(a) **PURPOSE:**
To provide a framework for how the New Hampshire Department of Corrections (NHDOC) shares responsibilities regarding medical, dental, and behavioral health care with community healthcare providers for residents reintegrating back into the community.

(b) **APPLICABILITY:**
To all healthcare staff, Transitional Housing Unit (THU) staff and residents located at the THU's.

(c) **POLICY:**
It is the policy of the NHDOC to provide appropriate and medically necessary healthcare to all residents residing at THU’s. It is the intent of the NHDOC to provide supportive reintegration practices for residents built to assist and encourage residents to connect with community service options pre-release. This will ensure that residents are more prepared for successful reintegration into the community by engaging with community supports and services for their healthcare when available and appropriate.

(d) **Definitions**
1. **Community Healthcare Providers:** Healthcare professionals (medical, dental and/or behavioral health) not employed or contracted by the NHDOC who provide health care services to residents in the community.
2. **Healthcare services:** Encompass behavioral health services, medical health services, and dental health services.
3. **Sick Call:** Scheduled times NHDOC Healthcare Services staff are available to address medical needs.
4. **Transitional Housing Units (THU):** The Transitional Housing Units consist of three facilities: Calumet House, North End House and Shea Farm House. THUs provide supportive services to residents as they reintegrate into the community by gaining employment, utilizing community healthcare providers and engaging in community support services.
5. **Transitional Work Center (TWC):** The Transitional Work Center provides residents reduced level of custody so they can engage in job-shadowing training and workforce development opportunities in community and less restrictive settings.

PPD 679
(e) **PROCEDURE:**

1. Residents at Transitional Housing Units (THU) and Transitional Work Center (TWC) classified as C1 or C2 receiving NH Department of Corrections Healthcare Services.
   
   a. Every resident residing at a THU, unless they voluntarily waive NHDOC services, shall receive medically necessary and appropriate healthcare services from the NHDOC. All residents shall be provided emergency healthcare services when necessary.

   b. Residents who are classified minimum custody (C2) living at a THU or residents living at the Transitional Work Center who are classified community (C1), are not eligible to go into the community without supervision, and all healthcare treatment shall be provided by NHDOC providers.

   c. Pregnant Residents: NHDOC shall provide medical provider visits to monitor progress of the pregnancy in accordance with NHDOC Policy and Procedure directive 6.19.

   d. Transitional Housing Unit facilities and TWC do not have a 24/7 onsite Health Service Center (HSC). For this reason, medical services that are located at New Hampshire Correctional Facility for Women (NHCFW) and New Hampshire State Prison for Men (NHSPM) will provide care and guidance to Transitional Housing Unit facilities regardless of provider of record. Healthcare questions and concerns regarding Shea Farm residents shall be directed to Health Services Center (HSC) at New Hampshire Correctional Facility for Women (NHCFW). For Calumet House, North End House and TWC facilities, HSC at NHSPM will be contacted. The nurse receiving the call will triage the situation, provide direction to the staff calling, and shall document this contact in the electronic health record.

   e. Medical emergencies shall result in THU or TWC staff immediately calling 911. Medical emergencies include complaints of chest pains, hampered breathing, seizures, not breathing, severe bleeding, or if the person is unconscious. PPD 6.47 Emergency Medical Response should be followed. After the 911 call is complete, the NHDOC HSC nurse shall be notified.

   f. If the resident is released from an emergency room or after a hospital admission requires infirmary level of care or any follow up care, a nurse at the appropriate HSC shall be included in any discharge plans. Classification level of the patient does not preclude admission to an HSC infirmary.

   g. Transportation: The HSC nurse will recommend the method of transport, in consultation with a medical provider and pursuant to PPD 6.47. In order of urgency, methods of transport may include NHDOC security, non-emergent ambulance, and calling 911 for emergent ambulance. If the security or staffing situation cannot accommodate the suggested mode of transport, the next most urgent form of transport must be used.

