



INTERNAL MANAGEMENT POLICY & PROCEDURE

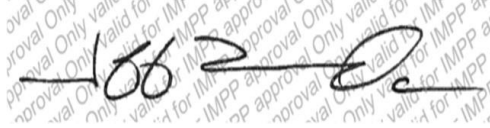
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HEALTH CARE SERVICES: Access to and Availability of Health Care Services

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POLICY

A multitude of health care services shall be provided to residents from admission to the Department through discharge from incarceration to meet their serious medical, dental, and behavioral healthcare needs. The Health Services Administrator at each site shall identify and eliminate unreasonable barriers, intentional and unintentional, to residents receiving healthcare. All policies, procedures, and practice shall demonstrate compliance with ACA and NCCHC standards.

DEFINITIONS

Access to care: Means that in a timely manner a resident is seen by a qualified health care professional, is rendered a clinical judgement, and receives care that is ordered.

Clinical setting: An examination or treatment room appropriately supplied and equipped to address the patient's healthcare needs.

Director of Health Care Compliance: This position acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Health Care: The sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental/behavioral health, nutrition, and other ancillary services, as well as maintaining clean and safe environmental conditions.

Health Care Staff: Includes all full-time, part-time, and per diem qualified health care professionals as well as administrative and support staff (e.g., medical records clerks, laboratory technicians, nursing).

Hospitalization: In-patient treatment for acute care, whether medical or psychiatric, that cannot be effectively provided at the facility level when ordered by the site Medical Director.

Infirmary: An area established within the confines of a correctional facility in which organized healthcare and services are maintained and operated to accommodate residents for the express and implied purpose of providing skilled nursing care for persons who are not in need of hospitalization but require medical provider monitoring and specialized services. The infirmary is under the supervision of a registered nurse 24 hours a day 7 days a week.

Infirmary 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.

Intractable Pain: Pain, which is resistant to care, relief, or control.

Medication Assisted Treatment (MAT): The use of medication in combination with counseling and behavioral therapies, which is effective in the treatment of substance use disorders (SUD) and can assist sustaining recovery, reducing the risk of overdose and improved withdrawal management for those experiencing withdrawal syndromes.

Orthotic Devices: Specialized mechanical devices used to support, or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.

Prosthetic Devices: An artificial device to replace missing body parts or compensate for defective bodily functions such as teeth, eyes, or limbs. Aids to impairments include eyeglasses, hearing aids, crutches, or wheelchairs.

Qualified Health Care Professionals: Includes physicians, physician assistants, nurses, nurse practitioners, dentists, behavioral health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the health needs of the patient.

Regional Behavioral Health Director: A psychologist that coordinates behavioral health care statewide.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC resident population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Regional Vice President: The individual employed by the contracted Health Services Provider who manages the day to day operations of the statewide Kansas health care contract and is responsible for the integration of corporate support functions for site level applicability and, as the client liaison, works closely with the KDOC and Office of Healthcare Compliance as well as the facility administration to ensure the contracted services meet contract requirements, standards of quality, as well as the goals and expectations of the KDOC.

Self-Care: Programs, information, and education for the development of good health habits of the individual resident; care for a condition that can be treated by the Resident, which may include over-the-counter-type medication.

Sick Call: Scheduled daily access to health care personnel for routine or minor physical complaints; a system through which the resident reports for and receives appropriate health care services for non-emergency illness or injury.

Special Needs: A broad range of health conditions that require close medical or behavioral health supervision, and/or multi-disciplinary care and individual treatment planning. Special needs include but are not limited to residents who are developmentally disabled, mentally ill, require chronic/convalescent care; have a serious communicable disease; are physically disabled, pregnant; are frail/elderly and/or terminally ill.

Triage: Sorting and classifying patient medical, dental, and behavioral health requests to determine the priority of need and the proper place for healthcare to be rendered.

