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<p>PURPOSE: The purpose of this policy is to establish the organization of the Massachusetts Department of Correction Health Services Division.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Assistant Deputy Commissioner of Clinical Services Superintendents</p> <p>CANCELLATION: This policy cancels all previous department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding Health Services Division organization which are inconsistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of this policy is for any reason held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.</p>		

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601.01

RESPONSIBLE HEALTH AUTHORITY

The overall health authority for the Department of Correction is the Assistant Deputy Commissioner of Clinical Services. As health authority, the Assistant Deputy Commissioner of Clinical Services is responsible for arranging and providing accessible quality clinical services, inclusive of sex offender treatment, medical, dental, behavioral, forensic mental health, and substance use disorder treatment services, to all inmates, according to the standards of the American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) and applicable regulations. In carrying out that responsibility, the Assistant Deputy Commissioner of Clinical Services delegates the on-site authority to each institution's health services administrator who is a full time employee of the contractual healthcare provider(s). As the institution health authority, the health service administrator is responsible for arranging all levels of clinical services and for assuring that all inmates have access to quality healthcare.

The Assistant Deputy Commissioner of Clinical Services will provide oversight of administration, organization and planning of clinical services provided by the contractual healthcare provider(s).

The Assistant Deputy Commissioner of Clinical Services shall have the responsibility to:

1. Recommend to the Commissioner and Deputy Commissioner and contractual program director policies which relate to the delivery of clinical services to inmates in the care and custody of the Department;
2. Perform contract development, negotiation, and supervision of the vendor selection process;
3. Review and approve procedures that are developed by the contractual healthcare provider(s) relating to health care delivery;
4. Assist and advise Superintendents in meeting the specific clinical needs of their institution's population;
5. Prepare an annual budget for the delivery of clinical services in the Department's institutions;
6. Ensure that the contractual healthcare provider(s) meets its responsibility for providing quality clinical services for inmates/ detainees at each DOC institution as required by the contractual agreement;

7. Assist the contractual medical provider(s) to determine the healthcare personnel staffing patterns for each institution;
8. Oversee an external organizational process for reviewing, planning, monitoring, and managing the quality and appropriateness of care provided to inmates by the contractual healthcare provider(s);
9. Ensure contract compliance by monitoring and evaluating the quality and efficiency of the contractual clinical services;
10. Approve and ensure that the contractual healthcare provider(s) participates in a quality assurance program;
11. Oversee and ensure utilization review of all clinical services provided to inmates not covered under a contractual healthcare agreement(s);
12. Review all Health Services Division policies and procedures prior to approval by the Deputy Commissioner of Clinical Services and Reentry;
13. Prepare budgets and provide financial management of division operations including payroll functions;
14. Provide fiscal monitoring of contractual healthcare services; and
15. Supervise accounting, purchasing and resource allocation functions of the division.

601.02 **RELATIONSHIP WITH SUPERINTENDENTS**

Clinical service delivery within each institution is a mutual concern of the Department and contractual healthcare provider(s). Matters of clinical judgment are the sole province of the qualified healthcare professionals (e.g., physician, dentist, psychiatrist) however, all health care providers shall ensure that the delivery of clinical services is in accordance with the security requirements of the institution as determined by the Superintendent. The Assistant Deputy Commissioner of Clinical Services and the division management team will establish close communication with all Superintendents to assure that these mutual interests are properly represented.

601.03 **ORGANIZATION OF DIVISION MANAGEMENT**

1. The following personnel shall comprise the Health Services Division management team:
 - a. Assistant Deputy Commissioner of Clinical Services

- b. Director of Behavioral Health
- c. Director of Clinical Services
- d. Director of Contract Compliance
- e. Americans with Disabilities Act Coordinator for Inmates
- f. Special Projects Manager

2. Health Services Duty Officer

Health Services Division Regional Administrators shall function as the health service duty officer on a regular rotational basis during non-business hours in addition to their other responsibilities. Health Services Division managers, as defined in 601.03 (1), if a licensed healthcare professional may function as the health service duty officer as determined by the Assistant Deputy Commissioner of Clinical Services.

