UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

EVERETT HADIX, et. al.,

Plaintiffs,

No. 4:92-cv-110

v.

HONORABLE ROBERT J. JONKER

PATRICIA CARUSO, JOHN OCWIEJA
and NICK LUDWICK,

Defendants.
_____/

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DEFENDANTS' TRANSFER PLAN FOR CLOSING JMF AS REQUIRED BY THE COURT'S MAY 4, 2007 ORDER

Questions remanded to the District Court by the Sixth Circuit's partial stay decision of June 22, 2007

In the Sixth Circuit's June 22, 2007 partial stay decision, the Sixth Circuit directed this District Court to reconsider the Defendants' Transfer Plan with respect to special needs prisoners, specifically addressing the following issues:

1. Whether transfer evaluations are to be undertaken on an inmate by inmate basis or on a facility by facility basis;

2. Which party—the State or the Plaintiffs—bears the burden of proof with respect to the medical care available at the non-*Hadix* facilities and the suitability of that care for each inmate; and

3. Why does the State's transfer plan fall short of complying with the transfer requirements of the Consent Decree?

Defendants' updated Transfer Plan is submitted below. Defendants offer the following suggestions on the three preliminary issues remanded to the District Court by the Sixth Circuit. First, Defendants contend that the transfer evaluations should be undertaken on an inmate by inmate basis. Defendant contends that this inmate by inmate basis is the more appropriate basis to conduct evaluations. The most fundamental information needed in order to determine if a prisoner's health care can be addressed at a constitutional level is to determine what that prisoner's health care needs are. Defendants contend that this individual inmate assessment is consistent with the way Defendants have evaluated prisoners for transfer in the past even though the advanced transfer assessment screening (ATAS) process being used now for all JMF transfers is more detailed than that which has been used in the past. Once the prisoner's health care status has been determined, it is then only necessary to determine if their physician and/or specialist services accessible at or from a given facility that are consistent with that prisoner's health care needs. Defendants contend that their inmate by inmate transfer evaluation has already been accomplished and that Defendants' Transfer Plan should be evaluated based on the fact that the JMF prisoner population has been appropriately screened.

Second, the Defendants contend that the burden of proof should be on the Plaintiffs why the medical care available at non-*Hadix* facilities will be so unsuitable for an inmate to be transferred there as to violate the Eighth Amendment. It is appropriate that the Plaintiffs bear this burden as the Consent Decree does not contemplate the health care at non-*Hadix* facilities.

Defendants also contend that the State's Transfer Plan, set forth below, does not fall short of complying with the transfer requirements of the Consent Decree. The Consent Decree's provision regarding transfer requirements is set forth in section II.A.3.b. That section states, "Prior to transfer to another facility or other substantial travel, each inmate shall continue to be evaluated by qualified health care personnel to assess suitability for travel or institutional reassignment." Defendants contend we are fully in compliance with that provision of the Consent Decree and that all remaining JMF prisoners are receiving the ATAS review. Upon transfer to a receiving facility they are seen by the nurse and the TAS off the SERAPIS electronic medical record is reviewed. A follow-up face to face visit with a medical service provider (MSP) is scheduled to occur within five business days of a prisoner's arrival at the receiving facility. Defendants contend that while this is in excess of anything contemplated by the Consent Decree provision quoted above, it certainly demonstrates that the Defendants have more than complied with the Consent Decree's provision that "…each inmate shall continue to be evaluated by qualified health care personnel to assess suitability for travel or institutional reassignment."

