

A thorough and complete visual and tactile dental examination shall be completed on each newly admitted inmate within three months of admission to the CDOC and prior to routine treatment.

The dental examination shall include at a minimum:

- Review of the inmate's health history as evidenced by **Form HR 001, Intake Health Screening** or a general review of the inmate's Health Record (**HR**)
- A review of the inmate's dental history and any dental-related documentation in his or her HR.
- Review of pertinent laboratory studies, including HIV status.
- A soft tissue examination (see separate policy)
- Dental radiographs as deemed necessary by the dentist.

The examination shall be completed during the first appointment in the comprehensive health care process and shall be consistent with professional standards of care.

DENTAL SCREENING AND EXAMINATION

A newly admitted inmate who has received a documented, dental examination within the past 12 months, and acknowledges no painful or recent dental problems, does not need a new dental examination unless the inmate is HIV positive.

Documentation of Dental Examination: When a dental exam is completed the following documentation should be utilized to properly record the findings.

The initial dental examination shall be documented on **Form HR 601, Dental Record**.

Additional information may be documented on **Form HR 601A, Dental Record Continued**.

The soft tissue examination shall be documented on **Form HR 603, Soft Tissue Evaluation**.

Following the dental examination, the dentist shall complete **Form HR 602, Dental Treatment Plan** to outline effective, quality care.

HIV Examinations

A known HIV-infected inmate shall be referred to and examined by the facility dentist within 72 hours if the initial health screening and/or comprehensive health examination reveals a painful, severe dental condition, including extensive dental caries, severe periodontal disease or dental abscess. If the health screening reveals such a condition, but the inmate is not experiencing pain, the inmate shall be referred to and examined by the facility dentist within one week, unless a sooner consultation is medically necessary.

In all other cases, the dentist assigned to each CDOC facility shall examine an HIV infected inmate within 10 weeks of admission or diagnosis. The dentist's examination of the inmate's hard and soft tissues shall include charting of the status of each tooth and recording any restorations or dental caries, examining periodontal conditions, looking for abnormalities indicative of HIV infection, and conducting panoramic and individual film x-ray examinations as needed.

At the conclusion of the dental exam, the dentist shall devise a dental treatment plan for every known HIV positive inmate.

DENTAL SCREENING AND EXAMINATION

A platelet count shall be obtained within 30 days or less prior to tooth extraction, periodontal curettage, or surgery and biopsy on HIV infected inmates.

All inmates, upon whom oral surgery is performed, shall be instructed on how to handle the gauze used to stop bleeding to avert the transmission of the HIV virus. When feasible, the inmate shall be held in the medical unit until the wound(s) stop bleeding. (see Dental Manual: Dental Surgical Procedures).

(See CMHC Dental Manual)

- REFERENCES:** *Administrative Directive 8.4, Dental Services.* 2007. Connecticut Department of Correction.
- Dental Manual.* 2008. University of Connecticut Health Center, Correctional Managed Health Care Program. Farmington, Connecticut.
- Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-E-06).* 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

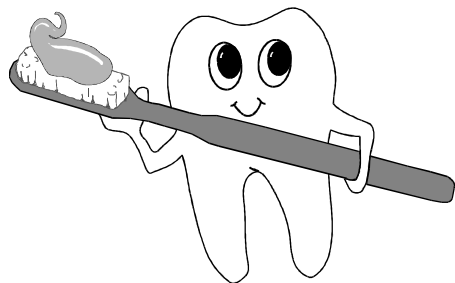
Title: CMHC Executive Director, Robert Trestman MD PhD

Title: CMHC Director of Medical Services, Johnny Wu MD

Title: CMHC Director of Dental Services, Richard Benoit DMD

Title: CDOC Director Health Services, Kathleen Maurer MD

DENTAL HEALTH CARE SERVICES



RADGOWSKI CORRECTIONAL INSTITUTION

982 Norwich-New London Tpk.
Uncasville, CT 06382

DENTAL EDUCATION

Brushing Basics:

Your teeth are covered with a sticky film of germs, called plaque. It is the main cause of tooth decay and gum disease. Thorough brushing helps remove plaque and food particles from the tooth surfaces. While there are several different tooth-brushing methods you can use, be sure to brush twice a day.

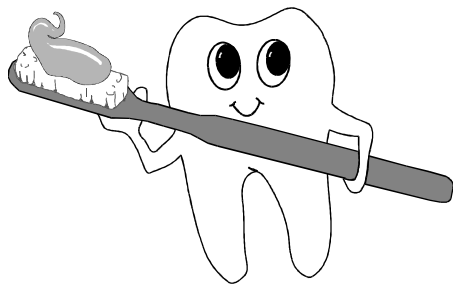
Tips for Good Brushing:

1. Place your toothbrush at a 45-degree angle against the gums.
2. Move the brush back and forth gently in short (tooth-wide) strokes.
3. Brush the outer tooth surfaces, the inner tooth surfaces, and the chewing surfaces of the teeth. Use the "toe" of the brush to clean the inside surface of the front teeth, using a gentle up-and-down stroke.
4. Brush your tongue to remove bacteria and freshen your breath.

Remember that worn-out toothbrushes cannot clean your teeth well and may injure your gums. Usually toothbrushes need to be replaced every 3 to 4 months, or sooner if the bristles become worn or frayed.

Should you need dental care, complete an "Inmate Request" Form and drop it into any of the locked White Boxes with the Red Cross located throughout Radgowski CI.

SERVICIOS PARA EL CUIDO DE LA SALUD DENTAL



FACILITY NAME
FACILITY ADDRESS

EDUCACIÓN DENTAL

CONCEPTO BÁSICO: CEPILLARSE

La película pegajosa de gérmenes que cubre los dientes y las muelas se llama placa. Esta película causa caries dentales y enfermedades de las encías. El cepillarse cuidadosamente ayuda a eliminar la placa dental y partículas de comida entre los dientes y las muelas. Debe cepillarse al menos dos veces al día.

CONSEJOS PARA CEPILLARSE BIÉN

1. Incline el cepillo 45 grados contra la encía.
2. Con delicadeza mueva el cepillo hacia el frente y hacia atrás cepillando una pieza dental a la vez.
3. Cepille todas las superficies de su dentadura. Con las celdas del frente del cepillo, limpie detrás de los dientes anteriores. Utilice movimientos ligeros hacia arriba y hacia abajo.
4. Cepille la lengua para remover bacterias y refrescar el aliento.

Recuerde que cepillos en uso por mucho tiempo no pueden limpiar bien y pueden causar daño a las encías. Usualmente debe reponer el cepillo cada 3 o 4 meses o antes si las celdas están desgastadas o están comenzando a deshilacharse.

Si necesita tratamiento dental, llene el formulario ***“INMATE REQUEST”*** y deposítelo en cualquiera de las Cajas Blancas con la Cruz Roja localizadas por toda la institución.

**UConn Health
Correctional Managed Health Care
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**INMATE REQUESTS FOR
NON-EMERGENCY HEALTH CARE SERVICES**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with Connecticut Department of Correction (**CDOC**) staff, shall develop and employ a system that assures:

- A confidential process by which inmates have the opportunity to request health care.
- Inmate sick call shall be conducted in a confidential clinical setting in each CDOC facility by qualified CMHC staff at intervals sufficient to meet the needs of the population.

Physician to patient ratios shall be formulated from a number of factors, including:

- Actual, on-site, patient care hours
- Utilization of “on call” physicians
- Completion of administrative tasks (chart review, co-signing charts and diagnostic reports, attending meetings, etc)
- Consideration of the number of segregated inmates, special needs patients and environmental concerns.

CMHC Health Service Administrators (**HSA**) shall ensure that, at the time of admission to CDOC facilities, inmates are made aware of the process by which they may request and access non-emergency health services and that a sick call schedule is developed and maintained by licensed CMHC staff in each CDOC facility.

PROCEDURE:

The following inmate request for non-emergency health services forms shall be available and accessible in all CDOC facilities:

- Medical/Dental: **Form CN 9601, Inmate Request Form**
- Mental Health: **Form HR 501, Request for Mental Health Services**
- Inmate Fees Form: **CDOC**

**INMATE REQUESTS FOR
NON-EMERGENCY HEALTH SERVICES**

Inmate requests for health services (medical, dental, and mental health) shall be written on the appropriate request form or on any available paper if the request form is not available. CMHC HSA's shall ensure that a procedure is in place in each CDOC facility to accommodate inmates unable to write.

Inmates who seek non-emergency health attention shall have the opportunity to place written requests into confidential, locked boxes that are appropriately and prominently marked and strategically placed throughout each CDOC facility.

In addition to submitting requests for health services (described above), inmates may also be required to sign up for sick call using **CMHC Form HR 901, Cell Block - Sick Call Sign Up**. If used, these forms are to be collected from housing officers daily when health services staff is on duty.

Completed **CDOC Forms CN 9601, HR 501 Inmate Request** for non-emergency health services shall be collected from locked health services-boxes in each CDOC facility daily (where health staff are on duty at least one shift every 24 hours), and triaged within 24 hours.

Access to locked health service boxes shall be limited to CMHC staff and shall be checked daily when staff is on duty.

All completed non-emergency, inmate health service request forms collected by CMHC staff shall be stamped with the current date and time received.

Requests shall be reviewed for immediacy of need and required intervention (triage). In general, if an inmate signs up for sick call more than two consecutive times without resolution of the same complaint and has not seen a physician/APRN/PA, he or she shall receive an appointment to do so.

Inmate requests for mental health services shall be triaged by qualified health care professionals within twenty-four (24) hours of receipt. Requests are reviewed for immediacy of need and required intervention (triage) by a QMHP. The inmate shall be seen or the issue addressed within 72 hours for non-emergent concerns.

Inmate requests shall be logged in a bound logbook or automated data base with the following categories included:

- All requests/referrals shall be entered in a bound logbook (or automated system) that includes:
 - Date of request written
 - Date request received
 - Inmate name
 - Inmate number
 - Name/ title of person referring/ initiating the request
 - Reason for request
 - Date request/referral is triaged
 - Initials of staff that triaged the request/referral

**INMATE REQUESTS FOR
NON-EMERGENCY HEALTH SERVICES**

- Date scheduled to be seen
- Date seen/addressed and by whom (with title)
- Date of disposition or response to inmate
- Comments

Original inmate requests including staff responses shall be scanned, electronically saved in a secure and retrievable system and made available within the processes and guidelines as established with CMHC IT. The original request, including staff responses, shall be returned to the inmate after it is scanned.

REFERENCES: *Doe vs. Meachum Consent Judgment*. 1990. Connecticut Department of Correction.
 Inmate Facility Handbook. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-E-07). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC**Date:****Title: CMHC Executive Director, Robert Trestman MD PhD** _____**Title: CMHC Director of Medical Services, Mark Buchanan MD** _____**Title: CDOC Director Health Services, Kathleen Maurer MD** _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 7.01a

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INTERPRETER SERVICES

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in collaboration with the Connecticut Department of Correction (**CDOC**), shall ensure that language assistance services, as appropriate, are provided to CDOC inmates in the provision of health services.

PROCEDURE:

For the purposes of this policy, the following definitions apply:

Eligible Inmate:

An inmate who is not able to communicate effectively in spoken English including:

- An inmate who speaks only Spanish (or other non-English language as his/her primary language) with no speaking ability in English
- An inmate who is able to speak some English, but whose lack of fluency in English precludes him/her from understanding basic CDOC facility activities and proceedings.
- An inmate who is deaf or hard of hearing

Qualified Interpreter

A qualified foreign language interpreter for hospital patients as defined in CT Public Law is bilingual; respects the ethics of interpreting (maintains confidentiality) and has knowledge of medical terminology. Interpreters will be provided through the UCHC.

A sign language interpreter provided by the State of Connecticut Department of Rehabilitation Services is certified by Registry of Interpreters for the Deaf (RID).

Employee Interpreter

An employee designated by the CDOC to communicate with non-English speaking inmates.

Interpretation:

The process of orally assisting an eligible inmate to communicate in the English language for CDOC facility-based proceedings and to orally interpret into Spanish (or other non-English language) or sign language, documents or responses of the inmate that are written, spoken, or signed in English. This term does not include or require written translations or responses.

Monolingual Spanish-speaking (or other non-English language) inmates shall be identified by CDOC and a list of these inmates may be provided upon request.

These inmates shall be provided qualified interpreter services during all phases of health care provision.

INTERPRETER SERVICES

Qualified language interpreters are also available through calling UCHC, **Language Line, 7 days a week, 24 hours a day: 1-860- 679-2000.**

Interpreters for the deaf and hard of hearing must be “qualified” interpreters. UCHC staff may access these interpreters directly by calling the State of Connecticut Department of Rehabilitation Services:

Regular hours, Monday through Friday 8:30-5pm: 1-800-708-6796 and 860-231-1690
After hours: 860-231-7623

When interpreter services are used, CMHC staff shall first verify the inmate name and number. CMHC staff shall document the name and title of the interpreter in the appropriate inmate’s health record.

In those cases where urgent/emergent health care must be provided to a monolingual Spanish-speaking (or other non-English language) inmate and a qualified interpreter is not available on a timely basis, any interpreter available may be utilized. In such situations a qualified interpreter must be summoned and, upon arrival, usage of the non-qualified interpreter shall be immediately discontinued.

REFERENCES: *Standards for Health Services in Prisons (P-E-07).* 2008. National Commission on Correctional Health Care. Chicago, IL.
 Administrative Directive 10.19, Americans with Disabilities Act. 2008. Connecticut Department of Correction.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 7.02

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SICK CELL STATUS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall provide Sick Cell status to inmates in Connecticut Department of Corrections (**CDOC**) facilities who require medically indicated bed rest.

PROCEDURE: Sick Cell status shall be issued by a Physician, Dentist, Advanced Practice Registered Nurse (**APRN**), Physician Assistant (**PA**), or Registered Nurse (**RN**) to inmates needing medically indicated bed rest or to inmates who temporarily cannot perform their assigned job, but who do not need inpatient infirmary or hospital care.

Sick cell status shall be issued only for specific periods of time. An RN may issue a housing/bunk restriction for 24 hours. Housing/bunk restrictions requiring confinement to quarters for longer than 24 hours must be ordered by a physician, dentist, APRN or PA, and a termination date must be included in the order.

Upon expiration of the sick cell status, the inmate shall resume normal activities or shall be re-evaluated by the physician, dentist, APRN or PA.

Inmates on sick cell status shall be confined to their cells or dormitory bed except to eat, use the toilet, obtain medication, shower and/or attend a legal visit.

CMHC staff shall re-evaluate the sick cell status of any inmate, at any time, depending on the inmate's behavior and activity.

