	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.B.07
		SUPERSEDES (Policy No. & Date): COR.10.1A.08 (10/03/14)	
	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS		Page 1 of 6

1.0 PURPOSE

The purpose of this policy is to ensure that communication occurs between the facility administration and treating health staff regarding incarcerated individuals' significant health needs that must be considered in classification decisions in order to preserve the health and safety of the incarcerated individual, other incarcerated individuals, or staff.

2.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. 29 U.S.C. §701 et seq., Rehabilitation Act of 1973, Section 504.
- b. Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12131-12134.
- c. 28 CFR Part 35, Americans with Disabilities Act of 1990, Title II Regulations, Part 35, Nondiscrimination on the Basis of Disability in State and Local Government Services.
- d. Code of Federal Regulations Title 21, 45 CFR §160, Federal Register Documents, (2023).
- e. Code of Federal Regulations Title 21, 45 CFR §164, subparts A and E, Federal Register Documents, (2023).
- f. Department of Corrections and Rehabilitation, Policy and Procedures, COR.14.27, Inmates with Disabilities.
- g. Hawaii Revised Statutes (HRS) Chapter 489, Discrimination in Public Accommodations.
- h. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).

NOT CONFIDENTIAL

COR P & P M	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS	POLICY NO.: COR.10.B.07
		EFFECTIVE DATE: January 01, 2024
		Page 2 of 6

- i. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- j. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

- a. **Activities of Daily Living:** Generally, refers to ambulation, bathing, dressing, feeding, and toileting.
- b. **Infirmiry-Level Care:** Care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.
- c. **Sheltered Housing:** As opposed to infirmary or observation beds, provides a protective environment that does not require 24-hour nursing care. The beds can be in the infirmary itself or in other designated areas (e.g., where hospice-level care or step-down or transitional mental health care is provided).
- d. **Special Needs Patients:** Incarcerated individuals with health conditions (to include physical and mental disabilities) that require development of an individualized treatment plan for optimum care.

.3 Forms

- a. DCR 0497, Health Status Classification Report.
- b. DCR 0582, Mental Health Provider Order.
- c. DCR 0449, Medical Needs Memo.
- d. Patient Medical Summary (generated through electronic Health Record)

4.0 POLICY

- .1 Correctional staff are advised of incarcerated individuals' special health needs that may affect:
 - a. Housing.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS	POLICY NO.: COR.10.B.07
		EFFECTIVE DATE: January 01, 2024
		Page 3 of 6

- b. Work assignments.
 - c. Admission to and transfers from facilities.
 - d. Program assignments or selection.
 - e. Disciplinary measures.
 - f. Transport to and from outside appointments.
 - g. Clothing or appearance.
 - h. Activities of daily living.
- .2 When protected health information is disclosed to correctional staff to communicate incarcerated individuals' special health needs, health care staff shall share the minimum amount of information necessary to conduct the activity.
- .3 Communication of health needs is documented.

5.0 PROCEDURES

- .1 Intake Screening or Initial Health Assessment.
- a. During the administration of the initial health assessment and post-admission mental health screen [DCR 0453], Qualified Health Care Professionals and Qualified Mental Health Professionals shall screen incarcerated individuals for a history of or presence of a special health care need (i.e., including physical and mental disabilities).
 - b. During the initial health assessment, Qualified Health Care Professionals shall provide incarcerated individuals with the Notice of Rights for Inmates with Disabilities form [DCR 8772]. If an incarcerated individual has difficulty understanding DCR 8772, Qualified Health Care Professionals shall assist the incarcerated individual with understanding the information included in DCR 8772.
 - c. During the administration of the initial health assessment and post-admission mental health screen, if no special health care need (i.e., including physical and mental disabilities), has been identified, Qualified

NOT CONFIDENTIAL

COR P & P M	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS	POLICY NO.: COR.10.B.07
		EFFECTIVE DATE: January 01, 2024
		Page 4 of 6

Health Care Professionals and Qualified Mental Health Professionals shall complete the Health Status Classification Report [DCR 0497].

