# Correctional Managed Health Care Policy Manual
## TABLE OF CONTENTS

### SECTION A – GOVERNANCE AND ADMINISTRATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>A-01.1</td>
</tr>
<tr>
<td>Responsible Health Authority</td>
<td>A-02.1</td>
</tr>
<tr>
<td>Treatment of Injuries Incurred in the Line of Duty</td>
<td>A-02.2</td>
</tr>
<tr>
<td>Medical Autonomy</td>
<td>A-03.1</td>
</tr>
<tr>
<td>Administrative Meetings</td>
<td>A-04.1</td>
</tr>
<tr>
<td>Health Services Statistical Report</td>
<td>A-04.2</td>
</tr>
<tr>
<td>Health Services Policies</td>
<td>A-05.1</td>
</tr>
<tr>
<td>Quality Improvement/Quality Management Program</td>
<td>A-06.1</td>
</tr>
<tr>
<td>Professional and Vocational Nurse Peer Review Process</td>
<td>A-06.2</td>
</tr>
<tr>
<td>Emergency Plans and Drills</td>
<td>A-07.1</td>
</tr>
<tr>
<td>Disaster Drill Evaluation Form</td>
<td>A-07.1 Attachment A</td>
</tr>
<tr>
<td>Decision Making for Serious Mentally Ill Patients</td>
<td>A-08.1</td>
</tr>
<tr>
<td>Mental Health Disciplinary Review Form</td>
<td>A-08.1 Attachment A</td>
</tr>
<tr>
<td>Transfers of Offenders with Acute Conditions</td>
<td>A-08.2</td>
</tr>
<tr>
<td>Referral of Offenders to the Developmental Disabilities Program (DDP)</td>
<td>A-08.3</td>
</tr>
<tr>
<td>Offender Medical and Mental Health Classification</td>
<td>A-08.4</td>
</tr>
<tr>
<td>Guidelines for Completing the Health Summary for Classification Form</td>
<td>A-08.4 Attachment A</td>
</tr>
<tr>
<td>Coordination with Windham School System</td>
<td>A-08.5</td>
</tr>
<tr>
<td>Medically Recommended Intensive Supervision (MRIS) Screening</td>
<td>A-08.6</td>
</tr>
<tr>
<td>Medically Recommended Intensive Supervision Screening Form</td>
<td>A-08.6 Attachment A</td>
</tr>
<tr>
<td>Medically Recommended Intensive Supervision Medical Summary</td>
<td>A-08.6 Attachment B</td>
</tr>
<tr>
<td>PULHES System of Offender Medical and Mental Health Classification</td>
<td>A-08.7</td>
</tr>
<tr>
<td>(A) Correctional Managed Health Care PULHES</td>
<td>A-08.7 Attachment A</td>
</tr>
<tr>
<td>(B) Guidelines For Coding PULHES</td>
<td>A-08.7 Attachment B</td>
</tr>
<tr>
<td>Medical Pass</td>
<td>A-08.8</td>
</tr>
<tr>
<td>The Chronic Mentally Ill Treatment Program (CMI-TP)</td>
<td>A-08.9</td>
</tr>
<tr>
<td>The Program for the Aggressive Mentally Ill Offender (PAMIO)</td>
<td>A-08.10</td>
</tr>
<tr>
<td>Privacy of Care</td>
<td>A-09.1</td>
</tr>
</tbody>
</table>
Notification Requirements Regarding Critically Ill Offenders A-10.1
Procedure to be Followed in Cases of Offender Death A-11.1
Initial Notification to Health Services of Offender Death A-11.1 Attachment A
Deaths in Custody – Death Report for Bureau of Justice Statistics A-11.1 Attachment B
Offender Death Summary A-11.1 Attachment C
Pronouncement of Death by Licensed Nurses A-11.2
Grievance Mechanism A-12.1
Getting Medical Treatment – English A-12.1 Attachment A
Getting Medical Treatment – Spanish A-12.1 Attachment B
Informal Resolution Process A-12.1 Attachment C
Patient Liaison Program A-12.2
Provider Peer Review A-13.1

SECTION B – MANAGING A SAFE AND HEALTHY ENVIRONMENT
PLEASEREFERTOTHEINFECTIONCONTROLPOLICYMANUAL
http://www.tdcj.texas.gov/divisions/cmhc/infection_control_policy_manual.html

