

INTERNAL MANAGEMENT POLICY & PROCEDURE

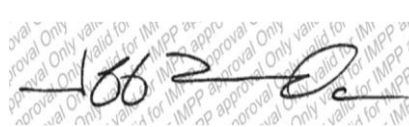
Applicability: ☐ Adult Operation Only ☐ JUVENILE Operations Only ☒ DEPARTMENT-WIDE

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HEALTH CARE SERVICES: Health Care Screenings, Assessments, and Evaluations

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Approved By: , Secretary Next Scheduled Review: 07/2027

POLICY

The health services contractor shall be responsible to develop procedures and clinical guidelines, in accordance with American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) standards to ensure that all residents receive medical and behavioral health assessments upon admission to KDOC and throughout their sentence. Screenings, health assessments, and evaluations of residents are conducted in a professional manner, consistent with the policy and procedures contained in this IMPP.

DEFINITIONS

Community Supervision Agency: A local juvenile justice program operated by the administrative county which provides services for juvenile residents and their families when the juvenile resident is subject to court-ordered supervision such as juvenile intensive supervised probation, court-ordered custody, interstate compact for juveniles, juvenile correctional facility and conditional release.

Executive Director of Health Care Compliance: 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 Services Administrator (HSA): The person responsible and accountable for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Health Assessment: The process of evaluating the health status of an individual, a full health appraisal.

Intake: Any new resident or resident who has been out of the system to include condition violators received at a KDOC facility from another jurisdiction. Residents being returned to custody in pre-revocation status are also considered intakes.

Intake Screening: The structured interview and observation process occurring immediately upon a resident's admission to KDOC custody intended to identify any potential emergency situation among residents newly arriving at a KDOC facility.

Non-Health Trained Staff: Persons who are not registered or licensed with a health care regulating agency but who have received training in emergency response procedures, such as CPR, etc.

Qualified Behavioral Health Professional: Psychiatrists, psychologists, behavioral health professionals, psychiatric nurses, and others who meet the educational and registration or licensure/certification criteria specified by their respective discipline to provide evaluation and care for the behavioral health needs of patients.

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 Medical Director (RMD): 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 Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Regional Medical Director and administratively by the Regional Vice President and or his designee.

Transfer: A resident who is received at a KDOC facility directly from another KDOC facility.

Transfer Screening: A system of structured inquiry and observation of the general health and medical, dental and behavioral health condition of residents upon their arrival at a receiving site as the result of a transfer from one site to another within the KDOC system.

PROCEDURES

I. Health Screenings and Assessments

- A. All residents shall receive a health, dental, and behavioral health screening upon arrival at any KDOC facility, prior to the resident's assignment to a living area.
 - 1. Health screenings and health assessments shall be conducted to detect residents who pose a health or safety threat to themselves or others and who may require immediate health care or treatment.
 - 2. To the extent possible, all screenings and assessments shall be performed in privacy and carried out in a manner designed to encourage the resident's subsequent use of health services.
- B. Inmates who are admitted to KDOC who have not received a documented health assessment within the previous 90 days shall receive a full health assessment performed by qualified health care professional , no later than seven (7) calendar days from admission.
- C. Findings from the health care screening will be reviewed during the health assessment process.

II. Intake Screening

- A. The intake screening, which includes an inquiry of the resident's health history, current health/dental/behavioral health condition and the staff member's observations, shall be performed only by qualified health care professional or non-health trained staff who have completed training approved by the Regional Medical Director and Director of Healthcare Compliance or designee(s).
 - 1. Information obtained shall be documented in the Intake template in the Electronic Health Record (E.H.R.) within four (4) hours of arrival to the facility.
 - 2. All intake and transfer screening findings shall be documented and maintained in the resident's electronic health record.
- B. Residents who are unconscious, semiconscious, bleeding, mentally unstable, or otherwise urgently in need of medical attention at the time of reception shall be immediately referred for emergency care.
 - 1. If the referral is to a community hospital, the resident's admission or return to the receiving facility shall be predicated upon a written medical clearance. All intake and transfer screening findings shall be documented and maintained in the resident's electronic health record.

- C. In facilities or units with less than 24 hours per day coverage by health care staff, transfer screening may only be conducted by health-trained personnel in accordance IMPP 16-114D Medical Transfer Screening.
- D. Each warden/superintendent shall designate non-health care trained staff responsible for conducting transfer-receiving screenings.
- E. The Health Services Administrator or designee shall provide training, in accordance with IMPP 03-104D, for:
 - 1. Staff or volunteers designated to assist in the health intake/transfer screening on non-English speaking residents shall receive this same training.
 - 2. Training shall be updated annually.

