TEXAS DEPARTMENT OF CRIMINAL JUSTICE TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL OR MENTAL IMPAIRMENTS (TCOOMMI)	
PROGRAM GUIDELINES AND PROCESSES	**NUMBER:** PGP - 01.12 **DATE:** September 1, 2023 **PAGE:** 1 of 6 **SUPERSEDES:** 10/01/2018 (rev. 3)

SUBJECT: CONTINUITY OF CARE – MEDICAL SERVICES

APPLICABILITY: Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Continuity of Care staff, and Human Service Specialists (HSS).

PURPOSE: To provide guidelines regarding medical continuity of care services for identified individuals releasing from prison and state jails, those under community supervision (probation and/or parole) and provide technical assistance regarding those individuals while in a county jail or community-based hospital pending release to supervision.

AUTHORITY: Texas Health and Safety Code, Chapters 614.014, 614.015, and 614.016.

DISCUSSION: Continuity of care (COC) is the identification of medical, psychiatric, psychological, educational, or rehabilitative service needs that allows for the development and coordination of a plan for the treatment, care and services between various agencies for individuals with medical impairments to allow for medical services to continue in the community.

TCOOMMI provides multiple service types within the medical COC domain that provide for a coordinated approach to meet medical needs. In addition to pre- and post-release COC service coordination for conditions such as oxygen dependence, oncology treatment transition, and synchronization of other medical requirements due to a significant medical condition, placements for nursing homes, group homes and assisted living facilities are accomplished by staff. Medical COC staff also work closely with the Medically Recommended Intensive Supervision (MRIS) program, as applicable, to ensure clients receive appropriate referral based on current incarceration status and ongoing case management upon community supervision release.

PROCEDURES:

I. Referrals and Screening

A. Referrals for medical continuity of care services come from multiple sources, both internal and external. Internal referrals may be received from medical staff on a Correctional Institutions Division (CID) unit, other Divisions, through listings generated by TDCJ - Information

Technology Division (ITD) and TDCJ Health Services Divisions contracted medical providers, or supervising parole or CSCD officers for example. External referrals may be received from sources such as family members, elected officials, social service agencies, or attorneys.

B. Upon referral or notice that an individual may be in need of continuity coordination services, a review for TCOOMMI service eligibility is completed. COC staff will review the following for additional information:
   1. TDCJ mainframe data system to determine the inmate's current release eligibility status. The inmate must be within 90 days of release to be eligible for medical COC services;
   2. TDCJ Electronic Medical Record (EMR) for current diagnoses, the most recent medical provider's post release COC recommendation, and, if available, the inmate's medical Individualized Treatment Plan (ITP);
   3. TCOOMMI Web Application (WebApp) for medical referral(s) and status. An existing referral will contain the International Statistical Classification of Diseases and Related Health Problems diagnoses (ICD-10 code);
   4. If incarcerated, current unit job and housing assignment history may be reviewed for additional information as needed to determine eligibility; and
   5. If under Parole supervision, the individual's Offender Information Management System (OIMS) record may be reviewed.

C. Should the individual's release or supervision status, current medical provider COC recommendation and diagnoses need indicate eligibility for services, COC staff will categorize the individual using the TCOOMMI service type categories as defined by TDCJ – Health Services Division (Attachment A).

D. If an individual is determined not eligible for COC services, notification is to be provided to the original referral source. Additionally, for those individuals who have a qualifying medical need but are not eligible due to no scheduled parole, mandatory supervision, or flat discharge date within 90 days, the case will be evaluated for referral to the Medically Recommended Intensive Supervision (MRIS) program for their review and action (refer to PGP-01.04, *Medically Recommended Intensive Supervision*).

II. Service Coordination

A. If referral and screening identify an individual with a pre-release COC need, functional limitations will determine the level of COC service needed. Those with medical provider identified functional limitations require additional coordination with unit medical staff, other divisions, and post release services based upon the recommendation from the current medical provider.

