



<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 700-02	PAGE NUMBER 1 OF 10
		CHAPTER: Offender Health Services	
COLORADO DEPARTMENT OF CORRECTIONS		SUBJECT: Medical Scope of Service	
RELATED STANDARDS: ACA Standards 2-CO-4E-01, 4-4143, 4-4144, 4-4344, 4-4346 through 4-4348, 4-4350 through 4-4352, 4-4359, 4-4361, 4-4375, 4-4376, 4-4390, 4-4393, 4-4394, 4-4397 through 4-4399, 4-4403, 4-4407, 4-4417 through 4-4419		EFFECTIVE DATE: June 1, 2016	
		SUPERSESION: 11/15/15	
		 Rick Raemisch Executive Director	
OPR: OCS	REVIEW MONTH: March		

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to ensure that offenders have unimpeded access to a continuum of health care services so that health care needs, including prevention and health education, are met in a timely and efficient manner.

II. PURPOSE

The purpose of this administrative regulation (AR) is to establish the medical scope of services that will be provided to DOC offenders.

III. DEFINITIONS

- A. Automatic External Defibrillator (AED): A device designed to interpret cardiac rhythm and deliver an electrical shock.
- B. Basic Health: The physical condition of an individual that enables an individual to function at his/her appropriate maximum capacity.
- C. Health Care Practitioner: A clinician trained to diagnose and treat patients, e.g., physicians, dentists, psychologists, optometrists, nurse practitioners, and physician assistants.
- D. Health Care Professional: DOC employee or contract worker who performs clinical duties, e.g., health care practitioners, nurses, social workers, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.
- E. Health Trained Personnel: Correctional officer or other DOC employee or contract worker who is trained and appropriately supervised to carry out specific duties with regard to the administration of health care.
- F. Medical Services: Services required for prevention, restoration, and maintenance of an individual's basic health.
- G. Mental Health Care Practitioner: DOC employee or contract worker who performs clinical duties for patients with mental illness, e.g., psychologists, nurses, social workers, and licensed professional counselors, in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

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- H. **Offender Care Aides (OCA)**: As outlined in the offender care aid (OCA) I, II or III assignment descriptions, an offender assigned to provide assistance with various activities of daily living in accordance with an offender's verified limitations. These offenders are screened, trained, and assigned ***to provide familial, non-medical duties commensurate with their level of training*** under DOC supervision. [4-4393]

IV. PROCEDURES

The chief medical officer and the assistant director of Clinical Services are responsible for the development and maintenance of procedures that provide for medical levels of services. [2-CO-4E-01] Specific procedures will be developed that cover the following areas:

- A. Medical services will be provided in a manner that ensures the maintenance of basic health and prevention of health deterioration
1. ***Emergency care and assessment will be provided in each facility. [2-CO-4E-01]***
 - a. ***Each facility will establish a Clinical Services emergency plan to provide for access to 24 hour emergency medical, dental, and mental health care. The plan will include arrangements for the following:***
 - 1) ***On-site emergency first aid and crisis intervention.***
 - 2) ***Emergency evacuation of the offender from the facility.***
 - 3) ***Use of an emergency medical vehicle.***
 - 4) ***Use of one or more designated hospital emergency rooms or other appropriate health facilities.***
 - 5) ***Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community.***
 - 6) ***Security procedures providing for the immediate transfer of offenders, when appropriate. [4-4351]***
 - b. ***First aid kits and automated external defibrillators (AEDs) are available in designated areas, [4-4390]*** as determined by the local health authority in conjunction with the appointing authority.
 - 1) First aid kits will be sealed and maintained according to facility specific policy. First aid kits will, contain:
 - a) 2 absorbent compress dressings (5/9 inch)
 - b) 1 adhesive cloth tape (10 yards x 1 inch)
 - c) 2 pair of non-latex gloves (size: large)
 - d) 1 roller bandage (4 inches wide)
 - e) 5 sterile gauze pads (4x4 inches)
 - f) 1 triangular bandage
 - g) CPR rescue breathing barrier or mask
 - 2) The number, location, procedure for monthly inspection, and procedure for use and replacement of supplies of first aid kits will be determined by facility-specific policy.
 - 3) The number, location, and procedures for periodic inspection of AEDs will be determined by facility-specific policy. AEDs will be maintained and tested in accordance with manufacturer guidelines.

