

	State of Indiana Indiana Department of Correction	Effective Date  4/1/2022	Page 1 of  3	Number  5.01Y
<b>HEALTH CARE SERVICES          DIRECTIVE-YOUTH          Manual of Policies and Procedures</b>				

Title <b>TRANSITIONAL HEALTHCARE</b>
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Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to outline the process for identifying, notifying staff, and coordinating continuum of care for incarcerated youth having a special need.

II. DEFINITIONS:

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

- A. ADMINISTRATIVE REVIEW COMMITTEE (ARC): A group of staff persons designated by the Warden who are the final approving authority and are responsible for youth progression from the Growth Phase to the Re-Entry Phase and then to Release Phase from the facility. This committee is comprised of the Warden or designee, and three (3) administrative designees: One (1) representing educational services, one (1) representing therapeutic services, and one (1) representing custody.
- B. BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES (BDDS): The agency providing services for individuals with developmental disabilities that enable them to live as independently as possible in their communities.
- C. CHIEF MEDICAL OFFICER (CMO): An Executive leadership position within the Indiana Department of Correction designated as head of Health services, who serves to advise and lead a team of health experts on matters of public health importance.
- D. EMR: Electronic Medical Record

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- E. HEALTH SERVICES ADMINSTRATOR (HSA): An employee selected by the Health Services vendor who is responsible for planning, directing, and coordinating healthcare services.
- F. EPIDEMIOLOGIST: An individual who studies or is an expert in the branch of medicine which deals with the incidence, distribution, and possible control of diseases.
- G. HIV CARE COORDINATION RELEASE OF INFORMATION: A Non-Medical Case Management Release of Information document that authorizes coordination of Case Management services with the Indiana Department of Health (IDOH) relevant to the care of a person living with human immunodeficiency virus who is due to be released from a Department facility.
- H. INDIVIDUALIZED EDUCATION PROGRAM (IEP): An IEP is a document uniquely designed for one specific student, with the intention of improving educational results for that child. Each IEP must be created in compliance with the Individuals with Disabilities Education Act (IDEA) and, in Indiana, Article 7 (Indiana Administration Code: Title 511, Article 7).
- I. INTELLECTUAL DISABILITY: Disability originating before the age of 18 (eighteen) characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills.
- J. MEDICAL ISOLATION: Confining a confirmed or suspected case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission.
- K. MANAGED CARE ENTITY (MCE): An entity that provides health care plans and services through health insurance.
- L. MEDICAL QUARANTINE: Confining individuals who have had close contact with a positive case to determine whether they develop symptoms of the disease.
- M. PUBLIC HEALTH CRISIS: An urgent situation in which the health status of an area within the territory is adversely affected including localized outbreaks of an infectious disease or a potential outbreak of an infectious disease that has a reasonable possibility of

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occurring and that poses a significant threat to a community or region in the Territory.

- N. PANDEMIC: disease outbreak that spreads across countries or continents occurring over a wide geographic area and affecting an exceptionally high proportion of the population.
- O. PRIOR AUTHORIZATION: a utilization management process used to determine if medical care entity will cover a prescribed procedure, service, or medication
- P. PROJECTED PROGRAM COMPLETION DATE (PPCD): This date is established as a target goal and may be positively or negatively affected by the youth's behavior and program progress.
- Q. SPECIAL NEEDS: Youth possessing learning difficulties, physical health or behavioral health concerns or emotional and behavioral difficulties, minimal family or social support, convicted of a sex offense, a youth serving more than nine months or any other issues related to social determinants of health that is an obstacle to a youth's success.
- R. SPECIAL NEEDS DASHBOARD: A database that is managed by Transitional Healthcare that houses information on youth which includes, information on releasing youths which includes the PPCD, health classification, location, release needs, and potential county of release.
- S. TRANSITIONAL HEALTHCARE FACILITATOR: A member of the Health Services vendor that collaborates with Health Services, Addiction Recovery Services, Behavioral Health, family members, supervising agencies, and various community resources in order to address healthcare needs of releasing youths.
- T. TRANSITIONAL HEALTHCARE: A team within the Health Services Division of the Department that specializes in coordination and continuum of health care when a youth enters and is released from the Department, including the processing of health care applications, and communicating with FSSA in matters related to State of Indiana benefits.
- U. TREATMENT TEAM: The group of employees assigned to a youth who assists in the development and review of the Individual Growth Plan for the student.
- V. YOUTH: A juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated

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by the department of correction or with which the department of correction has a contract, including a juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum-security assignment, including an assignment to a community transition program.

- W. SECTION 504 OF THE REHABILITATION ACT OF 1973: A federal legislation and regulation that protects people with a disability against discrimination. Section 504 defines a disability as anyone who: (1) has a mental impairment that substantially limits one or more major life activities (including but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, bending, speaking, breathing, learning, reading, concentrating, thinking, communication, etc.), (2) has a record of such impairment; or (3) is regarded as having such an impairment. Youth who meet these criteria may benefit from a 504 plan. The 504 plan is created by the 504 team and documents accommodations that the student needs.

