

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 5/20/2016	NUMBER: G-51.9
	Replaces: 7/8/2015	
	Formulated 1/99 Reviewed: 04/22	Page 1 of 3
<b>WHEELCHAIR USE</b>		

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

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

Inmates 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 inmates to use wheelchairs for their convenience. Unnecessary wheelchair use can negatively impact an inmate'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. Inmates 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 inmate who is expected to require permanent use of a wheelchair for mobility but does not qualify for an ADS wheelchair. Inmates 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 inmate 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 inmate'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 inmate 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. Inmates 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 inmate 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. Inmates 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. Inmates in this category are not assigned to a housing area designated for inmates who use wheelchairs for all mobility.

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**PROCEDURES:**

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

II. In other than inpatient settings, an inmate 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 inmate’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 inmate 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 inmate’s name, TDCJ number and unit of assignment. Emails can be sent to HSL via FORVUS at email address HSLIAISON.

V. When an inmate 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 inmate’s current condition.

VI. Following specialty evaluation, if the inmate has been found to have no definitive pathology requiring the use of a wheelchair, or if rehabilitation has been offered, and the inmate 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 necessary, and the facility administrator (warden) or his/her designee. This committee will

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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 inmate'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 inmates who refuse to walk (ADS) will assign case managers to evaluate inmates who refuse to walk at least twice per year. A physiatrist will examine inmates who refuse to walk at least once per year to determine any changes in functional status.

Inmates 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 inmate 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: Americans with Disabilities Act (ADA)  
 Correctional Managed Health Care Policy A-08.4, "Health Summary for Classification."  
 ACA Performance Standards & Expected Practice 5B-4305 Special Needs Inmates  
 ACA Performance Standards & Expected Practice 5-6A-4350 Treatment Plan  
 ACA Performance Standards & Expected Practice 5-6A-4375 Prosthetic and Orthotic Devices  
 ACA Performance Standards & Expected Practice 5-6C-4399 Special Needs