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c. Diabetic Kits:

- 1) A notice will be posted to inform offenders that diabetic test kits are available when medical personnel are not available.
 - 2) Location of diabetic kits:
 - a) In facilities without 24-hour onsite nursing, diabetic kits will be located in master control and housing units.
 - b) In facilities with 24-hour onsite nursing, diabetic kits will be located in master control.
 - c) Diabetic kits may be checked out from master control for vehicles used by off grounds work crews.
 - d) Diabetic kits may also be available in additional designated areas, as determined by the local health authority, in conjunction with the administrative head or designee.
 - 3) Diabetic kits will be sealed and a laminated inventory card affixed to the outside of the kit.
 - a) Diabetic kits will be visually inspected for intact seals daily by designated DOC employees or contract workers.
 - b) If the sealed diabetic kit is opened, an incident report will be completed. Clinical Services will be responsible for replacing items used from the diabetic kits and resealing with tamper proof tape.
 - 4) Diabetic kits will contain the following items:
 - a) Blood glucose testing machine
 - b) 10 test strips
 - c) 10 alcohol prep pads
 - d) 10 2x2 gauze pads
 - e) 10 lancets
 - f) 1 lancing device
 - g) 1 6x9 biohazard transport bag (zip lock)
 - h) 1 sharps shuttle
 - i) 1 pad of blood sugar report forms
 - j) 20 glucose tabs
 - k) 2 packages of cheese crackers
 - l) 2 plastic seals
 - m) 1 pair of non-sterile latex free gloves
 - n) 1 pen
 - 5) Diabetic Kit Training: Facilities will provide training to all DOC employees or contract workers on diabetic test kits in roll call training every six months. The diabetic kit training is to be documented in the DOC training records.
 - 6) Individual use blood glucose testing machines, cases and instructions will be issued to diabetic offenders for use at med lines.
2. ***Acute care hospitalizations are provided [2-CO-4E-01]*** in contracted community hospitals for both emergency care and elective procedures. These facilities will meet the legal requirements for a licensed general hospital with respect to the services it offers.

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3. ***The approval of non-emergent surgery is governed by specific criteria, as documented in the managed care preauthorization material. [4-4398]***
4. ***Preventive care will include health screenings upon admission and medical screenings of offenders transferred between correctional facilities; [2-CO-4E-01]*** as directed by AR 700-07, *Offender Health Examinations*. Preventive care includes, but is not limited to, health education, immunizations, TB skin testing, public health measures to prevent the spread of disease, and instruction in self-care in health and illness.
 - a. ***Women's health care will be provided to include, but not limited to, pap smears and mammographies. [2-CO-4E-01]***
 - b. ***An ongoing health education program provided to all offenders will include the following components:***
 - 1) ***Initial admission-orientation sessions.***
 - 2) ***Distribution of instructional health materials.***
 - 3) ***Cooperation with DOC health care professionals in training of good health habits, including information on first aid and emergency procedures; personal hygiene; self-care for chronic illness; the effects of smoking; drug and alcohol abuse; communicable disease control, including tuberculosis, sexually transmitted disease; AIDS; hepatitis; dental hygiene; and the dangers of self medication. [4-4361]***
 - 4) ***Education, equipment and facilities, and necessary support on the performance of self-care and personal hygiene will be provided to offenders with disabilities. [4-4144]*** This health care education will include diabetic training for offenders on a routine basis.
 - 5) Medical DOC employees or contract workers will receive annual refresher training on the care and management of offenders with diabetes.
5. ***Convalescent care will, in general, be provided in the infirmaries, [2-CO-4E-01]*** but based upon medical/mental health acuity, an offender may be referred back to the facility clinic or out to an appropriate medical facility. ***A written treatment plan approved by the appropriate health care practitioner will include directions to health and correctional DOC employees and contract workers regarding care and supervision of the offender during his/her convalescence. [4-4350]***
6. ***Special medical needs nursing care will be provided at Denver Reception and Diagnostic Center and Denver Women's Correctional Facility [2-CO-4E-01]*** for offenders who require 24-hour nursing care or who are unable to be managed medically in any other correctional facility.
7. ***Infirmery care is provided at Colorado Territorial Correctional Facility and the Denver Reception and Diagnostic Center [2-CO-4E-01] [4-4352].***
 - a. ***Infirmery care will include the following:***
 - 1) ***Definition of the scope of infirmery care services available.***
 - 2) ***A physician on call 24 hours per day.***
 - 3) ***Health care DOC employees and contract workers with access to a physician or a registered nurse 24 hours per day, when offenders are present.***
 - 4) ***All offenders within sight or sound of DOC employees and contract workers.***

