

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 3/7/17	NUMBER: G.51.1 Page 1 of 2
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	Formulated: 5/95 Reviewed: 1/2023	
INMATES WITH SPECIAL NEEDS		

DEFINITIONS:

Communicable diseases are those that are transmitted sexually (e.g., syphilis, gonorrhea, chlamydia, HIV), through the respiratory system (e.g., tuberculosis) or by infected blood (e.g., hepatitis).

Physical disabilities refer to mobility impairments (e.g., amputations, paraplegia), those requiring assistive devices such as canes or crutches, and visual, hearing or speech impairments.

Assistive Disability Services (ADS), describes the UTMB program that is designed to coordinate and/or provide care for inmates with mobility, vision, hearing or speech impairments.

Inmates who are frail and elderly are those who frequently suffer from conditions that impair their ability to function (e.g., dress, feed, transfer, toilet) to the extent that they require special nursing care.

Inmates who are terminally ill are defined as having an incurable condition expected to result in death within six (6) months regardless of life sustaining treatment and requiring skilled nursing, hospice or home health care. (Correctional Managed Health Care Policy A-08.6, “Medically Recommended Intensive Supervision [MRIS] Screening.”)

Inmates with *serious mental health needs* include people with psychotic disorders or mood disorders, self-mutilators, the aggressive mentally ill, and inmates who are suicidal.

Inmates who are intellectually disabled may need habilitation planning, assistance in accepting the limitations of their conditions and special attention to their physical safety in the correctional environment.

POLICY:

- I. The Correctional Managed Health Care Committee, its agents, and the TDCJ Health Services Division provide services for inmates who require medical supervision and/or multidisciplinary care. These include but are not limited to inmates who:
 - A. Are chronically ill or have a communicable disease;
 - B. require Assistive Disability Services;
 - C. are frail elderly;
 - D. are terminally ill;
 - E. are seriously mentally ill;
 - F. have an intellectual disability; and/or,
 - G. are pregnant.

- II. As appropriate, inmates who are terminally ill should be considered for hospice services and/or early release under Government Code §508.146 Medically Recommended Intensive Supervision. (See

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- III. Any inmate suspected of or diagnosed with one of the special needs listed in Section I. should be referred through established referral procedures to the appropriate program and/or service.
- IV. Interpreters will be provided to inmates whose primary means of communication is via American Sign Language or finger spelling. The specific occasions for which interpreters are provided are:
 - A. Completing the diagnostic process;
 - B. major/minor disciplinary hearings;
 - C. state/facility classification committee hearings;
 - D. medical/dental appointments;
 - E. mental health appointments;
 - F. job placement interviews; and,
 - G. substitute counsel for major/minor case reviews.

References:

- Government Code §508.146. Medically Recommended Intensive Supervision
- ACA Standard 4-4350 (Revised January 2006)
- ACA Standard 4-4359 (Ref. New) Mandatory
- ACA Standard 4-4368 (Revised January 2006) Mandatory
- ACA Standard 4-4399 (Revised January 2006)
- CMHC Infection Control Manual
- CMHC Mental Health Services Departmental Policy Manual
- CMHC Policy G-51.3, “Admission Health Appraisals for Inmates with Physical Disabilities”
- CMHC Policy G-51.5, “Certified American Sign Language (ASL) Interpreter Services.”
- CMHC Policy G-51.8, “Care of Inmates with Terminal Conditions.”