

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/23/2018	NUMBER: A-08.4 Page 1 of 3
	Replaces: 8/16/2017	
	Formulated: 8/87	
	Reviewed: 7/2024	
INMATE MEDICAL AND MENTAL HEALTH CLASSIFICATION		

PURPOSE: To provide a standardized system of assessing, classifying, and housing inmates according to their medical and/or mental health limitations within the Texas Department of Criminal Justice (TDCJ).

POLICY: TDCJ has responsibility for placement of inmates in general population. The Offices of TDCJ Health Services Liaison (HSL) coordinate with TDCJ Classification and Records Office (CRO) to ensure general population inmates are assigned to units that provide services meeting the inmates’ medical, physical, and mental health needs. Inmates living in general population must be able to perform all their activities of daily living without assistance and may not require supplemental oxygenation. (Inmates prescribed a continuous positive airway pressure [CPAP] machine are housed in designated general population areas.)

Inmates incarcerated within TDCJ will be assessed for medical and/or mental impairments by qualified healthcare personnel (see Attachment A) who will assign each inmate appropriate restrictions related to (1) facility assignment, (2) housing, (3) physical activities and work, (4) disciplinary process, and (5) individual treatment plan, (6) transportation. Restrictions will be indicated on the Health Summary for Classification (HSM-18).

DEFINITIONS:

Assistive Disability Services (ADS) units house inmates who are blind, deaf and/or mobility impaired.

A *chronic care unit* houses inmates with documented chronic, unstable conditions who require access to onsite nursing services 24-hours per day, seven days per week.

A *geriatric unit* has designated sleeping areas and accommodations for pill and diet lines for inmates age 60 and older. (See Policy G-51.2 for more information on housing geriatric inmates.)

Comprehensive *obstetrical services* are available for all pregnant inmates. State jail confinees (SJs) and institutional division (ID) inmates, who are without acute medical issues, are assigned to Carole Young Unit between 32 and 36 weeks gestation. Medical management of inmates who are denied reassignment (due to security issues) is the responsibility of the housing unit. (See Policy G-55.1 for more information on pregnant inmates.)

An *extended medical hours unit* is staffed with licensed personnel 12 or more hours per day, seven days per week.

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Outpatient mental health services are available at designated ID units throughout the system and all state jails. Transfer facilities are non- mental health caseload units. Inmates at transfer facilities requiring outpatient mental health services are reassigned to ID units.

Physical and occupational therapy are available at designated units throughout the system. Assignment to these units is coordinated by ADS program staff contacting HSL.

Single Cell restriction means that an inmate cannot be housed in a multi-person cell or dorm.

A *single-level unit* is one in which all court-mandated services (i.e., dining hall, law library, showers, medical and education departments) are on the ground floor. Single-level units house inmates who are physically unable to climb stairs and therefore unable to access approved programs on a multi-level unit. There are three sizes of single-level units and inmates are assigned based upon the distance they are able to ambulate.

Wheelchair housing is available for inmates who are wheelchair-dependent, as outlined in Correctional Managed Health Care Policy G-51.9, “Wheelchair Use”

PROCESS:

Upon intake into TDCJ, and as needed thereafter, inmates are examined by a physician, physician-extender and/or a qualified mental health professional (QMHP) to determine current needs. Inmates unable to function in general population are referred to an inpatient facility through the appropriate university utilization review/management department. Appropriate limitations/restrictions will be assigned and entered in the Restrictions Module in the EHR.

- I. The Restrictions list will be reviewed and, if indicated, updated whenever an inmate is newly assigned to a facility or returns from an off-site specialty clinic, infirmary, or hospital.
- II. Recognizing that an inmate’s condition may change and/or opinions may differ among health care professionals, an inmate’s List of Restrictions may be reviewed and revised at the discretion of a physician, dentist, psychiatrist, mid-level provider, or Master’s Level or higher Psychologist. The Restrictions List review and updating, when needed, is *required* whenever there is a *significant* change in the inmate’s medical or mental status.
- III. All changes to the Restrictions List will include documentation of the reason(s) or rationale for the change in the Notebuilder Section in the EHR. Changes may be based upon chart review alone but if challenged, an examination of the inmate must be conducted. This examination/evaluation will be made at no charge to the inmate. Pertinent findings (both positive and negative) to support the examiner’s decision(s) about restriction needs will be documented in the medical record.

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- IV. The final authority as to whether an inmate’s Restrictions List or limitations is correct will be the facility Medical Director or psychiatrist (as appropriate) at the inmate’s current facility of assignment. Higher level intervention (Regional/District/Division/Senior Medical Director) will occur only on a case by case basis in unusual or extraordinary situations.

- V. All limitations/restrictions regarding an inmate’s housing, work, disciplinary process, transportation, and individual treatment plan requirements will be documented in the Notebuilder section of his/her medical record. Should discrepancies exist between the Health Summary for Classification Summary HSIN screen and the medical record, the medical record is the prevailing authority pending clarification from an appropriate healthcare provider.

- VI. General population inmates requiring medical or mental health services that are not available, or whose mobility impairments cannot be accommodated on the current unit of assignment, may be reassigned. Medical and/or mental health staff can request reassignment by sending an e-mail to HSL via TDCJ Mainframe/FORVUS or hsl@tdcj.texas.gov. The e-mail must include the inmate’s name, TDCJ number and the diagnosed medical, mental and/or physical condition that cannot be managed on the current unit of assignment.

Prior to requesting reassignment, the PULHES and Restrictions List must reflect the inmate’s current needs and those will be automatically transmitted to the HSIN screen in TDCJ Mainframe.

Reference: Correctional Managed Health Care Contract, Article VI, Inmate Population
Correctional Managed Health Care Policy A-08.7, PULHES System of Inmate Medical and Mental Health Classification
Correctional Managed Health Care Policy B-14.10, Tuberculosis
Correctional Managed Health Care Policy B-14.42, Food Handlers
Correctional Managed Health Care Policy B-14.50, Housing and Job Restrictions
Correctional Managed Health Care Policy D-27.2, Heat Stress
Correctional Managed Health Care Policy D-27.3, Photosensitivity
Correctional Managed Health Care Policy G-51.2, Admission to a Geriatric Center
Correctional Managed Health Care Policy G-51.9, Wheelchair Use
Correctional Managed Health Care Policy G-55.1, Pregnant Inmates
Health Summary for Classification User Manual
ACA Standard 5-ACI-6C-03 (Ref 4-4396), Confidentiality (Mandatory)
ACA Standard 5-ACI06C-06 (Ref 4-4399), Special Needs