PROCEDURES

I. General

- A. Health care services provided to residents shall include, but are not limited to outpatient care, hospitalization, and/or referral to community resources when indicated. The following categories of health care services shall be available to all residents:
 - 1. Orientation to Availability of Health Care Services.
 - 2. Receiving Screening and Periodic Health Examinations, and preventative services as indicated in accordance with USPSTF, ACA, and NCCHC guidelines.
 - 3. Health Education and Resident Self-Care/Personal Hygiene.
 - 4. Management of Serious and Infectious Diseases.

5. First Aid.
 6. Emergency Care Services.
 7. Infirmary Care.
 8. Sick Call and Physician's Clinic.
 9. Dental Care Services.
 10. Pregnancy Management.
 11. Cancer Services.
 12. Medication Assisted Therapy (MAT) Services.
 13. Special Needs Services, Chronic/Convalescent Care / Sheltered Living.
 14. Behavioral Health Services.
 15. Diagnostic Health Care Services.
 16. Community Resources and Hospitalization.
 17. End of Life/ Palliative Care Program.
 18. Dialysis.
 19. Optometry Services
 20. Aids to impairment as clinically indicated
- B. All routine health care services shall be made fully available to all residents regardless of custody status, housing location, or other factors.

II. Information Regarding Health Care Services (NCCHC P-E-01; Y-E-01)

- A. The contracted health services provider shall establish policy and procedure to inform residents upon their arrival at the facility, of the availability of medical, dental, and behavioral health care services and how to access them.
1. A sign explaining how to access health care is to be posted in the intake/processing area.
 2. During the initial encounter with healthcare staff, the resident will receive individual verbal information on how to access healthcare for medical, behavioral, and dental health needs, including both routine and emergency services.
 3. Within 24 hours, the patient will receive site specific written information in the form of a handbook or healthcare handout. The written information includes the following:
 - a. Available medical, behavioral, and dental health services;
 - b. How to access routine healthcare services through the sick call system;
 - c. How to access emergency healthcare assistance;
 - d. The fee for service program;
 - e. The grievance process for healthcare complaints;

- f. Advance Directives; and
 - g. Keep on Person Medication Program.
- B. Orientation information is to be provided to residents, both orally and in writing in a form and language they understand, regarding access to health care services. Procedures are to ensure that residents who have difficulty communicating (e.g., non-English speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access healthcare services.
 - 1. An interpreter or assistive device is to be provided whenever effective communication is compromised due to speech, hearing, or language deficits. The interpreter or device chosen considers the resident's needs and abilities.
 - 2. Healthcare staff will work with appropriate facility staff to consider and address the communication needs of residents who are illiterate, have developmental disabilities, or have a mental illness. For these residents, healthcare staff will evaluate the resident's understanding of how to access services during initial and follow-up appointments and provide reminders as needed.
 - 3. The resident will acknowledge receipt of orientation to health services by signing the screening and orientation form and or any attendance documents required by the facility for orientation as applicable.
- C. Residents are to be informed of the limits of confidentiality for behavioral health services provided in the correctional setting during behavioral health screening and when initiating behavioral health services. The behavioral healthcare staff will provide forms to the resident regarding the limits of confidentiality as applicable to individual and group behavioral health interaction.

III. Access to Care (NCCHC P-A-01; Y-A-01)

- A. The Regional Vice President and or designees shall develop policies and procedures, approved by the Regional Medical Director and Director of Healthcare Compliance, which ensure that residents have access to care for their serious medical, dental, and behavioral health care needs.
 - 1. Such procedures will address the basic rights of the residents to healthcare services:
 - a. Right of access to care
 - b. Right to receive care that is ordered
 - c. Right to professional medical/behavioral health/dental judgment
 - d. Right to refuse treatment, except in emergency situations
 - e. Right to confidentiality
- B. The Health Services Administrator (HSA) at each site is responsible and accountable for the adequacy of healthcare services. This includes identifying and eliminating unreasonable barriers to the residents' access to care.
 - 1. The HSA is to ensure that the health care unit is properly staffed, organized in a manner which results in appropriate and timely access to care, and does not have disincentives such as excessive fees, sick call at unreasonable hours, or any type of resulting punishment of residents seeking health care.
 - 2. The HSA does not exercise medical or clinical judgment unless he/she is a qualified healthcare professional and is responsible to act within the scope of practice of their licensure

- C. The success of the healthcare operation results when there is a collaborative effort between health care staff, security, and administration. Any operational barrier is to be discussed with the leaders of these disciplines through various avenues of communication including the required Medical Administrative Meeting.

