



**ALLEGHENY COUNTY
BUREAU OF CORRECTIONS**

APPLICABILITY: All Authorized Personnel

POLICY NUMBER: 2100

**EFFECTIVE: 11/30/2015
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**TITLE: Access to Care
NCCHC: J-A-01
ACA: 4-ADLF-4C-01, 02**

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POLICY:

It is the policy of the Allegheny County Bureau of Corrections (ACBOC) Health Care Services Department to ensure that incarcerated individuals have access to care to meet their serious medical, dental, and mental health needs.

PURPOSE:

To ensure that all patients have access to health care for routine and serious medical, dental, and mental health needs in a timely fashion and that information about this care is communicated to patients.

PROCEDURAL GUIDELINES:

NCCHC/ACA:

1. The responsible health authority (RHA) identifies and eliminates any unreasonable barriers, intentional or unintentional, to incarcerated individuals receiving health care.
2. All individuals are informed about how to access health services and the grievance system during the admission/ intake process.
3. This information is communicated orally and in writing and is conveyed in a language that is easily understood by each individual.
4. The information is translated into those languages spoken by significant numbers of incarcerated individuals.
5. When a literacy or language problem prevents the individual from understanding written information, a staff member or translator assists the individual.
6. When medical co-payment fees are imposed, the program ensures that at a minimum:
 - a. All incarcerated individuals are advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program.
 - b. Co-payment fees are waived when appointments or services, including follow-up appointments, are initiated by medical staff.

PROCEDURAL DETAILS

1. The deputy warden for health services (DWHS) will identify and eliminate any unreasonable barriers to individuals receiving health care.
2. Healthcare staff is responsible to report any barriers to access care directly to the deputy warden for health services (DWHS).
3. During the intake process, all incarcerated individuals are informed of how to access care including the sick call request process, and how to use the grievance

process. This information is communicated verbally and in writing to the individual.

4. The individual will be asked to acknowledge that the process has been explained to him/her, by the healthcare staff, by signing the access to care documents in the electronic record.
5. To facilitate access to care, when necessary, interpretation and translation services are provided via TTY and telephone translation services.
6. The healthcare staff will provide services in a humane and respectful manner to qualified disabled individual (QDI) and will make reasonable accommodations to ensure that the individual receive the same level of care as any other incarcerated individuals.
7. A disability is defined as
 - a. a physical or mental impairment that substantially limits one or more of an individual's major life activities or
 - b. a record of such impairment and/or
 - c. perceived or regarded as having such impairment.
 - d. The following conditions do not constitute disabilities: transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, homosexuality or bisexuality, gender identity disorders not resulting from physical impairments, other sexual behavior disorders, compulsive gambling, kleptomania, pyromania, psychoactive substance abuse disorders resulting from current illegal use of drugs, the current use of illegal drugs.
8. A qualified disabled individual (QDI) is an incarcerated individual with a disability who, with or without reasonable modifications to rules, policies or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements

for the receipt of services, the participation in programs or activities provided by a public entity.

9. Auxiliary aids and services include.

- a. certified interpreters or other effective methods of aurally delivered materials available to hearing-impaired individuals.
- b. accessible qualified readers, taped texts or other effective methods and devices for visually impaired individuals and.
- c. the acquisition or modification of equipment, devices, and similar services and actions needed for a QDI.

10. Other disabilities include.

- a. permanent vision impairment.
- b. deaf, hard of hearing.
- c. limited English proficiencies.
- d. mental illness.
- e. physical impairment that substantially limits major life activities; and
- f. developmentally disabled.

11. In the event an individual is diagnosed with a qualified disability, the DWHS will be responsible for the following.

- a. create and maintain a roster of all individuals identified as a QDI.
- b. establish procedures, if necessary, for the transfer of a QDI as soon as possible once his/her condition is realized.
- c. notify the classification department authorized personnel and correctional program administrator's (CPA) of the needs of a QDI for placement into programs which may require special equipment and/or all authorized personnel to carry out these needs.
- d. notify the records department so special needs can be met when transferring an incarcerated individual in accordance with policy.

- e. notify supervisory staff of these special needs when QDI's are housed on assigned units.
 - f. notify all program coordinators responsible for QDI's placement in classroom assignments that accommodations may be needed; and
 - g. notify the deputy warden of operation regarding any accommodations that may have an adverse impact on security.
12. The ACBOC shall take appropriate steps to ensure that individuals with disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
13. Healthcare staff will document in the EHR when accommodations have been made for disabled, including mental illness, developmental disability, deaf, hard of hearing, blind, or low vision, and limited English proficiency incarcerated individuals.
14. Such steps shall include, when necessary to ensure effective communication with incarcerated individuals who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
15. The ACBOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with individuals with disabilities, including individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision.
16. The ACBOC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28

CFR 35.164.

17. The ACBOC shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to incarcerated individuals who have limited English proficiency, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
18. The ACBOC shall not rely on incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties under § 115.64, or the investigation of the incarcerated individual's allegations.
19. Incarcerated individuals shall receive appropriate health care based on need and without regard to financial status. Incarcerated individuals are not charged copays for health care services.
20. Incarcerated individuals are entitled to submit grievances to challenge or dispute health care provided to them. Grievance forms are available upon request from the correctional staff on the pod.
21. Incarcerated individuals have access to care during the intake process. At intake, incarcerated individuals are screened for chronic and emergent medical and mental health issues. If any emergent symptoms or signs are presented, the Individuals will be seen in the intake area by a provider. Individuals with chronic disease symptoms will be scheduled to be seen at the clinic. Individuals with mental health symptoms will be referred to the mental health professional for evaluation and treatment.

22. Any incarcerated individual identified via the PREA assessment to have a history of any prior sexual victimization is offered a follow-up meeting with a mental health specialist.
23. Sick call is available seven (7) days a week.
24. Sick call request forms are picked up once daily and time stamped.
25. The individual will have a face-to-face encounter with a qualified healthcare professional within 24 hours of receipt of the sick call request form.
26. Emergencies may be addressed in the medical housing unit 24 hours per day, 7 days a week or by calling a medical emergency in which the RN, assistant director of nursing, and provider, if on-site, will respond.
27. Specialty services are provided by Allegheny Health Network (AHN) at one of the network hospitals or clinics.
28. Health education and wellness information are provided to all incarcerated individuals, including information on how to access health care services, personal hygiene, oral care, prevention of communicable diseases, smoking cessation, family planning, self-care for chronic conditions, self-examination, and the benefits of physical fitness.