May 4, 2011

HRDS Letter: JID2011-01

To: Jail Administrators

RE: Medical Protocol for Department of Correction Inmates

Dear Administrator:

This letter was prompted by numerous requests received by the Jail Inspection Division regarding the protocol for obtaining emergency medical, mental health, and dental care for Department of Correction (DOC) inmates held in county jails. I am sure many of you are aware of the protocol; however, due to changes in jail administrators at some jails, this information is provided should this situation occur at your jail.

A Request for Authorization Form is completed by the county jail for outside and/or emergency care for certified judged and sentenced offenders in the county jail that require medical attention. Per Oklahoma State Statute 57, prior to obtaining nonemergency outside medical care, the Request for Authorization Form must be sent to the HOST facility for authorization. For emergency medical, dental, or mental health care, the Request for Authorization Form must be faxed to the HOST facility within twenty-four (24) hours of delivery of emergency care for review and approval. In addition, Jane Kirby, RN should be notified by the county jail regarding emergency care/hospital admissions at (405) 962-6155.

Routine medical care is provided by the county jail.

The Medical Transfer Request Form is completed to request that offenders in the custody of the county jail be transferred to DOC custody because the county jail cannot provide needed medical care. The Medical Transfer Request Form is faxed to DOC Medical Administration at (405) 962-6147 for review and approval. DOC Medical Administration will either recommend that the offender seek medical care at the designated HOST facility, or will recommend to Oklahoma DOC Population that the offender be transferred into DOC custody to obtain needed medical care.

Contract Beds – Several counties are contracted by the Oklahoma DOC to permanently house offenders; All contract bed offenders will receive routine medical care from their DOC HOST facility.

Although the request to transfer an inmate to DOC Medical may be approved, it does not mean the inmate will be transferred immediately. As you are all aware, DOC has a long waiting list and not enough bed space for inmates that have been judged and sentenced to DOC custody. DOC reports there are currently 1,547 inmates on the waiting list.

If you have questions regarding this guidance please contact Ms. Kirby at (405) 962-6155 or you may contact me at (405) 271-9444, ext. 57273.
Sincerely,

John W. Judge, Jr.
Director, Jail Inspection Division
Health Resources Development Service
Protective Health Services

Enc:

- Request for Authorization Form
- Medical Transfer Request Form
- County Jail Algorithm
- Ok State Statute 57 excerpt – which details the responsibilities for medical care of offenders in county jail custody.
OKLAHOMA DEPARTMENT OF CORRECTIONS
Request for Authorization

Today's Date:  County:  County Sheriff:

Phone #:  Fax #:  

Offender Name:  Certified J and S Date: 

Date of Birth:  Social Security Number:  DOC # (if known) 

Authorization of payment for (check all that apply):

☐ Outside Medical Care  ☐ Medication(s)  ☐ Emergency Care

Judgment and Sentencing Information (check all that apply)

☐Awaiting reception into Department of Corrections and no pending cases or holds from another jurisdiction (57 O.S. 35)
☐ Community Services Sentencing program (CSSP) (22 O.S. 991.02)
☐ Community Sentencing Act (22 O.S. 988.12)
☐ Intermediate Sanctions (57 O.S. 38.2)

Describe physical injury or illness for which medical care/medication(s) is sought (attach any supporting documentation):

____________________________________________________________________
____________________________________________________________________

FOR DOC USE ONLY

<table>
<thead>
<tr>
<th>Outside Medical Care</th>
<th>Medication(s)</th>
<th>Emergency Care</th>
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</thead>
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<tr>
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<td>☐ Not Approved</td>
</tr>
<tr>
<td>Reason:</td>
<td>Reason:</td>
<td>Reason:</td>
</tr>
</tbody>
</table>

Offender to be seen by host facility provider:

Appointment Date:  Appointment Time: 

County jail is responsible for transportation and security to medical appointments

Signature:  Date: 