IV. Non-Emergency Health Care Requests and Services (NCCHC P-E-07; Y-E-07)

- A. Health care policy and procedures are developed by the contracted health services provider to ensure that all residents have unimpeded access to self-referral to meet their non-emergent healthcare needs. The policies and procedures include:
 - 1. The daily receipt, review, triage, and investigation by qualified healthcare professionals of residents' health requests or staff referrals regardless of disciplinary status or assigned housing. All residents shall have the daily opportunity to request health care assistance.
 - 2. A face-to-face encounter for a health care request conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt of the request by health staff.
 - 3. Evaluation in a clinical setting as indicated.
 - 4. Documentation of all aspects of the healthcare request process, from review and prioritization to subsequent encounter.
 - 5. The frequency and duration of response to health services requests must be sufficient to meet the health needs of the population.
- B. Resident Health Requests and Sick Call
 - 1. Procedures to access sick call shall be specific to each facility and made available to residents both orally and in writing during their orientation to the facility health care services.
 - 2. Policies and procedures regarding sick call and physician clinical services shall demonstrate compliance with ACA and NCCHC standards.
 - 3. Daily sick call times are site specific based upon operational schedules of the facility but will not typically occur except in an emergency during the normal sleep hours of the residents. (Between 11:00 p.m. and 3:30 a.m.)
 - 4. Residents submit the health request by placing the form in a locked box in a designated location or by bringing the request to open sick call depending on the site-specific sick call process. Sick call slips may also be submitted electronically, if that service is available at the facility.
 - a. Residents in restrictive housing are to give their request to healthcare staff during daily rounds.
 - b. Health request forms are to be readily available to all residents.
 - c. Reasonable accommodation is to be provided to residents with disabilities that may impact their participation in the written sick call process.
 - 5. Confidentiality is to be maintained in the sick call process. Access to written health requests that describe specific health care issues is limited only to healthcare staff or a health liaison as applicable.

6. Sick call requests are to be retrieved from designated locations at least once every 24 hours, seven days a week, including holidays. The sick call requests are to be time/date stamped and logged when received by healthcare staff.

C. Primary Sick Call Systems and Processes

1. The Kansas Department of Corrections (KDOC) observes two (2) primary systems for offender access to routine health care.
 - a. Open sick call allows the residents to report at a specific time to be evaluated for healthcare concerns without waiting for a scheduled appointment. Open sick call is restricted to specific time frames and then closed outside of those time frames until open sick call time the next business day.
 - b. Closed sick call allows residents to submit written health requests that are picked up daily and then health care appointments are scheduled at a specific time. Qualified health care professionals must gather review, and triage health requests seven (7) days per week including holidays, at all facilities.
2. Residents describing any clinical symptoms are seen face to face for triage purposes by healthcare staff within 24 hours of receipt of the request. The disposition of follow-up based on the patient request is documented on the sick call request slip. A nursing sick call appointment/assessment, if not done at the face-to-face encounter, will occur in a timely manner and in accordance with the patient's clinical status. The sick call appointment is to occur no later than 72 hours of the initial face to face triage encounter.
3. Sick call appointments/assessments for residents in restrictive housing will occur within 24 hours of the request to minimize the number of transports out of high security areas.
4. A written response may be provided when a health request contains only non-clinical inquiries (medication refills, use of nail clippers, requests for information). Healthcare staff are to scan the completed written response into the health record in the appropriate folder for written replies.
5. The initial response to medical sick call requests is often assessment and treatment by qualified nursing staff using the contracted vendor's physician-approved nursing assessment guidelines, however higher-level evaluation and treatment may be required and guidelines include:
 - a. Patients requiring care beyond the scope of the nursing guidelines are evaluated by nursing staff and then referred to a physician, advanced practice registered nurse or physician assistant based upon the urgency of the clinical problem and no later than 7 calendar days of the sick call referral in accordance with the comprehensive health services contract.
 - b. If the referral visit is scheduled in conjunction with chronic care, the problem for which the patient was referred must be documented and a treatment plan established for the referral problem.
 - c. Patients seen by nursing more than twice for the same complaint within a 30-day period are to be referred to the physician, nurse practitioner or physician assistant.
6. Dental requests in absence of the dentist are to be processed within the same guidelines as medical sick call using the dental nursing assessment guideline. The resident is to be referred to the dentist for follow up.
7. Behavioral health requests are submitted through the sick call system and triaged by medical staff then referred to behavioral health or sent directly to a behavioral health staff member by the patient. Behavioral health staff further triage all requests for immediacy of