3. Job Duties for the Division Management Team

- a. The Director of Contract Compliance shall report directly to the Assistant Deputy Commissioner of Clinical Services and may function as the acting Assistant Deputy Commissioner of Clinical Services in his/her/their absence.

The Director of Contract Compliance shall routinely have the delegated authority to:

- i. Assist with the development of requests for response (RFRs) and the supervision of the vendor selection process;
- ii. Assist with contract development, negotiation and administration;
- iii. Provide direct administrative supervision of division staff;
- iv. Oversee organizational process for planning, reviewing, and monitoring the quality and appropriateness of care provided by the contractual healthcare provider(s);
- v. Oversee the quality assurance/quality improvement program implemented by the contractual healthcare provider(s);
- vi. Ensure utilization review of all clinical services provided to inmates not covered under the contractual clinical agreement;
- vii. Monitor contractual healthcare provider compliance with appropriate standards and regulations;
- viii. Monitor and implement Health Services Division policies and procedures;
- ix. Ensure applicable contractual healthcare provider policies and procedures are consistent with contractual

requirements, DOC policy and procedure, community standards of care and other regulatory and legal requirements;

- x. Assist in the preparation of budgets and in the financial management of division operations ;
 - xi. Assist in the fiscal monitoring of contractual healthcare services;
 - xii. Assist in the supervision of accounting, purchasing and resource allocation functions of the division;
 - xiii. Provide administrative oversight of clinical services provided to inmates not covered under the contractual clinical agreement;
 - xiv. Attend meetings as directed by the Assistant Deputy Commissioner of Clinical Services;
 - xv. Participate in committees as determined by the Assistant Deputy Commissioner of Clinical Services;
 - xvi. Act as liaison to the State Office of Pharmacy Services (SOPS).
- b. The Director of Behavioral Health shall report directly to the Assistant Deputy Commissioner of Clinical Services and may function as the acting Assistant Deputy Commissioner of Clinical Services in his/her/their absence.

The Director of Behavioral Health shall routinely have the delegated authority to:

- i. Assist with the development of requests for response (RFRs) and the supervision of the vendor selection process;
- ii. Provide direct administrative supervision of Health Services Division Mental Health Regional Administrators;
- iii. Oversee organizational process for planning, reviewing, and monitoring the quality and appropriateness of behavioral health care, sex offender treatment, and substance use disorder treatment provided by the contractual healthcare provider(s);
- iv. Monitor the quality assurance/quality improvement program implemented by the contractual healthcare provider(s);
- v. Monitor implementation and efficacy of contractual healthcare provider behavioral health related improvement plans;
- vi. Ensure applicable contractual healthcare provider policies and procedures are consistent with contractual requirements, DOC policy and procedure, community

- standards of care and other regulatory and legal requirements;
- vii. Monitor contractual healthcare provider compliance with appropriate behavioral health care standards and regulations;
- viii. Monitor and implement Health Services Division behavioral health care policies and procedures;
- ix. Attend meetings as directed by the Assistant Deputy Commissioner of Clinical Services;
- x. Participate in committees as determined by the Assistant Deputy Commissioner of Clinical Services;
- xi. In collaboration with the Director of Clinical Services, ensure the contractual healthcare provider(s) provide appropriate health care to inmates with increased health care needs such as inmates with co-occurring and comorbid disorders and advanced stage diagnoses;
- xii. Act as liaison to other state agencies such as the Department of Mental Health (DMH).

- c. The Director of Clinical Services shall report directly to the Assistant Deputy Commissioner of Clinical Services and may function as the acting Assistant Deputy Commissioner of Clinical Services in his/her/their absence.

