

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient  
Disabilities

POLICY # TX VII -1

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SUBJECT: Developmental Disabilities

EFFECTIVE DATE: August 2007  
SUPERCEDES DATE: March 2002

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## PURPOSE

To provide procedures for staff to procure specialized case management services for those inmates identified under Federal and State guidelines as Developmentally Disabled.

## POLICY

All inmates identified as Developmentally Disabled (DD) will be included in the DD Case Management Program.

This specialized case management will include:

1. Orientation to the unit policies and procedures as well as DOC policies and procedures
2. Introduction to the case manager
3. Education as to the function of the case manager and the specialized case management program
4. Representation at disciplinary procedures and any Facility Classification Committee or Director's Classification committee meeting related to disciplinary procedures.
5. Evaluation of the special needs of the inmate population as to meet those needs in a timely, cost-effective and appropriate manner.

## DEFINITIONS

For purposes of this policy, inmates are defined as those persons convicted and ordered confined to the North Carolina Department. of Correction. This does not include safekeepers.

**(Developmental Disability) (DD)** means a severe, chronic disability of an individual that:

- A) Is attributable to a physical or mental impairment or combination of physical and mental impairments;
  - 1) Mental impairment is an  $IQ \leq 70$  **and/or**
  - 2) Physical impairments are one or more of the following conditions:
    - a) Blindness or a severe visual impairment ( $<20/200$ )
    - b) Deafness or a severe hearing loss
    - c) Loss of limb(s) or loss of use of limb(s) {amputation or paralysis}
    - d) Epilepsy
    - e) Other conditions considered on an individual basis
- B) Is manifested before the individual attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
- C) Is likely to continue indefinitely;
- D) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
  - 1) Self-care
  - 2) Receptive and expressive language
  - 3) Learning (WRAT grade level scores  $\leq 6.0$  in 1 or more of the 3 test areas)
  - 4) Mobility
  - 5) Self-direction
  - 6) Capacity for independent living
  - 7) Economic self-sufficiency; and

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- E) Reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration.

## GOAL

For those persons with Developmental Disabilities, the goals are:

1. To provide services necessary to facilitate transition to the prison environment
2. To assist in the development of coping skills appropriate to that environment
3. To provide educational and vocational training to facilitate adaptation within the prison setting and transition to the community upon release.

## PROCEDURES

### **I. Processing Centers:**

Identification of DD inmates in DOC will begin at the processing centers. During the evaluation process, the inmate may be identified as DD.

For those persons scoring  $\leq 70$  on IQ testing:

- A. DC-927 Evaluation Criteria for Persons with Developmental Disabilities will be completed by the unit psychologist conducting the evaluation.
- B. The DC-927 will be placed in the health record, first section under Mental Health, Misc.
- C. For those inmates with physical disabilities, the mental health staff will coordinate identification of these persons with the nursing staff at the processing facility. OPUS coding appropriate to the identified special need is made during processing. The unit psychologist at processing will record the flag identifying the inmate and his/her special need in OPUS.

Exceptions to this procedure will be those inmates not identified at processing. In those cases, the unit psychologist at the receiving unit will utilize the IQ from OPUS, complete the DC-927 for those inmates with an IQ  $\leq 70$  or physical impairments under DD criteria, and review the medical screening to identify the special need coding for that inmate.

Areas of physical impairment, traumatic head injury and age of onset may be obtained by inmate self-report.

The evaluating psychologist completes the Mental Retardation Assessment {DC-564} for those inmates identified as mentally retarded.

The DC-564 is filed in the health record, first section, Mental Health.

The evaluating psychologist or clinical social worker enters the inmate's DD status on OPUS in the MH02 screen.

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## II. Prison Facility:

- A. Inmate arrives at the unit.
- B. Assistant Superintendent for Programs or his designee screens all new arrivals and refers those identified in OPUS as DD to the DD Case Manager.
- C. Within 7 calendar days of the arrival date, the DD Case Manager meets with the inmate and completes the DD Case Management Orientation Check Sheet {DC-542}. The original is filed in the first section of the health record under Mental Health, Miscellaneous. A new orientation form {DC-542} must be completed on each DD inmate arriving at the unit. If they had one completed at a previous unit or were previously at your unit and moved, these are not valid. The original is placed in the health record, first section, Mental Health under Misc.
- D. Within 15 calendar days of the arrival date, the DD Case Manager completes an Adaptive Behavior Checklist {(ABC) DC-532} on those inmates identified as DD. This checklist should reflect any deficits noted. Please comment on physical disabilities in the physical disability section. This checklist is the basis for the preparation of the treatment plan by the Social Worker in consultation with the DD Case Manager. The inmate is also interviewed during this preparation by the Social Worker.
- E. Within 30 calendar days of arrival at the unit, the DD Assessment {DC-925} and the Treatment Plan {DC-390} are completed by the social worker responsible for that unit. This treatment plan will be integrated with the outpatient or inpatient treatment plan as appropriate.
- F. The DD Case Manager meets with the inmate on a monthly basis (once each calendar month no more than 30 calendar days from the last entry) and records this visit on a progress note and in (OPUS IP60). This note should reflect consideration of each issue in the order specified on the treatment plan. For example, if issue one on the treatment plan is self-care deficit, then the first part of the DD Case Manager's monthly progress note addresses self-care deficit. If issue two is mobility, then the second part of the note addresses mobility and so on (The case management listing is tracked using IP12\_0\_staff ID). (Case Manager on Duty Roster is tracked using IP12\_0\_Cfacility#)
- G. The Social Worker will monitor the units at least once each calendar month. At the time of this monitoring, the social worker will address any needs/issues/concerns experienced by the Case Managers in working with DD inmates. The social worker may interview specific inmates in relation to treatment and aftercare planning. The social worker will document these interviews on a Social Work Assessment Note {DC-924} or a Social Work Intervention/ Progress Note (DC-508} as appropriate. The social worker will meet with the DD Case Manager along with the inmate as needed to assure appropriate patient care.
- H. A new ABC {DC-532} will be completed during the first week of the eleventh month following the original. This will facilitate completion of the required annual treatment plan by the one-year anniversary date. This new annual ABC is filed in the first section of the health record, first section, Mental Health under Misc. in chronological order.

