

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 6/28/2022	NUMBER: E-32.1
	Replaces: 9/3/2019	
	Formulated: 10/85 Reviewed: 1/2023	Page 1 of 4
<b>RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING</b>		

**URPOSE:** To establish guidelines for the immediate identification and treatment of the health care needs of inmates through receiving/transfer screening and to provide continuity of care. These guidelines include:

1. inmates transferred from another correctional system (i.e. county jail) into TDCJ
2. inmates transferred from one TDCJ facility to another
3. inmates admitted to or discharged from an inpatient medical infirmary
4. inmates admitted to or discharged from an inpatient mental health facility
5. inmates returning from an offsite hospital or emergency visit
6. inmates who remain at the same facility but who have had a specialty clinic/telemedicine/Digital Medical System (DMS) visit
7. inmates returning from a specialty clinic visit

**POLICY:**

- I. Receiving screening at the intake facility.
  - A. An initial health screening will be completed upon arrival at all intake facilities by a member of the health services staff.
  - B. The screening will be completed on the HSM-13 form (Attachment A). The completed HSM-13 will be filed or electronically stored in the inmate's health record.
  - C. The initial screening identifies any acute or current health-related conditions or requirements.
  - D. Inmates with immediate health care needs, or those taking medications, will be referred to the facility medical department for further evaluation and treatment on the day of arrival. If healthcare staff identifies an inmate who has a condition, or is on a medication which makes him/her more susceptible to the heat, healthcare staff will indicate on the intake chain list to place the inmate on the security wellness check list. The intake chain list will be submitted to the unit warden or designee at the conclusion of the screening process. Medical staff will retain a copy. The inmate will be temporarily placed on the security wellness check list until a full medical examination can be conducted. The inmate's list of restrictions should be updated in the Restrictions Module, which will transmit the changes electronically into the mainframe/FORVUS system.
  - E. Inmates reporting current suicidal ideation, urgent complaints, or who exhibit severely disturbed behavior will immediately be evaluated by a qualified mental health professional. If no qualified mental health professional is available, the on-call psychiatrist/mid-level practitioner will be contacted for a disposition.
  - F.
    1. A Mental Health Appraisal will be completed by a Qualified Mental Health Professional (QMHP) within 14 days of admission to an intake facility, in accordance with CMHC Policy E-35.1.
    2. The Mental Health Appraisal includes a review by the QMHP of the following: the Intake Processing Psychological Screening Form (CL-69 or equivalent), available historical records of mental health treatment including records from the Client Assignment Registration System (CARE) database, the Texas Uniform Health Status Update form (TUHSU), and medical records including the HSM-13, the Initial Mental Health Screening, and the Intake Physical.
    3. Based on the records reviewed as above and the information contained in the Intake Processing Psychological Screening Form (CL-69 or equivalent), the QMHP will determine whether the inmate appears to have mental health needs, particularly considering the

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 6/28/2022	NUMBER: E-32.1
	Replaces: 9/3/2019	
	Formulated: 10/85 Reviewed: 1/2023	Page 2 of 4
<b>RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING</b>		

inmate's mental status, suicide risk, violence risk, and substance history.

4. The QMHP will determine a disposition for the inmate based on the information reviewed. Inmates will be referred for a comprehensive Mental Health Evaluation if they are currently receiving mental health treatment, are identified as having a history of mental illness and/or treatment or a history of self-injurious behavior, or if they exhibit other indications of potential mental health needs.

- G. Inmates received from the County on psychotropic medication will be continued on that medication or a formulary equivalent for 30 days without changes unless:
  1. It is clinically contraindicated.
  2. The medication is on the SATOM detoxification list (Attachment B).
  3. Prescribed solely as a sleep aide.
  4. Inmate refuses the medication.

II. Transfer screening:

- A. Sending Facility: Inmates should be transferred with any issued KOP medications with a current order, medical equipment (e.g., CPAP machines, Holter monitors, Zoll Life Vest) and supplies (e.g., colostomy/catheter supplies, adult briefs).

For patients being transferred from Inpatient Services and Developmental Disabilities program:

1. An Inmate's health record will be reviewed by the sending facility staff and the review documented on the HSN 1, Part 1 (Inpatient Facility Discharge/Transfer Form). The completed section of the Inpatient Facility Discharge/Transfer Form will be placed in the medical record prior to transfer to another facility.
2. The individual performing the review at the sending unit will sign, date, and time the HSN 1 Section I.
3. The purpose of the review is to determine and document the following:
  - a. that the inmates health care needs can be met at the receiving facility.
  - b. the suitability of the inmate for travel and the appropriateness of the mode of transportation.
  - c. the need for any medication or therapy on route; and,
  - d. any special instructions to be given to transporting personnel.
4. The transfer of patient may be stopped if the patient's condition is not suitable for transfer.

