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 Statue 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)

☐ Being received 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. 36.2)

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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<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 269928
Oklahoma City, OK 73126-8528
Fax: 405-416-1790
Phone: 1-800-263-7683

County jail is responsible for paying for medications that are not listed on the DOC formulary, unless the county jail receives a written exception from DOC. If you wish to pursue non-formulary medication(s), complete the Non-Formulary Medication Request form and fax back to host facility at:

This process will not be necessary for refills since eligibility and approval has already been done.

Signature: __________________________ Date: __________________________

Facility name and address where offender received emergency care:

Date/Time offender received emergency care: __________________________

For all emergency care please provide emergency room record or report and discharge summary for all inpatients stays when completed.

Notification of emergency treatment must be made to DOC within 24 hours or the county will be responsible for payment of the bills.

Signature: __________________________ Date: __________________________

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 Provider's 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:

Severe Classification: □ Mild □ Moderate □ Severe

Mental Health Diagnosis:

Severe 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: _____________________________
PRISONS AND REFORMATORIES

§ 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 Sections 980 of Title 22 of the Oklahoma Statutes or pursuant to the provisions of Sections 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.

C. The farmer 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 Sections 988.12 or 991a-2 of Title 22 of the Oklahoma Statutes. If the pharmacy provider is a Medicaid

§ 38.2. Reimbursement for incarceration or as an intermediate sanction

The Department of Corrections shall reimburse the county for any inmate not to exceed Twenty Dollars ($20.00) per day for county jail incarceration that is ordered as an intermediate sanction for ineligible offenders under the provisions of subsection B of Section 591b and subsection H of Section 591e of Title 34 of the Oklahoma Statutes.


Title 57, § 77 et seq. 
PRISONS AND REFORMATORIES

E. Dental and mental health care shall be provided through the designated host facility of the Department of Corrections 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. Each county jail is encouraged to work with local community mental health centers to provide necessary medications and emergency services that would be reimbursed pursuant to the provisions of this subsection.

F. The sheriff shall be responsible for transportation and security of inmates to all outside health care appointments including host facilities of the Department of Corrections.

G. Neither the Department of Corrections nor the sheriff shall be responsible for the cost of health care while an inmate is on escape status or for any injury incurred while on escape status.

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. Laws 2008, c. 366, § 8, emerg. eff. June 3, 2008.

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

The county commissioners shall authorize the sheriff to employ a full-time medical health care provider in the jail. If the county has adequate medical health care personnel, the county may authorize the sheriff to employ a part-time medical health care provider. The county shall pay all medical health care costs, including medical and surgical supplies, medications, and transportation costs.

sheriff, and others after inmate died of an acute aural infection in county jail; the sheriff, and not the county, is responsible for medical care in the jail, and the sheriff's duty to hire, train, supervise, or discipline the deputies. Estate of Crowell ex rel. Been v. Board of County of Cleveland, Okla., 2010 WL 2334597 (2010).

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

Medical care

A. Board and county commissioners was not liable to petitioner's estate, in representative's action as sheriff, and not the county, is responsible for medical care in the jail, and the sheriff's duty to hire, train, supervise, or discipline the deputies. Estate of Crowell ex rel. Been v. Board of County of Cleveland, Okla., 2010 WL 2334597 (2010).

County's duty to provide medical care for inmates in jail for treatment related to pre-existing medical condition, although county remained primarily liable for care of inmate, county had reimbursement claim against HCA Health Services of Oklahoma, Inc. v. Whetzel, 602 F.3d 1259 (2009).

While under federal law it is the constitutional duty of the government agencies to provide medical care for inmates in need of treatment, the cost of that care is left to state Health Services of Oklahoma, Inc. v. Whetzel, Okla., (2009).

§ 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 rooms for confining of prisoners of different sexes in a separate section and apart from each other. If each county of this state shall notify the Department of Corrections of the prisoner capacity of the county jail by July 1, 2008. After that date in prisoner capacity shall be reported with the total population of the county jail and the number of inmates in each sex category. Laws 2008, c. 366, § 8, emerg. eff. June 3, 2008.

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

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