The Director of Clinical Services shall routinely have the delegated authority to:

- i. Assist with the development of requests for response (RFRs) and the supervision of the vendor selection process;
- ii. Provide direct administrative supervision of Health Services Division medical Regional Administrators;
- iii. Oversee organizational process for planning, reviewing, and monitoring the quality and appropriateness of medical and dental health care provided by the contractual healthcare provider(s);
- iv. Monitor the quality assurance/quality improvement program implemented by the contractual healthcare provider(s);
- v. Monitor implementation and efficacy of contractual healthcare provider medical and dental health care related improvement plans;
- vi. Ensure applicable contractual healthcare provider policies and procedures are consistent with contractual requirements, DOC policy and procedure, community standards of care and other regulatory and legal

- requirements;
- vii. Monitor contractual healthcare provider compliance with appropriate medical and dental health care standards and regulations;
- viii. Monitor and implement Health Services Division medical and dental health care policies and procedures;
- ix. Attend meetings as directed by the Assistant Deputy Commissioner of Clinical Services;
- x. Participate in committees as determined by the Assistant Deputy Commissioner of Clinical Services;
- xi. In collaboration with the Director of Behavioral Health, ensure the contractual healthcare provider(s) provide appropriate health care to inmates with increased health care needs such as inmates with co-occurring and comorbid disorders and advanced stage diagnoses;
- xii. Act as liaison to other state agencies such as the Department of Public Health (DPH).

d. Americans with Disability Act Coordinator for Inmates

The Americans with Disability Act Coordinator for Inmates shall report directly to the Assistant Deputy Commissioner.

- i. Shall be responsible for monitoring the provision of ADA accommodations for inmates throughout the Department.
- ii. Shall be responsible to train site ADA Coordinators in the requirements of ADA.
- iii. Participate in committees as determined by the Assistant Deputy Commissioner of Clinical Services.

e. Regional Administrators Areas of Responsibility

- i. Health Services Division Regional Administrators shall be responsible for monitoring and evaluating the quality of health care services throughout the Department. Mental health and medical Regional Administrators shall monitor contractual healthcare provider compliance with appropriate standards, regulations and contract requirements applicable to the regional administrators' assigned area of clinical responsibility (i.e. mental health or medical).
- ii. Regional administrators shall be responsible for monitoring and evaluating the quality of health care services and will be assigned designated institutions from the following list:

Boston Pre-Release Center, Bridgewater State Hospital, MCI Cedar Junction, MCI Concord, MCI Framingham, Lemuel Shattuck Hospital Correctional Unit, Massachusetts Alcohol and Substance Center at Plymouth (MASAC), Massachusetts Treatment Center, MCI Norfolk, North Central Correctional Institution, Northeastern Correctional Center, Old Colony Correctional Center Medium and Minimum, Pondville Correctional Center, MCI Shirley Medium, Souza Baranowski Correctional Center.

- e. The Mental Health Regional Administrators shall report to the Director of Behavioral Health and may function as the Acting Director of Behavioral Health in the event of his/her/their absence. The medical Regional Administrators shall report to the Director of Clinical Services and may function as the Acting Director of Clinical Services in the event of his/her/their absence. The Regional Administrators shall routinely have the delegated authority to:
 - i. Oversee the overall quality and effectiveness of contractual health care services by providing direct, on-site monitoring of services;
 - ii. Ensure all contractual health care services provided to inmates is of high quality and in compliance with National Commission on Correctional Health Care, American Correctional Association and professional standards, Massachusetts Department of Mental Health, and Massachusetts Department of Public Health regulations;
 - iii. Act as liaison to the Superintendents at assigned institutions as well as being on-call in order to ensure institution needs are being met;
 - iv. Conduct and document audits, no less than biannually, at each institution using predetermined performance criteria as well as approved standards of care and practice;
 - v. Ensure compliance with Health Services Division (103 DOC 600 series) policies;
 - vi. Review the quality of documentation in medical records;
 - vii. Serve as a resource to the assigned institution's management team in order to provide input and evaluation of the quality of contractual clinical services being provided.

- f. The Special Projects Manager shall report directly to the Assistant Deputy Commissioner of Clinical Services and may function as the

Acting Director of Contract Compliance in the event of his/her/their absence.

The Special Projects Manager shall routinely have the delegated authority to:

- i. Review, and revise for the Director of Contract Compliance's approval all policies and procedures for the Health Services Division;
- ii. Provide direct supervision of support staff; and
- iii. Handle all special inquiries and projects as directed by the Assistant Deputy Commissioner of Clinical Services and Director of Contract Compliance.