- B. Receiving Facility: En route (In transit):

1. Inmates received from a facility, as en route (in transit) and staying more than 12 hours, must have, at a minimum, his/her health record reviewed by licensed nursing staff.
2. This review must be completed within 24 hours of arrival to the facility and documented on the HSN-1 Section II, (Nurses Chain Review).
3. The individual performing the review will sign, date, and time the HSN-1 Section II.
4. Medications are continued as ordered at the en route (in transit) facility unless changed by unit provider.

- C. Receiving facility: Unit of assignment

1. Licensed health care staff will physically screen the following inmates upon arrival to his/her facility during the hours of operation of the medical facility:
  - a. Newly assigned from one TDCJ facility to another
  - b. Discharged from:
    - i. Inpatient psychiatric facility

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 6/28/2022	NUMBER: E-32.1
	Replaces: 9/3/2019	Page 3 of 4
	Formulated: 10/85 Reviewed: 1/2023	
<b>RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING</b>		

ii. Inpatient infirmary unless discharged to the same facility

**The screening will include a review of his/her health record by the licensed health care staff within 24 hours of arrival and will be documented on the MEDICAL & MENTAL HEALTH TRANSFER SCREENING Form Section III & IV (HSN-1).**

1. **If the electronic version of this document is completed, the reminders for a review of the patient's chart for Infection Control Nursing, Dentistry and Mental Health departments will automatically be generated by the completion of the document. If the electronic version of this document is not completed, the same reminders will need to be generated manually to ensure review of the patient's chart upon arrival to the unit.**
2. To provide continuity of care the review will include:
  - a. Housing assignment
  - b. Work and disciplinary restrictions
  - c. Treatments
  - d. Medications
  - e. Mental health status
  - f. Pending appointments and referrals, etc.
3. A physician or mid-level provider will review the completed MEDICAL & MENTAL HEALTH TRANSFER SCREENING Form Section III & IV (sign, date, time) in addition to any other pertinent health record information within 48 hours Sunday through Thursday and 72 hours Friday through Saturday.
4. An inmate returning from an inpatient psychiatric facility must be seen by a qualified mental health professional within 48 hours Sunday through Thursday and 72 hours Friday through Saturday.
5. All TDCJ inmates transferred from one TDCJ facility to another will be screened by mental health staff for mental health needs upon arrival at the facility. Inmates identified as having mental health needs will be referred to a Qualified Mental Health Professional (QMHP) for evaluation and treatment within 14 days.

**D. Inpatient medical infirmary admissions.**

Inmates admitted to an Inpatient Medical Infirmary will have a nursing admission assessment completed within 12 hours of arrival.

1. The assessment will be documented on:
  - a. Inpatient Nursing Admission Assessment (HSN-3) (Part I-III) and (Part IV-VI)
  - b. Inpatient RN Assessment

**E. Acute inpatient mental health (J4, JM, SV) admissions.**

Inmates admitted to an Inpatient Mental Health Facilities will have a nursing admission assessment completed within 12 hours of arrival.

1. The assessment will be documented on:
  - a. Mental Health Inpatient Nursing Assessment
  - b. Inpatient RN Assessment

**F. Crisis management admissions.**

Inmates admitted to Crisis Management Facilities will have a nursing admission assessment completed within 12 hours of arrival.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 6/28/2022	NUMBER: E-32.1
	Replaces: 9/3/2019	
	Formulated: 10/85 Reviewed: 1/2023	Page 4 of 4
<b>RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING</b>		

1. The assessment will be documented on:
  - a. Mental Health Inpatient Nursing Assessment
  - b. Inpatient RN Assessment

G. Hospital/Off Site ER returns.

Inmates returning from a hospital or emergency room will be screened by licensed health care staff before the inmate is returned to his/her housing. If the inmate arrives at a non-24hr facility during hours medical staff are not onsite, the screening will be conducted via Telehealth at the designated HUB or 24hr Telehealth facility. If the inmate is returning to a facility that does not have Telehealth capabilities, he/she must be screened by medical staff during the next shift they are onsite.

1. The screening will be documented on the Hospital/ER Discharge Assessment form.

H. On site (Medical) specialty clinic/ Telehealth visit.

1. Following the appointment, the specialty clinic/Telehealth “presenter” or designee will promptly forward the orders to the facility physician/MLP for review and disposition.

I. Off-Site (Medical) specialty clinic returns.

1. Inmates returning from an offsite specialty clinic visit must have, at a minimum his/her specialty clinic notes reviewed by licensed nursing staff within 24 hours and forwarded to the unit provider for review.
2. If the specialty clinic notes are not available at the time of initial review, the provider shall be notified that the notes are not yet available. The unit provider shall be responsible for retrieving and reviewing the specialty clinic note; and verifying his/her review by electronic signature.

References:

ACA Standard 5-6A-4362 Health Screens (Mandatory)  
ACA Standard 5-6A-4363 Health Screens (Mandatory)  
ACA Standard 5-6A-4364 Health Screens (Non-Mandatory)  
ACA Standard 5-6A-4356 Communicable Disease and Infection Control  
Program (Mandatory)  
ACA Standard 5-6D-4414 Transfers (Non-Mandatory)  
Substance Abuse Treatment Operations Manual (SATOM) 03.02 Attachment B