REFERENCES: *Standards for Health Services in Prisons (P-E-07). 2008.* National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UConn Health
Correctional Managed Health Care
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NUMBER: E 7.03

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**HEALTH SERVICES PROCEDURES:
EMERGENCY INMATE LOCKDOWN**

Effective Date: 04/04/01

POLICY: In the event of a Connecticut Department of Correction (**CDOC**) facility emergency lockdown of inmates, UConn Health, Correctional Managed Health Care (**CMHC**) staff, in conjunction with the CDOC Unit Administrator, shall adjust health services operations so as to ensure the provision of essential health care to inmates in that facility.

PROCEDURE: The CMHC Health Services Administrator (**HSA**) shall coordinate health services operations in collaboration with the facility Unit Administrator or designee.

During the period of a CDOC facility inmate lockdown, facility CMHC staff shall reevaluate scheduled facility outpatient health services appointments for that time period. Appropriate CMHC staff shall provide those essential health services that cannot be postponed to a later date.

During any CDOC facility inmate lockdown, the HSA shall ensure urgent and emergency health services continue to be provided to all inmates in that facility needing such types of care.

REFERENCES: *Standards for Health Services in Prisons (P-E-07). 2008.* National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UConn Health
Correctional Managed Health Care
Policy and Procedures**

FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION

NUMBER: E 7.04

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NURSE SICK CALL

Effective Date: 09.01.14

POLICY:

Nurse sick call shall provide the first level of health care services functioning as a gateway to determine the level of care needed.

Nurse sick call shall be based on clinically sound principles that meet legal and professional standards of care.

Definition:

Nursing Sick Call: a scheduled nursing encounter that results from a patient generated request for attention or a scheduled nursing encounter that is a follow-up to a previous nurse encounter.

Nursing Sick Call Non-Scheduled: a nursing encounter that results from an emergency, accident, housing incident, referral from custody, or other unanticipated event.

PROCEDURE:

1. Nursing sick call shall take place in a room dedicated for this purpose. The room shall provide visual and auditory privacy unless security concerns outweigh health interventions. Except in life threatening situations or emergencies, it is not appropriate to evaluate patients in cells, on tiers, in hallways, or other modified settings.
2. **Sick call is best conducted by a registered nurse. In the event that an LPN provides this service, all LPN documentation, including medication administration, shall be reviewed and co-signed by a registered nurse.**
3. All patients shall be addressed as "Mr." or "Ms." Name
 - Utilize communication, Acknowledge, Introduce, Duration, Explanation, Thank you, (AIDET).
4. Nursing protocols shall be readily available
 - a. Assess/evaluate patient knowledge about their health status

NURSE SICK CALL

- b. Provide patient education specific to the condition/disease addressed by the protocol
- 5. All nursing sick call shall be documented on **HR401J Patient Encounter Form**. Only CMHC approved abbreviations shall be utilized. Penmanship, including signature and title shall be legible.
- 6. HR 800 Health Problem List and/or HIV Problem List shall be reviewed.
- 7. Vital signs and weight shall be taken at each sick call encounter. When appropriate these vital signs shall be compared to previously documented vital signs. If weight is deferred, the reason shall be documented.
- 8. The patient's overall well-being shall be noted.
- 9. The nurse shall systematically collect both subjective and objective information about a patient's health status:
 - a. Begin by asking the patient to identify his/her health complaint or concern
 - b. Listen to complaint/concern and elicit the following using the OLDCART mnemonic: (Onset, Location, Duration, Character, Associated symptoms, Relieving/aggravating factors, Treatment)
 - i. Onset: When did it start, setting in which it occurred, personal activity (eating, playing basketball), emotional reactions (after a visitation/phone call)
 - ii. Location- where is it, head (trauma), chest (pain) where does it radiate?
 - iii. Duration: How long does it last? Still occurring, lasted seconds, now resolved, how often does it happen?
 - iv. Characteristic of symptoms: What is it like? Throbbing, sharp if talking about pain, nausea feeling.
 - v. Associated symptoms: Is there anything else that accompanies the symptoms?
 - vi. Relieving/aggravating factors: what makes it better (lying down, standing, TUMS), what makes it worse (activity, deep breaths).
 - vii. Treatment: What have you done when or if this happened before? (drank water, rested).
 - c. Use open ended questions.
- 10. Objective or physical assessment/screening shall utilize nursing protocols as a guideline.
 - a. Use nursing skills to examine or assess/evaluate whatever system is injured or involved
- 11. Nursing actions/interventions shall include:
 - a. Use of nurse protocol medications

NURSE SICK CALL

- b. Nurse protocol and/or approved education handouts review
- c. Determining that additional diagnostics evaluation beyond nurse's scope is required.
- d. Instructing patient to return to sick call within a specified period of time if symptoms persist or worsen.

Approved: UCHC - CMHC**Date:****Title: CMHC Executive Director, Robert Trestman MD PhD** _____**Title: CMHC Director of Medical Services, Johnny Wu MD** _____**Title: CDOC Director Health Services, Kathy Maurer MD** _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 8.01

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EMERGENCY SERVICES

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with Connecticut Department of Correction (**CDOC**), shall ensure that all staff working in CDOC facilities are familiar with, and comply with, procedures for responding to medical emergencies in CDOC facilities as well as the procedures for obtaining emergency medical care for both staff and inmate-patients.

PROCEDURE: During hours of operation, emergency medical services shall be available to every CDOC facility and shall be readily accessible to all employees and inmates.

Each CMHC Health Services Administrator (HSA), or designee, shall locate the Emergency Plan in a highly visible location at the facility.

The Facility Emergency Plan shall include:

- Names, addresses and telephone numbers of people to be notified and/or services, such as ambulance and hospital, to be used. This information shall be readily accessible to all personnel working in CDOC facilities.
- Appropriate provisions of CDOC **Administrative Directive 8.1, Scope of Health Services Care: Emergency Services.**
- Direction for all staff to obtain levels of emergency health services not available in the facility.
- Direction to CDOC facility staff during emergencies when no medical personnel are on duty.

The decision to transfer a patient shall be determined by a physician or if necessary, the senior CMHC health services provider on-site, in accordance with CMHC Utilization Review policy.

EMERGENCY SERVICES

Emergency drugs, medical supplies and equipment shall be regularly maintained and accessible in the event of an emergency.

(See related CMHC Policies, A 8.03 Transfer of Inmates with Acute Medical Conditions, D 2.18 Emergency Medications)

- REFERENCES:**
- Administrative Directive 6.6 Reporting of Incidents* 2005. Connecticut Department of Correction.
 - Administrative Directive 8.1, Scope of Health Services* 2007. Connecticut Department of Correction.
 - Standards for Health Services in Prisons (P-E-08)*. 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

Title: CMHC Director of Medical Services, Mark Buchanan MD

Title: CDOC Director Health Services, Daniel Bannish PsyD

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 9.01

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**EVALUATION FOR CONTRAINDICATIONS TO PLACEMENT
OF INMATES IN RESTRICTIVE HOUSING UNITS (RHU)**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that qualified CMHC staff determine if any known health contraindications exist, upon notification that an inmate confined within a Connecticut Department of Correction (**CDOC**) facility is placed in restrictive housing (RHU).

PROCEDURE:

CDOC staff shall notify facility CMHC health care staff when an inmate is identified for placement into RHU.

Before or upon placement in restrictive housing all inmates shall be evaluated by a CMHC qualified medical professional who may consult with a mental health care provider (either on-site or on-call) should there be significant mental health concerns.

- This evaluation shall include an interview of the inmate and a review of the health record to determine any medical or mental health contraindications to restrictive housing placement.
- Contraindications to placement in RHU may include serious conditions that require medical or mental health evaluation or treatment not available in RHU. Such treatment or evaluation would normally require a higher level of care.

If the individual conducting the evaluation has questions regarding the medical and/or mental health of the inmate and its relationship to RHU placement, he/she will consult the appropriate on-site clinician (med/MH) or on-call physician.

The results of the evaluation will be documented on form **HR006 Health Evaluation for RHU**, placed in the health record, and a copy provided to CDOC staff.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

Title: CMHC Director MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Chief Psychiatric Services, Craig Burns MD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 9.02

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MEDICAL AND MENTAL HEALTH RESTRICTIVE HOUSING UNIT (RHU) TOURS

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that qualified CMHC staff regularly tour restrictive housing units.

DEFINITION:

Tour: a random, systematic series of inspections in a correctional facility/unit designed to enhance the overall levels of safety, security, and sanitation; along with the opportunity to communicate with staff and inmates and to reinforce rules and regulations (DOC AD 6.1 Tours and Inspections) A tour of RHU includes at a minimum, a visual assessment of inmates present on the unit.

Wellness Tour: Tours screening for medical and mental health concerns which are reported to the appropriate discipline/clinician.

PROCEDURE:

Access to Health Services/Documentation

- Restrictive Housing Unit: CMHC medical staff shall conduct wellness tours once each shift, when health services staff is on site, and mental health staff shall conduct tours weekly. The tour clinician shall sign the CDOC Unit Log, indicating daily or weekly tour. Alterations of mental and physical status and significant findings shall be documented in the clinical notes of the Health Record. Vital signs and weights are taken as often as clinically indicated.
- **When an inmate of any mental health level remains in a Restrictive Housing Unit beyond 30 days**, a licensed mental health clinician shall conduct a personal interview with the inmate and document the inmate's mental status in the inmate's health record. If confinement continues, the aforementioned assessment shall be made at least every 30 days for MH Level 3 and 4 inmates or more frequently if clinically indicated, and every 90 days MH Level 1 and 2 inmates.
- Inmates confined in RHU shall have access to medical, psychiatric, and dental services.
- Inmates shall have ADA accommodations as recommended.

MEDICAL AND MENTAL HEALTH SEGREGATION TOURS

- CMHC staff shall administer all prescribed medications and treatments as ordered, and observe inmates confined in RHU as frequently as ordered.
- All inmate-initiated medical, mental health and dental complaints shall be triaged by CMHC health care providers and referred to the appropriate health care provider.
- Under no circumstances shall an inmate, confined in RHU status, be denied transfer to an appropriate medical/mental health facility, when such transfer is determined to be clinically necessary.

REFERENCES: *Administrative Directives 9.4, Restrictive Status*, 2009; *6.1. Tours and Inspections*, 2005. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-E-09). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 10.01

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PATIENT TRANSPORT

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with the Connecticut Department of Correction (**CDOC**), shall ensure that CDOC inmates are transported in a safe, secure, and timely manner for medical, mental health and dental appointments, both on and off site.

PROCEDURE:

Health services staff shall work with custody to assure inmate access to health services under the following applicable circumstances:

1. On-site care:
 - General population
 - Restrictive housing
 - Lock down
 - Americans with Disabilities Act (ADA) Issues
2. Off-site care:
 - General population
 - Administrative segregation
 - Lock down
 - Other housing situations
 - ADA Issues

When transport is needed, prior to transporting the inmate, the responsible physician or his/her designee shall provide written instruction on **Form HR 925 Physician Orders** for transporting personnel regarding security, medication, therapy or other special treatment required by inmate-patients during transit.

Health-related information shall accompany the inmate upon transfer from the facility while maintaining HIPPA compliance.

A system to track unmet health-related appointments shall be maintained by CMHC staff in each CDOC facility and reported to Health Services Administrator.

(See related CMHC Policy E 10.02, Missed Facility Specialty Clinic Appointment)

REFERENCES: *Administrative Directive 6.4 Transportation and Community Supervision of Inmates*, 2007. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-E-10). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
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NUMBER: E 10.02

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MISSED FACILITY SPECIALTY CLINIC APPOINTMENT

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) staff shall assure that all facility specialty clinic appointments missed by Connecticut Department of Correction (**CDOC**) inmate-patients are properly reported and appropriately rescheduled.

PROCEDURE:

Specific reasons inmates do not keep appointments with facility specialty clinics (i.e. GYN, chronic disease, Infectious Disease, Mental Health, Podiatry, Ophthalmology, etc.) shall be determined and, compiled by designated CMHC staff at the time of each missed appointment, and provided to the appropriate nursing supervisor, ID Nurse, UR Nurse Case Manager, psychiatrist, supervising clinical psychologist, or prescriber, who shall determine when to reschedule the appointment.

The designated health services provider shall record all missed appointments at facility specialty clinics on **Form HR 907, Missed Specialty Appointments**, along with the reason and the reschedule date, and report monthly to the CMHC Health Services Administrator (**HSA**) monitoring purposes.

The CMHC HSA shall report this information as part of the quality improvement process at the facility based QI meeting.

REFERENCES: *Standards for Health Services in Prisons (P-E-10). 2008. National Commission on Correctional Health Care. Chicago, IL.*

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 10.03

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**MISSED UTILIZATION MANAGEMENT
PRE-CERTIFIED APPOINTMENT**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) staff shall assure that all Utilization Review (**UR**) pre-certified specialty care appointments missed by Connecticut Department of Correction (**CDOC**) inmates are properly reported and appropriately rescheduled.

PROCEDURE:

The reasons inmates do not keep UR pre-certified specialty care appointments shall be documented on **Form CN 6602, Medical Incident Report** by designated health services staff and documented in the health record on **Form HR 401 Clinical Record**. A copy of the Medical Incident Report shall be provided to CMHC Central Office Utilization Management, who shall determine whether to reschedule the appointment. The missed appointment shall be reviewed at the next facility QI meeting.

If the inmate refuses the appointment, a signed **Form HR 301, Refusal of Health Services** shall be completed identifying the specific appointment service that was refused and specific reason for refusal. A refusal will be finalized only after the facility UR nurse case manager or facility prescriber has met with the inmate. Documentation of the benefits/risks of keeping/refusing this appointment shall be documented in the health record.

For statistical reporting, all missed UR pre-certified specialty care appointments shall be recorded by the designated health services provider and reported monthly to the CMHC Utilization Management Operational Administrator for monitoring purposes.

REFERENCES: *Standards for Health Services in Prisons (P-E-10). 2014. National Commission on Correctional Health Care. Chicago, IL.*

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC, Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
UTILIZATION REVIEW MANUAL
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 10.04

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SPECIALTY HEALTH SERVICES REQUESTS

Effective Date: 01/27/14

PURPOSE: To establish a standardized process for the facility physician, dentist, or physician extender to request specialty health service evaluation, treatment and/or diagnostic testing and for those requests to be reviewed utilizing physician-written guidelines where such guidelines exist.

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) Utilization Review (**UR**) staff, Clinical Director, Dental Services Coordinator, and/or the Physician UR Panel shall pre-authorize all priority 1 and priority 2 referrals for specialty health care before an appointment is scheduled. Central Office UR shall retrospectively review all referrals for emergency health care and/or hospitalization.

For acute medical conditions (emergencies) follow CMHC policy A 8.03, Transfers of Inmates with Acute Medical Conditions.

