Virginia Department of Corrections

Health Services

Operating Procedure 720.3

Health Maintenance Program

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

PURPOSE

This operating procedure establishes guidelines for a health maintenance program for all inmate and Community Corrections Alternative Program (CCAP) probationers/parolees in Department of Corrections (DOC) facilities. Elements of this program include education and a system of immunizations, screenings and examinations leading to early detection and treatment of health problems, and instructions on self care for chronic conditions followed by discharge planning and preparation.

PROCEDURE

I. Health Education Program

A. Each facility will operate a health education program appropriate to its mission and inmate or CCAP probationer/parolee population, so that health education and wellness information is provided to all inmates and CCAP probationers/parolees. (5-ACI-6A-20; 4-ACRS-5A-10)

B. Educational methods may include posters, printed materials, seminars, videos, and individual instruction. The form and format will be designed to maximize inmate and CCAP probationer/parolee comprehension.

C. The educational portion of the health maintenance program will include such topics as: (4-ACRS-5A-10)

1. Information on medical services and immunizations
2. Personal hygiene
3. Sexually transmitted infections
4. Infectious disease such as Tuberculosis and other communicable disease
5. Effects of smoking/smoking cessation
6. Self-examinations
7. Dental hygiene
8. Drug abuse and danger of keep on person medication
9. Physical fitness and exercise
10. Chronic diseases and/or disabilities
11. Family planning/pregnancy and birth control
12. Diet and nutrition
13. Human Immunodeficiency Virus (HIV) education - All inmates and CCAP probationers/parolees will have documented evidence that they have received education concerning transmission of HIV.
14. Access to health care services
15. Keep on person medications
16. Methicillin Resistant Staphylococcus Aureus
17. Inmate and CCAP probationer/parolee initiated preventative care

II. Immunization Program

A. Each facility will operate an immunization program in which inmates and CCAP probationers/parolees are immunized against various diseases when medically indicated in accordance with *Standard Treatment Guidelines*, Center for Disease Control and Prevention (CDC), and Virginia Department of Health (VDH) recommendations.

B. Certain immunizations require that the inmate or CCAP probationer/parolee review a *Vaccine Information Statement* and sign a *Consent for Immunization* 740_F6 before the vaccine is given; see Operating Procedure 740.1, *Infectious Disease Control.*

III. Screenings and Physical Examinations

A. On entering the DOC, each inmate and CCAP probationer/parolee will receive an intake medical screening and physical examination/health appraisal in accordance with Operating Procedure 720.1, *Access to Health Services* (CCAPs) or Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care* (institutions).

B. Each inmate transferring from one DOC facility to another will receive a medical screening in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.

C. The conditions for periodic health examinations for inmates and CCAP probationers/parolees are determined by the Health Authority, based on age and gender, in accordance with the *DOC Health Care Plan* and Food Service Manual, Chapter 2, *Food Service Personnel*, which is based on generally accepted national standards. (5-ACI-6A-27)

D. If an inmate or CCAP probationer/parolee is diagnosed with any medical condition for which they are receiving ongoing treatment, or other significant medical condition, or significant past medical condition; this information is to be entered on the *Problem Sheet* 720_F32, which is to be placed prominently in the health record in accordance with Operating Procedure 701.3, *Health Records.*

IV. Preventative Care and Screening

A. The recommendations regarding preventative care and screenings from several national groups must be followed in the care of inmates. There are some variations in the recommendations from the various groups.

B. The following list of organizations will be referenced for recommendations on preventative care and screening. For the most up-to-date recommendations, refer to one or more of these sources:

1. American Cancer Society
2. American College of Obstetricians and Gynecologists
3. CDC
4. United States Preventative Services Task Force
5. UpToDate (Web based resource)
6. VDH

V. Medical Planning for Discharge from DOC

A. Due to the medical requirements for admission and the short duration of CCAPs, the time limits and requirements of this section apply only to institutions. If a CCAP probationer/parolee is being released from a CCAP with the need of continuing medical care, this section may serve as a guide for developing an ongoing treatment plan.

B. In accordance with Operating Procedure 820.2, *Inmate Re-entry Planning*, medical staff will use VACORIS to generate a listing of inmates who are within 180 days of their anticipated release date so that pre-release preparation can begin.

