



Massachusetts
Department of Correction
POLICY

		Effective Date 1/16/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry		
		Annual Review Date 1/16/2026			
Policy Name 103 DOC 610 CLINICAL CONTRACT PERSONNEL AND THE ROLE OF DOC HEALTH SERVICES		Regulation. Reference: MGL C 124, § 1(c), (q); 243 CMR 3.05; 801 CMR 21.00 DOC Policy Reference: 103 DOC 601; 103 DOC 650 ACA/PREA Standards: 1-CTA-3F-02; 2-CO-4E-01; 2-CO-4F-01; 4-ACRS-4C-04; 4-ACRS-4C-18; 5-ACI-5E-08; 5-ACI-6A-12; 5-ACI-6A-29; 5-ACI-6B-01; 5-ACI-6B-02; 5-ACI-6B-03; 5-ACI-6B-08; 5-ACI-6B-10; 5-ACI-6B-11; 5-ACI-6B-12; 5-ACI-6C-01; 5-ACI-6D-01; 5-ACI-6D-02; 5-ACI-6D-03; 5-ACI-6D-04; 5-ACI-6D-08; 5-ACI-6D-09 <u>NCCHC Standard:</u> P-03, P-04, P-05, P-06, P-09, P-18, P-19, P-20, P-21, P-22 P-23, P-24, P-25, P-52			
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Applicability: Staff/Incarcerated Individuals/Civil Commitments			
		Location: Department's Central Policy File; Each Institution's Policy File			
PURPOSE: To establish general Health Services standards for clinical staff contracted to provide medical, dental, mental health, substance use disorder treatment, and sex offender treatment, and forensic mental health services in Department institutions by defining qualifications and specific responsibilities of those personnel. This includes health related training and education of Department personnel, incarcerated and civilly committed individuals, staffing, and quality assurance. In addition, this policy will clarify the role of the Division of Health Services as it relates to the contractual provider(s).					
RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner, Clinical Services Superintendents Contractual Clinical Services Provider Program Director					
CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations regarding Health Services standards for clinical contractual staff.					
SEVERABILITY CLAUSE: If any article, section, subsection, sentence, clause, or phrase of this policy is for any reason held to be unconstitutional, contrary to statute, in excess of authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this policy.					

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610.01

GENERAL POLICY

- A. In concert with the Health Services Division (HSD), the contractual clinical services provider shall be solely responsible for making all decisions with respect to the type, timing and level of services needed by incarcerated and civilly committed individuals covered under the contractual agreement with the Department of Correction. The Department of Correction HSD shall ensure that all contractual medical, nursing, dental, mental health, forensic mental health, substance use disorder treatment, sex offender treatment and support staff shall have qualifications and experience consistent with those of their respective professions in the general community. The qualifications of contractual clinical staff shall be in compliance with all applicable requirements for licensure, certification, or registration in effect in the Commonwealth of Massachusetts. Verification of current credentials shall be kept on file at each institution.
 1. The HSD shall ensure that the contractor provides each institution having on-site clinical personnel with written job descriptions that define the specific duties and responsibilities of these personnel. These job descriptions shall have approval of the Assistant Deputy Commissioner of Clinical Services or designee and shall be reviewed at least annually.
 2. Matters of clinical judgment are the sole province of the responsible providers.
 3. The contractual medical provider will maintain a manual of written policies and defined procedures specifically developed for the individual institutions and approved by the Assistant Deputy Commissioner of Clinical Services. All policies and procedures will be in compliance with the American Correctional Association (ACA), the National Commission of Correctional Health Care (NCCHC) Standards, and in the case of Bridgewater State Hospital, The Joint Commission standards, and shall be reviewed at least annually for necessary revisions. When there is a conflict between standards the more restrictive will be adhered to.

610.02

CONTRACTUAL CLINICAL PERSONNEL

- A. The selection of contractual clinical services providers by the Department shall be achieved through a competitive selection process in accordance with 801 CMR 21.00. Physician coverage, as well as other clinical coverage in Department institutions will be defined through the contractual agreement between the Department and contractors. Any changes in staffing patterns (matrices) made during the life of an agreement must be pre-approved by the Assistant Deputy Commissioner of Clinical Services.

B. Each professional group shall have a Program Director who shall report directly to the Assistant Deputy Commissioner of Clinical Services for administrative supervision.

1. The Program Medical Director of the contractual clinical services provider group shall be responsible for clinical supervision of all contractual staff who provide services within the Department under their contractual agreement. The Program Medical Director of the contractual group will designate a Medical Director at all institutions covered by the agreement, who will be responsible for clinical services at that institution and be responsible for final medical judgments.
2. Clinical services shall be discussed at least quarterly at documented administrative meetings between the on-site Medical Director, the Health Service Administrator, the Superintendent of the institution and other members of the clinical services and correctional staffs, as appropriate. Regular monthly and quarterly statistical reports shall be submitted to the Superintendent by the Health Services Administrator, along with an annual summary report, to include at least the number of incarcerated and civilly committed individuals receiving clinical services by category of care including, but not limited to: operative procedures, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions (if applicable), onsite or offsite hospital admissions, serious injuries or illness, HIV testing, TB testing, emergency services and incarcerated and civilly committed individual deaths. In addition, there will be a health service staff meeting at least monthly to review administrative procedural issues.
3. The contractual provider shall ensure that all physicians providing services to Department institutions shall be licensed in the Commonwealth of Massachusetts to the extent required by 243 CMR, Board of Registration in Medicine, §3.05 and shall submit verification of unrestricted licensure along with evidence of DEA and DPH pharmaceutical registration, and malpractice insurance coverage prior to the date that the physician commences the provision of services to the Department. Complete credential packages shall be submitted within three (3) months of employment and acted upon by the contractual provider within a reasonable time. The Department shall specify requirements for board certification or eligibility in the contractual agreements for physician services of a specialty nature.