DEFINITION: Specialty Health Services: those services requiring approval and/or certification from Utilization Review include:

- ☐ Off-site, Out-Patient Health Services
- ☐ Hemodialysis
- ☐ Prostheses & Orthotics: Repair, Adjustment, Replacement or supplies related to use of such as stump stockings, gel liners
- ☐ Wound Vacs
- ☐ Specialty Equipment Purchase/Rental
 - ☐ CPAP
 - ☐ APAP
 - ☐ Hearing aids
- ☐ Diabetic shoes
- ☐ Patient-Specific Wheelchairs
- ☐ Designated On-Site Specialty Services:
 - ☐ Surgical Clinic
 - ☐ Podiatry Clinic
 - ☐ Orthopedic Clinic
- ☐ Emergency Room
- ☐ Acute Inpatient Hospitalizations

Physician UR Panel: three CMHC physicians.

SPECIALTY HEALTH SERVICES REQUESTS

Facility UR Case Manager (URCM): a designated unit staff member who serves as the primary contact for the unit's UR activities. (Appendix B: Utilization Review Case Manager Responsibilities)

Priority 1 request: refers to those conditions that warrant emergency care and/or inpatient admission to an acute health care facility

Priority 2 request: refers to those conditions for which specialty health service evaluation, treatment and/or diagnostic testing is requested within 1 week and the time interval to submit through the standard utilization review procedures may compromise care. These conditions do not require emergency room evaluation.

Priority 3 request: refers to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur within 3 weeks.

Priority 4 request: refers to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur within 2 months.

Priority 5 request: to those conditions for which specialty health services evaluation, treatment and/or diagnostic testing is requested to occur between 2 and 13 months.

Facility Based Utilization Review Case Manager (URCM) – serves as the primary contact for the unit's UR activities. The facility will designate a back-up URCM to cover in the absence of the assigned URCM. (See policy E10.04 Addendum, Facility Based Utilization Review Case Manager (URCM) Responsibilities).

PROCEDURE: SPECIALTY HEALTH SERVICES REQUESTFacility Based Requests

1. Prior to initiating a utilization review request the facility practitioner shall examine the patient to identify that there is a potential need for a referral for specialty health services for evaluation, treatment and/or diagnostic testing that is unavailable within the facility-based CMHC units.
2. The facility practitioner or designee shall submit a UR request using the UR application including but not limited to the documentation of the current, pertinent, objective examination findings. Copies of pertinent supporting documentation (if not already available via the electronic Lifetime Clinical Record –LCR) to assist in determining the medical necessity and appropriateness of the request. Such documentation may include, but need

SPECIALTY HEALTH SERVICES REQUESTS

not be limited to: laboratory data, radiology reports, consultation reports, community treatment records, and medication administration records.

Special Considerations:

Priority 1 requests: are considered retrospective and will be reviewed by the central office after services have been rendered.

Priority 2 requests: In addition to the above the facility prescriber shall contact the central office Medical Director/Designee to notify them of the presence of a UR request submission that requires immediate review. Once a priority 2 request has been submitted the inmate shall be placed on a "Medical Hold" until the appointment is completed. The URCM must ensure this is entered in the RT system as well as ensuring the appropriate Counselor Supervisor for that inmate has been notified.

Priority 3-5 requests: shall be reviewed in the next scheduled MD panel meeting.

3. A copy of the request shall be filed in the inmate's health record at the facility.
4. The URCM shall maintain a Utilization Review log of the requests indicating Date Initiated by Provider, Provider Name, Type of Service Requested, Date Forwarded to Utilization Review, Date Utilization Review Determination Received at the facility, Date Determination Made, and Date of Scheduled Appointment. In the event the inmate is transferred prior to receipt of the Utilization Review Determination and/or Appointment, the facility shall also record the transfer date in the log, and on **Form HR 005, Transfer Summary**, as well as notify the receiving facility's URCM of the pending determination/appointment.
5. The facility practitioner will review and discuss the consult after the appointment occurs and make arrangements for any testing, services, specialty consultations (via the UR application) that are appropriate.

Non-Facility Based Requests

1. Central Office UR Nurses shall review all Specialty Consultations and/or diagnostic testing results for pertinent findings and/or further treatment recommendations.
2. UR Nurses may also receive and review utilization review requests from other non-facility sources.

SPECIALTY HEALTH SERVICES REQUESTS

3. Central Office UR Nurse may at the discretion of the Medical Director/Designee submit a UR on behalf of the facility under special circumstances.

UTILIZATION REVIEW PROCESS

1. Priority 2 cases shall be reviewed no later than the following business day for authorization. Priority 3 and higher cases shall be reviewed by the medical review panel.
2. The Dental Services Coordinator or designee shall review all requests for dental and oral maxillo facial services.
3. The Director of Mental Health and Psychiatry or designee shall review all requests for mental health related services.
4. The facility practitioner shall contact the Clinical Director, the Dental Services Coordinator, the Operational Administrator of UR or designee to request priority review of all priority 2.
5. The Central Office UR nurses shall conduct a preliminary review of all other requests-against established standards to determine the clinical necessity and appropriateness of the request.
6. The Central Office UR Department shall maintain records of all utilization review activity and file completed consults accordingly.

MEDICAL PANEL DETERMINATIONS

1. “INSUFFICIENT CLINICAL INFORMATION”
 - a. For routine requests with insufficient clinical information and/or supporting documentation to determine medical necessity the UR will be categorized as “central office requires more information”, or “UR MD panel requires more information from the facility”. The URCM will follow the determinations weekly and shall collaborate with the facility practitioner, community provider and/or the patient to obtain the required information and ensure that the UR is placed in an “updated” state using the UR application’s update feature for future review by the MD panel.
 - b. The Central Office UR Nurse/Designee shall indicate the “due date” for the additional information to be forwarded by the facility practitioner. The tracking and review of the request shall not commence until UR receives the additional information. If a response is not received by the due date, the Health Services Administrator will be notified.

SPECIALTY HEALTH SERVICES REQUESTS

The URCM nurse shall provide the health services administrators with a monthly list of all outstanding requests for additional information/due dates.

2. "APPROVED"

- a. Requests meeting established clinical guidelines shall be approved by the CMHC Medical Director, UR nurses, Dental Services Coordinator, Director of Mental Health and Psychiatry or Physician UR Panel.
- b. On occasion, the Medical Director, Director of Mental Health and Psychiatry, or the Dental Services Coordinator may approve a request based upon telephonic or electronic communications for which a formal UR request has not yet been generated. On those occasions, the Medical Director, Director of Mental Health and Psychiatry or the Dental Services Coordinator shall submit a UR using the UR Application.
- c. A Computer-Generated Patient Report of approval shall be faxed or emailed to the designated URCM at the facility housing the inmate at the time of completion of the review.
- d. The URCM and/or facility practitioner shall discuss the "approved" request with the inmate and document the discussion on the Computer Generated Patient Report within 10 business days of the receipt of the determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record** and both the inmate and the practitioner/URCM shall sign and date the Computer Generated Patient Report (Approval). The signed Computer Generated Report (Approval) shall be filed in the health record.
- e. Inmates who have any open Utilization Review cases shall be placed on a "Medical Hold" until their case(s) is/are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.

UR REVIEW PANEL

- a. CMHC shall schedule weekly physician panel meetings to conduct utilization review of all pending specialty service requests.
- b. The Central Office UR nurses and/or Medical Director makes an initial determination that the established standards do not appear to be met. These requests shall be forwarded to the UR Review Panel.
(Addendum: Facility Based Utilization Review Case Manager (URCM) Responsibilities)

SPECIALTY HEALTH SERVICES REQUESTS

- c. The Physician UR Panel shall meet weekly to review all pending determinations. The Physician UR Panel shall note the date of review, documenting any pertinent comments and the decision. If “approved”, the Panel shall indicate the scheduling priority.

If the Panel misses a weekly meeting due to holidays or other scheduling conflicts, the CMHC Medical Director or designee will review the list of pending determinations for those that might need more rapid attention. The identified requests will be referred to the Medical Director or designee who will either approve such requests or allow their review to wait until the next scheduled Panel meeting.

- c. If “Approved” by the Physician UR Panel, the Central Office UR Department designee shall enter that determination into the UR application.
- d. If “Not Approved”, the Physician UR Review Panel shall document the reason the request was not approved and offer alternative interventions, if any, for management. The Medical Director or Designee shall enter this information into the UR application.
- e. The facility practitioner must discuss the outcome of the Physician UR Panel decision with the inmate when a request has not been approved, and document the discussion on the computer generated UR Request Response within 10 business days of the receipt of the UR determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record**. The inmate and the practitioner shall sign and date the UR Request Response prior to filing in the health record.

4. APPEAL PROCESS

- a. The facility practitioner or inmate may initiate an appeal within 14 business days of the receipt of the UR Request Response if he/she believes the decision of “not approved” is unwarranted.
- b. The facility practitioner shall indicate in the UR Application that the UR is being appealed by using the “appeal decision” link provided in the UR request. The facility clinician must indicate if this appeal was at the request of the inmate. (Note the “appeal decision link” will only be visible to the clinician within the UR application for 14 days.
- c. The CDOC Clinical Director shall decide the outcome and indicate such using the UR application option “response to appeal” within 14 business days of notification of the Appeal. The outcome shall be considered the final determination and the case shall be closed.

SPECIALTY HEALTH SERVICES REQUESTS

- d. The facility practitioner shall discuss the outcome of the UR Appeal determination with the inmate and document the discussion on the UR Request Response to Appeal within 10 business days of the receipt of the Appeal determination. The contents of the discussion shall be documented in the health record on **Form HR 401, Clinical Record**. The inmate and the clinician shall sign and date the UR Request Response to Appeal prior to its filing in the health record.

SCHEDULING

The Central Office UR Scheduler shall schedule or request scheduling for all non-emergent off-site, outpatient specialty services appointments to be conducted at UCHC. The Central Office UR Department shall retrospectively process all emergency room referrals and acute hospitalizations. Authorization for ambulance transfers for emergency treatment will not be retrospectively approved if the ambulance transfer unless it ordered by a CMHC prescriber or the CDOC Medical Director.

Approved appointments shall be triaged and scheduling requested to allow the service to be completed by the following. The guidelines for the scheduling of Priority 2 through 5 appointments begins on the actual day of the "Approval"

1. Priority 1 (Emergency Room &/or Hospitalization):
Schedule: At time of request
2. Priority 2:
Schedule: within 1 week
3. Priority 3:
Schedule: within 3 weeks
4. Priority 4:
Schedule: within 2 months
5. Priority 5:
Schedule: between 2 and 13 months

Above schedule represents CMHC's goal for timing of specialty care visits. It is understood that unforeseen events may intervene to make it impossible to meet these goals. Such events include, but are not limited to pre-exemption of service to accommodate patients with more urgent clinical needs, illness or absence of specialty provider, lack of availability of clinic space offered by UCHC, equipment breakdowns, inclement weather, DOC facility lockdowns, transportation issues, late arrivals for appointments or inmate refusal of service.

SPECIALTY HEALTH SERVICES REQUESTS

REFERENCES: Alguire, P. (Ed). (2009). MKSAP ®15. (General Internal Medicine) .
Philadelphia, PA: ACP.
Ferri, F. (2011). Ferri's Clinical Advisor. Philadelphia, PA: Elsevier Mosby.
<https://www.Epocrates.com>
<https://pier.acponline.org>

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES**

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

Purpose:

UConn Health, Correctional Managed Health Care (**CMHC**) Facility Based Utilization Review Case Manager shall ensure inmates receive specialty healthcare services in a timely manner. The URCM shall ensure that continuity of care is provided while incarcerated and in preparation for discharge so as to maximize the healthcare benefit of services provided.

The URCM:

- Is an active member of the healthcare team
- Serves as the responsible person at a given facility to ensure that the Utilization Review process functions smoothly
- Advocates for the patient during the Utilization Review process by utilizing nursing and general healthcare knowledge
- Ensures that the highest quality of healthcare is provided
- Facilitates the delivery of health services to inmates with pre-certified off site medical/dental appointments
- Acts as a liaison with other disciplines and individuals for the purpose of ensuring quality of care for inmates requiring off site healthcare services
- Uses an approved tracking system to monitor all facets of the UR process
- Utilizes the UR application to verify information, identify appointments, transportation lists, consultant information and requests for more information
- Receives case management training and UR program oversight and support from Central Office and QI.

Responsibilities:

- 1) Receives daily on site supervision from the facility nursing supervisor(s). Receives UR Program supervision and support through facility supervisors and Central Office UR physician/designees.
 - i) Notifies UR Central Office of planned time off so that coverage may be maintained. Primary UR facility nurse works cooperatively with facility UR back-up nurse to maintain lines of communication.

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- ii) Communicates with Director of QI and central UR unit to ensure compliance and to resolve questions regarding application of policies or interpretations of documents/procedures.
- iii) Communicates with UR facility nurse peers to ensure successful transfer of inmates in the UR process and maintenance of continuity of care.
- iv) Meets with inmates to explain UR process, preparation, implementation and required follow up. Educates inmate regarding the importance of keeping appointments and following recommendations from consultants and facility prescribers.
- v) Explains the actual diagnostics involved in the consultation and educates the inmates regarding their role in cooperation with the consultants.
- 2) Participates in mandatory and on-going UR and case management education to keep abreast of developments in health care trends. Attends central UR nurse meetings
- 3) Maintains the confidentiality of all Health related information per CMHC policies.
- 4) Communicate with central office UR when advocating for patient care.
- 5) Communicate with Med-Surg 5 at JDH and CMHC scheduler as appropriate.
 - a) Document communications in the inmate health record.
- 6) Participates in facility QI audits of UR process
- 7) Responds with corrective action(s) to facility QI audits.

The Health Record:

- 1) Files appropriate UR documents in the health record and documents on-going UR activities as required. Adheres to CMHC policy for documentation.
 - i) Obtain a properly executed release of information on. **Form HR 303, Authorization for Release of Information**, for any inmate with community care – in order to secure the inmate's health information from a community health care provider (if not previously obtained). Monitor that a timely response has been obtained. Consults with facility prescriber to determine if recent community laboratory studies may be acceptable for this admission or need to be repeated.
- 2) Document any telephone conversations of collaborations with prescribers or nursing staff in the health record as they relate to UR activities.
 - a) Penmanship counts toward accuracy
- 3) Documents the UR Request in the health record on the **Clinical Record Form HR 401**, noting the date and service requested. *(Do not use UR action number in place of consultation services requested.)*
- 4) Maintains a complete profile of UR activities in the inmate health record.