C. A *Medical Discharge Summary* is completed by medical staff to determine community health and medical needs of inmates and CCAP probationers/parolees being released from DOC facilities. If continued treatment or medical needs are identified, the inmate or CCAP probationer/parolee will be educated about ongoing health care needs and information will be provided to the inmate or CCAP probationer/parolee regarding resources for maintaining continuity of care. (5-ACI-5F-05)

1. CCAP medical staff will forward a copy of the *Medical Discharge Summary; Community Corrections* 720_F7 to the CCAP probationer's/parolee's release P&P District at least 60 days prior to the anticipated release date.
2. Institutional medical staff will forward a copy of the *Medical Discharge Summary* 720_F5 to the Re-

entry Counselor at least 180 days prior to the inmate's anticipated release date.

3. When there is change in treatment or medical needs, after the *Medical Discharge Summary* has been completed, facility medical staff will determine if the *Medical Discharge Summary; Community Corrections* 720_F7 or *Medical Discharge Summary* 720_F5 will be updated and as necessary, notify the P&P District or Re-entry Counselor.
   a. Substance use records may only be released upon receipt of a signed *Consent for Release of Alcohol and Drug Abuse Record Information* 050_F15.
   b. Per COV §32.1-36.1, *Confidentiality of test for human immunodeficiency virus; civil penalty; individual action for damages or penalty*, disclosure of HIV test results without a release of information can only occur as follows (partial listing): Department of Health, health care providers for purposes of consultation or providing care and treatment to the subject of the test and to the spouse of the subject of the test.

D. If indicated, medical staff will assist inmates and CCAP probationers/parolees diagnosed with infectious diseases and other serious chronic health conditions with referrals to community service providers such as local health departments or clinics; see *Directory of District and Local Health Departments*.
   1. Once appointments are made by medical for follow-up care, medical staff will notify the inmate's assigned Re-entry Counselor who will notify the Community Release Unit. Medical staff will also fax necessary medical information to the local health department.
   2. At a minimum, inmates and CCAP probationers/parolees will be provided the address and instructed to report to a local clinic or Physician to get follow-up medical treatment as soon as possible and to avoid interruption in medication therapy.

E. In February 2015, HIV testing was added to laboratory tests for newly received inmates and CCAP probationers/parolees.
   1. Each inmate and CCAP probationer/parolee who does not have a record of a positive test result will be offered a test for infection with HIV within 180 days of the inmate's scheduled release from an institution or within 60 days of a CCAP probationer's/parolee's scheduled release from a CCAP.
   2. When a newly received inmate or CCAP probationer/parolee is tested and they are within 180 days of their scheduled release from an institution and 60 days for CCAPs, a new test prior to the inmate's and CCAP probationer's/parolee's scheduled release is not required.
   3. Any inmate or CCAP probationer/parolee may choose not to be tested.
   4. A *Consent to Test for HIV Antibodies & Disclosure of Results* 720_F33 must be obtained from the inmate or CCAP probationer/parolee in all cases before the test is carried out, and appropriate pre- and post-test counseling provided; see COV §32.1-37.2, *Consent for testing for human immunodeficiency virus; condition on disclosure of test results; counseling required; exceptions.*
   5. HIV infected inmates and CCAP probationers/parolees require specific discharge planning and reporting in accordance with *Standard Treatment Guidelines*. (5-ACI-6A-16)

F. In March 2019, hepatitis C virus antibodies testing was added to laboratory tests for newly received inmates and CCAP probationers/parolees.
   1. Each inmate and CCAP probationer/parolee who does not have a record of a positive test result will be offered a test for infection with hepatitis C virus within 180 days of the inmate's scheduled release from an institution or within 60 days of a CCAP probationer's/parolee's scheduled release from a CCAP.
   2. When a newly received inmate or CCAP probationer/parolee is tested and they are within 180 days of their scheduled release from an institution and 60 days for CCAPs, a new test prior to the inmate's or CCAP probationer's/parolee's scheduled release is not required.
   3. Any inmate or CCAP probationer/parolee may choose not to be tested.

