
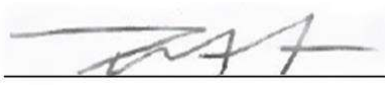


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<b>POLICY NUMBER: 18.10.2 (AF)</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT of CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VIII</b>
	<b>EFFECTIVE DATE:</b> <b>October 7, 2024</b>	<b>LATEST REVISION:</b>

**I. AUTHORITY**

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

It is the policy of the Department to ensure appropriate specialized health care housing is available to meet the level of care needed for adult residents requiring support services for activities of daily living (ADLs) and other specialized care on a daily basis that cannot be provided in other housing units.

**IV. DEFINITIONS**

1. Activities of Daily Living (ADLs) – tasks that enable residents to meet basic needs, e.g., standing, walking, eating, toileting, dressing, bathing, etc.
2. Specialized Health Care Unit (SHCU) – a housing unit where care is provided to residents with health conditions or disabilities that require daily monitoring, medication, and/or support services for ADLs at a level needing nursing intervention. These residents require more care than can be provided in other housing units but do not need the care provided in an infirmary.
3. Plan of care – a written plan documenting a resident’s assessed care needs, as well as the nursing interventions planned to meet these needs. It includes their medical history, expected outcomes, and what care and support will be delivered to them, how, when, and by whom.
4. Treatment plan – a written assessment of individualized needs, required services and interventions, including short-term and long-term goals, measurable outcomes, and the roles of health care and non-health care staff for the purpose of providing necessary treatment and services in accordance with a resident's identified needs and problems areas.

5. Health care provider – for purposes of this policy, a physician, physician assistant, or nurse practitioner.

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## VI. ATTACHMENTS

SHCU Needs Assessment (ERMA form)

## VII. PROCEDURES

### Procedure A: Specialized Health Care Unit, General

1. The Department shall ensure at least one Specialized Health Care Unit (SHCU) is available to provide the level of care needed for adult residents with health conditions or disabilities that interfere with their ability to perform Activities of Daily Living (ADLs) and who require more care than can be provided in other housing units but do not need the care provided in an infirmary.
2. The scope of services provided to SHCU residents shall be interdisciplinary and include at a minimum and as applicable: medical, mental health, dental, eye care, nursing, pharmacy, diagnostic, rehabilitative, and assistive services appropriate to maximize their quality of life and functional status and to reduce morbidity and mortality.
3. The Department's Health Care Services Manager, or designee, in collaboration with other appropriate Department staff and staff of the Department's contracted health care services provider, shall ensure administrative, security, and clinical systems are in place and appropriate tools, training, technical assistance, and resources are available to follow this policy.
4. Under staff supervision, resident workers may perform duties commensurate with their level of training as set forth in other applicable Department policies, including, but not limited to, assisting residents in an SHCU with ADLs. **5-ACI-6B-12**
5. The presence of a disability and/or the need for an assistive medical device, e.g., cane, walker, or wheelchair, or assistance in using a wheelchair, are not in and of themselves indications for admission to an SHCU.
6. For residents who need support services for ADLs but are not admitted to an SHCU, the Department's Health Care Services Manager, or designee, in collaboration with other appropriate Department staff and staff of the Department's contracted health care services provider, shall ensure administrative, security, and clinical systems are in place and appropriate tools, training, technical assistance, and resources are available to provide support services for ADLs in other settings.
7. Unless there are documented health care reasons preventing it in an individual case or the operational needs of the SHCU prevent it generally, residents in an SHCU shall be

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afforded the same living conditions and privileges as residents in general population housing.

8. Unless there are documented health care reasons preventing it in an individual case, every resident in an SHCU shall be required to meet the same standards as residents in other housing units with respect to keeping themselves and their cells/rooms and other living areas clean and tidy.

**Procedure B: Referral and Admission to a Specialized Health Care Unit**

1. An adult resident may be referred for admission to a Specialized Health Care Unit (SHCU) when it is determined that the resident:
  - a. is convalescing from an acute or chronic condition, illness, or injury, or is post-surgery/procedure;
  - b. needs physical or medical assistance that cannot readily be provided in another housing unit;
  - c. has a severe chronic illness and may experience frequent exacerbation but does not require continual health care monitoring;
  - d. has cognitive issues (e.g., advanced dementia) that require additional monitoring or support that cannot readily be provided in another housing unit;
  - e. needs preventive care to prevent further illness and/or injury, e.g., is prone to falling or has uncontrolled diabetes;
  - f. needs supportive care due to inability to attend to their own ADLs;
  - g. needs rehabilitation services; or
  - h. needs palliative and end-of-life care.
2. Any time a resident is identified by a facility nurse or facility health care provider as possibly meeting one of the above criteria, they shall make a referral to the Regional Medical Director and the Regional Director of Nursing, or their designees, documenting the referral and the reason(s) for the referral in the resident's electronic health care record.
3. The Regional Medical Director and the Regional Director of Nursing, or their designees, shall assess the resident for admission to an SHCU using the SHCU Needs Assessment (ERMA form).
4. The results of the assessment shall be documented in the resident's electronic health care record, including whether admission to an SHCU is medically indicated or whether an alternative plan is appropriate.
5. If it is determined that an SHCU admission is not medically indicated, the Regional Medical Director or the Regional Director of Nursing, or one of their designees, shall, if appropriate, develop an alternative plan and take the appropriate steps to have it implemented. The plan shall be documented in the resident's electronic health care record.