III. Receiving Screenings

- A. At a minimum, the intake/receiving screening shall include the following:
 - 1. Provision of initial treatment and inquiry into current and past illnesses, treatment, problems, and complaints to include:
 - a. Any past history of infectious or communicable illness (i.e., HIV, TB, STDs, etc.), treatment, or symptoms (e.g., lethargy, weakness, weight loss, loss of appetite, fever, night sweats) suggestive of such illness;
 - b. Current or past illness, health condition, or special need;
 - c. Behavioral health problems to include suicide potential/risk;
 - d. Past or present treatment or hospitalization for mental disturbance or suicide attempt(s);
 - e. Dental problems, treatment for dental problems;
 - f. Allergies;
 - g. Medications taken and special health (including dietary) requirements;
 - h. Use of alcohol and other drugs including type(s) of drugs used (legal and illegal), mode of use, amounts used, frequency used, date or time of last use and history of any withdrawal symptoms that may have occurred after ceasing use (e.g., seizures).
 - i. Possibility of current pregnancy, recent pregnancy, and current gynecological problems.
 - j. Other health problems designated on the receiving screening form approved by the Regional Medical Director and Executive Director of Healthcare Compliance.
 - k. Current immunization status; and
 - l. Personal physician, if applicable.
 - 2. Observation of the following:
 - a. Behavior, which includes:
 - (1) State of consciousness,

- (2) Mental status (including suicidal ideation),
 - (3) General appearance,
 - (4) Conduct,
 - (5) Tremors, and,
 - (6) Sweating.
 - b. Physical deformities and ease of movement;
 - c. Persistent cough or lethargy;
 - d. Physical deformities and condition of skin, to include:
 - (1) Evidence of abuse and/or trauma markings,
 - (2) Bruises,
 - (3) Lesions,
 - (4) Jaundice,
 - (5) Rashes and examination for infestations and/or the presence of ectoparasites;
 - (6) Needle marks or other indications of drug abuse; and,
 - (7) Tattoos.
 - e. Breathing.
 - 3. Administration of a screening test for tuberculosis as recommended by the CDC.
 - 4. Recommendations for clinical disposition and referral, which may include:
 - a. General population;
 - b. General population with referral to sick call or appropriate health care service;
 - c. Referral to appropriate health care service for emergency treatment, to include medical isolation, if necessary; or,
 - d. Other disposition as appropriate to the resident's health and/or behavioral health condition.
 - 5. The date and the time when referral/placement actually takes place shall be documented.
- B. Intake screening results shall be recorded on the intake/receiving screening template in the EHR system as approved by the Regional Medical Director and the Executive Director of Health Care Compliance, which shall become a permanent part of the resident's health record.
- 1. If the resident refuses to answer the interview questions, this is to be documented on the screening form.

2. If the resident is unable to answer the questions during the interview, this is to be documented on the form with the reason, if health care personnel are able to ascertain the reason.

IV. Intake Health/Dental Health Assessments

- A. Each resident incarcerated within the Kansas Department of Corrections shall receive a health assessment in accordance with the healthcare vendor's policies and procedures approved by the Executive Director of Health Care Compliance.
 1. Assessments shall be based upon a consideration of the resident's age, sex, and health needs, as determined necessary by the Executive Director of Health Care Compliance and the recommendation for periodic examinations by the American Academy of Family Physicians.
 2. Healthcare providers (MD/DO/APRN/PA) or Registered Nurses (RN) who have completed training approved by the Regional Medical Director and Executive Director of Healthcare Compliance or designee(s) shall perform intake health assessments.
- B. The collection and recording of all health assessment data shall be completed by a qualified health care professional in a uniform manner as determined by the Regional Medical Director and approved by the Executive Director of Health Care Compliance which shall require that:
 1. The collection of residents' health history, vital signs, and all other health assessment data is completed within seven (7) days of arrival and recorded in the Electronic Health Record (EHR) in accordance with procedures established by the health services contractor.
 2. All procedures shall be approved by the Director of Health Care Compliance and must demonstrate compliance with ACA and NCCHC standards.
- C. The health assessment shall, at a minimum, include the following:
 1. A qualified healthcare professional collecting additional data to complete the medical, dental, and behavioral health histories, including any follow-up from abnormal findings obtained during the receiving screening and subsequent encounters.
 2. Laboratory and/or diagnostic results to detect communicable diseases, including sexually transmitted diseases and tuberculosis. and other tests as determined by the responsible physician.
 3. A qualified healthcare professional recording of vital signs (including height, weight, BMI, temperature, pulse, respirations, blood pressure, and oxygen saturation by pulse oximeter).
 4. Physical examination, the examination shall include pelvic, breast, pap exams, rectal and testicular exams as indicated by resident's gender, age and risk factors, oral, vision and hearing screening.
 5. Other tests and examinations as appropriate.
 6. A review of the significant findings/results of the health assessment and tests, and identification of problems by a physician, or other qualified health care professional.
 7. Initiation of therapy and immunizations, when appropriate; and,
 8. Development and implementation of a health classification form including recommendations concerning housing, job assignment, and program participation for residents with special health circumstances and needs to include behavioral health,