G. For inmates and CCAP probationers/parolees who are pending release, medical staff will obtain a 30 to

90 day supply of discharge medications and other necessary medical supplies, as deemed clinically appropriate by the provider, based on indication, adherence, safety, and outside scheduled follow up appointment date.

1. Inmates pending transfer/release to the Virginia Serious and Violent Offender Reentry Program will be provided a 75 day supply of discharge medications and other necessary medical supplies by medical staff.
2. If indicated, medical staff will obtain necessary supplies such as blood glucose monitoring machines, testing supplies, wound care supplies, etc.
3. All necessary actions completed as a part of the discharge planning schedule above will be documented in the inmate's health record.

H. Inmates and CCAP probationers/parolees who need wheelchairs, walkers, canes, crutches, etc. generally do not enter DOC with such equipment in their personal property. If the inmate or CCAP probationer/parolee has equipment provided by the DOC, the inmate or CCAP probationer/parolee will not be able to keep this equipment after release. If durable medical equipment (DME) is purchased through Medicare, it would be inmate or CCAP probationer/parolee specific DME that would be sent with them upon release. Medical staff will make efforts for the inmate or CCAP probationer/parolee to purchase or have access to necessary equipment in accordance with Operating Procedure 750.3, *Prostheses* and Operating Procedure 820.2, *Inmate Re-entry Planning*.

I. When an inmate or CCAP probationer/parolee requires home health care, the referral will be initiated at the facility prior to the inmate's or CCAP probationer's/parolee's release so that continuity of medical care can be maintained.

1. The facility Physician will write a prescription for home health care so that home health assistance can be arranged through the Community Release Unit.
2. The prescription will serve to initiate the process but does not order the specific home health care that will be provided to the inmate or CCAP probationer/parolee once they are released.
3. Once released, the inmate or CCAP probationer/parolee is responsible for obtaining specific home health care orders from a Medical Practitioner in the community as they are no longer under the care of the DOC.

J. COV §53.1-40.10, *Exchange of medical and mental health information and records,* governs the release of medical and mental health information. In most cases, information may be released to transition staff, Probation and Parole staff, and Community Services Boards without a *Consent for Release of Confidential Health and/or Mental Health Information* 701_F8 from the inmate or CCAP probationer/parolee.

1. Substance use records may only be released upon receipt of a signed *Consent for Release of Alcohol and Drug Abuse Record Information* 050_F15.
2. Per COV §32.1-36.1, *Confidentiality of test for human immunodeficiency virus; civil penalty; individual action for damages or penalty,* disclosure of HIV test results without a release of information can only occur as follows (partial listing): Department of Health, health care providers for purposes of consultation or providing care and treatment to the subject of the test, and to the spouse of the subject of the test.

K. If a consent for release of information is needed based on provisions of COV §53.1-40.10, *Exchange of medical and mental health information and records,* the Counselor, medical staff, or mental health and wellness staff will request the inmate or CCAP probationer/parolee to sign a *Consent for Release of Confidential Health and/or Mental Health Information* 701_F8. If a release is obtained, records may be forwarded to the designated entities.

L. Per COV §53.1-28, *Authority to fix discharge date; improper release; warrant, arrest and hearing,* any inmate or CCAP probationer/parolee may obtain a copy of their medical records within 30 days of release so long as the inmate or CCAP probationer/parolee requests a copy of the records at least 60 days prior to the release date.

M. Transition and medical staff will maintain basic information and applications for federal and state Medicaid and disability programs to aid discharging inmates and CCAP probationers/parolees with medical and mental health and wellness needs and/or disabilities. If an inmate or CCAP probationer/parolee is 65 years or older, blind, and/or disabled with limited income or sufficient, recent work history credits, they could be eligible for federal benefits. The DOC has a Memorandum of Understanding with the Social Security Administration, Department of Social Services, and Disability Determination Services covering pre-release benefit application procedures. Please refer to Operating Procedure 820.2, *Inmate Re-entry Planning*, and the Pre-Release Benefit Applications Guide for more detailed directions.