The current prisoner population of the Southern Michigan Correctional Facility (JMF) is approximately 676 prisoners. Generally the Defendants plan to effect the transfer by housing unit. Due to the reductions in population caused by the prohibition of transfers in to JMF, including segregation, and attrition of prisoners being paroled, put in parole readiness programs or receiving custody reductions, Defendants have closed 4-Block in general population. Following the closure of 4-Block, 57 officers and 3 food service stewards transferred to other facilities. Defendants' plan, if approved, contemplates transferring the remaining 676 JMF prisoners (of whom only 25 are segregation prisoners) over a maximum of 30 days using the following priority:

A. The dialysis patients (already accomplished).

B. The level IV prisoners housed in 2 pods (A and B) of 6-Block.

C. The Level II prisoners housed in 4-Block (already accomplished).

D. The prisoners housed in 5 block of JMF.

E. The remaining prisoners in the segregation unit's one remaining open pod, E pod.

The physicians assigned to JMF are able to provide for the continued chronic care and urgent medical needs of the ever decreasing JMF population, now at about 676.

Defendants are not planning on transferring all these 676 prisoners to a single institution. Defendants intend to transfer these prisoners among all or most of the Department's facilities so that no one institution gets too large load of patients requiring a high level of care. After the dialysis and segregation prisoners are transferred the remaining approximately 650 or fewer prisoners will be dispersed among the Department's 34 other facilities housing male prisoners (excluding RGC). Very few of the JMF prisoners will be transferred to Baraga, Marquette, Alger, Standish or Ionia Maximum as these are Level IV facilities. This means that each facility, on average, will receive approximately 20 JMF prisoners, including a significant number of prisoners reclassified to Level I. This 20 prisoners/facility includes the approximately 120 prisoners at JMF who are not in a chronic care clinic. Therefore, the additional health care load on any one facility will be, on average, not very significant. As of midnight Thursday, August 10, 2007, the total Michigan prisoner population stood at 49,899. This is down 1,513 from the February 1, 2007 baseline and down 1,602 from the recent peak of March 30, 2007. Defendants expect these last four month's progress in reducing the total number of prisoners incarcerated in Michigan's prisons to continue through, at least, the current fiscal year.

The prisoner's placement will be driven by his health care and custody needs and not by any artificial arithmetic formula, of course. On average, 20 prisoners transferred into a facility

will not have a significant impact on the medical staff of any one facility. The prisoners transferred from JMF will not all be in addition to the full count at the facilities, as the population of those facilities is also being reduced as described above. As more prisoners are released from prison through parole and discharge, and are not fully replaced because diversions and fewer parole revocations result in fewer placements into prison, the entire prison system benefits.

Another benefit of dispersion is its ability to foster specialist service access in other communities. There are 22 facilities listed on the transfer grid (updated Attachment 1) which are within a 90-minute drive of the specialty care clinics held at Duane Waters Health Center (DWHC) in Jackson and the secure unit at Foote Hospital. Those prisoners who have need for frequent care at the specialty clinics held at DWHC or the need for services at Foote Hospital can, and will, be dispersed primarily among these 22 separate facilities. Again this will not have a significant impact on the receiving facilities' medical workload as these prisoners will not all be additional prisoners but will mostly replace prisoners from those facilities due to the rising numbers of paroles and discharges. While many of these prisoners requiring specialty services will still be within 90 minutes of Jackson, they will also be within some lesser time from other communities. This maintains a fallback safety net of Jackson area services while allowing Defendants and CMS to further develop specialist relationships in other communities. Over a period of time, fewer of these patients are expected to need to be returned to Jackson for specialty care as arrangements for local specialty care are enhanced.

In addition, as the revised Attachment 1 indicates, if a facility gets to the point where it has as many chronic care prisoners as it can handle, it is indicated on the Transfer Grid. Thus, the most recent Transfer Grid prohibits new chronic care prisoners going to Newberry Correctional Facility.

Screening Process

In preparation for transfer, all prisoners in the following categories are undergoing an ATAS. This includes a face-to-face interview with the prisoner and a complete chart review by an (MSP).

A. Prisoners enrolled in any Chronic Care Clinic.

B. Prisoners who have a pending specialty care clinic or have had a specialty care clinic within the previous two months or have a condition requiring regular future specialty care appointments.

