
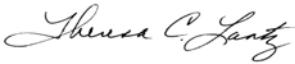


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|  <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p> | Directive Number 8.15 | Effective Date 10/31/2007 | Page 1 of 4 |
| | Supersedes Corrections Compact Health Services, dated 10/12/1999 | | |
| Approved By  | Title Corrections Compact Health Services | | |

1. **Policy.** The Department of Correction (DOC) shall promote an intergovernmental and interagency continuity of care system for the delivery of quality health care to Corrections Compact inmates consistent with Department standards.

2. **Authority and Reference.**
 - A. Connecticut General Statutes, Sections 18-81, 18-86a, 18-91 and 18-102 through 107.
 - B. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - C. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - D. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standard 4-4414.
 - E. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standard 4-ALDF-4D-27.
 - F. Administrative Directives 6.4, Transportation and Community Supervision of Inmates; 8.1, Scope of Health Services Care; and 8.7, Health Records Management.

3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - A. **Corrections Compact Inmate.** Any inmate, who is transferred, received or exchanged between the Department and any other state in accordance with all applicable correctional compacts and contractors.
 - B. **Department of Correction Health Services Compact Liaison.** A staff member designated by the chief Operating Officer to facilitate interstate compact transfers.
 - C. **Federal Boarder in Connecticut/State Boarder in Federal Bureau of Prisons.** Any inmate, who is transferred, received or exchanged between the Department and any federal correctional or judicial agency to include the Federal Bureau of Prisons or the United States Department of Justice, in accordance with all applicable statutes, federal treaties, and/or specific contracts between the State of Connecticut and the United States Government.
 - D. **Jurisdiction.** The parameters in which a federal or state agency may exercise legal authority.
 - E. **Medically Cleared for Transfer.** The assessment by a health care professional indicating that the inmate has no health issues, which would preclude out-of-state transport.
 - F. **Non-Routine Health Care.** Any health service that cannot be delivered on-site or that requires approval from the sending jurisdiction or the Health Services Unit Utilization Review Committee.

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- G. Receiving State/Federal Government. The jurisdiction to which the inmate is transferred for confinement.
 - H. Routine Health Care. Health care services delivered for the maintenance or improvement of an inmate's physical or mental wellness.
 - I. Sending State/Federal Jurisdiction. The jurisdiction in which the conviction or court commitment occurred.
4. Out-of-State Inmates Housed in Connecticut.
- A. The Chief Operating Officer shall designate a staff member to serve as the Health Services Compact Liaison to the Department's Interstate Compact Office.
 - B. Each Unit Administrator shall designate a staff member to serve as the Facility Compact Liaison to the Department's Interstate Compact Office.
 - C. The Department's Interstate Compact Office shall notify the Health Services Compact Liaison and the receiving Health Services Unit when a Corrections Compact inmate is admitted or scheduled for admission.
 - D. The inmate's Corrections Compact status shall be noted in the health record on Attachment A, Health Problem List (HR 800) as 'CORRECTIONS COMPACT INMATE'.
 - E. The Interstate Compact Office shall provide monthly Corrections Compact reports to the Health Services Compact Liaison to include the name and inmate number of each Corrections Compact inmate confined in the Department by current facility and state of jurisdiction.
 - F. Routine health care shall be provided to Corrections Compact inmates housed in the Department.
 - G. Except in the case of emergencies, all non-routine health care shall be provided only when authorized by the sending state or federal government in accordance with the sending jurisdiction's specific contract. Upon receipt of the request for non-routine care, the Health Services Unit Utilization Review Committee shall notify the Health Services Compact Liaison and the Interstate Compact Office. The Health Services Compact Liaison and the Interstate Compact Office shall initiate a request to the sending jurisdiction to consider the utilization review request, seek authorization to proceed with the non-routine health care and secure pre-approval for all related costs in accordance with Departmental policy. If the sending jurisdiction refuses to authorize and underwrite the non-routine health care, the DOC Health Services Unit Utilization Review Committee shall conduct a review of the request. If the Health Service Unit Utilization Review Committee determines the health service to be clinically indicated, the Interstate Compact Office shall inform the sending jurisdiction that the inmate must be returned. The Health Services Compact Liaison shall maintain a log of relevant data for each non-routine health care referral, including personnel notified and disposition of the case.
 - H. Prior authorization from the sending jurisdiction shall not be necessary when providing on-site routine or off-site emergency health care to Corrections Compact inmates, federal or state boarders, unless arrangements are made depending on the health resources in the receiving jurisdiction.

