

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 4	Number 5.04A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title PAROLE MEDICAL RETURNS
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Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101 03-03-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) outlines the process that shall occur when a patient on parole is violated due to community safety concerns and must return to a Department facility while experiencing a severe behavior health or a life threatening physical health condition including but not limited to acute substance withdrawal. This type of event shall be considered a medical return regardless of the type of violation or new charge that has occurred.

II. DEFINITIONS:

For the purpose of this HCSD, the following definitions are presented:

- A. EMR: Electronic Medical Record
- B. MEDICAL RETURN: A patient on parole returning to the Department that has severe behavior health or life threatening physical health concerns that affects community safety.
- C. OBGYN: A physician who both delivers babies and treats diseases of the female reproductive organs.

III. PROCEDURE:

- A. In the event Indiana Parole Board has deemed that a patient on parole shall be returned to a Department facility and is a medical return, the Parole Agent shall contact their District Supervisor and Transitional Healthcare Liaison within 1 (one) hour via telephone to provide a description of the incident. The District Supervisor shall contact the Director of Parole Services for instructions for the return. The Director of Parole Services shall collaborate with the Executive Director of Transitional Healthcare to determine if medical clearance is necessary from a community medical facility prior to the return to a Department facility.

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- B. Once it has been determined that a medical return is occurring, the Parole Agent shall compose an email including the patient's name, DOC number, information pertaining to the patient's physical and behavior health history, if known, and a detailed description of the incident that caused the medical return or any information that is available at time of incident. This email shall be delivered to the designed email group within 1 (one) hour of incident or as soon as agent has access to provide information.
- C. The Executive Director of Transitional Healthcare shall communicate with the Executive Director of Behavioral Health and/or the Executive Director of Physical Health to determine if medical clearance is necessary prior to returning to a Department facility.
 1. If medical clearance is not deemed to be clinically indicated, the Executive Director of Transitional Health Care shall work with Executive Director of Classification to determine the appropriate Department facility and make any other appropriate notifications via designated email group, including but not limited to Chief Medical Officer, Health Service vendor's Regional Medical Director, appropriate physical health or behavioral health staff, and Health Service vendor's Transitional Healthcare staff.
 2. If medical clearance is deemed to be clinically indicated, the Executive Director of Behavioral Health and/or the Executive Director of Physical Health shall identify which community medical facility is most appropriate to care for the patient on parole's need.
 3. The Executive Director of Transitional Healthcare shall communicate with Parole staff regarding the identified community medical facility.
 4. The Executive Director of Transitional Healthcare shall communicate with the Executive Director of Classification to ensure the patient on parole is transported to the appropriate Department facility once medically cleared by the community medical facility. If medical clearance is deemed to be indicated, attempts shall be made to ensure medical clearance occurs prior to return to a Department facility. The Executive Director of Classification shall confirm transport and communicate transport plans to the Executive Director of Transitional Healthcare.
 5. The Executive Director of Transitional Healthcare shall advise the Chief Medical Officer, the appropriate Health Services Executive

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Director, Site Medical Director, Health Service vendor's Regional Medical Director, Regional Director of Transitional Healthcare, and appropriate staff of the patient on parole's plan for medical clearance and return to a Department facility as soon as it is established.

6. Prior to the patient on parole leaving the community medical facility the Health Services vendor's staff at receiving Department facility shall conduct a clinician-to-clinician call to obtain ensure all necessary health information has been communicated prior to discharge.

If a clinician is not available at time of discharge, the Health Services vendor's staff shall notify the on-call provider of the discharge to ensure discharge information is communicated. If the clinician-to-clinician call does not occur prior to patient discharge, Health Services vendor's staff shall notify the on-call provider within 1 (one) hour of patient arriving at designated facility.

- F. The Health Services vendor's staff shall make every effort to request and obtain a completed State Form 46729, "Release of Information," for the patient on parole for all involved community provider's medical records. If the patient on parole refuses to sign a State Form 46729, the Health Services staff shall request records in the interest of continuity of care. The HSA or designee shall ensure all health records are available in the EMR within one business day of receipt once the patient on parole has arrived at the designated facility.
- G. If a medical return pertains to a pregnant woman on parole, the Transitional Healthcare Liaison shall request and obtain a completed State Form 46729 for all the patient's OBGYN records and medical treatment received in the community prior to transport to the Indiana Women's Prison. If the pregnant woman on parole refuses to sign State Form 46729, the Health Services staff shall request records in the interest of continuity of care.
- H. If a patient on parole is currently prescribed opioid agonist medication assisted treatment such as methadone or suboxone and deemed a medical return, the Transitional Healthcare Liaison shall contact the designated email group with the patient's name, DOC number, date of birth, information pertaining to the patient's physical and behavioral health history and current concerns, a detailed description of the incident that caused the medical return, clinical information from the Opioid Treatment provided, or the information available at time of the incident. Once email notification has been received, the Executive Director of Transitional

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Healthcare shall initiate any needed exception request through the Department of Mental Health and Addictions and notify the designated HSA and the vendor's Regional Medical Director to locate a suitable Opioid treatment Provider clinic for continuation of care at the facility.

- I. The Health Services vendor's staff shall establish communication between the site Health Services leadership and Opioid Treatment Provider clinic to obtain billing information to the Opioid Treatment Provider for services to be established. Site medical leadership shall coordinate care for the patient in accordance with the exception request.

IV. APPLICABILITY:

This Health Care Services Directive is applicable to Parole Services and Parole Staff, Health Services staff, and facilities receiving Parole Medical Returns.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date