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- a) Obtains the offenders signed refusal on form **HR 301 Refusal of Health Services**, in the event that an inmate refuses prescribed medication and or treatment. Ensures that inmate understands the ramifications of refusing services, treatments, medications.
- 5) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers

Tickler/Tracking System at the Facility Level

- 1) Maintains tickler/tracking system for all UR activities and reports
 - a) May be hard copy or automated. Must be able to be retained for future reference.
 - b) All tickler/tracking systems to be approved by central UR and will include at a minimum:
- 2) Components of the tickler/tracking system:
 - a) Date of UR Request (prescriber to electronically forward interactive form to central UR)
 - b) Name of facility prescriber initiating the UR request
 - c) Category of requested services (cardiac, GI, ortho, etc.)
 - c) Date UR request forwarded to central office UR
 - d) Anticipated time of completion (within 10 days, within 30 days, over 60 days)
 - e) Any comments that may be pertinent to the request or process (inmate security issues; impaired ADLs.; ADA issues; medication schedule)
 - f) **Note:** identify a date when you expect a response from central UR Committee (next meeting date). This way if you do not hear from the UR Committee you know when to start inquiring about the process.
 - g) UR Response date along with approval, non approval, more information requested
 - h) Anticipated scheduling date (to be replaced with actual date when known).
 - i) Completion date
 - j) Receipt of consultation reports date
 - k) Date forwarded to prescriber for review and actual date reviewed by
 - l) Prescriber
 - m) Recommendations and date recommendations addressed

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

Emergency Room Trips

- 1) Enters UR information on emergency room trips into the central UR system, as well as any hospital admission that follow from those trips.
 - a. Initiates any follow-up UR activities recommended by the emergency room prescriber after communicating with the facility prescriber or on-call for determination of appropriateness of the emergency room's recommendations
 - b. Fax or e-mail copy of ER visit documented to central office UR
- 2) Entered retrospectively the following business day after service provided
- 3) Review W-10 and any discharge documents returned with inmate
- 4) Facility to submit all UR requests relevant to this ER visit
 - a. Utilize on-call if necessary for expedited request
 - b. Call central office with expedited requests in order to bypass UR Panel

Hospital Discharges Readmissions to the Facility

- 1) Reviews W-10 and discharge summary.
- 2) Ensures paperwork is faxed to central office within 24 hours (or 1 business day) following discharge
- 3) Communicates with the prescriber to understand which services he/she desires to be provided and enters this communication into the retrospective so central office is apprised of the update
- 4) Reviews the UR system to make sure recommendations found on W-10 and D/C summary are entered by central office.

Utilization Management Decisions

- 1) Enters the UR decision (approved/not approved/more information requested) into facility tickler system along with date of UR decision.
- 2) Approvals:
 - a) Enter date and any information returned by UR
 - b) Note anticipated scheduling date
 - c) For UR approvals: URCM shall (prescriber may meet with inmate but is not required to do so this is a facility preference) meet/notify inmate to notify him/her of the approval and discuss time/appointment for patient teaching
- 3) Non-approvals:
 - a) Enter date
 - b) Reason for denial

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- c) Recommendation for follow-up
- d) Forward to prescriber for review with inmate
- e) Provide prescriber copy of UR Response that was not approved for inmate signature (Note: URCM may not hand down a UR Response that is not approved to an inmate this MUST be done by a prescriber)
- 4) Requests for additional information
 - a) Enter date of UR response
 - b) Enter items requested
 - c) Forward to prescriber for review
 - d) Track prescriber response and orders to comply with requested items
 - e) Ensure prescriber has converted UR to an "updated request" status
 - f) Forward completed items to UR for review, noting date
 - g) Look for UR response to additional information
 - h) Review pended appt lists weekly to ensure that requests are on list for minimal amount of time

Daily Activities

- 1) Daily review of previous day transfers by reviewing the facility transfer list, as well as any other facility-established referral log. Looks for e-mails from UR nurse peers regarding incoming inmates with URC activities in progress or incomplete follow-up.
- 2) Check UR site for scheduling date (may be anticipated)
- 3) Check the facility communication book daily to identify inmates that were sent to ER or transferred out that may have current UR activity.
- 4) Ensure that any special transportation needs are communicated to UR and appropriate facility individuals.
- 4) Utilizes the "Medical Hold" procedure via the RT to ensure that the inmate does not miss the upcoming activity.
- 5) Notifies the Counselor Supervisor of the "Medical Hold" to prevent any untimely Halfway House transfers.
- 6) For involved cases, collaborate with central UR and facility prescriber to determine if inmate's needs would be best served by transfer to another facility until UR activities have been completed.(e.g. oncology)
 - a) Consider overnight stay in the infirmary if necessary.
- 7) Review UR central appointment list at least at the beginning and end of the day. Identify inmates within your jurisdiction that have scheduled appointments.
 - a) Communicate with UR peers at facilities not on the CTU circuit and prepare to receive the inmate in transfer.(if appropriate)
 - b) Ensure the appropriate paperwork is prepared for the visit.

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- c) Communicate with facility nursing staff to ensure that the scheduled appointment is known to all shifts that will be involved in the preparation and send off of the inmate on the morning of the appointment.
- 8) Gather all required documents to be utilized at the time of the appointments; this includes x-rays, labs, medication records, etc. Preparing the paperwork is a major task in facilitating the completion of the appointment.
 - a) Package the required documents in a manner that complies with HIPPA.
Document the inmate name and number on the outside of the envelope/package.
 - b) Pre-surgical work-ups are to be sent to the PEC via fax with a CC to the central office fax within 7-10 days PRIOR to the procedure.
- 9) Ensure that if the inmate requires DOT or pre-op medication prior to transport that facility provisions are in place to administer the medication, or to withhold medications if so ordered by the consultant. Note on the MAR that the inmate will be out of the building for UR activities.
 - a) Ensure that the inmate is appropriately prepared to travel to their appointment.
 - i) Does the inmate require special assistance with mobility (walker, brace, cane, etc.)
 - ii) Does the inmate have clothing appropriate with weather conditions, including shoes
- 10) Review "trip lists" to ensure that appropriate transportation to and from the appointment is scheduled. This list should be reviewed at least at the beginning and end of each day.
- 11) If inmate requires special preparations, such as pre-op or pre-procedure prep orders, discuss with prescriber the need for inpatient placement the evening before the visit.

Morning of UR Appointment

- 1) On the morning of the visit, ensure that the inmate leaves (or has already left earlier) the facility and document such in the health record. Communicate with nursing staff that the inmate is out of the building and that his/her return should be anticipated later in the day.
- 2) Medications for surgical patients:
 - a. **With sip of water**
 - b. Cardiac.HTN, GERD,pulmonary, neuro/seizure
 - c. Exception-ACE inhibitors, ARBs(angiotensin receptor blockers) are held

When the Inmate Returns from the Appointment

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- 1) **All inmates to be seen by medical department prior to returning to general population. Nurse may consider housing inmate in the infirmary overnight if warranted.**
- 2) Secure reports of the consultation, including diagnostic reports, consultation sheets, etc. If diagnostic reports are pending, track to ensure that they are received at the facility, forwarded to the prescriber, and signed. Add any pertinent information to the Health Problem List.
- 3) Review recommendations for follow-up. Start tracking recommendations
- 4) Forward to prescriber for review and ordering of follow-up activities
 - a. Ensure that all recommended follow-up requests have a UR Request form submitted
 - b. Assist with facilitating non-formulary requests if necessary
- 5) Review the information from the consultation and add to Health Problem List if appropriate
- 6) If medications or treatments are recommended ensure that they are ordered and review periodically to identify that nursing staff are completing the treatments.
- 7) If follow-up appointments are required, identify if UR is automatically scheduling or the prescriber needs to submit a second UR request and begin tracking process again
- 8) Give special attention to follow-up visits that are recommended, every x number of months or annually. Enter a projected date that the services need to be schedule so that the follow-up appointment does not get lost. Enter this anticipated date on the UR tracking log.

Day Following Appointment

- 1) On the day following the UR appointment, ensure that the nursing staff has documented the inmate's return to the facility, condition of the inmate upon return, and paperwork accompanying the inmate on return.
 - a) Review this paperwork in detail and if necessary call the inmate down to discuss what transpired during the off-site consultation/diagnostic.
- 2) Document the "completion of appointment" in the tracking log along with recommendation for follow-up visits, medication changes, labs etc.
- 3) Track this recommendation to ensure that the prescriber has addressed each one and either ordered or documented a reason the recommendations were not considered.

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

Facility Based Utilization Review Case Manager (URCM) Responsibilities

- a) This may include ordering or adjusting medications; instituting another UR Request for follow-up services; or continued treatment/observations at the facility
- b) If medications were recommended, assist in identifying if any of the medications are non-formulary medications and ensure that the prescriber completes the non-formulary request form.

Missed Appointments

- 1) Identify the reasons for not completing the appointment
 - a) Communicate with central UR for additional information.
 - b) Transportation issue (medical vs. custody). Discuss with custody if this was the cause
 - c) Facility issue relating to communication or inmate preparation
- 2) If UR cancelled appointment: start tracking for rescheduled appointment
 - a) Identify rescheduled date and begin tracking process over again

Refusal of Appointment

- 1) Communicate this to prescriber who will speak with the inmate and document the risks of refusal and possible impact on health care
- 2) Obtain a signed refusal form that specifically state the name of the service refused (not just UR)**HR 301 Refusal of Health Services.**
- 3) Communicate this to central UR along with the reason for the refusal.
- 4) For all pre-operative or pre-procedure patients, prior to procedure have patient sign a form that explains the procedure in lay terms and states that he/she is not going to refuse the procedure.

Transfers

- 1) UR activities to be documented on the Inmate Transfer Summary Form
- 2) By reviewing the daily facility transfer list of inmate leaving your facility you can identify potential candidates that based on upcoming UR dates could be withheld from transfer

NUMBER: E 10.04 Specialty Health Services Request - ADDENDUM

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- 3) Communicate with URCM at receiving facility to identify that the inmate is being transferred
- 4) Ensure that are hard copy UR documents are in the health record prior to transfer

The Facility Health Service Administrator

- 1) Identify delays or interruptions in appointments and communication with Health Services Administrator
 - a) Provide at least weekly UR updates to the HSA.
- 2) Keep the health service administrator abreast of any UR issues related to Facility issues or delays in the program process
 - a) Delays in completing appointments
 - b) Cancellations by UCHC or UR and anticipated rescheduling dates as they relate to the expected interval between time requested and time completed
 - c) Any problems that may have occurred during transportation
 - d) Any problems that may have occurred off site while waiting for, or during an appointment

Purchasing Products/Equipment through UR

- 1) Need approval for purchase; need purchase order number
- 2) Need receipt of equipment/Item
- 3) Packing slip, along with inmate name and ID number and the purchase number forwarded to central office for payment
- 4) Hanger appointments to be scheduled by URCM

Rental Equipment

- 1) UR approval required
- 2) Rental agreement will conclude when facility notifies central office that equipment has been pick up from the facility

CPAP/BiPAP/APAP

- 1) Purchased through UR but owned by CMHC
 - a) Reusable
 - b) If inmate using a "home" machine and it breaks, the replacement still belongs to CMHC

**Facility Based Utilization Review Case Manager (URCM)
Responsibilities**

- c) All machines to be part of facility inventory management

Inmates discharging from the DOC Prison/Jail with outstanding UR activity

- 1) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.
- 2) Do not cancel the UR appointment if the inmates is physically still in the system
- 3) Inmates who have any open UR cases shall be placed on a "Medical Hold" until their cases are closed. The URCM shall ensure that the RT system is updated and that the Counselor Supervisor for that inmate has been made aware of the "Medical Hold" so as to avoid untimely Halfway House/Program transfers.
- 4) If you have reason to believe that the inmate with recidivate quickly, discuss with central office UR regarding the pending appointment
- 5) Do not cancel automatically if the UR case is HIGH risk (chemo, radiation). These appointments are scheduled far enough out
- 6) Confer with central office for all high risk URs

Med-Surg 5

- 1) Facility UR nurse to review all UR activities when notified that inmate is being admitted. Scheduled UR action may be able to be accomplished while inmate is an inpatient
- 2) Review with hospital any pending/missed appointments that could be handled while inpatient
- 3) Review on discharge from inpatient any services inmate received while inpatient and compare to pending UR activities. Discuss with central office

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NURSING PROTOCOLS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that written inmate Nursing Protocols exist and that they are practiced by CMHC staff in each Connecticut Department of Correction (**CDOC**) facility.

PROCEDURE: CMHC shall develop written assessment protocols that conform to the appropriate level of skill and preparation of CMHC staff who will carry out the protocols and that are consistent with relevant Connecticut Practice Acts.

Nursing protocols shall provide written instruction and guidance to the CMHC staff member appraising an inmate's physical status.

Unless ordered otherwise by a physician, advanced practice registered nurse, or physician assistant, nursing protocols may be utilized in CMHC infirmaries.

At a minimum, Nursing Protocols shall be so written as to incorporate the "SOAP" format described in **CMHC Policy H 1.02, Inmate Health Record/Protected Health Information: Documentation**.

Written Nursing Protocols as a whole, shall be dated, signed and reviewed annually by the CMHC Policy and Procedure Committee, Director of Nursing and Patient Care Services, and the Director of Medical Services. In addition to annual reviews, when a change is made to a specific Nursing Protocol, the CMHC Policy and Procedure Committee must review that protocol.

REFERENCES: *Standards for Health Services in Prisons (P-E-11)*. 2008. National Commission on Correctional Health Care. Chicago, IL.
CMHC Nursing Practice Manual. 2009.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 12.01

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CONTINUITY OF CARE

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff shall ensure that a Health Record (**HR**) be established and maintained for each inmate in custody of the Connecticut Department of Correction (**CDOC**).

PROCEDURE: An inmate HR shall be established during the inmate's initial intake health screening and shall contain all medical, dental, and mental health data collected during the inmate's entire period of confinement.

All health care encounters shall be recorded in the inmate HR. (e.g., specialty clinics or discharge summaries from community hospital, inpatient admissions)

The inmate's HR shall accompany the inmate upon transfer or movement for any reason within the CDOC system.

Upon an inmate's arrival at a new facility, a designated CMHC staff member shall review the inmate's HR. Appropriate steps shall be taken to ensure that prescribed medication and/or treatment for the inmate is continued, pending evaluation by a CMHC clinician.

The nurse clinician/nurse designee shall review all incoming (transfer) inmates on psychoactive medication to determine when the inmate needs to see a prescriber.

For inmates with planned release from CDOC who have special medical/mental health needs, provisions for referral, diet, medications, and other appropriate regimens indicated by the facility staff shall be instituted prior to the inmate's release.