N. If an inmate on the pending release list is identified by medical staff as meeting the requirements for disability benefits upon release, medical staff will begin the benefit application process with the inmate by completing all medically related information in the benefit application packet (Disability Report (Adult) Form SSA-3368-BK from the Social Security Administration). Medical staff will then forward the packet to the Re-entry Counselor at least 120 calendar days prior to release. All supporting medical and mental health disability documentation must be submitted with the initial referral packet. The inmate and the staff member would complete the remainder of the application packet and document this action in VACORIS.

O. Social Security Administration applications for disability claims (Supplemental Security Income (SSI), Social Security Disability, and/or Medicare) may not be submitted more than 120 days prior to release. Social Security Administration applications for age based claims (Social Security Retirement and/or Medicare) may not be submitted more than 30 days prior to release. Department of Social Services applications for Medicaid may not be submitted more than 90 days prior to release for a disability claim nor more than 45 days prior to release for an age based claim.

P. Eligibility evaluation and enrollment for Medicaid can occur at any point during an inmate's incarceration period. All inmates that experience an inpatient admission must be provided the opportunity to submit an application for Medicaid eligibility review unless the inmate currently has active Medicaid. The DOC Financial Management and Reporting Unit (FMRU) tracks inpatient admissions and facilitates a Medicaid application through the facility staff. Applications for Medicaid evaluation can be submitted through telephonic application with the DMAS call center, paper application and online CommonHelp at the discretion of the inmate, Case Management Counselor, other facility staff or FMRU staff. Per the Virginia Medicaid Expansion Program, eligibility criteria now includes all adults under the age of 65 if their income does not exceed 138 percent of the federal poverty level (FPL).

Q. After thorough screening, a Medicaid application is processed by the Healthcare Reimbursement Specialist and/or the point of contact from the institution assigned by the Specialist completed through the Common Help website or by a scheduled expedited phone application. When the application is complete, it is then forwarded to either the Department of Medical Assistance Service's Cover Virginia Incarcerated Unit call center for eligibility determination for approval. Upon receiving approval, the budget office will notify the hospitals and/or providers of Medicaid approval.

R. Per the Virginia Medicaid Expansion Program, eligibility criteria now includes all adults under the age of 65 if their income does not exceed 138 percent of the FPL.

S. Eligibility Criteria for SSI:

1. People age 65 or older or disabled or blind who have low income and few resources (things owned).
2. A person age 18 or older is considered disabled if a physical or mental condition (or combination of conditions) keeps the person from working and is expected to last at least 12 months or result in death.
3. A person is considered blind if they have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or have an eye that has a visual field limitation such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered as having a central visual acuity of 20/200 or less. A person whose sight is not poor enough to be considered blind may still qualify as disabled.

T. Benefits (other than those received through the Veterans Administration) are not available to inmates while incarcerated. If an inmate is deemed eligible for benefits, coverage will begin after the inmate is released from the correctional facility.

U. If needed, transition staff will coordinate with facility medical staff who will make special transportation arrangements for release, i.e., ambulance service, oxygen transport, handicap accessible van, etc.

REFERENCES

COV §32.1-36.1, *Confidentiality of test for human immunodeficiency virus; civil penalty; individual action for damages or penalty*

COV §32.1-37.2, *Consent for testing for human immunodeficiency virus; condition on disclosure of test results; counseling required; exceptions*

COV §53.1-28, *Authority to fix discharge date; improper release; warrant, arrest and hearing*

COV §53.1-40.10, *Exchange of medical and mental health information and records*

Food Service Manual, Chapter 2, *Food Service Personnel*

Operating Procedure 701.3, *Health Records*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 740.1, *Infectious Disease Control*

Operating Procedure 750.3, *Prostheses*

Operating Procedure 820.2, *Inmate Re-entry Planning*

Standard Treatment Guidelines

ATTACHMENTS

None

FORM CITATIONS

Consent for Release of Alcohol and Drug Abuse Record Information 050_F15

Consent for Release of Confidential Health and/or Mental Health Information 701_F8

Medical Discharge Summary 720_F5

Medical Discharge Summary - Community Corrections Alternative Programs 720_F7

Problem Sheet 720_F32

Consent to Test for HIV Antibodies & Disclosure of Results 720_F33

Consent for Immunization 740_F6