chronic, and convalescent health problems.

- D. All dental screenings and examinations shall be conducted in accordance with provisions of IMPP 16-102D.
- E. Each resident shall receive a behavioral health screening upon intake during the health screening process.
 - 1. Each resident shall have a full follow up psychological evaluation, by behavioral health staff, within 14 calendar days of the resident's admission to KDOC custody.
 - 2. The behavioral health screening and psychological evaluation shall become a permanent part of the resident's health record.
- F. An updated Medical Classification (PULHEX) document will be completed/generated in the Electronic Health Record.
 - 1. The unit team counselor shall be responsible to provide residents with a copy of any changes to their classification assignment.

V. Behavioral Health Assessments and Evaluations

- A. The Regional Psychiatric Director shall develop procedures for the psychological assessment that focuses on mental illness issues, drug abuse, and sex offense behavior.
- B. A behavioral health psychological evaluation, performed by a multi-disciplinary team, shall be completed within 14 days of admission to KDOC.
- C. A Behavioral Health Classification Level shall be established which permits behavioral health professionals to designate appropriate referral options for each resident evaluated to include provisions for:
 - 1. Residents identified as suffering from serious mental illness or developmental disability to be immediately referred to a behavioral health professional for care.
 - 2. Residents who require acute behavioral health services beyond that available at intake facilities, or whose adaptation to the correctional environment is significantly impaired shall be transferred to an appropriate facility upon approval from the Regional Psychiatric Director.
- D. Mental health evaluation reports shall become a part of the resident's health record.

VI. Transfer Screening

- A. Transfer screening procedures shall be in accordance with IMPP 16-114D Medical Transfer Screening.

VII. Periodic Health Assessments

- A. The Regional Medical Director shall develop procedures and establish protocol regarding the extent and the frequency of physical examinations based upon a consideration of the age, sex, and health needs of residents, and risk factors as indicated by ACA and NCCHC standards and other nationally recognized professional health organizations.
 - 1. Healthcare providers (MD/DO/APRN/PA) or Registered Nurses (RN) who have completed training approved by the Regional Medical Director and Executive Director of Healthcare Compliance or designee(s) shall perform periodic health assessments.
 - 2. The facility physician shall document review of all registered nurse performed physical exams.

VIII. Release Screening

- A. The Regional Medical Director shall develop procedures for release screening as approved by the Executive Director of Health Care Compliance. The procedures shall include provisions to determine any significant health problems attributed to a resident which require further assessment or treatment. Provisions for such referral to community service providers, as authorized by the Regional Medical Director, shall be included.
- B. The resident's health record shall be reviewed to ensure all information is current and accurate.
- C. Facility health care staff will provide the resident and the departmental Field Service staff or community supervision agency as applicable with a copy of the release health plan that provides pertinent information regarding the resident's health status, medications and follow up appointments.
 - a. **ADULT:** In accordance with IMPP 16-105D Confidentiality and Release of Medical and Behavioral Health Information.

IX. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff 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 or residents, or an independent duty owed by the Department of Corrections to employees, 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 REQUIRED

None.

REFERENCES

IMPP 03-104D, 16-102D, 16-105D, 16-114-D
ACI : 5-ACI-6A-21 (4-4362), 5-ACI-6A-22 (4-4363), 5-ACI-6A-24 (4-4364), 5-ACI-6A-25 (4-4365), 5-ACI-6A-31 (4-4370), 5-ACI-6A-32 (4-4371)
JCF 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF-4C-03, 4-JCF-4C-04, 4-JCF-4D-02, 4-JCF-4D-03
NCCHC P-E-02, P-E-03, P-E-04, P-E-05, P-E-13, Y-E-02, Y-E-03, Y-E-04, Y-E-05, Y-E-13

HISTORY

08-08-24 Original

ATTACHMENTS

None.