4. The Program Director of the contractual provider shall designate an individual(s) to conduct physician credentialing and each physician shall be re-credentialed every two (2) years. All credentialing records shall be the property of the Department of Correction.
5. The contractual provider shall insure that all other personnel shall be licensed, certified, or registered to the extent required by law to perform the requirements of their positions in the Department institutions. The contractual provider shall conduct any credentialing required of these staff as may be required by the pertinent regulatory authorities.
6. The contractual provider shall ensure that all clinical personnel complete all continuing education requirements necessary for licensure and receive at least twelve (12) hours of continuing education or staff development that is appropriate for their position.
7. All qualified health care professionals who have patient contact must have current training in cardiopulmonary resuscitation (CPR).
8. The Program Medical Director of the contractual group and each designated Medical Director shall monitor the clinical services rendered by mid-level practitioners as follows:
 - a. Evidence of quarterly supervision of all physician assistants and nurse practitioners shall be kept on file with the contractual provider.
 - b. A current list of supervising physicians for individual physician assistants and nurse practitioners shall be forwarded to the Massachusetts Board of Registration in Medicine with a copy sent to the Assistant Deputy Commissioner of Clinical Services.
9. All contractual personnel must receive security clearance by the Department prior to the provision of services. This will include a Board of Probation, NCIC check and fingerprinting. Whenever either a NCIC check or fingerprint card is returned as problematic, the Assistant Deputy Commissioner of Clinical Services will take appropriate action.
10. All contractual personnel shall be subject to all rules and regulations of the Department which are set forth in the Departmental "Blue Book".
11. Through the contractual provider, the Division of Health Services will ensure that an adequate number of clinical staff members of

varying types are available commensurate with the scope of services provided at the individual institutions. The Health Services Administrator at each institution shall recommend the clinical personnel requirements in all categories in order to provide incarcerated and civilly committed individual access to clinical staff and services. Such recommendations shall be reviewed by the program director and the Assistant Deputy Commissioner of Clinical Services on a regular basis. The staffing levels shall be reviewed at least annually by the Assistant Deputy Commissioner of Clinical Services or designee.

12. The provider shall have the sole and exclusive right to hire and fire contractual personnel. A Superintendent may deny entrance of any contractual personnel to their institution. The Superintendent shall notify the Assistant Deputy Commissioner of Clinical services of such denial and the reason(s) for it as soon as is practical. The Assistant Deputy Commissioner of Clinical Services will notify the Program Director as soon as possible.

The Assistant Deputy Commissioner of Clinical Services may deny entrance of any contractual personnel to any or all sites and shall notify the Program Director of such denial and the reasons for it as soon as is practical. Within one (1) week of the denial the Assistant Deputy Commissioner of Clinical Services, the Program Director, and the Superintendent of the effected site shall communicate the reasons for and circumstances surrounding the denial. After a review of the denial, along with any additional information concerning the situation resulting in the denial, the Assistant Deputy Commissioner of Clinical Services shall render a final decision regarding the initial denial of entrance and may elect to reinstate the individual or to uphold the denial status.

13. The contractual provider will submit to the Assistant Deputy Commissioner of Clinical Services a written staffing plan, for each institution - all shifts, that assures a sufficient number of clinical services staff of varying types is available to provide adequate evaluations and treatment consistent with community standards. The Assistant Deputy Commissioner of Clinical Services will review and approve the plan on an annual basis.
14. The Program Medical Director shall monitor the clinical services provided by all primary care physicians, psychiatrists, dentists, nurse practitioners, physician assistants and psychologists, either as independent contractors, employees or subcontractors and perform a formal annual peer review on each practitioner. Written peer review documentation will be kept by the Program Medical Director

as confidential information according to current rules, regulations and laws. However, documentation shall be provided to the Assistant Deputy Commissioner of Clinical Services indicating that a peer review has taken place, the date of the review, the name of the provider reviewed and that the review is duly recorded and filed in the office of the Program Medical Director.

The Program Medical Director shall provide the Assistant Deputy Commissioner of Clinical Services with a copy of the most recent Peer Review policy and procedure, to include but not be limited to the peer review documentation process and sample forms which will be utilized throughout the process.