(See related CMHC Policy, H 1.04 Inmate Health Record/Protected Health Information: Organization)

REFERENCES: *Standards for Adult Correctional Institutions (4-4347)*. 2003.
 American Correctional Association.
 Standards for Health Services in Prisons (P-E-12). 2014. National
 Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

Title: CMHC Director of Medical Services, Johnny Wu MD

Title: CDOC Director Health Services, Kathleen Maurer MD

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: E 13.01

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MEDICAL/MENTAL HEALTH DISCHARGE PLANNING

Effective Date: 12/17/03

POLICY:

UConn Health, Correctional Managed Health Care (CMHC) in collaboration with the Connecticut Department of Correction (CDOC) shall ensure that discharge planning is provided for inmates with serious medical or mental health needs.

Inmates released to Parole, Transitional Supervision (TS), or End Of Sentence (EOS); , that have medical or mental health classification scores of 3, 4, or 5 as , Shall be provided with following Discharge Planning Services as outlined in Appendix A

Discharge Planning for End of Sentence(EOS), Transitional Supervision:

A nurse and/or social worker, assigned to discharge planning, shall be responsible for completing inmate medical/mental health discharge plans,. Discharge plans for inmates with a medical or mental health classification of 3 shall include the following:.

- Complete application and coordinate activation of Expedited Access Health Medicaid health insurance coverage as indicated
- Complete and coordinate DSS Medicaid Emergency Prescription Voucher/Authorization for payment form (DSS Form W-1069)
- Coordinate completion of Discharge Medication Forms HR 925B and/or HR 925C
- W-10 (State of CT Inter-Agency Patient Referral Report
 - The W-10 must include recent inmate vital signs and relevant lab studies before sending the inmate to an Inpatient community facility or Skilled Nursing Facility
- Copy of the Living Will if applicable
- When appropriate, assist with application/re-instatement for entitlements. Schedule community medical and/or mental health appointments as indicated
- When appropriate, referral of inmates with mental health score of 3 to DMHAS/DOC referral Program

Discharge Plans for an inmate with a medical and/or mental health score of 4 shall include the following, in addition to the procedure notes above for medical or mental score of 3:

- Referral of inmates with mental health score of 4 to DMHAS/DOC Referral Program. See DMHAS/DOC Referral form as attached
- Schedule appointment with community provider
- Coordinate needs for adaptive equipment/medical supplies as indicated

MEDICAL/MENTAL HEALTH DISCHARGE PLANNING

Discharge Plans for an inmate with a Mental Health score of 5 shall include, in addition to the procedure noted above for mental health 4:

: Refer to CMHC Policy Number G. 2.09 Discharge of Mental Health 5 inmates

Discharge Plans for an inmate with a medical score of 5 shall include the following in addition to the procedure noted above for medical score 4:

- Locate appropriate community health care facility
- Completion of all necessary documentation and applications, including the DSS ASCEND Pre-Admission Screening and Resident Review (PASRR) and Level of Care Screening, if indicated
- Arrange for clinically appropriate health care facility transfer as indicated
- Notification to CMHC Transitional Services Program Manager who will then notify CDOC Health Services Leadership for all known difficult to place inmates prior to release
- In all cases as listed above, the W-10 and DSS Emergency Medicaid Prescription Voucher/Authorization for Payment Form shall be sealed in an envelope and marked confidential and given to the inmate and/or faxed to the community provider, if known and/or indicated

Release to Halfway House Programs:

See Policy E 13.01a, Inmate Release to CDOC Contracted Residential Programs

Discharge Planning for Inmates with Active Tuberculosis:

See **Infection Control Manual:**

Policy Number 1.08.1 Tuberculosis Surveillance Program: Central Office

Policy Number 1.08.1p Tuberculosis: Respiratory Isolation of Inmate-Patient

Discharge Planning for Inmates with HIV/AIDS:

Inmates with HIV/AIDS shall be referred to the TLC Program (Transitional Link to the Community) by the assigned ID nurse, 90 days before the discharge date. When an inmate with HIV/AIDS discharges in less than 90 days, a referral shall also be made to TLC. When an inmate has HIV/AIDS and other medical and/or mental health issues, in addition to the referral to TLC, this policy shall be followed as outlined above.

Discharge Planning for Developmentally Disabled Inmates:

A nurse or social worker shall contact CT Department of Developmental Services when planning for the discharge of an inmate with intellectual disabilities and/or developmental disabilities..

Discharge Planning for Inmates with Severe and Persistent Mental Illness and Who Meet DMHAS Target Criteria: Referrals shall be made to DMHAS using the established DMHAS/DOC Referral Form.

Discharge Planning for Inmates with Acquired Brain Injury (ABI) or Traumatic Brain Injury (TBI) Referrals shall be made to DMHAS ABI/TBI Community Services Program, if applicable.

Inmates with Pending Prosthodontics at time of discharge:

See **Dental Manual:** Policy Number 11.00 Denture Replacement

MEDICAL/MENTAL HEALTH DISCHARGE PLANNING**Inmates with Pending Eyeglasses at time of discharge:**

An inmate who has eyeglasses on order that are not received by the release date may contact the discharging correctional facility to arrange for pick-up of the eyeglasses (within 30 days).

Re-Entry Furlough:

DSS Vouchers for discharge medication shall be provided for a maximum of 30 days based on the discretion of the prescriber. Re-entry Furlough discharge medications shall be documented as a prescriber order.

All discharge related forms (such as DSS forms, DMHAS applications, Discharge Instructions, W-10) shall be filed in the inmate's Health Record, left side beneath Discharge divider. Clinical notes related to discharge plans shall be recorded in the Inmate's Health Record on the Clinical Record Form HR401.

The CMHC Transitional Services Program Manager shall act as a resource to CMHC/UCHC staff involved with discharge planning and shall be kept informed on a regular basis regarding the progress of discharge plans for inmates with medical classification scores of 4 & 5 and mental health scores of 4 & 5. The CMHC Program Manager shall collaborate with members of the CDOC Monitoring Panel for all difficult discharge planning cases.

- REFERENCES:**
- Standards for Health Services in Jails (J-E-13) 2014 National Commission on Correctional Health Care. Chicago, IL.*
 - Standards for Health Services in Prisons (P-E-13) 2008 National Commission on Correctional Health Care. Chicago, IL.*
 - Correctional Managed Health Care: Infection Control Manual*
 - Number 1.08.1 Tuberculosis Surveillance Program: Central Office
 - Number 1.08.1p Tuberculosis: Respiratory Isolation of Inmate-Patient
 - Correctional Managed Health Care: Dental Manual*
 - Department of Correction/Board of Parole/Department of Mental Health and Addiction Services Mental Health Referral Plan: April 24, 1996.*

Approved: UConn Health – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Dir. MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

Appendix A: Policy E 13.01 (Rev. 06/16) DISCHARGE PLANNING SERVICES MATRIX FOR: Sentenced Inmates released to parole, transitional supervision, or end of sentence; and Accused Inmates:	Medical /MH 1 or 2 <u>as indicated</u> (eg. with meds/ HIV+ etc.)	Medical 3	Mental Health 3	Medical 4	Mental Health 4	Medical 5	Mental Health 5
Coordinate Completion with inmate : Department of Social Services (DSS) Medicaid Application Access Health (see attachment) DSS Form H2 – to be faxed to DSS Pre-entitlement Eligibility Specialist	X	X	X	X	X	X	X
Coordinate Completion of Husky (18 yr old living alone or with parents) for application/reapplication (see attachment) - Application to be faxed to DSS	X	X	X	X	X	X	X
Coordinate completion of UCHC/CMHC Discharge Medication forms HR 925B &/or HR925C by prescriber (see attachments)	X	X	X	X	X	X	X
Coordinate minimum of a 2 week supply of medication or completion with inmate of the DSS Medicaid Emergency Prescription Voucher/Authorization for Payment Form(DSS form W-1069). (see attachment). In the event the voucher program is not applicable for special IM populations (ie: youth, diabetics, or not instituted at a discharging facility), discharge medications shall be placed in a paper bag marked 'confidential' and provided to inmate upon discharge. Medication instructions shall be reviewed with the inmate as close to the discharge date as possible. Documentation shall be made in the health record on Clinical Record form (HR401 see attachment).	X	X	X	X	X	X	X
Coordinate completion of W-10 (State of CT, Inter-Agency Patient Referral Report) (see attachment). The original document shall be filled in the Health Record and a copy sealed in an envelope marked "Confidential" and given to the inmate and/or faxed to the community provider. When being discharged to an in-patient facility in the community, the W-10 MUST include recent vital signs and relevant lab studies. The W-10 must be signed by a Medical Doctor, Advanced Practice Registered Nurse, or Physician's Assistant when transferring to an in-patient facility and/or when licensed home care services are needed.	X	X as indicated	X as indicated	X	X	X	X
HR929, Health Services Discharge Instructions shall be completed for inmates returning to the community. When being discharged to an in-patient facility in the community, Health Service Discharge Instructions are NOT needed.		X as indicated	X as indicated	X	X	X	X
Copy of Living Will, if applicable		X	X	X	X	X	X
Assistance with application/reinstatement for entitlements		X	X	X	X	X	X
Assistance with identifying appropriate community resources		X	X	X	X	X	X
DMHAS/DOC Referral Program			X	X	X	X	X
Coordination of adaptive equipment/supplies if indicated				X	X	X	X
Scheduling appointment with community provider, as indicated		X	X	X	X	X	X
Locate appropriate community health care facility						X	
Refer to Policy G 2.09 Discharge of Mental Health Level 5 Inmates							X
DSS ASCEND Preadmission Screening and Resident Review (PASRR) (see attached) and Level of Care Screening when pursuing skilled LOC/long term care placement						X	X
Arrange transfer to appropriate health care facility				X as indicated	X as indicated	X	X
Notification to CMHC Transitional Services Program Manager who shall notify CDOC Monitoring Panel within 60 days prior to discharge for known difficult inmate placement				X as indicated	X as indicated	X	X

**DEPARTMENT OF CORRECTION/BOARD OF PAROLE/DEPARTMENT
OF MENTAL HEALTH AND ADDICTION SERVICES**

MENTAL HEALTH REFERRAL PLAN

**Prepared by: The Department of Correction/Parole/Department
of Mental Health and Addiction Services**

Date: April 24, 1996

Rev: January 30, 2006

Rev: February 25, 2014

Appendix B: Policy E 13.01

Introduction

This multi-agency collaborative plan represents a joint commitment by the Departments of Correction, Parole and Mental Health and Addiction Services to ensure continuity of care for persons with significant mental health needs following release from corrections, in a manner which encourages community reintegration and decreases recidivism. This procedure addresses only the sentenced population, not inmates awaiting trial. . The majority of referrals will be for persons who need outpatient follow up, medication and case management services. It is important to note that persons serviced by this represent a critical segment of the DMHAS target population. This is not a new service population; in fact the majority have had prior treatment from DMHAS. Thoughtful coordination of service to this population will result in fewer crisis admissions and will enhance public safety.

Approximately 15% of individuals incarcerated in Connecticut's jails and prisons on any given day have significant mental health needs. Historically, when such persons completed their sentence there was no referral or coordination of community based services between DOC and mental health. Inmates were discharged "to the street," except in cases where a significant danger due to mental illness was obvious. In those cases, discharge plans were formulated in a crisis mode, often resulting in DOC transporting the inmate, to the emergency room for psychiatric evaluation. Attempts by DOC mental health staff to involve community mental health providers in discharge planning prior to an inmate's release often met with system access problems or avoidance of the case due to the double stigma associated with mental illness and criminality. Less frequently, inmates would be given an outpatient appointment date without further efforts by community mental health providers to evaluate the individual needs of the inmate.

Appendix B: Policy E 13.01

Department of Correction/Board of Parole/Department of Mental Health and Addiction Services

MENTAL HEALTH REFERRAL PLAN

REFERRAL CRITERIA:

Three to Six months prior to the scheduled minimum release date of any sentenced person 18 years or older, meeting any of the following criteria, Department of Correction (DOC) staff shall initiate a referral to the Department of Mental Health and Addiction Services (DMHAS) for mental health evaluation and discharge planning:

- [1] *Any inmate who meets ALL of the criteria for DMHAS-funded services that are designed for persons with psychiatric disabilities (appendix B), OR*
- [2] *Consultation is needed to determine the inmate's appropriateness for DMHAS mental health services (appendix B). This can begin with an informal discussion with the DMHAS DOC liaison prior to a referral being generated*

In order to initiate a referral, CMHC/UCONN Mental Health staff will complete the Department of Mental Health and Addiction Services Mental Health Referral Form (appendix C)] and send it to the DMHAS/DOC Liaison. The DMHAS/DOC Liaison will review the referral to determine if the person meets DMHAS target population definition. If the person is deemed appropriate for DMHAS services, the DMHAS/DOC Liaison will contact the appropriate DMHAS Local Mental Health Authority (LMHA) and forward the completed referral.

Once the referral is received, the LMHA will assign a case manager and will generally provide an in-person evaluation of the inmate. The LMHA staff will continue to work with the inmate and insure appropriate linkage throughout the remaining time in Corrections and release into the community. The DMHAS/DOC Liaison will track and monitor the referrals to insure that appropriate linkages are facilitated.

The DMHAS clinical evaluation will assess the inmate's need for services upon release from Department of Correction and to establish linkages with appropriate community services. As such, the evaluation is confidential whether or not the inmate is a DMHAS client. Psychiatric information obtained during this evaluation will only be released with authorization as specified in Connecticut General Statute 52-146d to 52-146j.

Appendix B: Policy E 13.01

CONTINGENCY PLANNING FOR IMMINENT DISCHARGE:

CMHC/UCONN will make every effort to expeditiously identify inmates who will require mental health services in the community upon release from DOC and to initiate the referral process described above. However, there will be circumstances in which an inmate's mental health needs will not be identified until release is imminent (two weeks or less).

CMHC/UCONN will make every attempt to see that these situations occur infrequently.

When the following situations occur, CMHC/UCONN will immediately notify the DMHAS/DOC Liaison:

- [1] *CMHC/UCONN staff plan to write a Physician's Emergency Certificate (PEC) at the time of an inmate's release;*
- [2] *Release of an inmate who meets ALL of the criteria for DMHAS-funded services that are designed for adults with psychiatric disabilities (appendix B),*
- [3] *CMHC/UCONN staff plans to release an inmate to an emergency room for psychiatric evaluation and treatment;*
- [4] *An inmate has been granted Parole status, but psychiatrically decompensates prior to parole implementation.*

Notification should occur according to the following procedures:

The CMHC/UCONN staff will immediately contact the DMHAS/DOC Liaison, the Health Services Administrator and the CMHC Program Manager for Discharge Planning. A treatment plan will be coordinated through the DMHAS/DOC Liaison to facilitate the inmate's release with the appropriate level of care and supervision.

