

	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.E.03
		SUPERSEDES (Policy No. & Date): COR.10.1E.03 (04/07/20)	
	SUBJECT: TRANSFER SCREENING		Page 1 of 7

1.0 PURPOSE

The purpose of this policy is to ensure that incarcerated individuals who are transferred within the same correctional system continue to receive appropriate health services.

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.04, Initial Health Assessment.
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.05, Mental Health Screening and Evaluation.
- c. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.06, Dental Care.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1H.03, Management of Health Records.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, COR.18.08, Transfer of Adult Inmates.
- f. Hawaii Revised Statutes (HRS) §353-16, Transfer of committed felon to federal institution.
- g. Hawaii Revised Statutes (HRS) §353-16.2, Transfer of inmates to out-of-state institutions.
- h. Hawaii Revised Statutes (HRS) §355, Western Interstate Corrections Compact.
- i. Hawaii Revised Statutes (HRS) §706-672, Place of imprisonment.

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

.2 Definitions

- a. Intra-system Transfers: Incarcerated individuals who are transferred from one facility and health services team to another within the same correctional authority's system.
- b. Qualified Health Care Professionals: Physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- c. Qualified Mental Health Professionals: Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

.3 Forms

- a. DCR 0401, Interfacility Transfer/Discharge Summary.
- b. DCR 0449, Medical Needs Memo.
- c. DCR 0486, The Transfer of Medical/Dental Records.
- d. DCR 0580, Post-Admission Mental Health Screen.

4.0 POLICY

- .1 Qualified health care professionals review the health record or summary of each intra-system transfer to ensure continuity of care and currently prescribed medications.

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- .2 When transferred from an intake facility, incarcerated individuals who do not have initial medical, dental, or mental health assessments are to be evaluated at the receiving facility in a timely manner.
- .3 Documentation in the health record demonstrates continuity of health care and medication administration.

5.0 PROCEDURES

- .1 In-State Intra-System Transfers
 - a. Sending Facility
 - 1. The Facility Warden shall implement procedures to ensure medical and mental health staff at the sending facility are notified of incarcerated individuals who are scheduled for transfer at least forty-eight (48) hours prior to the transfer to allow for the preparation of health records, notifications, and medications for continuity of care.
 - 2. The Facility Warden shall implement procedures to ensure medical and mental health staff are notified of unscheduled intra-system transfers and provided sufficient time to prepare health records and medications for continuity of care prior to the transfer.
 - 3. Upon notification by the facility of incarcerated individuals who are pending intra-system transfers, nursing staff shall review the health record, complete DCR 0401 (Interfacility Transfer/Discharge Summary) or print the Medical Summary from the electronic health record, and DCR 0486 (The Transfer of Medical/Dental Records), gather hardcopy paper health records including the medication administration record and dental records (if any), and prepare non-340B nurse-administered prescription medications for the transfer.
 - 4. Health records and non-340B prescription medications shall be sent to the receiving facility in accordance with COR.10.1H.03 (Management of Health Records).
 - 5. When incarcerated individuals have serious medical, dental, and/or mental health needs that require prompt attention by the receiving facility's health care staff, the applicable sending facility nursing, medical, dental, and/or mental health staff shall notify their receiving facility counterpart.

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b. Receiving Facility

1. The Facility Warden shall implement procedures to ensure medical and mental health staff at the receiving facility are notified of incarcerated individuals scheduled for transfer at least forty-eight (48) hours prior to the transfer to allow for continuity of care.
2. The Facility Warden shall implement procedures to ensure medical and mental health staff are notified of unscheduled intra-system transfers and provided sufficient time to prepare for continuity of care prior to the transfer.
3. Qualified health care professionals shall review the health record or summary (DCR 0401) of each incarcerated individual who transfers between facilities within the Department of Corrections and Rehabilitation to ensure continuity of care and medications. Nursing staff shall:
 - a) Continue provider ordered medications unless the order is discontinued by the receiving facility provider.
 - b) Prepare the Medication Administration Record and ensure a proper supply of prescription medications will be available at the facility to continue treatment.
 - c) Schedule incarcerated individuals with chronic care conditions for timely chronic care clinic.
 - d) Schedule incarcerated individuals with pending provider or dental visits for medical or dental treatment at the sending facility with the receiving facility provider or dentist.
 - e) Arrange facility transport, in-reach clearance, and/or telehealth availability for incarcerated individuals who have a scheduled community, in-reach, and/or telehealth provider visit.
 - f) Continue provider ordered medical diets unless the order is discontinued by the receiving facility provider.
 - g) Continue provider ordered reasonable accommodations or durable medical equipment for special health needs and

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complete the Medical Needs Memo [DCR 0449] unless the order is discontinued by the receiving facility provider.