601.04

CONTRACTUAL HEALTHCARE PROVIDERS

The Department shall ensure that contractual arrangements are maintained with licensed practitioners or practitioner group(s) for the provision of all medical, mental health, forensic mental health evaluation and treatment, substance use disorder treatment, dental services, and sex offender treatment. This includes the disciplines of medicine, psychiatry, nursing, social work, psychology, mental health workers, lab and x-ray technicians, physician assistants, nurse practitioners, pharmacists, occupational and physical therapists, dietitians, dentists, dental assistants and other paramedical or technical support staff.

The contractual healthcare provider(s) shall be chosen through a competitive selection process and shall be required to comply with all Department policies and procedures. Each health services contract shall be approved by the Assistant Deputy Commissioner of Clinical Services and Director of Contract Compliance, with final approval by the Commissioner.

The contractual healthcare provider shall have the sole and exclusive right to hire and fire or terminate personnel working for them and their subcontractor(s). The Assistant Deputy Commissioner of Clinical Services may deny entrance of any personnel to any or all institutions. He/she/they will notify the provider's program director of such denials and the reason for them as soon as reasonably practical.

The following key contractual professional personnel shall provide the services listed below:

1. The Senior Medical Consultant shall be a licensed physician who shall advise the Assistant Deputy Commissioner of Clinical Services, or designee, on matters relating to clinical programs and protocols. This individual shall undertake special projects that are delegated by the Assistant Deputy Commissioner of Clinical Services and shall be

responsible for developing peer review mechanisms for the medical providers of contractual healthcare provider(s). It will be necessary for him/her/them to participate in Quality Assurance Mortality Reviews. The Senior Medical Consultant shall not be involved in the provision of direct care to inmates of the Department.

2. The Senior Mental Health Consultant shall be a licensed psychiatrist who shall report to the Assistant Deputy Commissioner of Clinical Services, or designee, and advise him/her/them on matters relating to the mental health and forensic mental health services provided by the contractual healthcare services provider(s). This individual shall undertake special projects which are delegated by the Assistant Director of Clinical Services and shall be responsible for developing peer review mechanisms for contractual psychiatric care providers. It will be necessary for this individual to participate in quality assurance suicide reviews. The Senior Mental Health Consultant shall not be involved in the provision of direct care to inmates/ of the Department.
3. The Program Director of the contractual healthcare provider(s) shall report to the Assistant Deputy Commissioner of Clinical Services for administrative supervision. The program director shall be responsible for the overall clinical supervision of health care treatment in the institutions as well as administrative supervision of all medical, dental, mental health, forensic mental health, sex offender treatment, substance use disorder treatment, paramedical, and ancillary personnel under the auspices of his/her/their contractual healthcare group. Any subcontracts utilized by the contractual healthcare provider(s) shall have an administrator designated by the program director. No significant subcontracts shall be granted by the program director without the prior written consent of the Assistant Deputy Commissioner of Clinical Services.
4. The Medical Director at Bridgewater State Hospital shall be appointed pursuant to MGL c.125, Section 18, which reads as follows: "The Commissioner, with approval of the Commissioner of mental health, shall appoint a physician as medical director of the Bridge-water state hospital. The medical director shall have the care of the inmates thereof and govern them in accordance with rules and regulations approved by the Commissioner. (Added by St.1955, c 770, Section 11.)"

601.05

COMMITTEE STRUCTURE

With the contractual healthcare provider(s), the Assistant Deputy Commissioner of Clinical Services shall establish the following committees in order to maintain proper communication and to provide a forum for the discussion of important

issues. Each committee meeting shall be documented with minutes which shall be maintained in the Health Services Division.