The Assistant Director of Forensic Services (or his/her designee) and the Chief of Psychiatric Services shall be notified by the DMHAS/DOC Liaison of any situation as defined above that requires a contingency plan due to the imminent release of an inmate, in order to ensure the quality of the services provided by their departments. Systems issues should be identified for continued improvement of interagency coordination of mental health services and presented at the monthly interagency meeting.

Appendix B: Policy E 13.01

APPENDIX A

Department of Correction Mental Health Assessment Score

MENTAL HEALTH NEED (MH)

An individual's mental health needs will be assessed concerning specific needs for treatment within the correctional environment. Behavioral, cognitive, emotional, and/or interpersonal deficits or patterns that potentially influence adjustment within an institutional or community correctional environment are critical factors in determining the mental health score.

Whenever possible, all Mental Health Need Scores will be determined by mental health professionals. In those facilities with limited mental health resources, MH-1 and MH-2 ratings may be determined by qualified classification staff or by health services staff who do not specialize in mental health. Rating of MH-3 and above may only be scored by mental health staff. Mental Health needs scoring must be done on intake and annually thereafter or when a significant change in the individual's condition occurs.

All inmates will receive a mental health classification. Depending on their condition, some inmates will receive one or more mental health subcodes.

Correctional Managed Health Care (CMHC), in cooperation with the DOC Department of Health and Addition Services will publish a detailed guide to mental health classification intended to help health services staff accurately and consistently classify each offender. This guide will be revised as necessary, and become part of the CMHC Policy and Procedure Manual. The current version is appended to this manual as Appendix C.

Classification staff shall be notified of initial scores and any future changes in scoring, with appropriate subcodes.

MH5 Assessment: Crisis level mental disorder (acute conditions, temporary classification). Requires 24 hour nursing care.

Examples of mental health conditions meeting the MH-5 level of may include but are not limited to acute psychosis, severe depression, suicidal ideation, suicidal gestures or attempts, and overwhelming anxiety. Moreover, these inmates can be actively suicidal or self-mutilators. They require suicide watch, 15 minutes watch or one-to-one monitoring. Refer to **Appendix C** for further information.

MH4 Assessment: Mental Health disorder severe enough to require specialized housing or ongoing intensive mental health treatment; usually on psychotropic medications.

Examples: Individuals with chronic schizophrenia or bipolar disorders with frequent psychotic exacerbations, who need medication and assistance with activities of daily living; Individuals with borderline personality disorder with frequent suicidal gestures or episodes of self-mutilation, who, due to chronic mood instability and impulsiveness, require daily contact and support; Mentally retarded individuals in need of assistance with activities of daily living and self-care. (Many of the above described inmates may be preyed upon by others within a general population as a result of their disability.) Refer to **Appendix C** for further information.

Appendix B: Policy E 13.01

APPENDIX A

(continued)

Department of Correction Mental Health Assessment Score

MH3 Assessment: Mild or moderate mental health disorder (or severe mental disorder under good control); may or may not be on psychotropic medication.

Examples: Individuals with chronic schizophrenia or bipolar disorder who are compliant with medications and may have periodic psychotic exacerbations requiring hospitalization yet are able to function in a general population setting; Individuals with major depression who may have a history of suicidal behavior and need supportive services and/or medications and may require periodic hospitalizations; Individuals with personality disorders, e.g. borderline personality disorder and require supportive services and crisis intervention to prevent self-mutilation or suicidal gestures. Refer to **Appendix C** for further information.

MH2 Assessment: History of mental health disorder that is not currently active or needing treatment; or current mild mental health disorder, not requiring treatment by a mental health professional.

Examples: Individuals with a history of mental health treatment for adjustment disorder, depression, anxiety, attention-deficit hyperactivity disorder, conduct disorder, phobias, eating disorders, brief psychotic episodes, post-traumatic stress disorder, or developmental disorders with no current symptoms and no need for medication or follow-up services. Refer to **Appendix C** for further information.

MH1 Assessment: These individuals have no mental health history or current need and may be characterized as emotionally stable.

Examples: Individual denies any mental health history, denies any suicidal ideation or suicide attempts with no evidence of anxiety, depression or psychosis. Refer to **Appendix C** for further information.

Mental Health Subcodes:

D= Inmate who meets DMHAS target population. This code is to be applied when the inmate:

1. Has a history of serious/persistent mental illness that has required DMHAS intervention in the community.
2. Meets DMHAS target population criteria.
3. Requires referral to DMHAS for discharge planning prior to release.

R= Denotes developmental disability. This code can be applied when the inmate:

1. Is receiving or has received Department of Developmental Services (DDS) services.
2. Has IQ scores below 70 Full Scale on individually administered IQ tests and has concurrent impairments in at least 2 areas of adaptive functioning.
3. If inmate meets either #1 or #2 above and has difficulty functioning within the correctional environment and requires reasonable accommodations.
4. Requires referral to DDS for services upon discharge.

B= Denotes Brain Injury. This code is applied when the inmate:

1. Has Traumatic Brain Injury or
2. Has acquired brain injury **or**
3. Has a congenital birth related brain injury **plus**
4. Has deficits related to impulse control, memory and cognition that directly impact functioning within the correctional environment and require reasonable accommodation **and**
5. Requires special referral for services upon discharge.

Appendix B: Policy E 13.01

APPENDIX B DMHAS Target Population Criteria

GUIDELINE FOR DOC MENTAL HEALTH REFERRAL TO DMHAS

This definition of DMHAS target population for adults with psychiatric disabilities serves as a guideline for DOC referrals to DMHAS. This definition is not rigid, as there are always ambiguous cases which need special consideration. In the end, DMHAS Local Mental Health Authorities (LMHA's), with the oversight of the Office of the Commissioner, have the authority to determine eligibility to their programs.

An inmate is considered part of the DMHAS target population for adults with psychiatric disabilities if s/he meets ALL criteria:

1. Age 18 and older, **AND**
2. Diagnosis of a serious psychiatric disorder (including, but not limited to, Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Recurrent Depression, severe Post Traumatic Stress Disorder, severe Borderline Personality Disorder, etc.), **AND**
3. Without treatment, psychiatric symptoms are severe enough to significantly impair function in key areas, e.g. ADLs, unable to maintain a home, unable to maintain employment, serious social impairment, unable to maintain finances, etc., **AND**
4. Without treatment, would likely be hospitalized in a psychiatric unit due to acute symptoms at some point in lifetime, **AND**
5. Functional impairment and psychiatric symptoms are due to a serious psychiatric disorder (not due primarily to substance use, mental retardation, deviant sexual behavior or urges, etc.), **AND**
6. Does not have private insurance or insurance benefits are exhausted or do not cover required services (e.g. case management).

Appendix B: Policy E 13.01

APPENDIX C

Department of Mental Health and Addiction Services/DOC Referral

☐ CORP ☐ DOC/DMHAS

Client Name _____ Date: _____

DOB: _____ DOC # _____ SS # _____ MPI# (DMHAS use only) _____

Conservator: ☐ Yes ☐ No Type: ☐ Person ☐ Estate

Guardian: ☐ Yes ☐ No Type: ☐ Limited ☐ Plenary

DOC Facility: _____ Discharge Planner: _____

Phone # _____

PERSONAL HISTORY:

Age: _____ Gender: ☐ Male ☐ Female Race/Ethnicity: _____

Primary Language: _____ Speaks English: ☐ Yes ☐ No Understands English: ☐ Yes ☐ No

Marital Status: _____ # Children _____ Ages: _____

Has received SSI/SSDI in past: ☐ Yes ☐ No

Pre-incarceration Address: _____

☐ Check if client will be homeless

Expected Community Address upon Release: _____

Special Needs: ☐ Hearing Impairment ☐ Speech Difficulty ☐ Cognitive Impairment ☐ Brain Injury

☐ Mobility Issues Other: _____

LEGAL INVOLVEMENT:

Current Crime: _____

Length of Sentence: _____ Expected Release Date: _____

End of Sentence date _____ Probation Length _____

Voted to Parole Date _____ Transitional Supervision _____

MEDICAL PROBLEMS:

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> HIV	<input type="checkbox"/> Seizures	<input type="checkbox"/> Obesity	<input type="checkbox"/> Other:

Significant medical history: _____

Appendix B: Policy E 13.01

List All Current MEDICAL and PSYCHIATRIC MEDICATIONS

Medications	Dose	Frequency	Medications	Dose	Frequency

Inmate is Refusing medications () Is there a Plan for Involuntary Medications? ☐ Yes ☐ No

Paneled paperwork has been: ☐ Submitted ☐ Denied ☐ Approved

Inmate receives medication Involuntary: ☐ Yes ☐ NO

Psychiatric Symptoms

Current	Past		Current	Past	
<input type="checkbox"/>	<input type="checkbox"/>	Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	Hallucinations
<input type="checkbox"/>	<input type="checkbox"/>	Delusions	<input type="checkbox"/>	<input type="checkbox"/>	Bizarre behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Mood lability	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares/flashbacks
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Manic behaviors
<input type="checkbox"/>	<input type="checkbox"/>	Memory problems	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid thinking
<input type="checkbox"/>	<input type="checkbox"/>	Anxiety/Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	Disorganized thoughts

Risk Assessment: ☐ No current Risk concerns

- ☐ Hx of homicidal thoughts/behavior
- ☐ Hx of suicidal thoughts/behavior
- ☐ Hx of self injurious behaviors
- ☐ Hx of assaultive thoughts/behavior
- ☐ Hx of problem sexual behaviors
- ☐ Hx of fire setting

- ☐ Current Homicidal thoughts/behavior
- ☐ Current Suicidal thoughts/behavior
- ☐ Current Self injurious behaviors
- ☐ Current assaultive thoughts/behavior
- ☐ Current Inappropriate sexual behaviors
- ☐ Currently on single cell status

Sex Offender Registry: ☐ Yes ☐ No

Explain Any Risk

Concerns: _____

Appendix B: Policy E 13.01

SUBSTANCE ABUSE HISTORY:

Substance			
Tobacco	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amphetamines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol	<input type="checkbox"/> YES <input type="checkbox"/> NO	PCP	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cannabis	<input type="checkbox"/> YES <input type="checkbox"/> NO	LSD	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Caffeine	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heroin	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Designer drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name(s):	

Past Substance Abuse Treatment: { } Yes Place of Treatment: _____

DIAGNOSIS:

Principal

Diagnosis: _____

Clinical Impression (mental status; psychosocial info; level of functioning; tx recommendations):

Clinician Signature

Date








Appendix A: Policy E 13.01 (Rev. 06/16) DISCHARGE PLANNING SERVICES MATRIX FOR: Sentenced Inmates released to parole, transitional supervision, or end of sentence; and Accused Inmates:	Medical /MH 1 or 2 <u>as indicated</u> (eg. with meds/ HIV+ etc.)	Medical 3	Mental Health 3	Medical 4	Mental Health 4	Medical 5	Mental Health 5
Coordinate Completion with inmate : Department of Social Services (DSS) Medicaid Application Access Health (see attachment) DSS Form H2 – to be faxed to DSS Pre-entitlement Eligibility Specialist	X	X	X	X	X	X	X
Coordinate Completion of Husky (18 yr old living alone or with parents) for application/reapplication (see attachment) - Application to be faxed to DSS	X	X	X	X	X	X	X
Coordinate completion of UCHC/CMHC Discharge Medication forms HR 925B &/or HR925C by prescriber (see attachments)	X	X	X	X	X	X	X
Coordinate minimum of a 2 week supply of medication or completion with inmate of the DSS Medicaid Emergency Prescription Voucher/Authorization for Payment Form(DSS form W-1069). (see attachment). In the event the voucher program is not applicable for special IM populations (ie: youth, diabetics, or not instituted at a discharging facility), discharge medications shall be placed in a paper bag marked 'confidential' and provided to inmate upon discharge. Medication instructions shall be reviewed with the inmate as close to the discharge date as possible. Documentation shall be made in the health record on Clinical Record form (HR401 see attachment).	X	X	X	X	X	X	X
Coordinate completion of W-10 (State of CT, Inter-Agency Patient Referral Report) (see attachment). The original document shall be filled in the Health Record and a copy sealed in an envelope marked "Confidential" and given to the inmate and/or faxed to the community provider. When being discharged to an in-patient facility in the community, the W-10 MUST include recent vital signs and relevant lab studies. The W-10 must be signed by a Medical Doctor, Advanced Practice Registered Nurse, or Physician's Assistant when transferring to an in-patient facility and/or when licensed home care services are needed.	X	X as indicated	X as indicated	X	X	X	X
HR929, Health Services Discharge Instructions shall be completed for inmates returning to the community. When being discharged to an in-patient facility in the community, Health Service Discharge Instructions are NOT needed.		X as indicated	X as indicated	X	X	X	X
Copy of Living Will, if applicable		X	X	X	X	X	X
Assistance with application/reinstatement for entitlements		X	X	X	X	X	X
Assistance with identifying appropriate community resources		X	X	X	X	X	X
DMHAS/DOC Referral Program			X	X	X	X	X
Coordination of adaptive equipment/supplies if indicated				X	X	X	X
Scheduling appointment with community provider, as indicated		X	X	X	X	X	X
Locate appropriate community health care facility						X	
Refer to Policy G 2.09 Discharge of Mental Health Level 5 Inmates							X
DSS ASCEND Preadmission Screening and Resident Review (PASRR) (see attached) and Level of Care Screening when pursuing skilled LOC/long term care placement						X	X
Arrange transfer to appropriate health care facility				X as indicated	X as indicated	X	X
Notification to CMHC Transitional Services Program Manager who shall notify CDOC Monitoring Panel within 60 days prior to discharge for known difficult inmate placement				X as indicated	X as indicated	X	X

- HUSKY Health
- Medicaid
- Subsidized and Un-Subsidized Health Insurance




AH2-E00001

Application for Individual Health Coverage and Cost Savings Programs

 Apply Faster Online	Apply faster online at accesshealthct.com .
 Use this application to see what coverage you qualify for	<ul style="list-style-type: none"> • Affordable private healthcare plans that offer comprehensive coverage to help you stay well. • New tax credits that can provide immediate help paying a portion of your premiums for healthcare coverage. • Free healthcare coverage from Medicaid.
 Who can use this application?	<p>Single adults who:</p> <ul style="list-style-type: none"> • Aren't offered healthcare coverage from their employer. • Don't have any dependents and can't be claimed as a dependent by someone else and are expecting to file a tax return. <p>NOTE: If any of the following apply, you need to fill out form AH3 (Family) instead to make sure you get the most benefits possible.</p> <p>Visit accesshealthct.com.</p> <ul style="list-style-type: none"> • Married or have dependent children. • Were in Connecticut foster care and you're under age 26. • Have items that can be deducted from your income. If your only deduction is student loan interest, you can use this form. • Want help paying for medical bills from the last 3 months. • Are an American Indian or Alaska native.
 What you may need to apply	<ul style="list-style-type: none"> • Social Security number (or document number for any legal immigrants who need insurance). • Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements). • Policy numbers for any current healthcare coverage.
 What happens next?	<ul style="list-style-type: none"> • Send your completed, signed application to the address on page 4. Please use the enclosed envelope. • We'll follow up with you within 2 weeks by mail and you'll get instructions on the next steps to obtain health coverage. • If you don't have all the information required, sign and submit your application anyway. If necessary, we will contact you by phone or mail to complete the application. • If you don't hear from us and it's been 2 weeks, please call 1-855-805-4325. <p>Filling out this application doesn't mean you have to buy healthcare coverage.</p>
 Why do we ask for this information?	<ul style="list-style-type: none"> • We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. <p>We'll keep all the information you provide private and secure, as required by law.</p>
 Get free help with this application	<ul style="list-style-type: none"> • Online: accesshealthct.com • Phone: 1-855-805-4325. • In person: There may be counselors certified by Access Health CT in your area who can help. <p>Visit accesshealthct.com or call 1-855-805-4325 for more information.</p> <ul style="list-style-type: none"> • En Español: Llame a nuestro centro de ayuda gratis al 1-855-805-4325. • For Telecommunications Device for the Deaf (TDD or TTY) please call 1-855-789-2428. <p>If someone is helping you fill out this application, you will need to complete Appendix C.</p>

Form AH2



 **NEED HELP WITH YOUR APPLICATION?** Visit accesshealthct.com or call us at 1-855-805-4325. Para obtener una copia de este formulario en Español, llame 1-855-805-4325. If you need help in a language other than English, call 1-855-805-4325 and the customer service representative will connect you with your preferred language. We will get you help at no cost to you. TTY users should call 1-855-789-2428.