- d. When no special health care need or routine special health care needs (e.g., as identified through nurse protocol), have been identified during the initial health assessment and/or the post-admission mental health screen, Qualified Health Care Professionals and Qualified Mental Health Professionals shall submit a copy of DCR 0497 to the Inmate Classification Office and the Facility Classification Officer.
- e. During the initial health assessment and post-admission mental health screen of an incarcerated individual, if a complex special health care need (i.e., including physical and mental disabilities), has been identified, Qualified Health Care Professionals and Qualified Mental Health Professionals shall refer and schedule the incarcerated individual for a follow-up evaluation or chart review with a Provider.

.2 Scheduled Follow-Up.

- a. Upon completion of an evaluation or chart review of the incarcerated individual during the scheduled follow-up with the Provider, the Provider shall order special health care needs, as clinically indicated.
- b. Qualified Health Care Professionals shall note the order and, if DCR 0497 was not completed by the Provider, transcribe the Provider order for special health care needs, if any, to DCR 0497.
- c. If no special health care need (i.e., including physical and mental disabilities), has been ordered by the Provider, Qualified Health Care Professionals shall complete DCR 0497 and submit a copy of DCR 0497 to the Inmate Classification Office and the Facility Classification Officer.
- d. If a special health care need (i.e., including physical and mental disabilities), has been ordered by the Provider, Qualified Health Care Professionals shall submit a copy of the completed DCR 0497 to the Inmate Classification Office, the Facility Classification Officer, and the Watch Commander. Provider orders for durable medical equipment shall adhere to COR.10.1G.10 (Durable Medical Equipment).
- e. If the Provider order requires communication of incarcerated individuals' special health needs to correctional staff at the facility where an incarcerated individual is currently housed, Qualified Health Care

NOT CONFIDENTIAL

COR P & P M	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS	POLICY NO.: COR.10.B.07
		EFFECTIVE DATE: January 01, 2024
		Page 5 of 6

Professionals shall also complete the Medical Needs Memo [DCR 0449], if DCR 0449 was not completed by the Provider, and submit a copy of DCR 0449 to relevant personnel (e.g., security, offender or residential services, work supervisor), as designated by facility policy.

- f. If the special health care need does not include durable medical equipment or a reasonable accommodation customarily provided to incarcerated individuals, Qualified Health Care Professionals shall also submit a copy of DCR 0497 with the Request for Accommodation/Modification form [DCR 8773] to the Facility ADA Coordinator.

.3 Change in Health Status.

- a. At any point during an individual's incarceration, if a change in health status has been identified that requires protected health information to be disclosed to correctional staff to communicate incarcerated individuals' special health needs, the Provider shall order special health care needs, as clinically indicated.
- b. If a newly identified, revised, or discontinued special health care need (i.e., including physical and mental disabilities), has been ordered by the Provider, Qualified Health Care Professionals shall note the order and, if DCR 0497 was not completed by the Provider, transcribe the Provider order for special health care needs, if any, to DCR 0497. Qualified Health Care Professionals shall submit a copy of DCR 0497 to the Inmate Classification Office, the Facility Classification Officer, and the Watch Commander. Provider orders for durable medical equipment shall adhere to COR.10.1G.10 (Durable Medical Equipment).
- c. If a newly identified, revised, or discontinued special health care need (i.e., including physical and mental disabilities), has been ordered by the Provider and requires communication of incarcerated individuals' special health needs to correctional staff at the facility where an incarcerated individual is currently housed, Qualified Health Care Professionals shall also complete the Medical Needs Memo [DCR 0449], if DCR 0449 was not completed by the Provider, and submit a copy of DCR 0449 to relevant personnel (e.g., security, offender or residential services, work supervisor), as designated by facility policy.
- d. If the newly identified, revised, or discontinued special health care need does not include durable medical equipment or a reasonable accommodation customarily provided to incarcerated individuals, Qualified


NOT CONFIDENTIAL

COR P & P M	SUBJECT: COMMUNICATION ON PATIENTS' HEALTH NEEDS	POLICY NO.: COR.10.B.07
		EFFECTIVE DATE: January 01, 2024
		Page 6 of 6

Health Care Professionals shall also submit a copy of DCR 0497 with the Request for Accommodation/Modification form [DCR 8773] to the Facility ADA Coordinator.