(2) **Medical Procedures for individuals at the THU on parole (Paroled to a THU or serving a parolee sanction at a THU).**

   a. Upon entry into a THU or at any time during their stay, if an individual on parole appears to require immediate medical attention, THU staff will call 911 immediately. After the 911 call is complete, and it is safe and appropriate to do so, the NHDOC HSC nurse shall be notified.

   b. In non-emergent situations, HSC will be contacted. The nurse receiving the call will triage the situation, provide direction to the staff calling, and shall document this contact in the electronic health record. If medical deems it necessary and appropriate, individuals on parole will be transported to a local hospital in order of urgency (V. A. 7). THU staff will notify the Probation/Parole Officer (PPO) as soon as it is safe and appropriate to do so and enter a corresponding client management system (CORIS) note.

   c. Once the individual on parole is discharged from the hospital they will return immediately to the
THU (if paroled to the THU) or will immediately contact their PPO to determine if they will be permitted to return to the THU as part of a parolee sanction with approval of PPO and the Director of Community Corrections or designee.

d. Individuals who are on parole cannot be admitted into a NHDOC Health Services Center without an active violation warrant from a PPO.

(3) Sick Call  
Established sick call times will be facilitated based on the identified gender of the patients at the nearest same-gender facility or accommodated at community corrections facility, based on arrangements made with the Nursing Coordinator and the housing unit staff. Requests to be seen or non-emergent primary care will be sent by request slip to the Nursing Coordinator at designated facility.

(4) Transferring Services to Community Healthcare Providers.

a. While residing at a THU, residents will be encouraged to begin their transition to the community. Establishing and maintaining community healthcare services prior to release will assist residents in a smooth transition and help residents undertake personal and financial responsibility including accountability for their healthcare.

1. Corrections Counselor/Case Managers (CC/CM) assigned to each resident will help residents research and establish appointments with healthcare providers and services to facilitate the transition to community healthcare services.

2. Residents can transfer one type of healthcare service, or any combination of healthcare services, to a community provider including behavioral health, medical health services and dental health services. Residents cannot receive the same healthcare service simultaneously in the community and through NHDOC. Exceptions may be granted by recommendation of NHDOC provider and approval through Director of Medical and Forensic Services and document in the electronic health record.

3. Until community providers are obtained, the healthcare of residents will be managed by NHDOC healthcare providers.

4. Initial Appointments

b. Before a resident is authorized to attend an initial appointment with a community healthcare provider, they will need to meet with their CC/CM (or Program Coordinator (PC) in the absence of the CC/CM) who will facilitate the resident signing the proper forms associated with the transfer of services to the community healthcare provider. The following steps will take place:

1. First, the resident must sign form Authorization to Disclose Protected Health Information located in PPD 6.43, between the community health care providers and NHDOC health services & THU CC/CM, Program Coordinator. To engage in this voluntary service, Authorization to Disclose Protected Health Information must be signed and be updated appropriately with the providers the resident is seeing in the community. This information is important for continuity of care, to ensure resident are attending the appointments they report, and to ensure services are seamless if a resident’s situation changes (return to prison, loss of insurance, emergency situations, etc.). If a community healthcare provider requires that an authorization to release protected health information be signed, resident must also ensure provider’s forms are signed and up to date.

2. The resident will sign a Waiver of NHDOC Healthcare Services (attachment A). This form indicates that NHDOC healthcare services are waived from being the provider of record. Residents can remove NHDOC as the provider of record for one healthcare area, or combination healthcare service areas, or all three healthcare service areas.
3. Once all releases and forms have been signed and filled out, and the program coordinator has approved the resident to leave the house to attend their initial appointment, the resident will be informed through the Resident Responsibilities Agreement Letter (attachment B), of their responsibilities when utilizing community healthcare services while under NHDOC custody. Residents must sign this form and return to the CC/CM. (Copy of forms will be provided to the resident.) Resident responsibilities include, but are not limited to, alerting security of any health care appointment and providing documentation from the health care provider that he/she attended that appointment. It is a resident’s responsibility to inform all providers of current treatments and treatment history to include medications that they are taking or have been prescribed. If you are caught engaging in “doctor shopping” and are seeing more than one provider in any healthcare area (behavioral health, medical, dental.) without a legitimate medical reason, this may result in disciplinary action.

c. After attending the initial physical exam with a community healthcare provider, the CC/CM and/or Program Coordinator will alert medical by sending documents, Authorization to Disclose Protected Health Information, Waiver of NHDOC Healthcare Services and Resident Responsibilities Agreement Letter to medical records. This information will be placed in a progress note in the electronic client record by the assigned CC/CM at each unit using Community Healthcare Provider Note Template (attachment C). Upon receiving documents from CC/CM, Medical Records staff will enter the appropriate alert (CC Outside Healthcare - Behavioral Health, CC Outside Healthcare - Dental, CC Outside Healthcare - Medical) in the electronic health record (EHR), and notify NHDOC prescribing providers. Medical records staff will scan all of the attachments into the electronic health record.

d. Program Coordinators assigned to each unit will complete a monthly report called Residents Receiving Healthcare Services in Community monthly report (attachment D), no later than 5th business day of each month, of all residents who are currently receiving community healthcare services. A completed report will be sent to medical records and electronic email of the report will be sent to Director of Community Corrections, Director of Medical and Forensics, Nursing Director and Deputy Director of Medical Services on a monthly basis.

e. The NHDOC prescribing provider will review a resident’s record to include all scheduled appointments and consults in order to develop an appropriate plan for discontinuation of medications and transition patient to community health care services as appropriate.

