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Health Assessment for Inmate Transfers	ACA Standards: 4-4348, 4-4349, 4-4363M, 4-4364, 4-4370M, 4-4396M, 4-4414, 4-ACRS-4C-06M, 4-ACRS-4C-07		
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Health Assessment for Inmate Transfers

This procedure outlines the process for intra-system transfers for both the transferring and receiving facilities and provides guidelines for the assessment of an inmate based on the Individual Health Activity Profile (IHAP). This assessment will assist the Classification and Population Unit in the appropriate placement of an inmate based on the individual health care needs. The “IHAP Facility Recommendation Decision Matrix” ([Attachment A](#), attached) will be utilized by the Population Office in evaluating and making transfer decisions. The chief medical officer, chief mental health officer or their designee will coordinate medical and mental health transfers in conjunction with the Population Office.

Health/mental health screenings will be conducted by the receiving facility upon arrival to determine appropriate housing assignment and to identify any immediate medical/mental health attention required. (4-4363M, 4-4370M, 4-ACRS-4C-06M)

I. Definitions

A. Intra-System Transfer

The transfer of any inmate within the Oklahoma Department of Corrections (ODOC) system and contract facilities. This also includes parole violators placed at facilities under the terms of an “Imposition of Intermediate Sanctions” agreement ([OP-061001](#), [Attachment J](#)) and in-transit inmates. In-transit inmates may include returned escapees,

interstate agreement inmates, special supervision program failures, etc. (4-4364)

B. Qualified Health Care Professional (QHCP)

Includes all health care providers as well as registered nurses (RN), licensed practical nurses (LPN), certified medication aides (CMA) and others who, by virtue of their education, training, credentials and experience, are permitted by law within the scope of their professional practice statutes to perform clinical duties for inmates.

C. Health Trained Staff

Facility staff who are trained by a health care provider, RN/LPN, or mental health professional to conduct health/mental health screenings using the "Intra-System Transfer Health Screening" form ([DOC 140113B](#), attached).

D. Health/Mental Health Screening Training

Training will be provided by a health care provider or RN/LPN to facility staff who are responsible for conducting the health/mental health screening on intra-system transfers. The health/mental health screening training program will be in accordance with a lesson plan established and approved by the Chief Medical Officer in accordance with [OP-100101](#) entitled "Employee Development."

II. Facility Responsibilities for Intra-System Transfers

A. Transferring Facility (4-4414)

1. Prior to an inmate's intra-system transfer, a review of the inmate's medical, dental, and mental health needs will be conducted. The results will be documented by the RN/LPN on the "Medical Transfer Summary" ([ODOC 140113A](#), attached) in the transferring facility section.
2. The facility's qualified mental health provider (QMHP) must be notified of inmates whose mental health classification is "MH-C1" or "MH-C2" and who are being considered for transfer to minimum security or below.
 - a. For those inmates, the QMHP will complete the "Mental Health Recommendations for Lower Security" ([DOC 140113G](#), attached) stating whether the inmate's mental health status, behavior and treatment compliance is appropriate for assignment to the specific security level (i.e., minimum, community, halfway house, Electronic Monitoring Program) where the transfer is requested.

- b. Inmates, with mental health classification “B” and above, are not normally authorized for contract county jail placement and will be assigned to facilities with qualified mental health professionals in order to have access to mental health care.
 - i. At the discretion of the director of Classification and Population, select inmates may be placed in contract county jail beds. If an inmate has a mental health level classification of “B” or above The director of Classification and Population will contact the director of Health Services regarding this potential placement.
 - ii. The Chief Mental Health Officer will review and if there are not concerns, a note will be entered into the Electronic Health Record. The note will be co-signed to the Chief Medical Officer or designee. The designee will update the “Medical Activity Housing Summary” ([DOC 140113A](#)) to reflect the placement.
- c. Inmates, with mental health classification “B” and above who are assigned to Half-Way houses that utilize county jails for Transit Detention Unit (TDU) can be temporarily placed in county jail TDU for security reasons. The Mental Health provider will be notified of county jail TDU placement by Half-Way house staff by the next working day. Transfer packet should be submitted within five working days. Half-Way houses remain responsible for ensuring inmates in county jail TDU are transported to medical and mental health appointments.