- e. Provider orders for special health care needs involving Infirmiry-Level Care or Sheltered Housing shall be communicated to correctional staff using the Medical Provider Order form [DCR ?????] or the Mental Health Provider Order form [DCR 0582].


APPROVAL RECOMMENDED:



Deputy Director for Corrections

JAN 0 1 2024
Date

APPROVED:



DIRECTOR

JAN 0 1 2024
Date

HEALTH STATUS CLASSIFICATION REPORT

NAME: _____ SID: _____ DOB: _____ FACILITY: _____

PURPOSE: [] Initial Health Assessment [] Change in Health Status
[] Initial Mental Health Screen [] Scheduled Follow-Up

Check all that apply

[] No Special Health Care Needs identified at this time.

[] Special Health Care Needs:

A. Housing

- [] Single Cell
[] Bottom Bunk
[] Bottom Tier
[] ADA Accessible Housing
[] Wheelchair Room
[] Other _____

B. Limitations/Restrictions in Activity Level:

- [] No Prolonged Sun Exposure greater than _____ minutes/hours
[] Indoor Work/Recreation Only

- [] Lifting (max weight) _____ lbs [] Sitting _____ hours per day
[] Carrying (max weight) _____ lbs [] Standing _____ hours per day
[] No Pushing/Pulling [] Walking _____ hours per day
[] No Reaching Over Head [] Running _____ hours per day
[] No Reaching Away From Body [] Climbing _____ hours per day
[] No Operating Heavy Equipment [] Jumping _____ hours per day

Repetitive Motion Restrictions:

- [] No Push Ups/Dips/Planks
[] No Squats/Burpees/Lunges/Bending
[] Other _____

C. Special Needs

- [] Blind/Low Vision [] Chronic Health Condition
[] Deaf/Hard of Hearing [] Oxygen
[] Mobility [] Medical Aid
[] Crutches [] Cognitive and/or Mental Health Condition
[] Cane [] Mental Health Aid
[] Walker [] Other _____
[] Wheelchair [] Other _____
[] Shower Chair
[] Grab Bars
[] Shoes
[] Mobility Medical Aid

HEALTH STATUS CLASSIFICATION REPORT

D. Facility

- Elevation less than 4,000 feet above mean sea level
- 24-hour On-Site Nursing
- Ambulance Response within 30 minutes
- Availability of On-Site Infirmary-Level Care
- Availability of On-Site Sheltered Housing
- Availability of On-Site Mental Health Residential Unit
- Availability of Community Specilty Provider (specify type of specialty): _____
- Level or Paved Terrain
- Other _____

E. Program Assignments and Selection

- Assistance with Reading/Writing
- Language Interpreter
- Closed Captioning on Television
- Other _____

F. Disciplinary Measures

- No Waist Restraints
- Other _____

G. Transport to/from Outside Appointments

- Accessible Van
- Other _____

H. Clothing or Appearance

- Long Sleeve
- Prescription Sunglasses
- Other _____

Comments: _____

 Signature Health Care Staff /Title Date

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

MENTAL HEALTH PROVIDER ORDER

NAME: _____ DATE: _____

SID: _____ DOB: _____ FACILITY: _____ MODULE: _____

INMATE STATUS

- | | |
|--|---|
| <input type="checkbox"/> INFIRMARY | <input type="checkbox"/> DISCHARGE FROM INFIRMARY |
| <input type="checkbox"/> SHELTERED HOUSING | <input type="checkbox"/> DISCHARGE FROM SHELTERED HOUSING |
| <input type="checkbox"/> SUICIDE WATCH | <input type="checkbox"/> DISCONTINUE SUICIDE WATCH |
| <input type="checkbox"/> SAFETY WATCH | <input type="checkbox"/> DISCONTINUE SAFETY WATCH |
| <input type="checkbox"/> MENTAL HEALTH OBSERVATION | <input type="checkbox"/> DISCONTINUE MH OBSERVATION |