1. Health Services Executive Committee:

The Assistant Deputy Commissioner of Clinical Services shall establish a health services executive committee which shall meet as needed. This committee shall be utilized for the discussion and resolution of current issues and problems identified relating to the medical record audits, the systematic review of resulting variance reports and the provision of medical, dental, mental health, sex offender, substance use disorder and forensic mental health care at Department institutions. Problem identification items that are submitted by the Superintendents and Regional Administrators will be reviewed as well. Attendees at these meetings shall include, but not be limited to, the following individuals:

- a. Assistant Deputy Commissioner of Clinical Services;
- b. Director of Contract Compliance;
- c. Director of Behavioral Health;
- d. Director of Clinical Services;
- e. Program Director of the contractual medical provider;
- f. Director of Mental Health Services of the contractual healthcare provider(s);
- g. Program Medical Director of the contractual healthcare provider(s); and
- h. Health Services Division support staff (recorder).

2. Quality Assurance Mortality Review Committee:

- a. The Assistant Deputy Commissioner of Clinical Services shall designate a Mortality Review Committee in accordance with 103 DOC 622, *Death Procedures*. This Committee shall convene on site at the institution where an inmate death has occurred. All members of this committee shall be present for the entire proceeding.

The following individuals or their designees will comprise the Mortality Review Committee:

- i. Assistant Deputy Commissioner of Clinical Services or designee
- ii. Medical Regional Administrator of the institution involved
- iii. Senior Medical Consultant and/or Senior Mental Health Consultant
- iv. Superintendent of institution or designee where death occurred (as an observer)

- b. This Committee shall be utilized for reviewing reports of on-site response teams, interviewing staff involved in the emergency response and care of the inmate, and preparing a confidential preliminary report.
 - i. Each preliminary report shall be considered complete and ready for review after the preliminary findings of the medical examiner are received by the Assistant Deputy Commissioner of Clinical Services.
 - ii. Deaths that occur with inmates who are inpatients at outside hospitals or medical facilities beyond seventy-two (72) hours, including the Lemuel Shattuck Hospital, are beyond the jurisdiction of the mortality review committee and shall not be included in this process consistent with 103 DOC 622, *Death Procedures*, section 9.
 - iii. The Mortality Review Committee shall perform a complete review of the medical record and supporting documentation, interview staff who were directly and indirectly involved in the care of the inmate, discuss the events, symptoms and medical procedures involved in each death, and issue to the Assistant Deputy Commissioner of Clinical Services specific recommendations which address any needs identified during the review process. These recommendations shall then be submitted to the Superintendent involved and the Program Director of the contractual healthcare provider.
 - iv. See 601.05, section 3, for deaths as a result of an actual or suspected suicide.

3. Quality Assurance Suicide Review Committee:

Whenever a death has occurred as a result of a completed or suspected suicide the Assistant Deputy Commissioner of Clinical Services shall order that the Quality Assurance Mortality review committee expand to include a psychiatric suicide review (see 103 DOC 622, *Death Procedures*). In addition to the previously listed members of the Mortality Review Committee, the Senior Mental Health Consultant as well as the Mental Health Regional Administrator shall attend the quality assurance suicide review. In addition, the following shall occur:

- a. In the event of attempted suicides by inmates/detainees/patients, a review of the attempted suicide will be conducted and then the Assistant Deputy Commissioner of Clinical Services will

determine whether or not it is necessary to convene a Quality Assurance Suicide Review Committee.

- b. The Assistant Deputy Commissioner of Clinical Services will convene a case review panel for an inmate who may be at risk of harm to themselves at any time upon the request of a Superintendent. If a panel is convened, a report with recommendations shall be submitted to the Superintendent and Program Director of the contractual healthcare provider.

4. Medical Records Committee:

The Assistant Deputy Commissioner of Clinical Services shall ensure that through the contractual medical provider a Medical Records Committee is developed for the purpose of discussing current issues, including electronic medical records and, problems relating to policies, procedures, and record keeping. The committee members shall review, revise, and amend medical records forms and medical, dental, and mental health forms as appropriate.

The Program Director of the contractual healthcare provider shall formally appoint members to this committee and submit their names to the Assistant Deputy Commissioner of Clinical Services. A Medical and Mental Health Regional Administrator shall attend each meeting of the Medical Records Committee.

5. Policies and Procedures Committee

The Policies and Procedures Committee will have a joint membership of the Health Services Division and the contractual healthcare provider and shall meet as needed. A Medical and Mental Health Regional Administrator shall attend each meeting of the Policies and Procedures Committee.