C. Prisoners assigned to single cells due either to gender identity issues or bowel management issues.

D. Prisoners with accommodations for a wheelchair, walker, or elevator detail.

The midlevel providers at JMF (Licensed Nurse Practitioners or Physician Assistants) have been assigned to conduct these face to face visits and perform this "advanced screening." The midlevel providers have already completed the ATASs for all remaining JMF prisoners. Copies of the "Health Review for MDOC transfer" which are completed after the advanced screening are being routinely provided to the Office of the *Hadix* Monitor.

All prisoners to be transferred are screened by a Registered Nurse according to policy. The nurse will complete a transfer assessment screen (TAS) and provide the information required from the sending facility. This information is provided in SERAPIS screens entitled "Medical Transfer." A sample of this screen is provided as Attachment 2. These screens are completed for any transfer out of JMF and will continue to be completed for each prisoner transferred. The review includes the prisoner's full medical record and any unfiled documents.

Defendants intend to transfer all prisoners from JMF to facilities at which their medical and special hosing needs can be met. The prisoner's total medical needs including their need for special accommodation, specialized housing, access to mental health care, and access to

specialists will be evaluated during the ATAS screening process and taken into account by the MSP doing the ATAS and the transfer staff when determining the appropriate facility/facilities to which the prisoner may be transferred. (Attachment 3). It is anticipated that except for a very few prisoners currently housed in segregation that prisoners at JMF will not be transferred to level V facilities.

During the transfer assessment advanced screening all the needs of each prisoner are being identified. This includes if they are in a chronic care clinic, when their medications are due to expire (they are being reordered if they are due to expire in the near future), if the prisoner has a therapeutic diet order and when it is due to expire, and if the prisoner has a pending offsite specialty appointment. In addition the prisoner's need for accommodations such as a need for barrier free housing, wheelchair, evaluator, handicapped table, cane, base lock, or bottom bunk, need for a single cell, and a glucometer. The information from these assessments will be reviewed as a package for each prisoner by the MSP so that his needs can be matched to the transfer grid to determine the group of facilities or specific facility which is the best match for that prisoner. The data from the TAS and the ATAS will be combined into a profile of the JMF prisoner population so Defendants will have a clear idea of the number of prisoners by primary diagnosis who are going to each location. This will allow the MSPs at JMF and Defendants' transfer coordinators to provide feedback to each other so no facility becomes swamped out, the way JMF has been.

The information on each prisoner's needs will be available and readily accessible to the receiving facility's health care staff. Prisoner's special accommodations are noted in SERAPIS and are picked up on the transfer screen under the heading "Assistive Devises/Prosthetics present." Special accommodations and assistive devices are also noted on a report (HC-251

report) which is available on the Department's Health Information computer system and is printed by the Health Information Manager of every facility.

Since the Court's order of July 20, 2007, Defendants have augmented this transfer assessment process. Defendants are requiring that all JMF prisoners transferred to a different facility be seen within 5 business days by an MSP at the receiving facility. This face to face MSP contact at the receiving facility will act as a back-up or confirmation that the prisoner is known to health care at the receiving facility and, in light of their health care status, will have an MSP determine whether they can be cared for at the receiving facility.

The midlevel providers are using both the most recent transfer grid and the list of facilities where there is no full time physician to make decisions related to where each prisoner can be transferred. These documents will be updated as any changes occur throughout the depopulation transfer process. Currently every institution that will receive JMF prisoners has at least one full time equivalent Medical Provider (MSP) and most have more than 1 full time equivalent medical provider. The transfer grid continues to include an identification of facilities which do not accept new prisoners requiring chronic care. At this time only the Baraga Correctional Facility (AMF) and Newberry Correctional Facility (NCF) are not accepting new patients requiring chronic care.

The "transfer grid" was augmented to include the following categories available for check-off by the MSP during the ATAS process.

a. Jackson area

b. Within a 90-minute driving time of Jackson area.

The transfer codes have also been augmented to include the within 90 minute drive of Jackson category.