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- 5) *A Lippincott Manual of Nursing Care Procedures in book form and on-line.*
 - 6) A separate and complete infirmary record within the medical record for each offender.
 - 7) *Compliance with applicable state statutes and local licensing requirements. [4-4352]*
 - 8) *Areas available to meet exercise and physical therapy requirements of individual offender treatment plans. [4-4407]*
 - 9) End of life care that emphasizes compassion and comfort care for offenders with a terminal illness.
- b. *Offenders housed in infirmaries and medical housing units will have access to sufficient bathing facilities to allow for daily bathing. Washbasins and toilets will be provided at a minimum ratio of one basin for every 12 offenders in male facilities and one for every eight in female facilities [4-4417] [4-4418] [4-4419]*
8. *Clinic outpatient care [2-CO-4E-01] is provided at each facility including, but not limited to:*
- a. Sick Call:
 - 1) *Clinical services are available to offenders in a clinical setting at least five days per week, and are performed by a health care practitioner or other qualified health care professional. [4-4346]*
 - 2) *Requests for sick call for health care are triaged daily by qualified health care professionals or health trained DOC employees and contract workers. Appointments are scheduled based on priority. [4-4346]*
 - b. *Chronic disease care [2-CO-4E-01] will be provided by physicians or mid-level practitioners to offenders in all facilities.*
 - 1) *A chronic care treatment plan approved by the appropriate health care practitioner is required in accordance with the Intake and New Arrival Health Screening Clinical Standard. The treatment plan must give directions to health and correctional DOC employees and contract workers regarding care that includes monitoring of medications, laboratory testing, chronic care clinics, health record forms, and the frequency of the specialty consultations and reviews. [4-4350] [4-4359]*
 - c. *Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) will be provided when medically necessary, as determined by the responsible health care practitioner. Prosthetic devices will be provided to qualifying offenders to prevent deterioration and/or deformity. [4-4375]*
 - d. Pregnancy management will be provided as outlined in AR 700-12, *Birth Control, Pregnancy, Child Placement, and Abortion.*
 - e. Dialysis is provided for male and female offenders at the Denver Complex.
 - f. *Nursing care is available at each correctional facility and each infirmary. [2-CO-4E-01]* All health care professional DOC employees and contract workers are guided by the DOC Clinical Standards and Procedures, which establishes the standard for all correctional health care delivery for both providers and nurses. The Lippincott Manual of Nursing Practice, Milliman Care Guidelines, and other appropriate health care professional sources may be used as reference for providers and nurses.
 - g. Extended medical observation may be available per facility specific policy using the following guidelines:
 - 1) Medical observation beds will only be located in facilities that have 24-hour onsite nursing.