need and intervention required. In circumstances where the requests are typically submitted to behavioral health, arrangements must be made if and when behavioral health staff are not on site for medical staff to retrieve the requests.

8. Behavioral health requests are logged and upon completion scanned into the record in the appropriate folder.
9. When a request describes a clinical symptom, a face-to-face encounter between the patient and behavioral health staff or qualified behavioral health professional occurs within 24 hours. At ECF, LSCF, NCF and WCF a face-to-face encounter is to occur by no later than the next business day.
 - a. A written response may be provided when a health request contains only non-clinical inquiries (e.g., activity supplies or other paper products, requests for information).
 - b. Healthcare staff are to scan the completed written response into the health record in the appropriate folder for written replies.
10. The contracted health services provider will outline guidelines for triage and intervention timeframes for various behavioral health situations.

V. Restrictive Housing (NCCHC P-G-02, Y-G-02, Y-E-09)

- A. The contracted health services provider and the Department develop policy, procedure, and practice to ensure that restrictive housing practices do not adversely affect a resident's health.
- B. Residents who are placed in restricted housing shall be evaluated and have direct access to health care personnel to ensure that their placement is not contraindicated or to assess the need for accommodation based on medical, dental, or behavioral health concerns. Procedures include:
 1. Correctional staff are to immediately inform healthcare staff when a resident is being admitted to restrictive housing. Healthcare staff will conduct a chart review and complete a screening/medical clearance. The assessment by healthcare staff is to occur within 4 hours of placement in restrictive housing.

JUVENILE: Prolonged restrictive housing more than 4 hours shall not be used except under documented exceptional circumstances in accordance with 20-101J Minimum Standards for the Operation of Restrictive Housing.
 2. Healthcare staff are to notify security if placement is contraindicated or if existing medical, dental, or behavioral health needs, require accommodation. Notification is to be documented in the health record.
 3. Behavioral health staff are to be notified of the admission by the medical staff conducting the screening/clearance and a behavioral health professional is to complete and document a screening in the resident's health record within twenty-four (24) hours of placement into restricted housing.
 4. The health status of residents in restrictive housing shall be closely monitored by licensed or certified health care personnel through daily rounds to assess the resident's general medical and behavioral health status to ensure residents maintain their medical and behavioral health while physically and socially isolated from the remainder of the population.
 5. Health staff shall promptly identify and inform security of residents who are physically or psychologically deteriorating and or exhibit other signs or symptoms of failing health.
 6. Behavioral health staff are to monitor residents in restrictive housing as follows:

- a. Daily rounds Monday through Friday at EDCF, HCF, KJCC, LCF and TCF.
 - b. Weekly rounds at all other facilities (except for residents with SPMI or SMI, who shall be seen daily, Monday through Friday).
7. Depression and injury are risks during restrictive housing and therefore evaluation by the healthcare staff require notation of bruises or other trauma markings, comments regarding the patient's attitude and outlook particularly as they related to suicidal ideation, and any health complaints.
- C. Health services staff may request that residents be removed from their cells to perform necessary health encounters, in an appropriate clinical setting that is conducive to triage, examinations, and treatment as clinically indicated and in accordance with safety and security needs of the institution.
 1. Residents in RH have the opportunity to submit sick call requests on a daily basis. This may occur during daily rounds or during medication administration time on the restrictive housing unit.
 2. Referrals to the Health Care Provider (Physician, APRN, PA) shall be completed within seven (7) days from the sick call appointment when a referral is indicated.
 3. Sick call shall be held in clinical exam rooms in restrictive housing whenever possible to reduce risks associated with transporting restricted housing residents to the main clinic areas.
- D. Behavioral health staff shall participate in the restrictive housing review boards in accordance with IMPP 20-105A and 20-105J Basic Operations of Administrative Restrictive Housing.
- E. In addition to participating in the Restrictive Housing Review Board, behavioral health staff shall assess residents with behavioral health special needs at least once every 30 days, and assess those not on behavioral health special needs at least once every 90 days and more frequently if clinically indicated. The behavioral health staff shall communicate any recommendations or suggested accommodations as a result of those appraisals to the board and be included as part of the board's review.

VI. Intake Screening and Periodic Health Assessments (NCCHC P-B-03, P-E-02, P-E-04, Y-E-02, Y-E-04)

- A. The contracted health services provider shall provide, a system whereby medical clearance through a clinical assessment of physical and behavior health status is obtained before a resident is admitted into a KDOC facility in accordance with IMPP 16-109D.

VII. Health Education Promotion and Resident Self-Care/Personal Hygiene (NCCHC P-F-01, P-F-04, Y-F-01, Y-F-04)

- A. The contracted health services provider shall establish policy and procedure that emphasize health promotion, wellness, and recovery. An ongoing wellness program shall provide for the health education and self-care training of residents. Procedures shall include:
 1. Procedures for the development and distribution of information to residents for their health education, promotion of self-care concepts and training/demonstrations of techniques to provide self-care skills.
 2. The policies shall be reviewed and approved by the Director of Health Care Compliance.
- B. The Regional Medical Director and designees shall establish a health education and self-care program for all residents that demonstrate compliance with ACA and NCCHC standards. Health care staff shall utilize resources available through outside agencies, when possible, in the promotion of the health education and self-care program.

1. **JUVENILE:** Educational programs for this resident population shall be age specific.
 2. A program of personal hygiene shall be provided to each resident by health care personnel. Each facility shall ensure that articles necessary for maintaining proper personal hygiene are provided to all residents, per IMPP 12-127D.
 3. Smoking is prohibited within and on the grounds of all KDOC facilities. Information on the health hazards of tobacco is available to all residents.
 4. The health education program is to include information on exercise and physical activity.
- C. A nutritionally adequate diet is to be provided and a registered dietitian is to document a review of the regular diet for nutritional adequacy at least annually. The facility is to have a procedure in place to notify the dietitian whenever the regular diet menu is changed.

VIII. Management of Serious and Infectious Diseases (NCCHC P-B-01, Y-B-01)

- A. An infection control program shall be established by the contracted health services provider and approved by the Director of Health Care Compliance.
1. The program shall demonstrate compliance with ACA and NCCHC standards; effectively monitor the incidence of infectious diseases among residents, promote a safe and healthy environment, prevent the incidence, and spread of diseases, and assures that residents infected with such diseases receive prompt care and treatment in accordance with IMPP 16-106D.
 2. The KDOC Administration, Office of Health Care Compliance staff, and the contracted health services provider shall partner with the Kansas Department of Health and Environment for collaboration on surveillance, monitoring, and treatment of serious infectious and communicable disease.

IX. Emergency Care Services and First Aid (NCCHC 4-JCF-4C-12; P-A-07, P-G-05, Y-A-07, Y-G-05)

- A. The Regional Medical Director shall develop procedures approved by the Director of Health Care Compliance which ensure the provision of emergency care services, in accordance with IMPP 16-108D.