(5) Ongoing healthcare service appointments and services

a. In emergent situations, the NHDOC will provide care and guidance for all residents, regardless of provider of record. In these situations, THU Staff will contact NHDOC nursing for guidance and direction or in cases of needing immediate assistance; staff will call emergency services (911). If emergency services (911) is called, NHDOC nursing should be notified as soon as staff can safely and appropriately do so, regardless of the healthcare provider of record.

b. Residents who decide to receive treatment/services through community healthcare providers will be responsible for all medical costs that they incur as a result. NHDOC will not cover the costs of healthcare services received in the community or be responsible for transporting residents to or from scheduled appointments when the provider of record with resident is a community provider. Residents will be emergent situations, NHDOC may cover the cost of healthcare services if resident was directed or ordered by NHDOC personnel to receive community healthcare services. If a resident has not opted out of NHDOC health care services and goes to an emergency room or urgent care without consulting with NHDOC staff, the resident shall be held accountable for those charges. Exceptions can be made through the request and grievance process outlined in administrative rule Cor 313.04.

c. Residents should discuss with their employer healthcare benefits that the employer may offer. CC/CM’s will help residents who qualify apply for Medicare/Medicaid through Department of Health and Human Services by completing a NH Easy application with them. Residents who do not
qualify for Medicare/Medicaid can work with their CC/CM's, who can help with alternative health insurance options such as marketplace. It is the resident's responsibility to ensure that the healthcare coverage they obtain will cover the community healthcare services they are or will be receiving.

d. Residents are required to properly notify the Transitional Housing Unit of appointment times, dates and locations. Residents will notify the Transitional Housing Unit using the appointment log. For more detailed information, refer to PPD 7.47, Phases and Programs at Transitional Housing Units.

e. Residents will not be permitted to receive any healthcare services that require residing at another location (example: 28-day program). Exceptions to this rule will require permission from the Director of Community Corrections in consultation with the Commissioner's office.

f. Residents must receive community healthcare services in the State of New Hampshire. If a resident receives a referral that will require out-of-state travel, resident must provide detailed information on the reason for the referral and obtain permission to travel out of state from the NHDOC Commissioner.

g. Residents who are receiving community healthcare services may reinstate the NHDOC as provider of record at any time. In order to do so they must sign cancellation of waiver that is located on the bottom of attachment C. The CC/CM will enter a note in the electronic client record of the change and send updated attachment C to medical records. Upon receipt, medical records will remove alert (Community Corrections outside healthcare) and set an appointment with NHDOC provider. Resident will be advised to follow up with NHDOC sick call in non-emergent situation. If emergent situation is occurring, security staff will contact NHDOC nursing for guidance and direction.

(6) Medication Management & Delivery:
Medication delivery at THU’s will follow PPD 6.42 Pharmaceutical Services, 6.49 Medication Delivery System, 6.54 Prescribing and Dispensing Medications. The additional guidelines will also be followed for medication management and delivery at the THU’s. The following procedures will occur:

a. All THU’s will provide a minimum of 3 medication distribution times each day that will be posted in each unit. Medication distribution times will be at approx. 0500, 1200, 1930 each day. Depending on the unit medication distribution times may be added or adjusted with authorization of the Director of Community Corrections to meet the needs of residents. If residents have alternative schedules or medications needs that cannot appropriately fit into the medication distribution times, per provider (ex. 3rd shift of leave before 0500) they will be given their medications at the appropriate times following prescription instructions. If questions arise on times medication will be provided, the resident and their assigned CC/CM will call provider of record to get clarification and direction.

b. Each time a resident is provided their medications, the officer will count the remaining doses in the presence of the resident. Both the Officer and Resident will initial the Prescription Medication Inventory Sheet (attachment E), indicating the medication was provided to the resident. If discrepancies are noted, the officer will document the discrepancy on an incident report and the resident will be required to write a statement form.

c. For medications that do not need to be stored in the officer's station at a Transitional Housing Unit, refer to Policy and Procedure Directive, Keep-on-person Medications 6.58.

d. All prescription medications not classified as Keep-on-Person medications, will be stored in the Officers station at each THU, in a locked medicine cabinet or in a locked medication refrigerator (per storage instructions of medications).

e. It is required that Residents bring any filled prescription medications to the security office immediately upon arrival at the THU for safe and secure storage. Failure to bring medications directly to the security office will result in disciplinary action including upgrade in classification level.
1. When a resident brings prescription medications to the THU, the THU Officer will complete the Prescription Medication Inventory sheet, and will count the medications in the presence of the resident immediately upon taking possession of the medications.