Defendants have expanded the glucometer procedure to all Correctional Facility Administration facilities. The procedure not only requires that prisoners transferring into the facility continue to possess their glucometer and supplies but it also requires each CFA facility to implement the program for insulin dependent diabetics. (Attachment 4).

A prisoner's need for treatment in any mental health program is also denoted on the transfer screen under the heading "Mental Health." The Corrections Mental Health Program has a computer-generated report which informs the outpatient mental health team when any prisoner who is on an outpatient mental health team case load is transferred into a facility served by that outpatient mental health team.

To prepare for closing JMF, the MSPs are filling out the top portion of a "Health Review for Transfer" form (CHJ-141) (see Attachment 2) for each prisoner and selecting the facility or group of facilities to which the prisoner may be transferred. If a group of facilities is selected (such as an 002 code) then the transfer coordinators will determine to which facility the prisoner will be transferred depending upon the prisoner's custody level, special housing needs and bed space.

The transfer codes used on the forms are:

001 - Needs can be met at any institution or camp
002 - Needs can be met at any institution
003 - Needs can be met at any institution or medical camp
004 - Needs can be met at any Jackson facility
900 – Must be within 90 minutes driving distance of Jackson

The prisoner’s enrollment in any chronic care clinic is noted on the TAS by the sending facility. Prisoners enrolled in chronic care clinics appear on a report generated from the Department’s Health Information computer (HC-261 report). The medical providers in the receiving facility are able to review on SERAPIS the prisoner's past chronic care, specialty care appointments, and all the medications ordered. Medication orders are carried over to the

receiving facility until they are reviewed and reordered by the prisoner's new medical provider. The nursing staff at the receiving facility reviews the prisoner's transfer form and completes the arriving facility portion. At this time they ensure that all appointments are scheduled, transportation is arranged for any pre-scheduled off site appointments, and that the prisoner has his medications. The prisoner's "within 5 business days" MSP visit is also scheduled.

Both the registered nurse completing the TAS and the MSP doing the face to face appointment and ATAS will note if the prisoner has any unresolved need for a specialty appointment or has any scheduled specialty appointments. This information is noted on the transfer assessment screen under the heading "follow up visit scheduled" and all requests for specialty consults which are not yet completed are filed in the prisoner's health record in an easy to locate section. The MSP doing the ATAS and selecting the facility/facilities to which the prisoner may be transferred will determine if the prisoner needs to remain in the Jackson area because he has pending appointments, if he is expected to have frequent need for the specialty services at DWHC and must be housed within a 90 minute drive of Jackson, or if his need for specialty care can be accommodated at another facility.

Nearly all MDOC facilities have the capacity to provide chronic care and offsite specialty care to prisoners housed in that facility. Emergent and urgent care is provided from every facility through the use of community recourses such as hospital emergency rooms or urgent care centers. The list of specialists who are under contract to provide services to prisoners and the location of those specialists is provided as Attachment 5. Attachment 6 is a list of the MDOC facilities housing male prisoners, the number of medical providers allocated at that facility, the approximate number of prisoners in one or more chronic care clinics at that facility (this number changes on a daily basis as prisoners are transferred, paroled, or discharged) and an average over

three months of the number of offsite specialty care appointments completed per month at that facility.

Documentation

Defendants are collecting and providing to the Medical Monitor, through the Consent Decree Administrator's office, the transfer summaries, transfer orders, and the completed CHJ-141 forms for prisoners who will be transferred from JMF as a result of the depopulation transfers for closure. Defendants, again through the *Hadix* Consent Decree Administrator, will make available to the *Hadix* Medical Monitor's office, prisoner location reports, accommodation reports, and chronic care enrollment reports for use by the medical Monitor in the auditing of prisoner transfers. The Medical Monitor's office and staff have access to SERAPIS for all MDOC prisoners and can access the transfer screen in SERAPIS and other health care documents for all the prisoners who are transferred from JMF.