X. Infirmary Care Services: (NCCHC P-F-02; Y-G-03)

- A. The Regional Medical Director shall develop procedures, approved by the Director of Health Care Compliance, which guide the provision of nursing and other medical care provided in the infirmary, to include, but not limited to:
1. A definition of the scope of medical and nursing care provided in the infirmary at the facility.
 2. A schedule for 24-hour supervision by a registered nurse and 24-hour coverage by health care personnel.
 3. A physician, a physician's assistant (PA) or advanced registered nurse practitioner (APRN) is available, or on call 24-hours per day.
 4. A requirement that all residents are kept within sight or hearing of a staff person and a qualified health professional can respond in a timely manner.
- JUVENILE:** Patients are always within sight or hearing of a qualified health care professional.
5. Frequency of provider and nursing rounds for patients who need infirmary level care is specified based on the clinical acuity and the categories of care provided.

6. Defined policy and procedures that make provision for a comprehensive infirmary record.
 7. The health records for patients who need infirmary level care include:
 - a. Initial clinical note that documents the reason for infirmary-level care and outlines the treatment and monitoring plan. The admission orders include: admission order, acuity level, admitting diagnosis, medication, diet, activity restrictions, diagnostic tests, frequency of vital sign monitoring and other follow up.
 - b. Complete documentation of the care and treatment given.
 8. Compliance with applicable state statutes and local licensing requirements.
- B. All policies, procedures, and practices for the provision of infirmary services shall demonstrate compliance with ACA and NCCHC standards.
- C. If infirmary care is not available at a facility, the procedures shall specify agreements between the contracted health services provider and other facilities or hospitals for the provision of infirmary services.
- D. Documentation of infirmary rounds shall be made on all residents who have been admitted to the infirmary by the Health Care Practitioner's order.
1. Admission to and discharge of residents from the infirmary shall only be upon the order of a physician or mid-level provider.

XI. Dental Care Services (NCCHC P-E-06, Y-E-06)

- A. A multitude of oral care services shall be provided to residents based on dental needs.
- B. The Regional Dental Director shall establish procedures approved by the Director of Health Care Compliance to ensure the provision of dental care to residents, in accordance with IMPP 16-102D.
- C. Routine and emergency dental care shall be provided to all residents under the direction and supervision of a dentist with appropriate state licensure, in accordance with provisions of IMPP 16-102D.

XII. Pregnancy Management (NCCHC P-G-07, P-G-09, P-G-10, Y-G-07, Y-G-09)

- A. Regional Medical Director and designees shall develop health care policies and procedures, approved by the Director of Healthcare Compliance related to pregnancy management that demonstrates compliance with ACA and NCCHC standards and includes, but is not limited to:
 1. Procedures for the provision of comprehensive counseling and assistance to pregnant residents to determine their desire in planning for their unborn children.
 2. Specific procedures for a pregnancy management program that, at a minimum, includes the following:
 - a. Pregnancy testing of female residents (i.e., on admission to the Department, periodic pregnancy testing, or testing based on indications of pregnancy).
 - b. Routine prenatal care.
 - c. High-risk prenatal care; and,
 - d. Management of chemically addicted pregnant residents.
 3. The procedures shall ensure that health care staff provide residents with advice on proper

levels of activity, safety precautions, nutritional guidance, and counseling; and postpartum follow up.

- B. Female residents shall routinely receive a pregnancy test on admission to the Department.
 - 1. Pregnant residents shall be provided timely and appropriate services that includes family planning/pregnancy counseling, health education, routine prenatal care and high risk-prenatal care as clinically indicated; management of the chemically addicted pregnant resident; and postpartum follow-up.