2. A copy of the Community Medication Inventory Sheet will be placed in the resident file and the original will be placed in the medication binder.

f. Residents that will be at an authorized location away from the THU (work, outing, curfew), during a prescribed dosing time, will be provided with the dosage required when they are absent from the THU. This medication will be provided to the resident in a second prescription bottle only containing the medications they will be taking off-site (second bottles can be requested through NHDOC or Community Pharmacy by the resident). Medication dosages that are provided to a resident to take while away from the THU will be documented on the Community Medication Inventory Sheet (Attachment E).

1. The resident is responsible for taking their medications appropriately at the times prescribed when they are away from the THU.

2. When the resident returns to the THU, they are required to return any unused medications and the medication bottle to the security office. THU Security staff will observe the resident returning the unused medication to its primary prescription bottle. Returned medications will be noted on the Prescription Medication Inventory Log.

g. The NHDOC Pharmacy will only fill medication orders from NHDOC providers. If a patient has established care with a community provider, they must obtain medications from a community pharmacy (i.e. Rite aid, CVS, etc.). Costs associated with receiving medications from a community pharmacy will be the responsibility of the resident.

h. Prescribed medications that cannot be obtained legally by both state and federal statute will not be authorized at the Transitional Housing Unit. Medications like THC (Marijuana), even when prescribed by a community provider, shall not be authorized.

i. Direct any concerns or questions regarding prescription medications to the prescribing provider.

j. Medication errors – Any errors in medications being distributed will be promptly reported to nurse on call, Chief of Security and Pharmacist immediately or 911 shall be called immediately if resident is experiencing any adverse signs or symptoms. Staff must document any errors on an incident report.

(7) Removal from THU.
If a resident is removed from a THU for any reason, and assigned to a more secure facility that does not allow community prescription medications, the following guidelines shall be followed, and all healthcare services shall return to NHDOC providers.

a. Medications from NHDOC providers will be sent to the receiving facility.

b. Medications received from community providers will not be permitted to be returned to the receiving facility. THU staff will notify the receiving facilities nursing staff of the existence of these prescriptions.

c. Within 24 hours, NHDOC nursing staff will start the medication reconciliation process at point of intake for those returned to a prison facility from the community.

d. Medications from community providers shall not be permitted to be transferred to any other individual (5-day notice or pick up). If a resident does not return to the Transitional Housing Unit within 15 days, medications will be destroyed, exceptions can be authorized by the Director of Community Corrections. THU staff will fill out Medication Destruction Request Form Community Corrections (attachment F) and follow the guidelines listed on the form.
e. If a resident has previously scheduled community healthcare appointments after being returned to the prison, the NHDOC provider will reevaluate the appointments and/or services. NHDOC provider will instruct medical records staff or other appropriate NHDOC healthcare staff to cancel or change appointments based on their documented assessment. It is a resident’s responsibility to notify medical services of all upcoming previously scheduled appointments and services that they may have through going to sick call or request slip process.

(8) Residents declining to be evaluated and/or receive healthcare services.
In cases where NHDOC staff recommend that residents seek healthcare services and the resident declines the recommendation. The following steps shall occur:

a. NHDOC THU staff will seek guidance and direction from NHDOC nursing staff.

b. If no further action is recommended by NHDOC nursing staff (return to prison infirmary, sent out to hospital etc.), THU security staff will ask resident to sign, Resident Declination of Recommended Healthcare Services (attachment G).

c. Declining to sign the Waiver of Responsibility form may result in a return to the prison or transportation to a community medical facility for evaluation.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Standards for Health Services in Prisons, 2018
National Commission on Correctional Health Care

Policy and Procedure Directive 6.54 – Prescribing and Dispensing Medication


Administrative rule Cor 313.04.

RSA 651:25 Release from State Prison

RSA 623-A:2 Eligibility for Approved Absence

Other

Duffy/lb