SECTION C – PERSONNEL AND TRAINING
Licensure and Credential Verification C-18.1
Correctional Managed Health Care Reference Materials C-19.1
Health Services Reference Materials C-19.2
Sample Correctional Managed Health Care Bookshelf C-19.2 Attachment A
Training for Correctional Officers C-20.1
Offender Workers C-22.1
Position Descriptions C-23.1
Staffing Levels C-24.1
Orientation Training for Health Services Staff C-25.1

SECTION D – HEALTH CARE SERVICES SUPPORT
Pharmaceuticals D-27.1
Heat Stress D-27.2
Medications Associated With Healt Stress D-27.2 Attachment A
Comorbidities That May Affect Heat Tolerance D-27.2 Attachment B
SECTION E – INMATE CARE AND TREATMENT

Information on Health Care Services
Organ or Tissue Donation
Donor Information Sheet
Retraction Of Tissue And Organ Donor Status
Obtaining Community Hospital Offender Information
Management Of Offenders Who Have Received Solid Organ and Stem Cell Transplants
Receiving, Transfer and Continuity of Care Screening
CMC Intake History and Health Screening Form
SAFPF Detoxification Medications List
Health Appraisal of Incoming Offenders
Periodic Physical Examinations
Use of Force Procedures
Reporting Suspected Abuse
Chemical Agents and the Use of Force Contraindication List
Mental Health Appraisal forIncoming Offenders
Mental Health Evaluation
Dental Treatment Levels of Care
In-processing Offenders – Dental Examination, Classification, Education and Treatment
Recording and Scheduling Dental Patient Visits
Dental Prosthodontic Services

Medically Necessary Dental Prosthetics Referral Form

Completed Dental Prosthesis Requisition Form

Dental Utilization/Quality Review Committee

Periodontal Disease Program

Dental Clinic Operations Reporting

Dental Comprehensive Treatment Plan (DCTP)

Daily Processing of Health Complaints and Sick Call

Sick Call Procedure For Offenders Unable To Write

Guidelines for Clipper Shave Pass

Medical Lay-Ins

Lockdown Procedures

Interpreter Services – Monolingual Spanish-Speaking Offenders

Cosmetic Surgery

Health Evaluation and Documentation Offenders in Segregation / Restrictive Housing

Alternative Meal Service

Direct Medical Orders

Emergency Services

Emergency Response During Hours of Operation

Emergency Response Bag Inventory List

Offender Transport and Transfer

Missed Clinic Appointment

SLC Missed Appointment Audit/Survey

Transportation of Infirmary and Inpatient Mental Health Offenders

Authorization To Leave The Inpatient or Sheltered Housing Setting

Medical Holds

Delegation to Advanced Practice Registered Nurses and Physician Assistants

Prescriptive Authority Agreement

Alternative Physician Supervision Log

Continuity of Care

Examination of Offenders by Private Practitioners

Request and Consent for Examination by Private Practitioner
SECTION F – HEALTH PROMOTION AND DISEASE PREVENTION

Health Education and Promotion F-46.1
Therapeutic Diets and Food Allergies F-47.1
Counseling Sheet For Therapeutic Diet Refusal F-47.1 Attachment A
Exercise Program F-48.1
Personal Hygiene F-49.1
Tobacco Free Environment F-50.1

SECTION G – SPECIAL NEEDS AND SERVICES

Offenders with Special Needs G-51.1
Admission to A Geriatric Center G-51.2
Admission Health Appraisals for Offenders with Physical Disabilities G-51.3
Speech Pathology Referral Criteria for TDCJ G-51.3 Attachment A
Level of Care Assessment G-51.3 Attachment B
Wheelchair Repair & Maintenance G-51.4
Certified American Sign Language (ASL) Interpreter Services G-51.5
Referral of an Offender for Admission into a Behavioral Health Facility G-51.6
Behavioral Health Treatment for Substance Abuse Felony Punishment Facility G-51.7

Offenders
Care of Offenders With Terminal Conditions G-51.8
Consent to Hospice Care G-51.8 Attachment A
Hospice Guidelines G-51.8 Attachment B
Wheelchair Use G-51.9
Special Wheelchair Committee, Treatment Plan of Offender Refusing To Walk G-51.9 Attachment A
Special Wheelchair Committee Treatment Plan Form G-51.9 Attachment B
Chronic Care Program G-51.10
Treatment of Offenders with Intersex Conditions, Gender Identity Disorder, or Gender Dysphoria G-51.11
Consent Form for Therapy with Male Hormones G-51.11 Attachment A
Consent Form for Therapy with Female Hormones G-51.11 Attachment B
Offenders with Special Needs who are Releasing From TDCJ G-51.12
Admission to a Sheltered Housing  
Infirmary Care  
Chronic Mentally Ill – Sheltered Housing (CMI-SH)  
Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP)  
Seriously Mentally Ill – Sheltered Housing (SMI-SH)  
Seriously Mentally Ill – Sheltered Housing (SMI-SH) Referral Form  
Suicide Prevention Plan  
Health Services Policy Facility Addendum  
Management of Offenders Hunger-Strikes  
Detoxification  
Pregnant Offenders  
Offenders with Alcohol or Other Substance Abuse Disorders  
Sexual Assault/Sexual Abuse  
Penal Code, Chapter 22. – Assultive Offenses  
Optical Prostheses and Appliances  
Correctional Managed Health Care Dispensing of Prescription Eyewear  
Medical Prostheses and Orthotic Devices  
Examples of Conditions not Suitable for Brace and Limb Referral Which Can be Managed at the Unit Level  