XIII. Special Needs Services (NCCHC P-A-08, Y-A-08)

- A. Consultation between the site KDOC administration and designees and the site Healthcare Practitioner and designees shall occur prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled residents in order to preserve the health and safety of that resident, other residents, or staff.
- B. Correctional staff are to be informed when a resident's special health needs may affect the following areas:
 - 1. Housing assignments;
 - 2. Program assignments;
 - 3. Work assignments;
 - 4. Disciplinary measures;
 - 5. Transfers to other facilities;
 - 6. Transport to and from outside appointments;
 - 7. Need for special clothing or appearance (shaving, hair length, transgender issues etc. when the health of the resident would otherwise be adversely affected as determined by the Healthcare Practitioner); and
 - 8. Activities of daily living.
- C. Special needs conditions may include but are not limited to the following:
 - 1. Chronic diseases;
 - 2. Dialysis;
 - 3. Communicable diseases;
 - 4. Physical disability;
 - 5. Pregnancy;
 - 6. Frailty or old age;
 - 7. Terminal illness;
 - 8. Mental illness;
 - 9. Suicidal intent;
 - 10. Developmental disability;

11. Intellectual disability;
 12. Physical or sexual abuse;
 13. Physical or behavioral health contraindications to restraint or seclusion;
 14. Gender Dysphoria, transgender; and
 15. Juvenile residents in adult facilities.
- D. Notifications as noted as per section B are documented in the electronic health record and the Medical Classification form is completed as appropriate to the resident's needs/accommodations.
- E. The Regional Medical Director shall develop procedures approved by the Director of Health Care Compliance, which ensure the provision of health care services for residents determined to have special needs to include, but not be limited to:
1. Procedures which guide the care of residents with special needs requiring close behavioral health/medical supervision and/or multi-disciplinary care, to include the development of a written, individual treatment plan developed by a physician or another health care staff member.
 2. Procedures shall be developed which provides for the Site Medical Director or designee to communicate that portion of the resident's individual treatment plan, which requires action or attention, by facility staff, including program staff.
- F. Individual treatment plans shall be written by a physician or mid-level provider (PA, APRN) with instructions regarding the resident's diet, exercise and adaptation to the correctional environment, medically necessary clothing or equipment, and medication.
1. The treatment plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the resident to include, but not limited to diagnostic testing type and frequency, and follow-up frequency for medical evaluation and adjustment of treatment modality.
- G. The Warden/Superintendent or designee and the health care provider or designee shall consult prior to taking action regarding chronically ill, physically disabled, geriatric, pregnant, frail, terminally ill, seriously mentally ill, or suicidal, vulnerable to abuse and manipulation those with gender dysphoria, or develop mentally disabled residents in terms of housing assignment, program assignments, disciplinary measures, and transfer to other facilities.
1. If immediate action is necessary consultation/review shall occur as soon as possible, but no later than 72 hours. Such consultation shall be documented in the health record.

XIV. Diagnostic Health Care Services (NCCHC P-D-04, Y-D-04)

- A. Diagnostic services required to support the level of care provided to residents, whether on-site or outside of the facility shall be utilized. The Health Services Administrator shall utilize and maintain the listing and the locations of a variety of diagnostic services.
- B. The Regional Medical Director and designees shall develop procedures approved by the Director of Health Care Compliance regarding diagnostic services to include, but not be limited to:
1. Listings of the types of diagnostic services used by health care staff, availability (on-site or at a referral site), and a current procedures manual for each on-site service to include procedures for the calibration of testing devices to ensure accuracy.
- C. Procedure manuals for each on-site diagnostic service and protocols for the calibration of testing devices shall be developed and kept current. Facilities have at a minimum the following on site

testing materials:

1. Multiple-test dipstick urinalysis;
2. Finger-stick blood glucose tests;
3. Peak flow meters (handheld or other);
4. Stool blood testing material; and
5. Pregnancy tests at TCF and KJCC.