610.03

ROLE OF THE DIVISION OF HEALTH SERVICES

- A. The primary role of the HSD is to supervise and provide an external organizational process for reviewing, planning, monitoring, and managing the quality and appropriateness of care provided to incarcerated and civilly committed individuals by the contractual clinical services provider. The main focus of Health Services is to ensure contract compliance by monitoring and evaluating the quality and efficiency of the contractual services. (See 103 DOC 601, *Division of Health Services - Organization*)
- B. The contractual provider shall participate in a quality assurance program established and required by the Assistant Deputy Commissioner of Clinical Services and the contractual Program Director. The contractual provider shall provide documentation of its quality assurance efforts to the Assistant Deputy Commissioner of Clinical Services. The Medical contractor shall establish a system of internal review that will include the following:
 1. Participation in a multidisciplinary committee;
 2. Collection and analysis of data together with planning, intervention and reassessment;
 3. Evaluation of data to improve access, quality and utilization of resources;
 4. Onsite monitoring of outcomes through chart review, investigation of complaints, grievances and health records, review of medication practices and monitoring of corrective action plans;
 5. Review of all deaths, suicides, attempted suicides and illness outbreaks;
 6. Implement measures to resolve problems;

7. Re-evaluate previously implemented measures;
8. Incorporate measure in training plans;
9. Maintain minutes and records of proceedings;
10. Issue quarterly reports to the health authority of findings and corrective action plans;
11. Comply with all legal requirements regarding peer review statutes and confidentiality of medical records.

610.04

HEALTH TRAINING FOR CORRECTIONAL PERSONNEL

A. The goal of the Department is to establish and maintain a training program such that correctional and other personnel are trained to respond to health-related situations. The contractual provider will work with the Department to provide education material and instruction on a variety of necessary medical and mental health issues, including but not limited to the following:

1. Administration of first aid and CPR within a four (4) minute response time;
2. Recognizing the need for emergency care in life-threatening situations (i.e. chest pain and potential suicide);
3. Methods of obtaining assistance;
4. Recognizing acute manifestations of certain chronic illnesses (i.e. seizures, intoxication and withdrawal, and adverse reaction to medication);
5. Recognizing other chronic conditions (i.e. mental illness, retardation, chemical dependency and developmental disability);
6. Response to emergency or disaster conditions;
7. Monitoring of such chronic illnesses as diabetes, epilepsy, TB and AIDS;
8. Completion of intake screening;
9. Responses and treatment for the character disordered and sexually aggressive offenders,

10. Procedures for appropriate disposition and referral to appropriate medical institutions or health care providers;
11. Suicide risk identification and prevention; and
12. Precautions and procedures with respect to infectious and communicable diseases.

B. Each Superintendent or designee will ensure that:

1. All correctional officers are trained annually in basic first aid;
2. All correctional officers are trained, certified and re-certified, in cardiopulmonary resuscitation (CPR) similar to that defined by the American Red Cross; and
3. At a minimum, one (1) health-trained staff person or correctional officer per shift is trained in cardiopulmonary resuscitation (CPR) and recognition of symptoms of illnesses common to incarcerated and civilly committed individuals.

C. Each institution shall follow a written suicide prevention and intervention procedure which has been approved by the Assistant Deputy Commissioner of Clinical Services (refer to contractual mental health manual) as mandated by 103 DOC 650, *Mental Health Services*.

D. Each Superintendent will ensure that a substantial portion of the staff present on each shift (i.e. 75% or more) had health training, that the training is current, and the institution has an ongoing health training program.

610.05

INCARCERATED AND CIVILLY COMMITTED INDIVIDUAL WORKERS

A. In all Department institutions, incarcerated and civilly committed individual workers shall be prohibited from performing the following tasks:

1. Performing direct patient care services. This restriction, however, should not preclude incarcerated and civilly committed individuals from participating in a certified vocational training program;
2. Scheduling health care appointments;
3. Determining access of other incarcerated and civilly committed individuals to health care services;
4. Handling or having access to surgical and dental instruments, syringes, needles, medications, and health records;

5. Operating diagnostic or therapeutic equipment.
6. Incarcerated and civilly committed individuals who are involved in handling biohazardous wastes (i.e. dirty linens or utensil) must receive appropriate training and materials (i.e. blood spill clean-up, PPE).

610.06

STUDENTS AND INTERNS

- A. Students and interns from the community shall be allowed to provide services in an institution Health Services Unit only upon the joint approval of the Assistant Deputy Commissioner of Clinical Services, the institution Superintendent, and the Program Medical Director of the contractual provider. Wherever students and interns are utilized to assist in the delivery of clinical services, the contractual provider shall establish a written job description which includes the basis of selection, required training, length of services, definition of tasks, supervision, and responsibilities.
 1. All students and interns shall be oriented to the security regulations of the institution and responsible for compliance with these procedures.
 2. All students and interns shall be oriented to the Department procedures governing Criminal Offenders Record Information (CORI) and shall be required to comply with these regulations.
 3. Any students or interns who may be involved in clinical services delivery shall do so only under direct staff supervision commensurate with their level of training.
 4. Prior to placement within an institution, the student(s) or intern(s) must attend the Department of Correction New Employee Orientation Program (40-hour training program) as well as any training program(s) stipulated by the contractual provider.