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- 2) Medical observation beds will be located in the facility clinic and will be positioned such that the offender is within direct sight of clinic personnel or security personnel at all times, or are equipped with a call button such that the offender can readily communicate his/her needs to clinic personnel at any time.
 - 3) Placement of an offender to a medical observation bed will be directed by an onsite or on-call health care practitioner.
 - 4) An offender may be placed in medical observation when his/her medical condition is stable, but he/she requires ongoing low-level care.
 - 5) The period of observation will not exceed 72 hours, unless otherwise approved by the health services administrator in consultation with the chief medical officer.
9. ***Specialty care is provided by contracted providers. [2-CO-4E-01]*** Primary care providers will refer offenders to specialists as needed. ***A written list of referral sources will include emergency and routine care. The list will be reviewed and updated at least annually. Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, will be transferred under appropriate security provisions to a facility where such care is available. [4-4348]***
10. ***If an offender has a significant drug overdose, or if an offender requires detoxification, he/she will be transferred to a local hospital. The guidelines for treatment and observation of offenders manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs will be at the discretion of Clinical Services. [4-4376]***
11. Medical evaluation and treatment will be available to offenders who have been victimized by sexual abuse in any facility in accordance with AR 100-40, *Prison Rape Elimination Procedure*. The care will be consistent with the community level of care (Code of Federal Regulation Title 28 Chapter I (28 CFR), Part 115.83(a), 115.83(c))-and will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to other facilities or their release from custody (28 CFR 115.83(b)).
12. Special Needs:
- a. ***There will be a consultation between the facility and program administrator-or designee-and the responsible health care practitioner or designee regarding offenders with chronic illness, who are physically disabled, who are geriatric, with serious mental illness, or with developmental disabilities prior to taking action in the following areas:***
 - 1) ***Housing assignments.***
 - 2) ***Program assignments.***
 - 3) ***Disciplinary measures.***
 - 4) ***Transfers to other facilities.***
 - b. ***If immediate action is required, consultation to review the appropriateness of the action will occur as soon as possible, but no later than 72 hours after the action is taken. [4-4399]***
 - c. When an offender with diabetes is assigned to a level III facility or above and has a documented history of hypoglycemia or a hypoglycemic event as determined by Clinical Services, and the offender is currently housed in a cell that can be locked by DOC and has no egress, an offer will be made to the offender to be relocated to a cell with a call button. If offender refuses the move to the new cell, it will be documented using a written refusal form.
13. Hunger strikes are declared or implied when an offender refuses three consecutive meals. Hunger strikes will be managed as follows:

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- a. When a DOC employee becomes aware of a hunger strike being declared or implied they will contact the shift commander who will notify the health services administrator or designee.
- b. The offender will be escorted to Clinical Services daily for evaluation and assessment.
- c. DOC staff will notify Clinical Services if the offender is observed consuming any food or drink.
- d. The use of restraints, as related to hunger strikes in the infirmary, will be requested by the chief medical officer for necessary clinical evaluations and treatment.
- e. Discontinuation of a hunger strike protocol will occur in accordance with Clinical Standards and Procedures, Hunger Strikes.

14. Offender care aides:

- a. With approval of the facility administrative head, ***offender care aides may perform familial duties for other offenders commensurate with their level of training. Duties will be performed under DOC employee and contract worker supervision and may include: [4-4143] [4-4393]***
 - 1) ***Peer support and education.***
 - 2) ***Hospice activities.***
 - 3) ***Assisting offenders with impairments or disabilities who cannot otherwise perform daily life functions.***
- b. Every effort will be made to assign offender care aides to either the same cell or same living unit as the offender with a disability that they are assisting.
- c. ***Offenders will not be used for direct patient care, scheduling health appointments, determining access of other offenders to health care services, handling any medical instruments, medications, or health records, or operating any medical equipment. [4-4393]***
- d. Offender care aides will be screened by case management to ensure the offender meets the requirements contained in the job description. This screening will be conducted prior to case management referral to required offender care aide training as a pre-requisite to assignment, in accordance with AR 850-03, *Offender Assignment and Pay*.
 - 1) If the offender meets the criteria to be assigned as an offender care aide and has successfully completed the offender care aide training, the case manager will refer the offender to the job board facility internal classification committee for assignment consideration as an offender care aide.
 - 2) OCA training will be provided to offenders who request and qualify for the assignment.
 - 3) All offender care aide training curriculum will be approved by the assistant director of Clinical Services or designee.