The purpose of this Committee is to oversee the development of policies and procedures in accordance with NCCHC and ACA Standards, in conformance with Massachusetts regulations and policies, and the rules and regulations promulgated by the Massachusetts Department of Public Health.

The contractual healthcare provider's policies and procedures shall not be in conflict with Department of Correction policies. The office of the Assistant Deputy Commissioner of Clinical Services shall review for approval all the contractual medical provider's policies and procedures. The DOC Health Services Division office shall perform annual reviews of

each of the 600 Series policies and issue revisions as made to the contractual medical provider. The contractual healthcare provider shall review on an annual basis all of its policies and procedures and revise as appropriate. Each Health Services Administrator and/or site with health services shall have a copy of 103 DOC 600 series and the contractual healthcare provider's policies and procedures available to any and all health services staff and DOC personnel.

There are policies and procedures unique to Bridgewater State Hospital. These should be reviewed and approved by the reviewing authority at BSH, the Superintendent or designee, and approved by the Assistant Deputy Commissioner of Clinical Services.

601.06

ADMINISTRATIVE MEETINGS

In addition to those formal Committees listed in the previous section of this policy, the following meetings shall be held as deemed necessary by the Assistant Deputy Commissioner of Clinical Services:

1. Quarterly meetings shall be held at the Lemuel Shattuck Hospital for the purpose of maintaining communication with the Shattuck Hospital staff. The following individuals shall attend this meeting:
 - a. Assistant Deputy Commissioner of Clinical Services or Director of Contract Compliance;
 - b. Superintendent of the Shattuck Hospital Correctional Unit or Deputy Superintendent;
 - c. Program Director of the contractual healthcare provider;
 - d. designated staff members of the Shattuck Hospital.
2. Quarterly regional meetings shall be held with the Superintendents of individual institutions, the Assistant Deputy Commissioner of Clinical Services, Director of Contract Compliance, Director of Behavioral Health, Director of Clinical Services, the Health Services Medical and Mental Health Regional Administrators for that institution, the contractual healthcare provider Program Director, Health Services Administrator for the institution, and Medical Director as well as other designated contractual staff.

The quarterly meeting held at Bridgewater State Hospital is called The Bridgewater State Hospital Governing Body.

The purpose of these meetings will be to discuss issues regarding the provision of medical, dental, mental health, sex offender, substance use disorder, forensic mental health services at the individual institutions.

3. The Assistant Deputy Commissioner of Clinical Services, at his/her/their discretion, or at the written request of a Superintendent, convene a case conference meeting to discuss important health care issues relating to a particular inmate. Case conference meetings represent an interdisciplinary approach to the treatment needs of a particular individual. Attendance shall be determined by the Assistant Deputy Commissioner of Clinical Services and the Program Director of the contractual healthcare provider.
4. Monthly meetings of the Assistant Deputy Commissioner of Clinical Services or Director of Contract Compliance with all Health Services Division personnel will be held for the purpose of maintaining communication. Minutes will be taken at these meetings.

601.07 **ADMINISTRATIVE REPORTS**

The Assistant Deputy Commissioner of Clinical Services or his/her/their designee shall establish that routine administrative reports are to be submitted by the contractual healthcare provider on a regular basis. A list of the required reports shall be contained within the written contract between the Department and the contractual healthcare provider.

601.08 **HEALTH SERVICE AUDITS**

1. Comprehensive audits of medical, dental, mental health, sex offender, forensic mental health and substance use disorder services will be conducted at each major institution at least every six (6) months by DOC Health Services Division team members using a predetermined audit tool.
2. At any time, and as determined by the Department, the medical records audit will be supplanted by an audit from one of the following categories: Infirmary Audit, Keep on Person (KOP), Self Administration Audit, and Special Needs/Chronic Disease Audit.
3. Additional audits may be performed from time to time as determined by the Assistant Deputy Commissioner of Clinical Services.
4. The Department Policy Development and Compliance Unit conducts annual audits at each institution, including health services to measure compliance with ACA standards. Regional administrators may participate as members of this audit team.