Inmate Number: _____

Release/Parole/or Probation Date: _____/_____/_____



AH2-E00002

Application taken at: **DOC** **CSSD** **Bail Comm** **Program**

STEP 1

Tell us about yourself

1. First name, Middle name, Last name, & suffix

2. Home address (If you do not have a Home address, please provide at least the city and state where you are seeking healthcare coverage)

3. Apartment or suite number

4. City

5. State

6. Zip code

7. County

8. Mailing address (if different from home address)

9. Apartment or suite number

10. City

11. State

12. Zip code

13. County

14. Phone number

() -

15. Other phone number

() -

16. Do you want to get information about this application by email? ☐ Yes ☐ No

Email address: _____

17. Preferred spoken or written language (if not English)

18. Date of birth (mm/dd/yyyy)

19. Sex

☐ Male

☐ Female

20. Social Security Number (SSN) _____ - _____ - _____

We need your SSN if you want healthcare coverage and have an SSN. We use SSNs to check income and other information to see if you are eligible for help with healthcare coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.

21. Are you a U.S. Citizen or U.S. National? ☐ Yes ☐ No

22. If you are not a U.S. Citizen or U.S. National, do you have eligible immigration status?

☐ Yes. Fill in your document type and ID number below.

a. Immigration document type _____

b. Document ID number _____

c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No

d. Are you a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No

23. Are you pregnant? ☐ Yes ☐ No

If yes, what is your due date? _____ How many babies are expected during this pregnancy? _____

24. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? ☐ Yes ☐ No

25. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other: _____

26. Race (OPTIONAL—check all that apply)

<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
				<input type="checkbox"/> Other: _____

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AH2-E00003

STEP 2**Current job & income information**☐ **Employed** – if you're currently employed, tell us about your income. Start with question 1.☐ **Not Employed** – skip to question 11.☐ **Self Employed** – skip to question 10.**CURRENT JOB 1:**

1. Employer name and address	2. Employer phone number () –	3. Average hours worked each week
------------------------------	-----------------------------------	-----------------------------------

4. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

\$ _____

CURRENT JOB 2: If you have more jobs and need more space, attach another sheet of paper.

5. Employer name and address	6. Employer phone number () –	7. Average hours worked each week
------------------------------	-----------------------------------	-----------------------------------

8. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

\$ _____

9. In the past year, did you: ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these**10. If self-employed, answer the following questions:**

a. Type of work:

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?

\$ _____

11. OTHER INCOME THIS MONTH: Check all that apply, and give the amount and how often you get it.**NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI)

<input type="checkbox"/> Unemployment	\$ _____	How often? _____	<input type="checkbox"/> Retirement accounts	\$ _____	How often? _____
<input type="checkbox"/> Pensions	\$ _____	How often? _____	<input type="checkbox"/> Alimony received	\$ _____	How often? _____
<input type="checkbox"/> Social Security	\$ _____	How often? _____	<input type="checkbox"/> Net farming/fishing	\$ _____	How often? _____
<input type="checkbox"/> None			<input type="checkbox"/> Net rental/royalty	\$ _____	How often? _____
			<input type="checkbox"/> Other income	\$ _____	How often? _____

Type: _____

12. Do you pay student loan interest (not the amount of the loan) that can be deducted on a federal income tax return?☐ Yes If yes, how much? \$ _____ How often? _____ ☐ No**13. YEARLY INCOME:** Complete only if your income changes from month to month. If you don't expect changes to your monthly income, skip to step 3.

Your total income (before taxes) this year

\$ _____

Your total income next year (if you think it will be different)

\$ _____

STEP 3**Your healthcare coverage****1. Are you enrolled in healthcare coverage now from any of the following?**☐ YES. If yes, check which coverage you have.☐ NO☐ Medicaid☐ CHIP☐ Medicare☐ TRICARE (don't check if you have Direct Care or Line of Duty)☐ Peace Corps☐ VA health care programs☐ Other

Name of healthcare coverage: _____

Policy number: _____



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AH2-E00004

STEP 4**Read & sign this application**

- I am signing this application under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under state and federal law if I intentionally provide false or untrue information.
- I know that I must tell Access Health CT if anything changes (and is different than) what I wrote on this application. I can visit accesshealthct.com or call **1-855-805-4325** to report any changes. I understand that a change in my information could affect my eligibility.
- Do you need a reasonable accommodation or help to fill out your application because of a disability or impairment? ☐ Yes ☐ No
- If yes, what kind do you need? _____
- I know that under state and federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, disability, or because of genetic information. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file or Connecticut Commission on Human Rights and Opportunities (CHRO) www.ct.gov/chro/site/default.asp
- I confirm that I am not incarcerated (detained or jailed).
- I confirm that next year I expect to file a federal income tax return, won't claim dependents on that return, and can't be claimed as a dependent on anyone else's federal income tax return.
- I confirm that I'm not offered health coverage from an employer.

We need this information to check your eligibility for help paying for healthcare coverage if you choose to apply. We will check your answers using information from federal data sources, Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information does not match, we may ask you to send us proof.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow Access Health CT to use income data verified by federal data sources. Access Health CT will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

- ☐ 5 years (the maximum number of years allowed), or for a shorter number of years:
☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don't use information from tax returns to renew my coverage.

If I am eligible for Medicaid (HUSKY Health)

If I enroll in Medicaid, I am giving the Medicaid agency my rights to pursue and get any money from other health insurance, legal settlements, or other third parties.

My right to appeal

If I think Access Health CT or Medicaid/Children's Health Insurance Program (CHIP) has made a mistake, I can appeal its decision. To appeal means to tell someone at Access Health CT or Medicaid/CHIP that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting Access Health CT at **1-855-805-4325**. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Sign this application. The person who filled out step 1 should sign this application. If you are an authorized representative, you may sign here as long as you have provided the information required in Appendix C.

Signature

Date (mm/dd/yyyy)

STEP 5**Mail completed application to:**

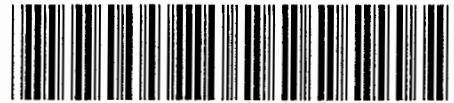
Access Health CT
PO BOX # 670
Manchester, CT 06045-0670

What happens next?

We will follow up with you within 2 weeks. You will get instructions on how to take the next steps to get your health coverage. If you do not hear from us within 2 weeks, visit accesshealthct.com or call 1-855-805-4325.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1193. The time required to complete this information collection is estimated to average 30 minutes per application, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-185



AH2-E00005

APPENDIX C: Authorized Representative

Assistance with Completing this Application

You can choose an authorized representative to assist in completing the application (Certified application counselors, in-person assisters, navigators and brokers please see below).

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Access Health CT 1-855-805-4325. If you are a legally appointed representative for someone on this application, submit proof with the application.

Select the type of representative:

- ☐ Court Appointed Representative and/or Power of Attorney
- ☐ Responsible Adult

1. Name of authorized representative (First Name, Middle Name, Last Name)		
2. Address		3. Apartment or Suite number
4. City	5. State	6. ZIP code
7. Phone number () - - - -		
8. Organization name (if applicable)		9. ID number (if applicable)
By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency.		
10. Your signature		11. Date (mm/dd/yyyy)

For certified application counselors, in-person assisters, navigators, and brokers only

1. Application start date (mm/dd/yyyy)	
2. First Name, Middle name, Last name, & Suffix	
3. Organization name	4. ID/License number (if applicable)

Medicaid Prescription Voucher/Authorization for Payment

Section 1 - Client Information (completed by staff at the correctional facility or the court)

Applicant Name (Last, First, MI) _____ Sex: ☐ Male ☐ Female
Last Facility _____ Date of Birth _____
DOC Number _____ Medicaid # _____ Client SSN _____

Instructions for client: Take this voucher to your local pharmacy within 5 days of the effective date shown below.

Instrucciones para el cliente: Lleve este vale a su farmacia local dentro de 5 días de la fecha de efectividad indicada abajo.

Section 2 – Authorization (completed by staff at the correctional facility or the court)

The authorization guarantees payment by DSS only for the pharmacy service(s) indicated. The individual named on this form has a need for prescription assistance.

Effective Date of Prescription Authorization: ____ / ____ / ____

Fecha de efectividad de la autorización de receta médica

Voucher prepared at: ☐ DOC facility ☐ Court

- The authorization must be a completed original and not changed or modified in any manner. It is valid for only the individual listed above. A community pharmacist who suspects that this form has been altered should contact the person who completed this form at the number indicated below.
- **The authorization is valid only for 5 days from the effective date of the prescription authorization specified above.**
- Reimbursement will only be made to active enrolled Connecticut Medical Assistance Program Providers at the fee established by the Department for the specified Medicaid-covered service authorized.

The quantity dispensed for a prescription cannot exceed a thirty (30) day supply.

Person Completing Form _____ Date _____

Title _____ Phone # _____

Instructions for Client: Take this voucher to your local pharmacy within 5 days of the date above.

Instrucciones para el Cliente: Lleve este vale a su farmacia local dentro de 5 días de esta fecha.

Section 3 - Pharmacy Provider (completed by pharmacy)

Provider Name _____ Phone # _____

City _____ Fax # _____

Instructions for pharmacy staff: To get the prescription order, fax this voucher to the University of Connecticut Managed Health Care Pharmacy fax number (860) 679-8020. Phone number: (860) 679-7920) before 7 pm Monday through Saturday or (860) 679-2120 after 7 pm Sunday through Friday.

Complete this additional information only if Medicaid eligibility has not been established after 5 days (see Billing Instructions below).

Address _____ Medicaid Provider # _____

BILLING INSTRUCTIONS: Providers should access the Automated Eligibility Verification System (AEVS) for confirmation of Medicaid eligibility. If Medicaid eligibility is confirmed, then the claim should be submitted to HP following the same billing requirements and guidelines as a regular claim. If eligibility has not been confirmed after five (5) days, forward this form, attached to the appropriately completed paper claim form, to the **Department of Social Services, Adult Services Unit, 25 Sigourney Street, Hartford, CT 06106-5033. Ref: Prescription Voucher** -- For information, phone 1-860-424-5250.

W-1069 Instructions

Instructions for staff at court or DOC facility:

Complete sections 1 and 2 on the front page and give the voucher to the client to bring to the pharmacy.

Instructions for the client:

Please take this voucher to a retail pharmacy as soon as possible. The longer you wait, the longer it will take to get your medicines. D.O.C. health records are sent to a warehouse shortly after release, and it may be difficult for D.O.C. health staff to know exactly which medications you need. Be sure to select a pharmacy that is close to where you will be living, because it is possible you will need to make 2 trips to the pharmacy. **This voucher expires in 5 days.**

Instrucciones para el cliente:

*Por favor lleve este vale a una farmacia al detal lo más pronto posible. Cuanto más espere, tanto más tiempo se tomará para recibir sus medicinas. Los registros médicos del DOC son enviados a un depósito poco después de la excarcelación, y el personal de salud del DOC podría tener dificultad para saber exactamente cuáles medicinas usted necesita. Asegúrese de escoger una farmacia que quede cerca de donde usted estará viviendo, porque es posible que le resulte necesario hacer 2 viajes a la farmacia. **Este vale vence en 5 días.***

Instructions to the retail pharmacy:

The person given this voucher has just been released from a Department of Correction (DOC) facility, and has stated that he or she is receiving prescription medications that need to be continued. The Department of Social Services (DSS) will reimburse for up to 30 days worth of medicines on release from the DOC. The actual prescription is written by a licensed prescriber at DOC's contracted health provider, Correctional Managed Health Care (CMHC), a division of the University of Connecticut Health Center. The actual duration of approved medication might be shorter than 30 days, based on the professional judgment of the prescribing staff within CMHC.

To have the discharge prescriptions sent to you, contact the CMHC pharmacy in Farmington by faxing the front sheet of this form to the number below; be sure your cover sheet includes your own fax and professional call-in number. For problems, call the pharmacy at the number below. If the CMHC prescriber has already written discharge medications, the pharmacy can fax them to you promptly. If not, the CMHC pharmacy will notify you by fax that the discharge medications have not yet been written. The CMHC pharmacist will then contact a physician on call, who will either call you with the orders or write discharge orders and send them to the CMHC pharmacy, which can forward them to you by fax. Some of the CMHC medical units close down after 4 pm, but the jails are open 24x7 with nursing, but not necessarily prescriber, coverage. The process of getting discharge medications could take from under an hour to the next business day. So if you receive a faxed notice that discharge orders still have to be obtained, you should advise the patient that the order may not be ready for some time, and the patient may prefer to return later for the medications.

CMHC Pharmacy Contacts	Fax	1-860-679-8020
	Phone	1-860-679-7920 7 am to 7 pm Monday through Saturday OR 1-860-679-2120 after 7 pm Sunday through Friday (No phone availability from 7 pm Saturday until 7 pm Sunday)

See the other side for billing instructions.