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- I. Facility health service units shall notify the Health Services Compact Liaison who in turn shall notify the Interstate Compact Office when emergency health care is provided to a Corrections Compact inmate within 48 hours of the care.
 - J. All invoices for non-routine health care shall be directed to the Health Services Unit Business Office for submittal to the appropriate jurisdiction.
5. Communication and Review Procedures for Connecticut Inmates Transferred Out-of-State.
- A. The Department's Interstate Compact Office shall serve as the primary contact for notification of non-routine health care requests for Connecticut inmates housed in other jurisdictions. The Interstate Compact Office shall identify the appropriate out-of-state health services liaison to be contacted by the Department's Health Services Compact Liaison to request documentation regarding the non-routine health care need. The outcome of that review shall be conveyed to the Department's Interstate Compact Office.
 - B. The Department shall request that the receiving state notify the Interstate Compact Office of emergency health care provided to a Connecticut inmate 48 hours after the delivery of emergency care. Such care shall be evaluated by the Health Services Compact Liaison in consultation with the Health Services Unit Utilization Review Committee.
 - C. Invoices for non-routine health care shall be verified by the Health Services Compact Liaison or designee and submitted to the Health Services Unit Business Office for payment.
6. Connecticut Inmates to be Transferred Out-of-State.
- A. The facility health services staff shall complete Attachment B, Transfer Summary (HR 005) for each inmate pending transfer to another jurisdiction. The summary shall indicate if the inmate is medically cleared for transfer. The packet shall be placed in a sealed envelope, labeled with the inmate name and number and forwarded to the Facility Compact Liaison. An inmate with medical and mental health need scores of two (2) or greater, shall be considered to have current health issues requiring continuity of care and notification to the receiving state's health care providers. Additional documentation regarding the inmate's medical and mental health status shall be attached to the summary as appropriate. An inmate with medical and mental health need score of one (1) shall not be considered to have a current health condition requiring continuity of care. The confidentiality of health information shall be maintained in accordance with Administrative Directive 8.7, Health Records Management.
 - B. In non-emergency, voluntary transfer situations, the sending facility health services staff shall obtain a release of information, for transfer of health information to the receiving jurisdiction, documented and signed by the inmate on CN 4401, Authorization to Obtain and/or Disclose Protected Health Information. In emergency situations or involuntary transfers, where obtaining a release of information is not possible, the requirement for a release of information shall be waived.

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- C. The Facility Compact Liaison shall notify the facility Health Services Unit of the anticipated date and time of departure of pending transfers. Efforts shall be made to ensure this notification occurs within 24 hours of departure and to provide an estimated length of travel time. The facility Health Services Unit shall ensure that a supply of prescribed medication adequate for the duration of travel, or up to a two (2) week supply, is provided to the inmate in accordance with Administrative Directive 6.4, Transportation and Community Supervision of Inmates.
7. Out-of-State Referrals to Connecticut Department of Correction.
- A. The Interstate Compact Office shall refer health issues of inmates under consideration for transfer to Connecticut to the Health Services Compact Liaison for review. The DOC Chief Medical Officer or designee may be consulted to determine if the inmate's routine health care needs can be met within the Department. The Health Services Compact Liaison shall convey the recommendations to the Interstate Compact Unit.
- B. The Department shall require that each out-of-state inmate under review for transfer to Connecticut have evidence of current (within last year) tuberculosis screening documented in the health services transfer package at the time of referral or prior to acceptance of the transfer. The information shall be provided to the DOC facility Health Services Unit designated to house the inmate.
- C. Out-of-state inmates who are returning to the custody of the sending state shall have Attachment B, Transfer Summary (HR 005) completed and provided to the transporting officials. If the inmate has had medical/mental health issues during his/her incarceration in Connecticut, health services staff shall provide a copy of relevant portions of the health record to the sending state for continuity of care. Facility health services staff shall either obtain the address of the health services unit of the sending state from the Interstate Compact Office and mail the records, or place the records in a sealed "confidential" package and forward the records to the transporting officials.
- D. Each out-of-state/federal boarder received in the Department shall be processed in accordance with Administrative Directive 8.1, Scope of Health Services Care.
8. Forms and Attachments. The following attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
- A. Attachment A, Health Problem List (HR 800); and,
B. Attachment B, Transfer Summary (HR 005).
9. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.