B. For all eligible referrals, regardless of functional limitation, notice of referral will be sent to the designated HSS for the development of the COC plan.

C. The HSS is responsible for assisting the individual with the completion and submission of benefit applications as appropriate.

1. Applications for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or Social Security Retirement (SSR) will be submitted to the local Social Security Administration (SSA) office, as determined by the individual's unit of assignment or community residence, as applicable.
2. Additional benefit applications, such as but not limited to: Veterans, Indigent Healthcare, prescription assistance, Affordable Healthcare Act or housing will be submitted to the respective determination office.
3. All benefit assistance will be documented within the WebApp with the HSS performing routine follow-up as appropriate.

D. The HSS is responsible for linkage coordination for home health care, hospice, ongoing oxygen dependence needs, dialysis in collaboration with the medical provider, wound care or ongoing acute care for significant or terminal illness.

E. On a case-by-case basis, an assignment will be made to an HSS responsible for nursing home or group home placement for those individuals that have this requirement authorized by the medical provider.

III. Release Preparation

A. The HSS assigned to the client's case is responsible to ensure the approved release home plan sponsor is aware of the needs and requirements associated with the client's medical condition. By ensuring awareness, a smooth transition can be made with limited changes to the client's home plan after release.

B. Prior to initiating contact, the HSS will ensure the client has signed a release of Protected Health Information (PHI) for the listed release plan sponsor. A new PHI will be required if there is no existing PHI or the PHI on file is expired.

C. The HSS will make contact with the sponsor to ensure the release plan sponsor is aware of the client's current medical condition, is aware of and able to meet the client's needs and is able to coordinate any additional services as needed.

D. For those client's releasing to Parole supervision with no identified release plan, the HSS will request a plan from the client and work with the client to develop a plan for investigation by the

Parole Division. The information noted below will be emailed to the appropriate Parole Division and Field Services staff:

1. Client's name,
2. Client's TDCJ number,
3. Residential address,
4. Sponsor name, and
5. Phone number for contact person.

E. For those clients releasing after completion of their sentence, also known as a flat discharge, the HSS will submit a residential plan containing the same information as noted in Section II. D above via e-mail to Field Services, and the Reentry Coordinator for that unit.

F. Prior to a scheduled date of release, the HSS will verify with unit medical providers that medication is available to ensure the required thirty (30) day supply of medication is onsite, as needed. If the medication supply will not be ready at time of release, a request will be made to have the medication sent to the release plan, request will be coordinated with unit medical providers.

G. On the scheduled date of release, the HSS will contact the sponsor to verify the client's arrival.

H. Upon release, services will transition to Post-Release Case Management with the Pre-Release Case Management referral being closed within the WebApp; within one (1) working day of release.

1. Those released to supervision, the HSS will ensure the Post-Release COC referral is emailed to the designated HSS, as appropriate, and the WebApp referral is opened. In some cases the HSS providing Pre-Release services will continue to be the HSS providing the Post-Release services; the WebApp transition between Pre-Release and Post-Release services will be completed.
2. Those released as flat discharges, will have their Pre-Release Services closed within 1 working day of release upon documentation of arrival; if any concerns are raised during the verification call the HSS will consult with their supervisor regarding further actions.

IV. Post Release Case Management

A. Within three (3) working days of receipt of a client's case, the HSS is responsible to verbally contact the assigned supervising officer to verify the client's contact information, exchange contact information, verify the client's home plan and conditions of release and, if applicable, provide information regarding any upcoming established client service/treatment appointments. Referral may come from COC staff or after release from another HSS.

B. Throughout case management services, the HSS is to inquire as to status of benefits and, if eligible but not applied for, provide benefit assistance by initiating appropriate applications. The HSS is to conduct at minimum a monthly status check of previously submitted applications until such time as a decision has been rendered. Results of status checks are to be documented in the WebApp.

C. The HSS when working with client's transitioning from a hospital or health facility will collaborate with the hospital or health facility and local parole officer to ensure the location of transition is operating with necessary license or permits to meet the client's care, as directed within Health and Safety Code 256.003.