4. Initial Medical, Dental, or Mental Health Assessments
 - a) When transferred from an intake facility, nursing staff shall review the health record of incarcerated individuals for completed initial medical and dental assessments.
 - i) If the Initial Health Assessment was not completed at the sending facility, a qualified health care professional shall complete the Initial Health Assessment in a timely manner and in accordance with COR.10.1E.04.
 - ii) If the initial dental assessment was not completed at the sending facility, nursing staff shall conduct the initial dental screen and/or schedule the incarcerated individual to be evaluated by dental staff in a timely manner and in accordance with COR.10.1E.06.
 - b) When transferred from an intake facility, mental health staff shall review the health record of incarcerated individuals for completed initial mental health assessments. If the Post-Admission Mental Health Screen [DCR 0580] was not completed at the sending facility, a qualified mental health professional shall complete the Post-Admission Mental Health Screen [DCR 0580] in a timely manner and in accordance with COR.10.1E.05.
5. Qualified health care professionals shall complete the electronic health record Transfer Screening template to demonstrate continuity of health care and medication administration.

.2 In-State Federal Detention Center (FDC) Honolulu Transfers

- a. Transfers from the Department of Corrections and Rehabilitation to FDC.
 1. The Facility Warden shall implement procedures to ensure medical and mental health staff are notified of incarcerated individuals scheduled for transfer to FDC at least forty-eight (48) hours prior to the transfer to allow for the preparation of health records, notifications, and medications for continuity of care prior to the transfer.

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2. Upon notification by the facility of incarcerated individuals who are pending intra-system transfers, nursing staff shall review the health record, complete DCR 0401 (Interfacility Transfer/Discharge Summary) or print the Medical Summary from the electronic health record, and DCR 0486 (The Transfer of Medical/Dental Records), gather health records including the medication administration record and dental records (if any), and prepare non-340B medications for the transfer.
 3. Health records and non-340B medications shall be sent to the receiving facility in accordance with COR.10.1H.03 (Management of Health Records).
- b. Incarcerated individuals who are transferred to a Department of Corrections and Rehabilitation facility from FDC shall be considered new or re-incarcerated admissions.
- .3 Out-of-State Transfers to Contracted Correctional Facilities
- a. Transfers from the Department of Corrections and Rehabilitation.
1. The Facility Warden shall implement procedures to ensure medical and mental health staff are notified of incarcerated individuals scheduled for transfer to a contracted out-of-state correctional facility at least one (1) month prior to the transfer to allow for the preparation of health records, notifications, and medications for continuity of care.
 2. Prior to the out-of-state transfer, nursing staff shall review the health record, complete DCR 0401 (Interfacility Transfer/Discharge Summary) or print the Medical Summary from the electronic health record, and DCR 0486 (The Transfer of Medical/Dental Records), gather health records including the medication administration record and dental records (if any), and prepare non-340B medications for the transfer.
 3. Health records and non-340B medications shall be prepared and sent to the receiving out-of-state facility in accordance with COR.10.1H.03 (Management of Health Records).
- b. Incarcerated individuals who are transferred to a Department of Corrections and Rehabilitation facility from a contracted out-of-state correctional facility shall be considered new or re-incarcerated admissions.

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DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

INTERFACILITY TRANSFER / DISCHARGE SUMMARY

NAME _____

DISCHARGED TO _____

SID _____ DOB _____

DISCHARGED FROM _____

ALLERGIES/PRECAUTIONS/ALERTS

TRANSFER DATE _____

ACUTE ILLNESS

PPD Planted _____ READ ON _____ MM Results _____

CXR DATE _____ RESULTS _____

IMMUNIZATIONS Received Pending

Hepatitis 1 _____

 2 _____

 3 _____

CHRONIC CARE

(Including date of last visit(s) and mental health dx)

Influenza _____

Pneumovax _____

Other _____

CURRENT MEDICATIONS

(Include date/time of last dose if pertinent)

DATE LAST PAP, CHLAMYDIA / GC _____

DATE LAST MAMMOGRAM _____

DATE OF LAST PE _____ DUE ON _____

SPECIAL DIET

CURRENT TREATMENTS

SPECIAL NEEDS: Diabetes, Current Hep. C or TB treatment, mental health concerns, Labs, requirements during transportation, needs required after release, etc:

SIGNATURE AND TITLE OF PERSON PREPARING THIS FORM

DATE

I ACKNOWLEDGE RECEIPT OF THIS DISCHARGE SUMMARY

DATE

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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THE TRANSFER OF MEDICAL/DENTAL RECORDS