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6. If it is determined that an SHCU admission is medically indicated, a facility health care provider shall authorize the admission by a written order documented in the resident's electronic health care record.
7. The Regional Medical Director or the Regional Director of Nursing, or their designees, shall notify the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, that an SHCU admission is medically indicated.
8. The Director of Classification, or designee, shall determine if there is a bed available in an SHCU and whether there needs to be consultation with other staff as to possible safety or security issues.
9. If a bed is available in an SHCU, but there are possible safety or security issues, the Director of Classification, or designee, shall consult with the Chief Administrative Officer, the Health Services Administrator (HSA), and the SHCU Unit Manager (UM), or their designees, of the facility where the SHCU is located and the Chief Administrative Officer, the HSA, and the resident's UM, or their designees, of the facility where the resident is currently housed, if different, and other appropriate Department staff, to determine whether there are any safety or security issues that would preclude admission to the SHCU where the bed is available.
10. If either there is no bed available or safety or security issues would preclude admission to an SHCU with an available bed, the Director of Classification, or designee, shall so notify the Regional Medical Director, the Regional Director of Nursing, and the Department's Health Care Services Manager, or their designees.
11. If safety or security issues would preclude admission, the Regional Medical Director and the Regional Director of Nursing, or their designees, shall develop an alternative plan, notify the Department's Health Care Services Manager, or designee, of that plan, and take the appropriate steps to have it implemented. The plan shall be documented in the resident's electronic health care record.
12. If the only issue is bed availability, the resident shall be triaged by the Regional Medical Director and the Regional Director of Nursing, or their designees, who shall consult with the Department's Health Care Services Manager, or designee, about the timing of the resident's admission to an SHCU as beds become available.
13. In the meantime, the Regional Medical Director and the Regional Director of Nursing, or their designees, shall develop an alternative plan, notify the Department's Health Care Services Manager, or designee, of that plan, and take the appropriate steps to have it implemented. The plan shall be documented in the resident's electronic health care record. Once a bed has become available for the resident, the below procedures shall be followed.
14. If there is a bed available in an SHCU and no safety or security issues preclude admission there, the Department's Director of Classification, or designee, shall so notify the Department's Health Care Services Manager, or designee, the Chief Administrative Officer, the Health Services Administrator (HSA), and the SHCU Unit Manager, or their designees, of the facility where the SHCU is located and the Chief Administrative Officer and the HSA, or their designees, of the facility where the resident is currently housed, if different, and other appropriate Department staff. The staff so notified shall consult with

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one another regarding how best to implement the admission and, if applicable, the transfer.

15. The Department's Director of Classification and the Department's Health Care Services Manager, or their designees, shall ensure that the appropriate arrangements are made for the resident's admission to the SHCU, including, if applicable, by following the processes for resident transfers.
16. If a resident is to be discharged from an infirmary for admission to the SHCU, in addition to or in conjunction with following the above admission procedures, the discharge procedures outlined in Department Policy (AF), 18.10, Infirmary Services shall also be followed.
17. A resident may be discharged from a hospital directly to an SHCU without following the above admission procedures if the resident was admitted to the hospital from the SHCU, a bed is still available, and there are no new or newly discovered safety or security issues that would preclude the resident remaining there.
18. When SHCU level of care is anticipated after discharge from a hospital, the Regional Medical Director, or designee, shall request a hospitalization summary and consult with the hospital attending physician on the discharge plan and follow-up instructions.
19. The Regional Medical Director, or designee, shall:
  - a. consult with the hospital staff to determine the type of transportation and any special requirements needed; and
  - b. ensure the HSA, or designee, is notified of the SHCU placement.
20. The HSA, or designee, shall notify the Shift Commander of the hospital discharge and shall inform them of the type of transportation and any special requirements and accommodations needed.
21. The Regional Medical Director, or designee, shall contact the Department's Director of Classification, or designee, to notify them of the resident's transfer to the SHCU.

**Procedure C: Specialized Health Care Unit Services**

1. The Commissioner, or designee, shall designate a multidisciplinary team for each Specialized Health Care Unit (SHCU). The team shall include, at a minimum, the Department's Director of Classification, the Department's Health Care Services Manager, the SCHU Unit Manager (UM), the Regional Medical Director, the Regional Director of Nursing, the Regional Director of Mental Health, and the facility Health Services Administrator (HSA), or their designees, and other appropriate Department staff.
2. The team shall be responsible for ensuring appropriate services are available for SHCU residents, coordination of care, access to the appropriate level of care, and reducing the risks associated with the movement or transfer of residents from another housing unit or facility to the SHCU. **5-ACI-6C-06**
3. The level of care provided to an SHCU resident shall be determined by their documented health care needs and is based primarily on the chronicity, complexity,

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intensity, and frequency of interventions and services that are required, as well as the resident's functional capability.