15. ***Continuity of care will be provided from admission to discharge from the facility, including referral to community care, when indicated. Offender health care records will be reviewed by the facility's qualified health care professional upon arrival from outside health care entities, including those from inside the correctional system. [4-4347]*** Prior to an offender's release to community/parole, it is the intent of the DOC to link offenders with treatment options for conditions, that if not treated are reasonably expected to deteriorate and/or will result in permanent loss of function.

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16. Unless otherwise authorized, offenders under the supervision of the Division of Adult Parole are responsible for their own medical care.
- B. ***Upon arrival to each facility, the procedure for submitting a request for health care [4-4346] and the grievance system will be communicated orally and in writing to offenders and put in a language clearly understood by each offender. [4-4344]*** Other health care policies and procedures regarding access to care will be reviewed. Clinical Services will maintain and provide a schedule of covered services for offenders that will describe all health benefits and exclusions available to offenders.
- C. ***Unimpeded access to care by offenders to Clinical Services will be [4-4344]*** assured by requiring that only health care professionals make the determinations regarding medical appropriateness of health care delivered. Medical treatment decisions by health care professionals are not subject to alteration or reversal by non-medical DOC employees and contract workers.
- D. ***AR 850-04, Grievance Procedure, provides a system for processing complaints regarding access to health care and health care concerns. [4-4344] [4-4394]***
- E. ***Offenders' rights will include the right to dignity, informed consent, confidentiality, and privacy in the consultation, examination, procedures, and treatments provided by Clinical Services. [2-CO-4E-01] [4-4403]***
1. Offenders have a right to confidentiality when health care services are rendered. Escort officers and non-medical DOC employees and contract workers who are present when medical care is provided are required to maintain and protect this confidentiality.
 2. ***Prior to the initiation of a clinical procedure, the health care practitioner will explain the procedure, alternatives, and potential risks in a language understood by the offender. The offender will sign a written consent form (Colorado Correctional Industries (CI) form 31246) authorizing the specific treatment or procedure. This form will be placed in the offender's health record and a copy given to the offender. In the case of minors, the informed consent of parent, guardian, or legal custodian applies when required by law. [4-4397]***
 3. ***When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations in an emergency situation. Anytime a clinical emergency arises, the informed consent requirements shall be waived. [4-4397] In emergencies, clinical treatment may be given without informed consent and without threat of legal liability, when based on the judgment of the health care practitioner, the offender is unable to make an informed decision considering the health condition of the offender (e.g., unconscious). [4-4397]***
 4. ***An offender has the right to refuse treatment. If the offender refuses treatment, he/she must sign Refusal of Treatment (CCI form 31213). If the offender refuses to sign the refusal form, it must be signed by two witnesses. The completed form will be placed in the offender's health record, as appropriate, and a copy given to the offender. [4-4397]***
- F. The DOC Clinical Standards and procedures will be utilized in the clinic operations and treatment of offenders by DOC health care professionals or contract workers. These standards will:
1. Be in writing and consistent with current professional practices.
 2. Be reviewed annually by the chief medical officer and the assistant director of Clinical Services and revised as current medical practice would indicate.
 3. Provide the basis for ongoing quality management surveys.