________________________________________
Instruct Outside Provider/Pharmacy/Hospital to mail bills to:
HP Administrative Services, LLC
P.O. Box 268978
Oklahoma City, OK 73126-8528
Fax: 405-416-1790  Phone: 1-800-262-7683

AUTHORIZATION FORM MUST BE SENT TO HOST FACILITY AFTER OUTSIDE MEDICAL CARE APPOINTMENT IS SCHEDULED WITH THE FOLLOWING INFORMATION IN ORDER FOR PAYMENT TO BE RENDERED:

Date(s) of treatment to be provided:  

Facility / Medical Providers Name:  

Address:  

R 3-8-10
OKLAHOMA DEPARTMENT OF CORRECTIONS
Medical Transfer Request to Assessment & Reception

Date: ___________________________ Time: ___________________________

Requesting Facility: _____________________________________________ Phone #: ( )

Contact Person: __________________________________________________ Fax #: ( )

Inmate Name: ___________________________________________________ Gender: ☐ M ☐ F

SSN: ______________________ DOB: ______________________ Judgment and Sentence Date: ___________________________

Primary Diagnosis: ______________________________________________

Severity Classification: ☐ Mild ☐ Moderate ☐ Severe

Mental Health Diagnosis: _________________________________________

Severity Classification: ☐ Mild ☐ Moderate ☐ Severe

Check all that apply:

Orthoses/Prostheses: ☐ None ☐ Braces ☐ Shoe Inserts ☐ Hand/Leg Splints ☐ Limbs ☐ Other: __________________________

Aides of Impairment: ☐ None ☐ Glasses ☐ Walker ☐ Cane ☐ Crutches ☐ Wheelchair ☐ Hearing Aide(s)

Impairments: ☐ None ☐ Mental ☐ Speech ☐ Hearing ☐ Vision ☐ Sensation

Activity Limitation: ☐ None ☐ Moderate ☐ Severe

Pending Appointments: ☐ None Date: ___/___/____ Time: _____ AM PM Location: ________________________________

Medical Justification for Transfer: ____________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Emergency Transfer: ☐ Yes ☐ No

Hospitalizations: ☐ Currently in hospital ☐ Recent hospitalization Name of Hospital: __________________________

State reason: __________________________________________________________

_________________________________________________________________________________________

Name of person completing form: __________________________ Title: __________________________

* Fax completed form to: Medical Services at 405-962-6147.

To be completed by Medical Services Office:

Received by: ___________________________ Date: ___________________________

Medical transfer approved: ☐ Yes ☐ No if "No" state reason: ________________________________

Comments: ____________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Date Assessment & Reception notified: ___________________________ 7/10
The following day, the County Jail will send the prescription to the county pharmacy, who will deliver the medication. If approved by 4:00 p.m., the medication will be delivered. If not approved, the request will be held.

MEDICATION(s)

If not approved, the County Jail will notify the facility.

Facility will check for eligibility and medication availability.

If approved, the facility will complete the request for medication and fax it to the County Jail.

If approved by 4:00 p.m., the medication will be delivered. If not approved, the request will be held.

Facility will check for eligibility and medication availability.

If not approved, the County Jail will notify the facility.
§ 38.3. Reimbursement and payment for medical care and treatment

A. As used in this section:
1. “Emergency care” means the medical or surgical care necessary to treat the sudden onset of a potentially life- or limb-threatening condition or symptom;
2. “Dental emergency” means acute problems in the mouth exhibiting symptoms of pain, swelling, bleeding or elevation of temperature; and
3. “Mental health emergency” means a person exhibiting behavior due to mental illness that may be an immediate threat to others or himself or herself that renders the person incapable of caring for himself or herself.