TRANSFER TO: MENTAL HEALTH MODULE _____ SLU GP

MONITORING

- | | |
|---|---|
| <input type="checkbox"/> CONSTANT EYE | <input type="checkbox"/> CONSTANT CAMERA OBSERVATION |
| <input type="checkbox"/> FIVE (5) MINUTE RANDOM INTERVAL CHECKS | <input type="checkbox"/> INMATE OBSERVER/MEDICAL AIDE |
| <input type="checkbox"/> FIFTEEN (15) MINUTE RANDOM INTERVAL CHECKS | |
| <input type="checkbox"/> _____ MINUTE RANDOM INTERVAL CHECKS | |

SPECIAL INSTRUCTIONS

CLOTHING:

- | | | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|---|---------------------------------|
| <input type="checkbox"/> Safety Smock | <input type="checkbox"/> Safety Gown | <input type="checkbox"/> Uniform | <input type="checkbox"/> Underwear | <input type="checkbox"/> Bra |
| <input type="checkbox"/> Slippers | <input type="checkbox"/> Socks | <input type="checkbox"/> Hairband | <input type="checkbox"/> Shoes (no laces) | <input type="checkbox"/> Other: |

POSSESSIONS ALLOWED IN CELL:

- | | | | |
|--|---------------------------------------|------------------------------------|--|
| Mattress: | <input type="checkbox"/> AT ALL TIMES | <input type="checkbox"/> 2200-0600 | <input type="checkbox"/> NONE |
| Safety Blanket: | <input type="checkbox"/> AT ALL TIMES | <input type="checkbox"/> 2200-0600 | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Paper Spoon for Meals; No Other Utensils, No Bones, No Plastic Wrap | | | <input type="checkbox"/> Finger Foods Only |
| <input type="checkbox"/> Reading Material (must exchange 1 for 1) | <input type="checkbox"/> Glasses | | <input type="checkbox"/> Safety Pen |
| <input type="checkbox"/> Other: | | | |

ACTIVITIES:

- | | | | |
|---------------------------------------|---|---|---------------------------------|
| Phone Use: | <input type="checkbox"/> LEGAL | <input type="checkbox"/> NO MH RESTRICTIONS | |
| Visits: | <input type="checkbox"/> LEGAL | <input type="checkbox"/> NO MH RESTRICTIONS | |
| <input type="checkbox"/> Daily Shower | <input type="checkbox"/> Daily Recreation | <input type="checkbox"/> Law Library | <input type="checkbox"/> Other: |

PROGRAMMING:

- | |
|--|
| <input type="checkbox"/> LEVEL 1 (INDIVIDUAL SESSIONS) |
| <input type="checkbox"/> LEVEL 2 (STRUCTURED/SCHEDULED THERAPEUTIC GROUP ACTIVITIES) |
| <input type="checkbox"/> LEVEL 3 (ALL MODULE ACTIVITIES) |
| <input type="checkbox"/> OTHER: |

Signature/Title of LMHP

Date

Time

Original: Medical Record
Copy: Security
PSD 0582 (11/22)

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MEDICAL NEEDS MEMO

Facility: _____

Date: _____

TO: _____

FROM: _____
(Signature/Title of Provider)

Inmate _____
(Print Inmate's Name)

Housed in _____

DURATION: _____ Days; _____ Weeks; _____ Months; _____ Indefinitely

*Health Status Classification Report required if there is a significant change in health status.

Original: UTM/ACO/Work Supervisor

Canary: Medical Record

Pink: Inmate

PSD 0449 (05/05)

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