D. No later than five (5) working days following release and monthly thereafter, the HSS will conduct a face-to-face contact with the client if the client resides within the travel radius established by the TCOOMMI Manager. If outside the established radius, contact with the client is to be telephonic. Monthly, the HSS is to contact the client's supervising officer and social worker (if assigned) to discuss the case, provide/obtain updates and determine the client's need for ongoing services and/or treatment. All contacts are to be documented in the WebApp within three (3) working days. Verbal communication between client and supervising officer is intended, with any written communication to be limited when verbal was unachievable.

E. Should notice be received that a client has been arrested, the HSS is to contact the custody location to verify custody status, provide the custody location the most current medical records and the HSS's contact information. The HSS is to monitor custody status and in the event the client is to released back to community, coordinate linkage to appropriate community resources.

F. Each case will be evaluated regarding ongoing benefit assistance, human service linkages provided, and continued case management needs at thirty (30) days and sixty (60) days after release to ensure the client still requires on-going medical COC case management services.

G. In the event a client has a need to transfer to another location, the HSS is to contact the supervising officer for status of transfer. If the supervising officer indicates that a transfer is acceptable, the HSS will contact the HSS in the destination area in order to coordinate services. Information regarding lack of services in the destination area must be reported to the supervising officer as this could impact the ability to transfer. Upon notice of approved transfer, the receiving HSS is to make contact with the client within two (2) working days.

H. Medical COC services are only authorized for a ninety (90) day period after release. Cases may be closed prior to ninety (90) days if all medical continuity of care needs are met. Inversely, cases may be authorized for services beyond the standard ninety (90) days by the TCOOMMI Manager

if there are continued unmet needs that require HSS assistance. The WebApp is to be updated within one (1) working day of case closure.

I. Nursing home cases are not subject to the ninety (90) day standard service period and will remain open until the client's release from the nursing home, discharge of sentence, or death.

J. Should a client receive COC case management in excess of one (1) year (i.e. nursing home placements, extended COC services), the HSS is to conduct an electronic review of the OIMS record on a quarterly basis to evaluate the client need for ongoing services and communicate at least every 6-months verbally with the supervising officer.

April Zamora, Director
TDCJ – Reentry and Integration Division

CLIENT SCREENING CATAGORIES

ELDERLY	A person sixty-five (65) years of age or older.
DEVELOPMENTALLY DISABLED / INTELLECTUAL DISABILITY	Per Section 591.003, Texas Health and Saefty Code means significantly sub-average general intellectual functioning that is concurrent with deficits in adaptive behavior and originates during the developmental period until the age of 18.
LONG TERM CARE	Care provided to a person who is deficient in the area of self-care and where there is a reasonable medical probability that the clinical condition(s) producing that inability will not change over time and requires nursing care.
MENTALLY ILL	Per Section 571.003, Texas Health and Safety Code means an illness, disease, or condition that either substantially impairs a person's thoughts, perception, or reality, emotional process, judgment, or grossly impairs a person's behavior, as manifested by recent disturbed behavior.
ORGANIC BRAIN SYNDROME	Any of a group of chronic syndromes involving temporary or permanent impairment of brain function caused by trauma, infection, toxin, tumor, or tissue sclerosis, and causing mild to severe impairment of memory, orientation, judgment, intellectual functions, and emotional adjustment.
PERSISTENT VEGETATIVE STATE	A condition of profound non-responsiveness in the wakeful state caused by brain damage at any level and characterized by a nonfunctioning cerebral cortex, absence of response to the external environment, akinesia, mutism, and inability to signal.
PHYSICALLY HANDICAPPED	Having a severe, chronic disability that is likely to continue indefinitely and results in substantial functional limitations in three or more of the following areas of major life activity: self-care, self-direction, learning, receptive and expressive language, mobility, capacity for independent living, or economic self-sufficiency. These limitations are reflected in the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services of extended or lifelong duration that are individually planned and coordinated.
TERMINALLY ILL	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.