4. A resident shall have an admitting history and physical performed by a facility health care provider as soon as practicable after admission to an SHCU, based upon which the SHCU health care provider shall create a treatment plan. The history and physical and the plan shall be documented in the resident's electronic health care record. **5-ACI-6A-07**
5. Department Policy (AF) 18.12, Accommodations for Residents with Disabilities or Other Special Needs shall be followed for residents with disabilities or other special needs, including, but not limited to, by providing special equipment and other support necessary for the residents to perform self-care and personal hygiene in a reasonably private environment. **5-ACI-2C-13**
6. Nursing services shall:
  - a. begin at the time of admission and continue through discharge;
  - b. be available 24 hours per day, 7 days per week under the supervision of the facility Director of Nursing;
  - c. be described in a nursing plan of care developed through a collaborative process with the rest of the health care team, to include the nursing services to be provided;
  - d. be assessed every 30 days and revisions made to the plan, if necessary; and
  - e. be documented in the resident's electronic health care record.
7. The nursing staff shall provide and document in the resident's electronic health care record education provided to the resident that includes, at a minimum:
  - a. frequency of provider visits;
  - b. frequency of nursing rounds;
  - c. how to use the call bell system;
  - d. how to request care via a sick call slip; and
  - e. use of the health care communication form.

**Procedure D: Discharge from a Specialized Health Care Unit**

1. When a resident is anticipated to be discharged from a Specialized Health Care Unit (SHCU) to another housing unit, the SHCU health care provider shall inform the Regional Medical Director and the Regional Director of Nursing, or their designees.
2. The Regional Medical Director and the Regional Director of Nursing, or their designees, shall assess the resident for discharge from the SHCU using the SHCU Needs Assessment (ERMA form).
3. The results of the assessment shall be documented in the resident's electronic health care record, including whether discharge from the SHCU is medically appropriate.
4. If the Regional Medical Director and the Regional Director of Nursing, or their designees, agree with the discharge, the SHCU health care provider shall authorize the discharge by a written order.

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5. Written discharge orders, to include medications, treatment, and follow-up instructions, shall be completed as part of a discharge summary. The order and the summary shall be documented in the resident's electronic health care record.
6. The Regional Medical Director or the Regional Director of Nursing, or one of their designees, shall notify the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, that a discharge is medically appropriate.
7. If a resident is to be admitted to an infirmary upon discharge from the SHCU, in addition to or in conjunction with following the above discharge procedures, the admission procedures outlined in Department Policy (AF), 18.10, Infirmary Services shall also be followed.
8. Otherwise, the Department's Director of Classification, or designee, shall determine whether the resident will remain at the same facility (and if so, in which housing unit they will be placed) or be transferred to another facility.
9. The Department's Director of Classification, or designee, shall notify the Department's Health Care Services Manager, or designee, the Chief Administrative Officer, the HSA, and the SHCU UM, or their designees, of the facility where the SHCU is located, and the Chief Administrative Officer and the HSA, or their designees, of the facility where the resident will be housed, if different, and other appropriate Department staff. The staff so notified shall consult with one another regarding how best to implement the discharge and, if applicable, the transfer.
10. The Department's Director of Classification and the Department's Health Care Services Manager, or their designees, shall ensure that the appropriate arrangements are made for the resident's discharge from the SHCU, including, if applicable, by following the processes for resident transfers.
11. Nothing in this policy prevents a resident from being discharged from the SHCU due to safety or security issues. In such a case, the Regional Medical Director and the Regional Director of Nursing, or their designees, shall develop an alternative plan, notify the Department's Health Care Services Manager, or designee, of that plan, and take the appropriate steps to have it implemented. The plan shall be documented in the resident's electronic health care record.

## VIII. PROFESSIONAL STANDARDS

### ACA

- 5-ACI-2C-13** Written policy, procedure, and practice provide education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment.
- 5-ACI-6A-07** A written individual treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan.
- 5-ACI-6B-12** Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:
- providing peer support and education
  - performing hospice activities

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- assisting impaired offenders on a one-on-one basis with activities of daily living
- serving as a suicide companion or buddy if qualified and trained through a formal program that is part of suicide-prevention plan
- handling dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable too-control policies, while in a dental assistant's training program certified by the state department of education or other comparable appropriate authority

Offenders are not to be used for the following duties:

- performing direct patient care services
- scheduling health care appointments
- determining access of other offenders to health care services
- handling or having access to surgical instruments, syringes, needles, medications, or health records

operating diagnostic or therapeutic equipment except under direct supervision (by specifically trained staff) in a vocational training program.

**5-ACI-6C-06** There is consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas:

- housing assignments
- program assignments
- disciplinary measures
- transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

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