Defendants will make available to the Medical Monitor's office the compete record, or any portions of the record requested, within two weeks of the request being submitted to the *Hadix* Consent Decree Administrators office.

Respectfully submitted,

Michael A. Cox
Attorney General

s/A. Peter Govorchin (P31161)
Attorney for Defendants

Date: August 13, 2007

Govorchin/Hadix/1992006833A/Pleadings-APG/Medical/Transfer Plan/Transfer Plan for Closing JMF.081307

Document Selection Menu

Multiple Documents

Select the document you wish to view.

Part	Description	
1	Main Document	11 pages
2	Attachment 1 - Transfer Grid	4 pages
3	Attachment 2 - Sample transfer form	2 pages
4	Attachment 3 - Health Review for Transfer	6 pages
5	Attachment 4 - Glucose meters memo & OP	6 pages
6	Attachment 5 - Specialist list	9 pages
7	Attachment 6 - Facility list	1 page

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

August 8, 2007

ONSITE HEALTH CARE SERVICES GRID

EXHIBIT 1

PENGAD 800-631-6989

LEVEL I

All facilities are located within 90 minutes travel time of a community hospital which treats MDOC prisoners

Restricted Medications are available at all facilities unless noted in "Exceptions" below

Chronic care patients are accepted at all facilities unless noted in "Exceptions" below

Inpatient Medical Care is available at DWH, HVM, MBP

Inpatient Acute Psychiatric Care is available at HVM and WHV

Inpatient RTS (Rehabilitation Treatment Services) Psychiatric Care is available at HVM

CSP (Crisis Stabilization Program)
CSP for CFA Region I and II is available at ICF
CSP for CFA Reg III is available at HVM

DO NOT MAKE CHANGES OR ADDITIONS TO THIS DOCUMENT. SHOULD A CHANGE OR ADDITION BE NECESSARY, CONTACT YOUR REGIONAL HEALTH ADMINISTRATOR.

RTP (Residential Treatment Program)
RTP for levels I, II, III available at RCF
RTP for levels III, IV, V available at HVM and ARF
RTP for females levels I - V available at SCF

•Dialysis is available at RRF and SCF
•Clearances for transfer of dialysis and pre-dialysis patients must go through Health Unit Managers

	Region I								Region II									Region III							
Security Level	I	SI	SI	I	SI	SI	I	I	S1	I	I	SI	I	SI	SI	SI	SI	I	SI	I/SI	SI	I	I	I	SI
	AMF	HTF	KCF	MBP	MPF	OCF	SRF	URF	ACF	DRF	IBC	ITF	LRF	MTF	OTF	SPR	STF	ARF	ATF	JCF*	JCS*	MRF	SCF	SMT*	WHV
See exceptions below	#		#					#			#		#												
Psychiatric - OPT								♦	♦											♦			♦	♦	♦
Dental Services	♦	♦	#	♦	♦	♦	♦	♦	♦	♦	♦	♦	#	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
(1) Therapeutic Diets				♦					♦			♦		♦					♦	♦	♦	#	♦	♦	♦
Barrier-Free/ Wheelchair Accessible							@	@		@			@					@		@		@	@		@
(2) Wheelchair for Distance Only	@						@	@				@		@	@	@	@	@	@			@	@	@	
24-hour Power								♦												♦			♦		
Vision/Hearing Impaired										♦										♦			♦	♦	
Telemedicine	♦	TMA	TMA	♦	♦	♦	♦	♦	TMA	♦	♦	TMA	♦	TMA	TMA	TMA	TMA	♦	TMA			♦	♦		♦
Sexual/Assaultive Offender Therapy (SOP/AOP)	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	no AOP	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Within 90 min travel time of Jackson area									♦	♦	♦	♦			♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
	AMF	HTF	KTF	MBP	MPF	OCF	SRF	URF	ACF	DRF	IBC	ITF	LRF	MTF	OTF	SPR	STF	ARF	ATF	JCF*	JCS*	MRF	SCF	SMT*	WHV

