

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 5/20/2016	NUMBER: G-51.9
	Replaces: 7/8/2015	
	Formulated 1/99 Reviewed: 04/18	Page 1 of 3
WHEELCHAIR USE		

PURPOSE: To describe the procedures for determining when an offender will be provided a wheelchair for mobility.

POLICY: A wheelchair will be provided to any offender unable to ambulate due to a condition that would cause the offender to otherwise be bed or chair confined without the use of a wheelchair. Offenders requiring permanent or extended use of a wheelchair should be assigned to a facility with housing and accommodations for the mobility impaired.

Offenders with mobility impairments that do not require wheelchair use will be encouraged to remain ambulatory as part of their treatment plan. It is inappropriate to allow offenders to use wheelchairs for their convenience. Unnecessary wheelchair use can negatively impact an offender's strength, rehabilitation and health.

DEFINITIONS:

1. **Assistive Disabilities Services (ADS) provider-ordered Wheelchair.** Wheelchair use that is ordered by an Assistive Disabilities Services (ADS) provider and approved by the Clinical Director of ADS. Offenders prescribed an ADS wheelchair should be assigned to a housing area designated for those who use wheelchairs for mobility.
2. **Permanent Wheelchair:** Wheelchair use that is ordered by a medical provider for an offender who is expected to require permanent use of a wheelchair for mobility but does not qualify for an ADS wheelchair. Offenders prescribed a permanent wheelchair should be assigned to a housing area designated for those who use wheelchairs for mobility.
3. **Security Use (Convenience) Wheelchair:** Security may, at any time and for any reason, elect to use a wheelchair to transport an offender from one place to another within the facility at the discretion of the appropriate security chain of command. A wheelchair used in this manner should not be left in the offender's possession and does not indicate need for change in housing or transportation restrictions. However, repeated use of a wheelchair in this manner should be brought to the unit medical director's attention.
4. **Temporary Wheelchair:** Wheelchair use that is ordered by a medical provider for an offender for a temporary condition and is expected to not require permanent use of a wheelchair for mobility. The provider should indicate the number of days for which a wheelchair pass is issued. Offenders prescribed a temporary wheelchair may be assigned to a housing area designated for those who use wheelchairs for mobility.
5. **Utility Use Wheelchair.** Wheelchair use that is ordered by a medical provider for an offender who is not dependent on a wheelchair for all mobility but for whom the provider feels wheelchair use is necessary on a limited basis (i.e. Offenders who can ambulate short distances but experience weakness or are unable to walk long distances.) The provider should indicate the number of days for which the utility use wheelchair pass is issued. Offenders in this category are not assigned to a housing area designated for offenders who use wheelchairs for all mobility.

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PROCEDURES:

- I. In hospital and infirmary settings, the treating provider will determine if an offender requires the use of a wheelchair.

- II. In other than inpatient settings, an offender presenting with the complaint of an inability to ambulate will be provided an *emergent or expedited* evaluation by an appropriate specialist (including but not limited to a neurologist, physiatrist, and/or orthopedist) as clinically indicated.

The unit health administrator/practice manager or his/her designee will coordinate special arrangements (temporary wheelchair use, transportation, etc.) required to complete the specialty evaluation and meet the offender’s activities of daily living prior to evaluation. The Health Summary for Classification (HSM-18) and FORVUS HSIN screen shall be updated to reflect wheelchair use and transportation.

- III. Specialty clinic evaluation is required to substantiate the need for continued or permanent ADS wheelchair use.

- IV. Any offender requiring ADS or permanent wheelchair use should be housed on a designated wheelchair unit. The HSM-18 and HSIN screen must indicate “Wheelchair Use” and have the designator “wheelchair van” designated in the “Routine Transportation Restrictions” section. If unit reassignment is required, an email must be sent to the TDCJ Office of Health Services Liaison (HSL). The email should include the offender’s name, TDCJ number and unit of assignment. Emails can be sent to HSL via FORVUS or electronic medical record at email address HSLIAISON.

- V. When an offender no longer requires use of a wheelchair, the HSM-18 and HSIN screen must be updated by unit medical staff to reflect no wheelchair use and adjust the transportation restriction as required by the offender’s current condition.

- VI. Following specialty evaluation, if the offender has been found to have no definitive pathology requiring the use of a wheelchair, or after successful rehabilitation the offender refuses to ambulate, a multidisciplinary approach will be implemented.

When the unit Medical Director determines that all appropriate evaluations have ruled out organic mobility impairment and a mental health evaluation has been conducted by a psychiatrist, the unit health administrator/practice manager will arrange a meeting for a Special Wheelchair Committee. This committee will include the primary treating physician, the unit Medical Director, (ADS) case manager, the evaluating psychiatrist or designated qualified mental health provider (QMHP) licensed psychologist, any specialty providers deemed

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necessary, and the facility administrator (warden) or his/her designee. This committee will consult with a regional or senior university medical director, a physician representative from TDCJ Health Services, a regional or division level representative from the Correctional Institutions Division (CID) and a representative from the Classification and Records Office (CRO) to formulate a treatment plan (Attachment A) that includes, at a minimum, recommendations for 1) monitoring, referrals and testing, 2) medical restrictions such as housing, work assignments, and transportation, 3) use of durable equipment, 4) instruction regarding activities of daily living, and 5) procedures of accessing other services. Upon completion of the meeting, the committee's recommendations will be recorded in the electronic health record on the Special Wheelchair Committee Treatment Plan form (Attachment B).

The unit health administrator/practice manager will email the offender's name, TDCJ number, unit of assignment, and summary of the Special Wheelchair Committee's treatment plan to HSL. HSL will maintain a list of offenders who refuse to walk (ADS) will assign case managers to evaluate offenders who refuse to walk at least twice per year. A psychiatrist will examine offenders who refuse to walk at least once per year to determine any changes in functional status.

Offenders who refuse to ambulate will be transported by unit van unless the patient has an underlying medical condition that precludes unit van transport. The HSM-18 and HSIN screen shall be updated to indicate "van" transportation. Transportation via unit van will be coordinated on the unit between medical and security staff.

An offender under a Special Wheelchair Committee treatment plan is not exempt from institutional rules and regulations. Security may take disciplinary actions according to TDCJ policies and procedures.

Reference: ACA Standard 4-4305 Special Needs Inmates, 4-4350 Treatment Plan, 4-4375
Prosthetic and Orthotic Devices, 4-4399 Special Needs
Americans with Disabilities Act (ADA)
Correctional Managed Health Care Policy A-08.4, "Health Summary for Classification."