B. Receiving Facility

- 1. Each inmate received by a facility, through an intra-system transfer, will receive a health screening immediately upon arrival by facility staff who are trained to perform this procedure. Facility staff will use the “Intra-System Transfer Health Screening” form ([DOC 140113B](#)) to document the results of the health screening, including any needed referrals. (4-4363M, 4-4364, 4-4370M, 4-ACRS-4C-06M)
 - a. For facilities with 24-hour on-site medical staff, and prior to being placed on a housing unit, inmates will be escorted to the medical unit to allow medical staff to complete the “Intra-System Transfer Health Screening” ([DOC140113B](#)).
 - b. For facilities without 24-hour medical staff, and prior to the inmate being placed on a housing unit, health-trained staff will interview the inmate and complete the “Intra-System Transfer Health Screening” ([DOC140113B](#)). The completed form will be forwarded to the medical unit for review within

24 hours. The health-trained staff member will notify the on-call medical staff if the inmate presents with any immediate medical or mental health concerns.

2. If the facility health care provider believes an inmate has transferred to their facility inappropriately, the health care provider, RN/LPN, or CHSA will notify the chief medical officer or designee by completing the "Medical Transfer Request" ([DOC140113E](#), attached) with supporting documentation as to why the transfer is deemed inappropriate. If the facility assignment is medically inappropriate, the chief medical officer or designee will notify population management for a medical transfer to an appropriate facility.
3. The facility's qualified mental health provider will be notified by medical services by the next working day of any inmate whose records indicate any mental health concerns and/or whose mental health classification is MH-B, MH-C1, MH-C2, or MH-D for further screening and assessment.
4. Review of Intra-System Transfer Health Screening/Completion of Medical Transfer Summary

Review of the "Intra-System Transfer Health Screening" ([DOC 140113B](#)) and the inmate's medical record will be performed by a RN/LPN to ensure continuity of care and proper placement. The RN/LPN will complete the "Medical Transfer Summary" ([DOC 140113A](#)) and document that a healthcare record review was completed within 24 hours of the inmate's arrival at the assigned facility.

C. Transfer of Healthcare Records (4-4349, 4-4396M, 4-4414)

Transfer of the healthcare record will be in accordance with [OP-140106](#) entitled "Healthcare Record System" and [OP-140132](#) entitled "Laboratory, Radiology and Optometric Services."

1. A sealed "Medical Transfer Summary" ([DOC 140113A](#)) and dental x-rays will accompany the inmate when transferred to another ODOC facility or private prison. (4-4414, b# 2)
2. The "Medical Transfer Summary" ([DOC 140113A](#)) and dental x-rays will be transported in a sealed envelope in order to maintain confidentiality. (4-4414, b# 1)
3. Upon arrival at the receiving facility, the inmate's electronic health record (EHR) will be transferred electronically to that facility's clinic by the receiving facility's medical staff.
4. Electronic health records for inmates placed in community out-

count programs or released to specialized supervision programs will remain in active status until discharged from ODOC. (4-ACRS-4C-23)

5. If the transfer is an emergency as determined by the Population Office, or if an inmate is being transferred from one facility to another facility's SHU after normal working hours, the "Medical Transfer Summary" form ([DOC 140113A](#)), along with any medications and dental x-rays will be sent the following day.

D. Transfer of Medications (4-4414)

1. All inmates, regardless of destination, will be transported with their packaged, prescribed medications, including insulin.
2. Medications administered at pill line, including controlled substances, will be sealed in a manila envelope with the inmate's name and ODOC number along with the copy of the "Medical Transfer Summary" ([DOC 140113A](#)). The prepared medication package will be issued to transporting personnel before departure and will be stored appropriately and accessible to the transporting officers. Medications will be clearly labeled with the inmate's name, dose, route, and frequency.
3. Inmate access to and possession of prescription pharmaceuticals during transportation will be limited to keep-on-person (KOP) medications of respiratory inhalers, nitroglycerine sublingual tablets or any medications the healthcare provider/qualified health care professional determines to be medically necessary. All other KOP medications will be stored with the inmate's personal property.
4. Medications that are controlled substances specially dispensed for the inmate as defined by federal law will be transferred as described in Section II. D. item 2. of this procedure.
5. For inmates returned to the custody of the county, any medications and or medical care required after the initial supply sent by ODOC is exhausted will be at the expense of the county.
6. When an inmate is received from a county jail, transporting staff will provide any medication supplies sent with the inmate to ODOC medical personnel at the receiving facility per [OP-040401](#) entitled "Transportation of Inmates by Central Transport Unit (CTU)."