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.
Esta información está disponible en diferentes formas. Teléfono (800) 842-1508 o TDD/TTY (800) 842-4524.

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: E 13.01a

Page 1 of 3

INMATE RELEASE TO CDOC CONTRACTED RESIDENTIAL PROGRAM

Effective Date: 12/17/03

POLICY: CMHC Health Services shall ensure that an inmate releasing to a CDOC contracted community residential program on community release status is screened and/or the inmate's Health Record is reviewed, medications are prepared, **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E** is updated, and the inmate's Health Record is transferred to the designated CDOC correctional facility responsible for the inmate's care while residing in the residential program.

PROCEDURE: CMHC Health services shall receive notification at least 24 hours prior to release, from the correctional facility DOC Records Department of an inmate's scheduled release to a community residential program.

Aspects to consider when reviewing an inmate's suitability for residential program placement based on medical/mental health needs:

- Residential programs do not have medical staff available on site
- An inmate transferred to a work release residential program will be required to work up to 40 hours/week in the community
- An inmate in a work release program may have to utilize public transportation
- An inmate with a mental health score of 3 or 4 releasing to a mental health residential program must currently be stable and medication compliant.

If an inmate is not suitable for residential program placement due to a medical or mental health condition either at the time of residential program application or just prior to release to the residential program, the CDOC classification staff shall be notified.

As close to the release date as possible, a nurse shall review the previously completed **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E** to make sure the information on the form is current and that there have been no changes in the inmate's health status (medical and/or mental health).

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- If no changes have occurred, a nurse shall sign and date under the previous signature/title on **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E**.
- If minor changes have occurred, a nurse shall make the necessary updates on **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E** and shall sign and date under the previous signature/title on **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E**.
- If several changes have occurred, a new **Transfer Summary HR 005 form/ Electronic Transfer Summary HR 005 E** shall be completed by a nurse to reflect the changes.
- When a Transfer Summary is being updated immediately prior to the inmate's release to a contracted community residential program, notation shall be made that the inmate was screened and/or the inmate's Health Record was reviewed and that the inmate is or is not cleared for residential program placement. If the inmate is not medically cleared for placement, the reason shall be noted and classification staff shall be notified immediately.

A copy of the Transfer Summary (updated or new) shall be faxed to the residential program. Original TS remains in the HR. A nurse shall verify that the following are completed prior to release:

- The inmate shall have a current TST PPD (within the previous 12 months). HIV positive inmates shall have a chest x-ray within the last year prior to release to a residential program.
- The inmate shall be released to a residential program with the patient specific remaining supply of medication from the facility as provided by the UCHC pharmacy. Each facility shall determine the procedure for medication pick-up.
- The inmate's ongoing prescriptions shall be checked prior to release to verify that there is a minimum of 30 days remaining on the prescription.
- A nurse shall consult by telephone with URC prior to releasing an inmate with a pending URC appointment.

INMATE RELEASE TO CDOC CONTRACTED RESIDENTIAL PROGRAM

- REFERENCES:**
- Administrative Directives 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
 - Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
 - Prison Health Care: Guidelines for the Management of an Adequate Delivery.* 1991. National Institute of Corrections. U.S. Department of Justice.
 - Standards for Adult Correctional Institutions 4th Edition,*2003. American Correctional Association.
 - Standards for Health Services in Prisons (P-E-13).* 2008. National Commission on Correctional Health Care. Chicago, IL.
 - CMHC Patient Safety System/PSS User Manual (Rev.3/2008).
 - CMHC Patient Safety System/PSS User Manual (Rev.3/2008).

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Dir. MH and Psychiatric Services, Robert Berger MD _____

Title: CMHC CDOC Director Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

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NUMBER: E 13.02

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Electronic Form: Inter-Agency Patient Referral Report [W-10]

Effective Date: 03/15/07

POLICY: The State of Connecticut Inter-Agency Patient Referral Report (W-10) is available in interactive electronic format for use by authorized UConn Health, Correctional Managed Health Care (CMHC) staff.

PROCEDURE: The electronic W-10 exists in two separate formats:

1. A **print-only, non savable format** is available through the CMHC Portal, accessible to all appropriate CMHC users. Two versions are available:

- a. Generic, not savable, fully blank W-10. Access, type and print capabilities.
- b. Facility specific, not savable. Pre-displays facility name, address and contact information. Access, type, print capabilities.

2. A **restricted access, savable format** is available through the Discharge Planner Shared Drive: \\cmhcasb\Data\DischargePlanners accessible to CMHC Discharge Planners and Discharge Planning Program Manager only. Two versions are available:

- a. Generic, savable, fully blank W-10. Access, type, print and save capabilities.
- b. Facility specific, savable. Pre-displays facility name, address and health service/discharge planner contact information. Access, type, print and save capabilities.

Sharing and Archiving:

1. The W-10 Form is **not** considered official documentation, unless it bears an authorized signature. Any other version should be considered DRAFT only.
2. Because all electronic (and hence not signed) W-10 Forms are considered to be Draft format, staff must understand that last-minute changes may have been made. The information should be looked at critically and appropriately applied.
3. The W-10 Form should not be emailed except as defined in # 8 below. A printed, signed copy must be used to communicate with external providers and agencies.

Electronic Form: Inter-Agency Patient Referral Report [W-10]

4. Forms can be shared between CMHC discharge planners, directly through the shared drive folders. This will be useful in the case of transfers, readmission, back-up coverage, etc.
5. A folder labeled W-10 on the Discharge Planners shared drive holds individual facility specific subfolders (Bergin, Bridgeport, Brooklyn, etc).
6. Each facility specific subfolder contains additional subfolders labeled Active and Archive.
7. Forms must be saved only in the Active or Archive folders on the shared drive and follow a defined naming convention. The standardized naming convention, and the common location of all W-10s, will allow a user to quickly search active and archived W-10s for an individual inmate, using Windows® search tools.
8. If an inmate is re-incarcerated and intake staff believes that a previous electronic W-10 contains valuable information, but the health record is not available, the facility's discharge planner can search for the file in the Archive folders. If the discharge planner is not available, the intake staff can ask a discharge planner at another facility to search for the prior W-10 and e-mail it to the intake facility.

Approved: UCHC – CMHC**Date:****Title: CMHC Executive Director, Robert Trestman MD PhD** _____**Title: CMHC Director of Medical Services, Johnny Wu MD** _____**Title: CDOC Director Health Services, Kathleen Maurer MD** _____

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PRESCRIBER ORDERS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) Administration shall ensure that only physicians, dentists, or other individuals authorized by Connecticut law or regulation, issue direct medical orders for inmate in the custody of the Connecticut Department of Correction (**CDOC**).

DEFINITION: *Direct medical orders* are those written or initiated by telephone specifically for the treatment of one inmate's particular condition (ACA Standard 4-4382).
Telephone medical orders are initiated by telephone and documented by a licensed nurse on **CMHC Form HR 925, Physician's Orders or the Physician Order Entry in the Patient Safety System**.

A verbal order is an order expressed or transmitted in speech (unwritten) without the aid of a telephone.

PROCEDURE: A practitioner initiates a valid order by phone or in writing, **CMHC Form HR 925, Physician's Orders or the Physician Order Entry in the Patient Safety System**. A physician, physician's assistant (PA), APRN, dentist, or other individual authorized by Connecticut law or regulation who issues a medical order for a CDOC inmate must:

- Write and sign their orders, or
- Countersign telephone orders within 72 hours or, when a physician is not on site, during the next physician visit.
- For PAs: all orders written shall be followed by the signature of the PA and the printed name of the supervising physician.

When there are no changes to the medication regimen, the nurse may write renewal of existing orders at the time of clinic, sick call, or prescriber health record review. The nurse will **not** date, time, or sign the orders, or record the prescriber's name. The prescriber shall review the orders, date and time them in the left hand column of the order sheet, sign the orders, and legibly print or use a signature stamp indicate his or her name. All staff shall check the health record for outstanding orders prior to filing.

A physician, physician's assistant (PA), APRN, or dentist, shall co-sign orders within their discipline issued by other prescribers who are not based at the co-signer's facility.

PRESCRIBER ORDERS

A valid medication order shall include the medication name, strength, route, dose, dosage form, duration (or number of units), frequency, directions for use, time, date, inmate name/number and prescriber name.

- Contingency Medication

For medication started from contingency the prescriber shall note on the order: "start immediately" or "start from contingency".

Telephone orders, or CMHC Nursing Protocols initiated by licensed personnel, preferably a Registered Nurse, shall be countersigned by a non-ordering physician in the absence of the ordering physician.

An APRN/PA /physician may countersign nurse protocols and physician telephone orders.

An APRN/PA/physician may confer with the prescribing physician when necessary. Modifications to medical orders shall only be authorized by a licensed prescriber.

**Documentation of Telephone Calls Relating to Medical Orders/
Patient Care.**

- Phone calls to physicians for medical orders shall be initiated by, and concluded by, licensed nursing personnel.

A licensed nurse shall document a telephone order in the inmate Health Record (HR), on **CMHC Form HR 925, Physician's Order Sheet or the Physician Order Entry in the Patient Safety System**. The nurse shall document the date and time of the order, the name of the medication, the strength, KOP/DOT, route of administration, dose form, duration (or number of units), frequency, directions for use, and prescribers name. The nurse shall sign the order, including title. If the signature is illegible, the nurse shall also print his/her name.

- LPNs may accept telephone orders from a physician or other authorized prescribers.
 - a. An LPN shall not carry out a telephone order until an RN has reviewed and assessed the order/inmate to ensure the order is consistent with the current plan of care. (CT General Statute 20-87a(b), the RN shall date, time and sign that the order was reviewed.
 - b. The RN shall date and sign that the order was reviewed or if entered into the Patient Safety System acknowledge the new order by using the Nurse Note function.
- All telephone orders received by licensed health care providers shall be

PRESCRIBER ORDERS

written and then repeated to the physician for clarity and confirmation, on **CMHC Form HR 925, Physician's Orders or the Physician Order Entry in the Patient Safety System.**

- All telephone communication that is inmate health-related shall take place in an area of the CDOC facility that protects the confidentiality of the information being discussed.
- All telephone calls relating to inmate health care shall be documented on **Form HR 401, Clinical Record** with the date, time, specific content of the conversation, parties involved, resolution of issue(s), if any, and follow-up required, including referrals.
- Prescribers (physicians, APRNs) who give telephone orders shall complete and submit a log of such orders. The attached CMHC Telephone Orders Log is self-explanatory; text boxes at the bottom explain codes which can be entered on the log.
 - All telephone interactions which result in an order must be documented on the log. It is important to remember a prescriber does not have to be on-call to give a telephone order, and may get a call from within a facility or a neighboring facility. Orders given on such calls require the prescriber to submit a log sheet.
 - The log shall encompass a single 24 hour period.
 - The log shall be faxed to CMHC Central Office (using the number on the log) at the end of the day or prescriber on-call period. If on-call Friday night or Saturday, the log shall be faxed the following Monday. Prescribers who are going to be away from a facility (for example, due to vacation) more than 5 days following the end of the on-call period, shall fax the form before return to work, using a home computer or fax or a commercial service.
 - **Form HR 925T** CMHC Telephone Order Log shall be available on the CMHC portal, and in the facilities.
 - All information on the log will be entered into a database; therefore legibility of the logs is critical. Everything entered into the database will be available on a shared server to supervisory staff at each facility, allowing auditing to occur wherever the inmate health record is located.

Each facility shall develop a process to identify records with telephone orders to be signed, and ensure their co-signature by a physician or APRN.

PRESCRIBER ORDERS**Verbal Orders**

Definition: A verbal order is an order expressed or transmitted in speech (unwritten) without the aid of a telephone.

Verbal orders are not permitted except in cases of extreme emergency when the prescriber is physically unable to interrupt his/her activity to write the order, e.g., CPR, or in the middle of a sterile procedure. If a verbal order is given under these conditions, the order shall be documented by the nurse taking the order on the **Physician Order Sheet HR 925 or the Physician Order Entry in the Patient Safety System** immediately following the emergency and shall be signed by the involved prescriber **within one hour** of the resolution of the emergency situation. A clinical entry describing the reason for the verbal order shall be documented by the prescriber on **HR401 Clinical Record Form**. The nurse shall transcribe the order onto the inmate's Medication Administration Record using the approved CMHC procedure. Any discrepancy in a verbal order shall be considered a Medication Variance.

Significance of Counter-Signatures

A counter-signature does not mean that the counter-signer can attest that the original telephone order actually occurred, that the transcribing nurse recorded it accurately, or that the order reflected good medical judgment. It does mean that the counter-signer is aware that the order was recorded and (in most cases) has been acted on. The act of co-signing gives the co-signing practitioner the opportunity to briefly review the appropriateness of the order by reviewing recent progress notes, the problem list, and any other information contained in the chart. If the co-signer believes the order was inappropriate, he or she should simply co-sign the order with the time and date of the co-signature, and immediately discontinue the order and write whatever orders appear appropriate. A co-signer who feels unable to judge the appropriateness of the telephonic order can arrange appropriate investigations, such as personally examining the inmate or appointing the inmate to a specialty clinic. The co-signer could also page the telephonic prescriber to discuss the orders.

Choice of Counter-Signatory

Facility staff will identify charts needing counter-signature, and will assign the counter-signatures based on the following criteria. Ideally each order is counter-signed by the person giving the original telephonic order, but this is rarely feasible. Failing this, a practitioner with a scope of practice similar to the telephonic prescriber (i.e., either general medicine or mental health) should counter-sign. If the telephone order was given by an infectious diseases specialist, and the facility will not be visited by an infectious doctor

PRESCRIBER ORDERS

within a week, the order may be counter-signed by a general medicine prescriber – if necessary discussing the order with the prescribing doctor, the infectious specialist on call, or the facility's HIV nurse.

REFERENCES: *Administrative Directive 8.8, Psychoactive Medication.* 2008. Connecticut Department of Correction.
 Connecticut State Statutes 370, Section 20-12d.
 *Standards for Health Services in Prisons P-40.*2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD

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[illegible]

Movement codes: 1) transfer within facility 2) transfer between facilities 3) transfer to ER 4) change MH or medical level

Observation/Precaution codes: 1) constant observation 2) staggered observation 3) negative pressure 4) safety blanket/gown

Testing/other codes: 1) blood work 2) x-rays 3) other (Details of "other" orders may be documented at discretion of prescriber.)

Medications: Please be explicit. Example: "Tylenol 3, 2 tabs po tid prn x 10 d"; "D/C Seroquel". If simply renewing orders, it is acceptable to simply write "Refill remeron, risperdal, cogentin." Legibility is imperative -- a non-medical person must enter this information into a database.