TRANSFERRED TO: _____ FROM _____ MEDICATION INCLUDED: YES NO
NUMBER OF MEDICAL RECORDS _____ NUMBER OF DENTAL RECORDS: _____
ENCLOSED ARE THE MEDICAL/DENTAL RECORDS FOR THE FOLLOWING INMATES:

PREPARED BY: _____ DATE: _____ SEALED: YES NO
Sending Facility Health Care Staff

RECEIVED BY: _____ DATE: _____ SEALED: YES NO
Sending Facility Intake/Release

RECEIVED BY: _____ DATE: _____ SEALED: YES NO
Transport

RECEIVED BY: _____ DATE: _____ SEALED: YES NO
Receiving Facility Intake

RECEIVED BY: _____ DATE: _____ SEALED: YES NO
Receiving Facility Health Care Staff

All parties retain copy for thirty (30) days. Receiving party to initiate incident report if seal is broken.

Original: Retained by sending facility's Custodian of Medical Records.
Green: Retained by sending facility's Intake.
Yellow: Retained by transporting ACO.
Pink: Retained by receiving facility's Intake.
Gold Rod: Retained by receiving facility's Custodian of Medical Records.

POST-ADMISSION MENTAL HEALTH SCREEN

NAME: _____ SID: _____ DOB: __/__/____ FACILITY: _____

How are you feeling today?

YES NO Have you ever had an **Emotional, Mental or Psychological** problem?

YES NO Did you receive any counseling, therapy or **Treatment** for your problem(s)?
What was it for?

When?

Where?

From Whom?

YES NO Have you ever taken **Psychotropic Medication** for the above condition?
Prescribed by (MD or Psychiatrist):

Name of **Current Psychotropic Medications**:

YES NO Have you ever been in a **Psychiatric Hospital**?

Where?

When?

Why?

YES NO Have you ever tried to hurt yourself or **Attempt to Commit Suicide**?

How many times? When?

How did you attempt suicide?

What medical and mental health treatment did you receive?

YES NO Have you ever **Hurt Yourself on Purpose** when not trying to attempt suicide?

When? What did you do?

YES NO **Are you now thinking of Killing Yourself?**

YES NO Do you **See Things or Hear Things** other people do not see or hear?

Describe:

YES NO Do you believe you have **Special Powers** that others do not have?

Describe:

YES NO Have you ever used **Drugs, Including Alcohol**?

[*Drug of Choice]	Route	Frequency	Amount	Last Use
<input type="checkbox"/> Alcohol				
<input type="checkbox"/> Crack/Cocaine				
<input type="checkbox"/> Ice/Methamphetamine				
<input type="checkbox"/> Marijuana				
<input type="checkbox"/> Opioid				
<input type="checkbox"/> Spice				
<input type="checkbox"/>				

How many times have you been in Detox?

Last time (date)?

How many times have you been in Outpatient Treatment for Alcohol and/or Drug Abuse?

Name of Program(s):

YES NO Do you have any **Illnesses/Health Problems** related to substance abuse?

Hepatitis Withdrawal Seizure Traumatic Injury Infection Other:

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HEALTH CARE DIVISION

YES NO Have you ever had a severe **Head Injury** requiring treatment? When?
What happened?

YES NO Highest Grade Completed in School: Year of Graduation/GED:
While in school, were you ever in **Special Education (SPED) Classes**?
Why did you receive SPED services?
What grade level(s)?

What is your **Current Offense/Charges**?
YES NO Have you ever been **Convicted** of a **Sexual Offense**?

YES NO Have you ever experienced a **Loss of Control** that resulted in serious **Harm to Someone**?
When?
What did you do?
Goal: Injure the other person Get something from the other person

YES NO Have you ever been a **Victim of Criminal Violence**?
Describe:

YES NO Have you ever been **Sexually Abused or Sexually Assaulted**?
Describe:

Oriented to: Person Place Time

Emotional Response to Incarceration: Adaptive Dysfunctional
Describe:

YES NO Is a **Referral for Further Evaluation** recommended?
Referred to: Psychiatrist Clinical Psychologist Psychiatric Social Worker APRN
 Psychiatric Nurse Medical Doctor Registered Nurse Other:

Reason For Referral (Details Documented in Comments Section Below):

- Suicide Risk Evaluation
- Psychiatric/Medication Evaluation
- Psychological Evaluation
- Nursing/Medical Evaluation
- Mental Health/Psychiatric Treatment
- Standardized Psychological Intelligence Testing
- PREA Evaluation/Treatment
- Other:

Comments:

Print Name of Mental Health Staff

Signature/Title of Mental Health Staff

Date