* Denotes facilities located in Jackson

(1) **The following diets are available at all institutions**: Full liquid, Clear liquid, Puree, Mechanical soft, Six small feedings, High protein/high calorie
The following diets are available at all institutions on a self selected basis (no detail) from the main meal line:
High fiber, Low cholesterol, High calorie, Hyperlipidemia, Lactose intolerant, No added salt, Bland

(2) Prisoners in this category have limited mobility without a wheelchair, but need a chair to travel a distance. These prisoners do not have to be in a wheelchair accessible cell. Contact between Health Care units must be made to assess any special needs prisoner may have (e.g., wheelchair pusher, limitations on climbing stairs)

KEY:
♦ - Prisoners requiring this service may be cleared to this facility.
@ - This service is available at this facility but bed space is limited. Check with facility before clearing to this site.
TMA - Access to Telemedicine in the region
- SEE EXCEPTIONS BELOW

PERMANENT EXCEPTIONS:

IBC	Non medical camp criteria for medical care
KCF	No restricted meds for Level I prisoners
LRF	No restricted meds for Level I prisoners
MRF	Therapeutic diets for OPT patients only
URF	No restricted meds for Level I prisoners

TEMPORARY EXCEPTIONS: the date in parentheses is the date the restriction became effective

AMF	No new chronic care patients - reevaluate 8/31/07 (1/30/07)
KCF	Camp criteria for dental - reevaluate 9/30/07 (7/13/05)
LRF	Camp criteria for dental - reevaluate 9/30/07 (3/5/07)

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

August 8, 2007

ONSITE HEALTH CARE SERVICES GRID

LEVELS II, III

All facilities are located within 90 minutes travel time of a community hospital which treats MDOC prisoners

Restricted Medications are available at all facilities unless noted in "Exceptions" below

Chronic care patients are accepted at all facilities unless noted in "Exceptions" below

Inpatient Medical Care is available at DWH, HVM, MBP

Inpatient Acute Psychiatric Care is available at HVM and WHV

Inpatient RTS (Rehabilitation Treatment Services) Psychiatric Care is available at HVM

CSP (Crisis Stabilization Program)
CSP for CFA Region I and II is available at ICF
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RTP (Residential Treatment Program)
RTP for levels I, II, III available at RCF
RTP for levels III, IV, V available at HVM and ARF
RTP for females levels I - V available at SCF

- Dialysis is available at RRF and SCF
- Clearances for transfer of dialysis and pre-dialysis patients must go through Health Unit Managers

	Region I					Region II									Region III								
Security Level	II	II	II	II	III	II	II	II	II	II	II	II	II	III	II	II	II	II	II	II	II	II	II
	KCF	KTF	NCF	SRF	URF	DRF	IBC	ICF	LCF	LRF	MCF	MTU	RCF	SLF	ARF	JCF*	JMF*	MRF	NRF	RRF	SCF	TCF	WHV
See exceptions below								#											#				
Psychiatric - OPT	♦				♦		♦		#	♦	♦	♦	♦		♦	♦	♦	♦		#	♦	#	♦
Dental Services	#	♦	♦	♦	♦	♦	♦	♦	♦	#	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
(1) **Therapeutic Diets**								♦	♦	♦	♦		♦		♦	♦	♦	#	♦	♦	♦		♦
Barrier-Free/ Wheelchair Accessible				@	@	@			@	@			#	@	@	@	@	@	@	@	@	@	@
(2) **Wheelchairs for Distance Only**				@	@	@	@	@			@	@	@	@	@	@		@	@	@	@	@	
24-hour Power					♦						♦					♦					♦		
Vision/Hearing Impaired						♦										♦					♦		
Telemedicine	TMA	TMA	♦	♦	♦	♦	♦	♦	♦	♦	TMA	TMA	TMA	♦	♦			♦	TMA	♦	♦	♦	♦
Sexual/Assaultive Offender Therapy (SOP/AOP)	♦	♦	♦	♦		♦	♦	♦	♦	♦	♦	♦	♦		♦	♦	♦	♦	♦	♦	♦	♦	♦
Within 90 min travel time of Jackson area						♦	♦	♦	♦			♦	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦
	KCF	KTF	NCF	SRF	URF	DRF	IBC	ICF	LCF	LRF	MCF	MTU	RCF	SLF	ARF	JCF*	JMF*	MRF	NRF	RRF	SCF	TCF	WHV