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### III. Annual Review

- A. During the one year anniversary month of the original treatment plan, the inmate, the DD Case Manager and the Social Worker will meet, review the prior treatment plan, assess progress or lack thereof, and formulate a new treatment plan as appropriate. A new Adaptive Behavior Checklist {DC-532} and DD Assessment {DC-925} are required and completed annually in conjunction with the new treatment plan.

Example:

January 1, 2000 – Inmate John Doe arrives at X Correctional Facility. He was previously at X but transferred to Y Correctional Facility for the DART Program and has now returned.

Asst. Super. for Prog. or his designee reviews John Doe's record and refers him to the DD Case Manager.

By January 7, 2000, DD Case Manager completes the orientation with John Doe and files the checklist (DC 542) in the health record.

By January 15, 2000, DD Case Manager completes the ABC (DC 532) and places it in the health record. DDCM notes this meeting with the inmate on the IP60 screen in OPUS as a DD Case Management Note. He makes a copy of the ABC and sends it to the social worker responsible for the unit. The social worker reviews the ABC, meets with the DD Case Manager and the inmate, and completes the (DC925) DD Assessment and the treatment plan (DC 390 or DC526) by the 30<sup>th</sup> calendar day after arrival.

Monthly beginning February 2000, DD Case Manager sees John and records a progress note reflecting the treatment plan. The social worker makes monthly checks of the facility and consults with DD Case Manager for co-ordination of services. The social worker also meets with inmates as needed for treatment and aftercare planning.

By December 30, 2000, DD Case Manager reviews the year's progress notes, interviews the inmate and completes a new ABC (DC532) based on the information gathered. The original is placed in the health record. A copy is sent to the social worker responsible for the unit.

By January 30, 2001, the social worker has met with the DD Case Manager and John Doe and new DD Assessment (DC925) and treatment plans DC390 or DC526) are developed. Originals are placed in the health record.

In February 2001, DD Case Manager meets with the inmate and makes progress note based on a new treatment plan.

Case Management Flow Sheet: (Follows examples above)

Date of Arrival: 01/01/00  
Date of Orientation (DOA + 6): 01/07/00  
Date of ABC {DC532} (DOA + 14): 01/15/00  
Date of DD Assess {DC925} & Tx Plan {DC390 or DC526}(DOA + 29): 01/30/00  
Date of 1st Progress Note (DO TxPI +29): 02/28/00  
Date of Subsequent Progress Notes (each 30 days): 3/28/, 4/28, 5/28 etc.  
Date of Renewed ABC {DC532} (DO TxPI + 11 months): 12/30/00  
Date of Renewed Tx Plan {DC390 or DC526} (DO Original Tx Plan + 365 days): 1/30/01  
Date of 1st Progress Note on New Tx Plan: 2/28/01

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## IV. Management of Inmates

### A. Inmate transfers between DOP units:

Any time a DD inmate is transferred, he/she will have a new Orientation Check Sheet (DC-542), a new Adaptive Behavior Worksheet (DC-532), a new DD Assessment {DC-925} and a new Treatment Plan (DC-390) completed within the time frames specified above.

### B. Release Planning:

Every inmate identified as DD under this policy will have an aftercare plan completed 30 calendar days prior to release. For guidance, refer to "Health Services Aftercare Planning for Inmates at Release" in the Health Services Policy and Procedure Manual.

## V. Monitoring:

The DD Case Manager assigned to the inmate's case is responsible for monitoring progress towards the goals outlined on the treatment plan. The Social Worker assigned to the unit is responsible for monitoring the case manager's recording of progress notes once each calendar month no more than 30 days from the last entry. The Social Worker will monitor the case manager's progress notes for content as well as frequency. Appropriate documentation of progress, or lack thereof, towards the goals outlined in the treatment plan will be monitored closely. (Tracked using IP12\_0\_staffID).