B. The Department of Corrections shall reimburse health care providers for medical care and treatment for inmates retained in county jails after a certified copy of a judgment and sentence has been entered pursuant to the provisions of Section 980 of Title 22 of the Oklahoma Statutes or pursuant to the provisions of Section 988.12 or 991a–2 of Title 22 of the Oklahoma Statutes. Health care providers that are in the network established by the Department of Corrections in conjunction with the State and Education Employees Group Insurance Board shall be reimbursed according to the fee schedule established for that network; provided, that reimbursement will be no less than the fee structure that was in effect January 1, 2007, or the current fee schedule, whichever is greater. Health care providers that are out of network shall be reimbursed according to the Oklahoma Medicaid Fee Schedule; provided, that reimbursement shall be no less than the fee structure that was in effect January 1, 2007, or the current fee schedule, whichever is greater. Prior to obtaining nonemergency care outside the county jail facility, authorization must be received from the Department of Corrections. For any emergency care, dental emergency or mental health emergency care obtained outside the county jail facility, the Department of Corrections must be notified within twenty-four (24) hours. The Department of Corrections is hereby authorized to reject claims if proper notification has not been provided.

C. The sheriff shall be responsible for providing and paying for medical, dental and mental health care screening when an inmate is admitted, routine sick calls within the county jail and access to on-site physician services as is routinely provided for all inmates in the custody of the sheriff and as provided by Section 52 of Title 57 of the Oklahoma Statutes.

D. The Department of Corrections shall pay the pharmacy provider for medications provided to inmates retained in county jails after a certified copy of a judgment and sentence has been entered pursuant to the provisions of Section 980 of Title 22 of the Oklahoma Statutes or pursuant to the provisions of Section 988.12 or 991a–2 of Title 22 of the Oklahoma Statutes. If the pharmacy provider is a Medicaid
PRISONS AND REFORMATORIES

§ 52. Sheriff to provide board, medical, and other necessities—Compensation—Purchases

H. The Department of Corrections shall not be responsible for payment of health care of inmates housed in the county jail under the following circumstances:

1. Prior to entry of a certified judgment and sentence pursuant to the provisions of Section 980 of Title 22 of the Oklahoma Statutes;
2. When an inmate is detained in the county jail pursuant to a writ of habeas corpus;
3. When an inmate is detained in the county jail for additional cases pending after a certified copy of the judgment and sentence has been entered;
4. When an inmate is detained in the county jail and his or her status is on hold for another jurisdiction;
5. When an inmate is detained in the county jail and the inmate is sentenced to county jail time only.


CHAPTER 2.—COUNTY JAILS

Section
57. Separate rooms for different classes and sexes—Classifying prisoners—Double-celling barracks-style living space—Construction contracts with private contractors.

58.3. Sentence and fine or cost credits for prisoner labor.
69. Meals for county jail and correctional facilities personnel.

§ 47. Sheriff to have charge of the jail

Medical care

Some county commissioners were held personally responsible for the actions of an inmate's estate, in representative's action against the board, sheriff, and others after inmate died of an acute illness incarcerated in county jail; the sheriff, and not the county, was responsible for medical care in the jail, and the county had the statutory duty to hire, train, supervise, or discipline county officers. Estate of Crowell ex rel. Boone v. Board of County of Cleveland, Okla., 2010 WL 238459 (2010).

§ 57. Separate rooms for different classes and sexes—Classifying prisoners—Double-celling barracks-style living space—Construction with private contractors

A. In the city and county jails in this state shall be provided sufficient and convenient for confining prisoners of different sexes a separate and apart from each other. State Fire Marshal pursuant to Section 74 of the Oklahoma Statutes.

B. In the city and county jail in this state shall be a system of classifying prisoners by their severity of the charges, past criminal history, and other relevant factors.

C. In the city and county jail in this state classified pursuant to subsection B of this section may be confined two per cell or barracks-style living space meets the square footage requirements set forth in Section 192 of the Oklahoma Statutes.

D. All funds used by the Department to contract with private contractors for incarceration of prisoners and pre-release centers will be appropriated by the Legislature.

E. Nothing in this section shall authorize the granting of funds by the Legislature.

§ 58.3. Sentence and fine or cost credits for prisoner labor

69. Meals for county jail and correctional facilities personnel.

§ 69. Meals for county jail and correctional facilities personnel.