

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/23/2016	NUMBER: A-08.4  Page 1 of 3
	Replaces: 5/20/2016	
	Formulated: 8/87	
	Reviewed: 07/16	
<b>OFFENDER MEDICAL AND MENTAL HEALTH CLASSIFICATION</b>		

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

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

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

**DEFINITIONS:**

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

A *chronic care unit* houses offenders 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 offenders age 60 and older. (See Policy G-51.2 for more information on housing geriatric offenders.)

Comprehensive *obstetrical services* are available for all pregnant offenders. State jail confinees (SJC’s) and institutional division (ID) offenders, who are without acute medical issues, are assigned to Carole Young Unit between 32 and 36 weeks gestation. Medical management of offenders 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 offenders.)

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-caseload units. Offenders 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.

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 offenders 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 offenders are assigned based upon the distance they are able to ambulate.

*Wheelchair housing* is available for offenders who are wheelchair-dependent, as outlined in Correctional Managed Health Care Policy G-51.9, "Wheelchair Use"

**PROCESS:**

- I. Upon intake into TDCJ, and as needed thereafter, offenders are examined by a physician, physician-extender and/or a qualified mental health professional (QMHP) to determine current needs. Offenders 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 on the Health Summary for Classification (HSM-18).
- II. The HSM-18 will be reviewed and, if indicated, updated whenever an offender is newly assigned to a facility or returns from an off-site specialty clinic, infirmary, or hospital.
- III. Recognizing that an offender's condition may change and/or opinions may differ among health care professionals, an offender's HSM-18 may be reviewed and revised at the discretion of a physician, dentist, psychiatrist, mid-level provider, or Master's Level or higher Psychologist. HSM-18 review with appropriate updating is *required* whenever there is a *significant* change in the offender's medical or mental status.
- IV. All changes to the HSM-18 will include documentation of the reason(s) or rationale for the change. Changes may be based upon chart review alone but if challenged, an examination of the offender must be conducted. This examination/evaluation will be made at no charge to the offender. Pertinent findings (both positive and negative) to support the examiner's HSM-18 decision(s) will be documented in the medical record.
- V. The final authority as to whether an offender's HSM-18 limitations/restrictions are correct will be the facility Medical Director or psychiatrist (as appropriate) at the offender's current

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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.

- VI. All limitations/restrictions regarding an offender's housing, work, disciplinary process, transportation and individual treatment plan requirements will be documented in 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.
- VII. General population offenders 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 electronic medical record (EMR) at e-mail address HSLIAISON. The e-mail must include the offender'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 HSM-18 must reflect the offender's current needs and those needs must be entered on the HSIN screen in TDCJ Mainframe/FORVUS.

- Reference:
- ACA Standard 4-4396 (Ref 3-4377) Confidentiality (MANDATORY)
  - ACA Standard 4-4399 (Ref 3-4369) Special Needs
  - Correctional Managed Health Care Contract, Article VI, Offender Population
  - Correctional Managed Health Care Policy A-08.7, PULHES System of Offender 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 Offenders
  - Health Summary for Classification User Manual