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- G. Chronic conditions and the health classification of offenders may affect assignment to a permanent facility. AR Form 700-02A, Clinical Needs and Time Placement Matrix will be a guide for facility placement. If program needs of the offender require placement at a facility other than those normally indicated by the clinical needs matrix, the offender may be placed at a facility approved by the Clinical Services chief of operations, who will determine if the clinical needs can be met at the recommended facility. The approval will be documented on AR Form 700-02B, Clinical Needs and Time Placement Matrix Waiver.
- H. Court ordered paternity testing of offenders is referred to the facility health services administrator, per AR 300-24, *Offender DNA Testing*.
1. The collection of a court ordered paternity testing specimen will be completed by the appropriate Clinical health care professional after the verification of a valid court order.
 2. When a court order is received, Legal Services will be contacted to ensure the validity of the court order.
 3. Once the court order is validated by Legal Services, the offender will be scheduled for an appointment in the clinic.
 4. If the court order is from a federal court or a court of Colorado, the offender may not refuse, and DOC may use reasonable force if the offender will not submit (refer to AR 300-24, *Offender DNA Testing*). Legal Services will be notified of the refusal and the action taken to obtain the sample.
 5. If the court order is from another state, DOC will not use force to compel the offender to submit to the test (AR 300-24, *Offender DNA Testing*).
 - a. If the offender refuses the out of state court order, Legal Services will be notified.
 - b. The out of state court may petition a Colorado court for an order to obtain the specimen. Once an order is obtained from a Colorado court, DOC may use reasonable force to compel the offender to submit to the test.
 6. If fingerprinting and photographs are required, the facility will provide a camera. Custody/control or the Office of the Inspector General will take the photo and the fingerprints just prior to specimen collection.
 7. Any mailing, shipping, or handling charges associated with the testing will be charged to the offender's account.
- I. Quality management monitoring and education will be implemented at the management level to ensure the effective and efficient utilization of all Clinical Services resources, as directed in AR 700-10, *Quality Management Program*.
- J. Medical care of DOC employees or contract workers is administered in accordance with the following guidelines:
1. DOC health care professionals will respond to a DOC employee or contract worker medical emergency situation by assessing the extent of the medical emergency and, if indicated, will provide treatment for stabilization until transport to the nearest medical facility can occur.
 2. If emergency services are rendered to a DOC employee or contract worker, the DOC health care professional rendering the service will complete an incident report and will send a copy of the report to the health services administrator.
 3. Routine medical care will not be provided to DOC employees, contract workers, or volunteers.
- K. DOC health care professionals and contract workers will provide emergency medical care to any visitor (offender family, delivery person, volunteers, etc.) while they are on DOC grounds (inside the facility or on the property) awaiting the arrival of the local emergency medical services.

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V. RESPONSIBILITY

- A. It is the responsibility of Clinical Services to provide offender medical care pursuant to current DOC policies and procedures.

VI. AUTHORITY

- A. C.R.S. 17-1-103. Duties of the executive director.
 B. ADA Litigation Remedial Plan.

VII. HISTORY

November 15, 2015
 March 15, 2014
 April 1, 2013
 October 11, 2012
 September 1, 2011
 October 1, 2008
 September 1, 2008
 October 1, 2007
 October 1, 2006
 October 1, 2005
 March 15, 2005
 September 15, 2004
 February 15, 2004
 February 15, 2003

ATTACHMENTS:

- A. AR Form 700-02A, Clinical Needs and Time Placement Matrix
 B. AR Form 700-02B, Clinical Needs and Time Placement Matrix Waiver
 C. AR Form 100-01A, Administrative Regulation Implementation/Adjustments

Clinical Needs and Time Placement Matrix Waiver

Offender Name:		DOC #:		Date	
M Code		D Code		P Code	S Code
Provider:					
Waiver needed for:					
	Participate in Drug and Alcohol Program				
	Participate in Sex Offender Therapeutic Community				
	Participation in the Drug and Alcohol Therapeutic Community				
	Progressive move, clinically acceptable with existing code				
	Proximity to specialized treatment				
	Other: (List)				

Narrative justification for move:

Referring Provider Signature Date

To be completed by the Accepting Provider:

Approved Not approved

Signature of Accepting Provider:		Date	
Signature of Accepting HSA		Date	
Appropriate Clinical Services Chief		Date	
Chief of Clinical Operations		Date	
Approving Authority		Date	

Please print and attach a CIMST form for this offender, encrypt and email to Jennifer.Sharpe@state.co.us

Attachment B

ADMINISTRATIVE REGULATION
IMPLEMENTATION/ADJUSTMENTS

AR Form 100-01A (04/15/08)

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(FACILITY/WORK UNIT NAME) _____
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN NOT APPLICABLE WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT
OF THE AR

(SIGNED) _____ (DATE) _____
Administrative Head