PURPOSE: To ensure the safe transfer of offenders with serious acute conditions to the appropriate facility for treatment.

POLICY: Special care will be provided for offenders with serious acute medical, mental health or dental conditions. Approved medical transportation criteria is described in attachment A. This list is not all inclusive and does not replace clinical judgment.

PROCEDURES:

I. If the offender's medical condition is life-threatening, emergency medical services are to be activated immediately (911 called) for the offender to be transferred to the nearest emergency room for stabilization and treatment. These cases are reported to Utilization Management/Review immediately after transfer.

II. In the event an offender experiences a serious acute medical or dental condition that is not life threatening, a provider determines the level of care and mode of transportation needed and notifies the appropriate Utilization Management/Review Office of the recommendation. The provider and Utilization Management/Review staff collaborates to facilitate transfer of the offender to the appropriate setting.

III. In the event of an acute mental health condition, the provisions of Correctional Managed Health Care Policy G-51.6 must be followed and are not under the purview of Utilization Management/Review.

IV. If the offender is transferred to a freeworld hospital or emergency room, the freeworld provider maintains medical autonomy regarding the care provided and mode of subsequent transportation utilized.
   A. Emergent or life-threatening cases should be reported to Utilization Management/Review after appropriate care has been provided or the offender has been transferred.
   B. In a non-urgent situation, Utilization Management/Review should be contacted to facilitate transfer of the offender to the appropriate setting.

V. If an offender is transferred to another TDCJ facility for medical care, medical staff at the sending facility completes the appropriate FORVUS e-mail notification form and sends it to the following entities via TDCJ mainframe/FORVUS prior to transfer:
   A. The respective university Utilization Management/Review Office;
   B. TDCJ Utilization Review (FORVUS e-mail address HSLIAISON);
      TDCJ Classification and Records Office (CRO) (FORVUS e-mail address CLASSMED);
      Sending facility’s warden and countroom;
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E. Receiving facility’s warden and countroom, and,
   Receiving medical facility.

The notification must include:

   A. Offender name, and TDCJ-ID number;
   B. Sending provider and facility; and,
   C. Receiving provider and facility.

The reason for the transfer should state “medical.”

If an offender is transferred to a freeworld hospital for care, medical staff at the sending
facility completes the appropriate FORVUS e-mail notification form (as outlined above)
and sends it to CRO, the sending facility’s warden and countroom,
   Utilization Management/Review. If the medical
department is closed, TDCJ staff will complete and send the FORVUS e-mail notification
form.

VI. When the offender is discharged from an inpatient facility within TDCJ, the medical staff at
the discharging facility shall send a FORVUS e-mail, to TDCJ Utilization Review
(FORVUS e-mail address HSLIAISON) and CRO via TDCJ mainframe/FORVUS. The
FORVUS e-mail shall include:

   A. Offender name and TDCJ-ID number; and,
   B. Name of the discharging inpatient facility.

TDCJ Utilization Review staff will review the electronic health record of the discharged
offender and notify CRO of medical restrictions that need to be considered for assignment
and housing purposes.

An offender discharged from a freeworld facility and returned to the unit of assignment
shall be screened by unit medical staff. An offender discharged from a freeworld facility
after clinic hours should be screened by Utilization Management/Review. General
population offenders whose medical or mental health needs cannot be met on their current
unit shall be referred to a medical 24 hour facility until TDCJ Utilization Review can be
contacted for reassignment.
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Reference:  ACA Standard 4-4348
            ACA Standard 4-4349
            ACA Standard 4-4351 Mandatory
            CMHC Policy G-51.6