XV. Behavioral Health Services (NCCHC P-G-04, Y-G-04)

- A. Behavioral health professionals shall be available at each facility to provide services, approved by a Regional Behavioral Health Director as designated by the Regional Psychiatric Director and Regional Medical Director to include, but are not limited to:
1. Behavioral health assessment and classification.
 2. Restrictive Housing.
 3. Basic behavioral health services.
 4. Suicide prevention program.
 5. Clinical restraints.
 6. Crisis intervention services and use of seclusion forced psychotropic medication.
 7. Involuntary psychotropic medication.
 8. Hunger strikes.
 9. Individual and group therapy.
 10. Inter-facility behavioral health transfers and continuity of behavioral health care.
 11. Referral to residential treatment units.
 12. Follow-up for victims of sexual abuse; and
 13. Evaluation of known aggressors of abuse.
- B. If security/unit team staff believe that a resident is in need of non-urgent or routine behavioral health services, they can call behavioral health staff directly or make a referral using the KDOC Resident Referral to Behavioral Health Form (Attachment A). Behavioral health staff receiving a written referral shall see the resident following the same procedures as for a resident submitted sick call (see section IV. C. 7.-10.).

XVI. Referral to Community Resources and Hospitalization NCCHC P-E-12, P-E-10, Y-E-12)

- A, The Director of Health Care Compliance, Regional Vice President and facility health care professionals shall establish working relationships with community health care agencies to assist in meeting resident needs.
1. The Regional Vice President and Regional Medical Director shall make arrangements for each facility and enter into a written agreement with a licensed general hospital for hospital care, surgical services, and emergency services on a 24-hour-a-day basis.

- B. The Regional Medical Director shall develop procedures to ensure the appropriate referral of residents to community resources and use of hospital facilities.
- C. Residents requiring specialized medical, dental, or behavioral health services beyond the resources available at the housing facility shall be referred to health care professionals in the community, or facilities which meet State licensure requirements for hospital care, as approved by the Regional Medical Director and Director of Healthcare Compliance, where such care is available. A list of all approved off-site specialist or facilities shall be created and maintained by the Health Services Administrator.
- D. The Site Medical Director or designee shall provide instructions to the designated transportation/escort staff and health care personnel in the routine (and emergency) medical transfer procedures to ensure that residents are transported safely and in a timely manner for medical, behavioral health, and dental appointments both inside and outside the facility.

XVII. Work unit leaders (wardens, superintendents, parole directors) shall develop a general order for this IMPP that addresses only the following:

- A. The actions of facility staff, and residents, to ensure the unimpeded access to health care services by residents, to include, but not limited to:
 - 1. Procedures, which outline the responsibility/actions of KDOC staff in the response to resident requests, written and verbal, for medical care, sick call, etc., and referrals to the health care staff.
 - 2. Procedures required to implement the sick call/clinic policy, to include, but not limited to:
 - a. Facility schedules for sick call and clinic;
 - b. Resident's procedures for requesting access to sick call or clinic visit; and
 - c. Staff referral of residents to sick call/clinic.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and residents and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or residents, or an independent duty owed by the Department of Corrections to employees, residents, residents, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

IMPP 12-127D, 16-102D, 16-106D, 16-108D, 16-109D, 20-105A, 20-105J
NCCHC P-A-01, P-A-07, P-A-08, P-B-01, P-D-04, P-E-02, P-E-04, P-E-06, P-E-10, P-E-12, P-F-01, P-F-04, P-G-03, P-G-04, P-G-05, P-G-07, P-G-09, P-G-10, Y-A-01, Y-A-07, Y-A-08, Y-B-01, Y-D-04, Y-E-06, Y-E-07, Y-E-09, Y-E-12, Y-F-01, Y-F-04, Y-G-03, Y-G-04, Y-G-05, Y-G-07, Y-G-09

HISTORY

02-01-24 Original
08-06-25 Revision 1

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	KDOC Resident Referral to Behavioral Health	1 page

Attachment A, IMPP 16-107D

Effective 08-06-25

Patient's Name:	ID#:	Date of Referral:
Reason for Referral:		
Comments:		
Referred by:	Phone Contact #:	
Behavioral Health Follow-Up:		
<i>Date Received:</i> _____ <i>Date Seen:</i> _____ <i>Date Note Entered into EHR:</i> _____		
Follow-up by: _____	Date: _____	
☐ Staff who initiated referral was provided date/time patient was seen by Behavioral Health staff.		