SECTION H – HEALTH RECORDS  
Health Records – Organization, Maintenance and Governance  
Outpatient/Inpatient Health Record Format  
List of EHR Chart Sections  
List of Approved Abbreviations  
CMHC Electronic Health Record – Standard Operating Procedure (SOP)  
CMC Documentation Clarification  
CMHC Electronic Health Record SOP – Creating an Addendum Note  
Incomplete Chart Notation  
Inpatient Health Records  
History and Physical Examination
Discharge Summary
- H-60.2 Attachment B
Approval To File an Incomplete Medical Record
- H-60.2 Attachment C
Health Services Forms Control and Design
- H-60.3
Utilization of the Electronic Health Record
- H-60.4
Confidentiality and Release of Information
- H-61.1
Affidavit of Personal Representative
- H-61.1 Attachment A
Calculation of Costs for Patient Health Information (2/2005) Facilities
- H-61.1 Attachment B
Calculation of Costs for Patient Health Information (2/2005) Health Services Archives
- H-61.1 Attachment C
Authorization for the Use and Disclosure of Protected Health Information (PHI)
- H-61.1 Form
  – (HSA-27) English Version
Authorization for the Use and Disclosure of Protected Health Information (PHI)
- H-61.1 Form
  – Spanish Version
Transfer of Health Records
- H-64.1
Breach of Confidentiality Incident Log
- H-64.1 Attachment A
Breach of Confidentiality Form
- H-64.1 Attachment B
Retention/Destruction of Health Records
- H-65.1

SECTION I – MEDICAL-LEGAL ISSUES

Medical Therapeutic Restraints
- I-66.1
Medical Therapeutic Restraint Flow Sheet
- I-661.1 Attachment A
Therapeutic Restraint of Mental Health Patients
- I-66.2
Therapeutic Seclusion of Mental Health Patients
- I-66.3
Compelled Psychoactive Medication for Mental Illness
- I-67.1
CMHC MH Services – Certificate of Emergency Compelled Psychoactive Medication in a Mentally Ill Person
- I-67.1 Attachment A
Certificate of Non-Emergency Compelled Psychoactive Medication in a Mentally Ill Person
- I-67.1 Attachment B
Blood and Urine Testing for Forensic Purposes
- I-68.1
DNA Specimen Collection
- I-68.2
Forensic Information
- I-68.3
Medical Consultation for the Offender Drug Testing Program
- I-68.4
Offender Controlled Substance Testing Information Form
- I-68.4 Attachment A
Prescription Drugs Giving Positive Results for the Sure-Screen Test I-68.4 Attachment B
Participation in Executions I-69.1
Informed Consent I-70.1
Request/Consent For Treatment Or Services I-70.1 Attachment A
Consent for Admission to a Behavioral Health Facility I-70.2
TDCJ - Mental Health Services – Voluntary Consent for Admission to a Behavioral Health Facility I-70.2 Attachment A
TDCJ - Mental Health Services – Psychiatric Involuntary Admission Review I-70.2 Attachment B
TDCJ - Mental Health Services - Involuntary Admission to a Behavioral Health Facility I-70.2 Attachment C
Offender’s Right to Refuse Treatment, Department’s Right to Compel Treatment I-71.1
Request for Compelled Medical Treatment I-71.1 Attachment A
Refusal of Treatment or Services I-71.1 Attachment B
Instructions For Completing The Refusal Of Treatment Form I-71.1 Attachment C
Patient Self-Determination Act, Natural Death Act, Advance Directives Act I-71.2
Directive To Physicians I-71.2 Attachment A
Standard Out-Of-Hospital Do-Not-Resuscitate Order I-71.2 Attachment B
Patient Information About Advance Directives I-71.2 Attachment C
Biomedical Research I-72.1