III. Medical and Mental Health Transfers

Inmates diagnosed as having a medical, mental health, or dental condition requiring evaluation and/or treatment beyond what is available at the current facility will be transferred to a facility where such care is available. (4-4348)

A. Transfer Procedure

1. The facility health care provider or dentist will identify the acute/chronic medical or dental conditions that are beyond the diagnostic and/or treatment resources available at their facility.
2. A health care provider will utilize the “Medical Acuity Reference Guide” ([Attachment B](#), attached) to medically categorize an inmate.
3. Mental health status will be determined by a QMHP in accordance with [OP-140201](#) entitled “Mental Health Services Duties and Responsibilities.”
4. Prior to transfer, the health care provider or RN/LPN will review the inmate’s “Activity/Housing Summary” ([DOC 140113C](#), attached). A new “Activity/Housing Summary” will be completed if an inmate has a significant health status change or upon request by the case manager.
5. Each inmate will be assigned a medical acuity, mental health assessment, and physical activity score to assist the Classification and Population Unit staff in placing the inmate in the most appropriate facility and to identify any pertinent medical restrictions.
6. The facility health care provider, RN/LPN, or CHSA will complete the “Medical Transfer Request” ([DOC 140113E](#)) and submit to the chief medical officer or designee. The requesting facility will assist in the coordination of the transfer with the receiving facility.
7. The chief medical officer or designee will determine which facility unit or program can best provide the needed care for the inmate.
8. Any move requested for mental health reasons, other than a request for a transfer to a Mental Health Unit or based on a mental health recommendation for lower or higher security, will require a completed “Mental Health Transfer Request” ([DOC 140113F](#), attached) and will be submitted to the chief mental health officer or designee for approval.
9. The respective sending and receiving facilities will be notified of approved requests via a computer message from the Population Office.
10. Transfers to infirmaries, hospitals and mental health units will be in accordance with [OP-140119](#) entitled “Convalescent and Infirmary Care of Inmates”, [OP-140121](#) entitled “Outside Providers for Health Care Management” and [OP-140127](#) entitled “Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs.”

11. Transportation will be under appropriate security provisions and in accordance with [OP-040401](#) entitled "Transportation of Offenders by Central Transportation Unit (CTU)." (4-4348, 4-4349)
12. If an inmate is unable to travel by CTU due to a medical condition, or has a need for a special vehicle and/or medical escort, transportation will be the responsibility of the sending facility. (4-4144, b #3, 4-4349)

B. Notification of Medical or Mental Health Transfer

Medical transfers to another ODOC facility for medical and dental reasons must be approved in advance by the chief medical officer or designee. Mental health transfers to another ODOC facility for mental health reasons other than for Mental Health Unit placement, or for reasons related to a mental health recommendation for lower or higher security, must be approved in advance by the chief mental health officer or designee.

1. The chief medical officer or designee will advise the Population Office and the sending facility upon approval to transfer the inmate.
2. For an emergency medical or mental health move, the sending facility will complete a "Facility Assignment Form (FAF)" ([DOC 060204A](#)) and forward it to the Population Office. The inmate will sign the form if physically able to do so. For non-emergency medical moves, a complete transfer packet will be prepared and sent to the Population Office.
3. The respective sending and receiving facilities will be notified of approved requests via computer message from the Population Office.

IV. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040401 entitled "Transportation of Inmates by Central Transportation Unit (CTU)"

OP-100101 entitled "Employee Development"

OP-140106 entitled "Healthcare Record System"

OP-140119 entitled "Convalescent and Infirmary Care of Inmates"

OP-140121 entitled "Outside Providers for Health Care Management"

OP-140127 entitled "Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs"

OP-140132 entitled "Laboratory, Radiology and Optometric Services"

OP-140201 entitled "Mental Health Services Duties and Responsibilities"

V. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140113 entitled "Health Assessment for Inmate Transfers" dated November 28, 2017

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 060204A	“Facility Assignment Form (FAF)”	OP-060204
DOC 140113A	“Medical Transfer Summary”	Attached
DOC 140113B	“Intra-System Transfer Health Screening”	Attached
DOC 140113C	“Activity/Housing Summary”	Attached
DOC 140113E	“Medical Transfer Request”	Attached
DOC 140113F	“Mental Health Transfer Request”	Attached
DOC 140113G	“Mental Health Recommendations for Lower Lower Security”	Attached

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment J	“Imposition of Intermediate Sanctions”	OP-061001
Attachment A	“IHAP Facility Recommendation Decision Matrix”	Attached
Attachment B	“Medical Acuity Reference Guide”	Attached
Attachment C	“Intra-System Transfer Health Screening Lesson Plan”	Attached