### III. INTAKE PROCEDURES:

- A. Upon intake into the Department, the Transitional Healthcare Facilitator shall review the Intake Assessment Report within 30 days of youth's arrival. During this review, Transitional Healthcare Facilitator shall identify any behavior health, physical health, trauma related factors, or any concerns related to social determinants of health.
- B. Once youth's needs have been identified, the Transitional Healthcare Facilitator shall house all special needs incarcerated youth on special needs dashboard for monitoring youth's PPCD date and timeline to submit necessary referrals upon release.
- C. Educational records shall be requested by the facility designated educational administrator within 10 (ten) business days of Intake date. Once records have been obtained, designated educational administrator shall notify the Transitional Healthcare Facilitator of youths identified having an IEP or Section 504 within 5 (five) business days of receipt.

If community education records do not exist, appropriate medical vendor clinical Behavioral Health staff shall screen youth for possible intellectual disability.

- D. Health Services vendor's Psychiatrist shall notify Transitional Healthcare Facilitator about youth who have been identified with an intellectual disability. Youths shall be triaged as a BDDS candidate. BDDS referrals shall be forwarded

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to the Health Services vendor's Regional Director of Transitional Healthcare for notification of necessary assessments.

The Health Services vendor (designee) shall coordinate with site behavioral health staff to determine if additional testing is needed.

- E. The site Psychologist shall ensure any additional testing or assessments are scheduled within seven (7) business days of request. Once the application is submitted to the physician for confirmation of diagnosis, the Health Services vendor's Transitional Healthcare staff shall submit the assessment and testing information to the BDDS local office within thirty (30) days of identification.
- F. The Transitional Healthcare Facilitators shall attend all Multidisciplinary Team meetings, ARC, and any other meetings across disciplines to exchange and gather information on a youth's needs at release.

#### IV. PARTICIPATION DURING LEVEL 3:

- A. Case Manager Unit Team or facility designee shall notify the Transitional Healthcare Facilitator when a youth has been promoted to Level 3. While the youth is on Level 3, Transitional Healthcare Facilitators shall ensure documentation of a continuum of care plan. The continuum of care plan shall be updated on the special needs dashboard and information is triaged appropriately. This information shall be available to Transitional Healthcare for monitoring of healthcare coverage status and timeliness of community referrals. Referrals and educational material related to the continuum of care plan shall be provided in a release portfolio.
- B. The Transitional Healthcare Facilitator shall notify the Health Services vendor's Regional Director of Transitional Healthcare or designee to schedule services for all psychotropic injection participants, youth requiring advanced physical health assessments, and BDDS applicants regardless of supervision type. A continuum of care action plan shall be communicated with Transitional Healthcare within five (5) business days of notification.
- C. The HSA shall adhere to HCSD 2.11Y, "Human Immunodeficiency Virus (HIV)" and HCSD 3.09Y, "HCV Plan," in regards to infectious disease release planning.

The youth's written consent is required prior to releasing any information to parent/guardian regarding HIV status or treatment of a sexual transmitted infection.

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- D. Youths over 18 shall be authorized to participate in provider calls or scheduling appointments. Transitional Healthcare Facilitator shall ensure a release of information is available to community provider along with any information needed to continue care after release.
- V. DURING PARTICIPATION IN LEVEL 4:
- A. Transitional Healthcare shall adhere to HCSD 5.02Y, "Healthcare Application Process," in regard to ensuring activation of health care coverage if health care coverage is needed upon release.
- B. The Transitional Healthcare Facilitator shall review the continuum of care plan. Referrals shall be updated as necessary. Communication with case management staff, behavioral health staff, and physical health staff shall occur with the Transitional Healthcare Facilitator to ensure all needs will be met at release.
- VI. RELEASE ARC MARK:
- A. Transitional Healthcare Facilitator shall complete referral process in conjunction with reviewing the Individual Aftercare plan to ensure all necessary referrals are delivered to community providers ensuring all necessary paperwork is accompanied in referral packet.
- B. Referral information shall be shared with Case Management staff and Transition Coordinators within 5 business days of completion.
- C. Referrals and educational material related to the continuum of care plan shall be provided to the youth and youth's parents/guardian prior to release.
- D. If the youth's MCE is known, Transitional Healthcare shall contact the MCE for continuum of care planning as needed.
- E. If a youth is in crisis at time of release, the Warden shall contact the CMO or designee for release planning guidance. Any scheduled specialized transportation shall be documented in EMR by close of business day.
- VII. PUBLIC HEALTH CRISIS:
- In the event of a declared public health crisis, release procedures relevant to the Transitional Healthcare Department shall be established by the Epidemiologist and CMO.
- VIII. POST RELEASE FOLLOW UP:

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- A. If a youth is not released with medication or prescription, the HSA shall adhere Health Care Service Directive 2.15Y, “Medication Management.”
- B. If youth experience issues related to post-release referrals, Parole staff shall contact the Parole District’s assigned Transitional Healthcare Liaison.

IX. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

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Kristen Dauss, MD  
Chief Medical Officer

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Date