## VI. Inmate Refusal of DD Services:

- A. The DD Case manager will complete the DD Orientation Checklist with the inmate within 7 calendar days of the inmate's arrival at the unit.
- B. Once the inmate has been oriented and expresses his/her desire to refuse/decline DD Services, the DD Case Manager will make a referral to the social worker assigned to the unit.
- C. The DD Case Manager will meet with the inmate and the social worker to discuss the decline/refusal of services to assure that the inmate is making an informed decision in regards to the decline/refusal of services. The inmate will be advised at this time that he/she may request DD Services to be started at any time during the incarceration. The inmate will continue to be tracked in the OPUS system, but will not be held open as active DD Case Management. This will insure that the DD inmate has representation for disciplinary issues.
- D. Documentation will be completed to show that the inmate has been offered and declined/refused DD Case Management Services. The inmate, the case manager, and the social worker will sign and date this letter. The contents of the letter will include demographic information on the inmate (name, OPUS #, unit name and #) as well as the names of the DD Case Manager and the social worker involved. The letter will contain a description of the inmate's functional capabilities and any noted deficits. It will be noted in this letter that the inmate was advised that he/she could request DD Services at any time during the incarceration by contacting the DD Case Manager at the unit. The original will then go into the inmate's health record, first section, Mental Health under Misc. Copies will go to the inmate, the Mental Health Program Manager for the unit, and the Social Work Program Director in the Randall Building.
- E. Any inmate reviewed by the DD Case Manager and social worker who refuses/declines DD Services, and who is felt by Mental Health staff to be in need of these services, will be referred to the Social Work Program Director for further evaluation.

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## **VII. Training:**

All persons designated as DD Case Managers will receive training in DD Case Management prior to beginning to case manage DD inmates. All Mental Health Social Workers will complete DD Case Management training. Each DD case manager will also complete refresher training once every two years in order to remain current on law, policies and procedures affecting these populations. A schedule of planned training has been developed by the Social Work Program Director. The Regional Social Workers will be responsible for coordinating the dates, times and locations for this training across the regions.

## **VIII. Removals/Additions to the DD Case Management Listing:**

- A. The social worker responsible for the unit will make all additions and/or removals to the DD Case Management Listing. This will be done only after a thorough review of the health record including:
  - 1. A copy of the inmate's IQ scores from OPUS (OR50)
  - 2. A current Adaptive Behavior Checklist {DC-532}
  - 3. A current DD Assessment {DC-925} including the rationale for the addition or removal.
- B. The social worker will meet with the inmate and the psychologist/psychological program manager for consultation prior to the addition/removal of any inmate to/from the listing. This consultation will be included in the assessment note for the health record.
- C. Note: Every addition or deletion must have a current Evaluation Criteria for Persons with Developmental Disabilities {DC-927} completed and placed in the Inmate Health Record. Documentation of the change will include most recent IQ, IQ history, if appropriate, life function deficits, any disciplinary infractions or other significant events contributing to the change.
- D. Additions and/or removals are made using the MH02 screen by changing the DD field to the appropriate coding of "N" or "Y".

## **IX. Provision of DD Case Management at Inpatient or Residential Mental Health Units:**

For those inmates housed in inpatient or residential units, DD case management will be incorporated into the inpatient or residential treatment plan. Procedures in this policy will apply as outlined above.. Monthly progress notes regarding DD issues will be a part of the monthly treatment team note in addition to the DDCM notes.

## **X. Provisions for Unit Coverage:**

It is the responsibility of the Mental Health social worker assigned to the unit to provide oversight of the DD Case Management Program at that unit. In the absence of the assigned social worker or if there is no social worker assigned to the unit, the assigned psychologist will complete the processes described in this policy.

## **XI. Tracking:**

- A. On the first working day of each week the social worker responsible for each unit will run batch reports for each unit containing listings for Inmates Identified as Developmentally Disabled (AS\_12\_0\_MHS\_15) as well as listings for Inmates Identified with  $IQ \leq 70$  (AS\_12\_0\_MHS\_10). It will be the responsibility of the social worker responsible for each unit to resolve the IQ list with the DD list and make movements of inmates to the appropriate listings on a weekly basis. Evaluation of each inmate listed on the IQ listing that is not showing on the DD list will require the completion of the DC-927 Evaluation Criteria for Persons with Developmental Disabilities by the social worker responsible for the

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unit. The social worker responsible for the unit will utilize this information to complete the Social Work Tracking form for each unit on a weekly basis. These forms will be maintained by the social workers for statistical and reporting functions.

- B. The social worker responsible for each unit will also resolve the "Social Worker On Duty" listing (MH32\_0\_S{fac#}) with their "MH Staff Caseload" roster (MH30\_0\_StaffID) on a weekly basis. This will be maintained for inmate movement and release purposes.
- C. The DD Case Manager will be responsible for resolving the "Case Manager on Duty" listing (IP12\_0\_C Facility#) with their "DD Listing" on a weekly basis. This will be maintained for inmate transfer, release, and addition to and removal from the DD listing purposes.



\_\_\_\_\_  
Paula Y. Smith, M.D., Director of Health Services      August 30, 2007  
Date

SOR: Social Work