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(1) **The following diets are available at all institutions**: Full liquid, Clear liquid, Puree, Mechanical soft, Six small feedings, High protein/high calorie
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KEY:
♦ - Prisoners requiring this service may be cleared to this facility.
@ - This service is available at this facility but bed space is limited. Check with facility before clearing to this site.
TMA - Access to Telemedicine in the region
\# - SEE EXCEPTIONS BELOW

PERMANENT EXCEPTIONS:	
LCF	OPT for prisoners in the Special Needs Unit only
MRF	Therapeutic diets for OPT patients only
RCF	Barrier-Free/Wheelchair Accessiblity for RTP Unit only
RRF	OPT for dialysis patients only
TCF	OPT for Youthful Offenders only

TEMPORARY EXCEPTIONS: the date in parentheses is the date the restriction became effective	
ICF	No new insulin-dependent diabetics - reevaluate 08/31/07 (7/31/06)
KCF	Camp criteria for dental - reevaluate 9/30/07 (12/22/05)
LRF	Camp criteria for dental - reevaluate 9/30/07 (3/5/07)
NRF	No new chronic care patients - reevaluate 9/30/07 (8/7/07)

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

ONSITE HEALTH CARE SERVICES GRID

August 8, 2007

LEVELS IV, V

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•Dialysis is available at RRF and SCF
•Clearances for transfer of dialysis and pre-dialysis patients must go through Health Unit Managers

	Region I							Region II					Region III					
Security Level	V	IV	V	V	V	IV	IV	IV	IV	V	IV	IV	IV	IV	IV	IV	IV	IV/V
	AMF	ECF	LMF	MBP	SMF	SRF	URF	DRF	IBC	ICF	LRF	SLF	ARF	HVM	JCF*	JMF*	MRF	SCF
See exceptions below	#																	
Psychiatric - OPT				♦			♦		♦	♦	♦					♦	♦	♦
Dental Services	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	#	♦	♦	♦	♦	♦	♦	♦
(1) **Therapeutic Diets**	♦		♦	♦						♦	♦		♦	♦	♦	♦	#	♦
Barrier-Free/ Wheelchair Accessible	@	@	@		@	@	@	@			@		@		@	@	@	@
(2) **Wheelchairs for Distance Only**	@	@	@		@	@	@	@	@				@	@	@		@	@
24-hour Power							♦								♦			♦
Vision/Hearing Impaired					♦			♦							♦			♦
Telemedicine	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦			♦	♦
Sexual/Assaultive Offender Therapy (SOP/AOP)																		
Within 90 min travel time of Jackson area								♦	♦	♦		♦	♦	♦	♦	♦	♦	♦
	AMF	ECF	LMF	MBP	SMF	SRF	URF	DRF	IBC	ICF	LRF	SLF	ARF	HVM	JCF*	JMF*	MRF	SCF

* Denotes facilities located in Jackson

(1) **The following diets are available at all institutions**: Full liquid, Clear liquid, Puree, Mechanical soft, Six small feedings, High protein/high calorie
The following diets are available at all institutions on a <u>self selected basis</u> (no detail) from the main meal line:
High fiber, Low cholesterol, High calorie, Hyperlipidemia, Lactose intolerant, No added salt, Bland

(2) Prisoners in this category have limited mobility without a wheelchair, but need a chair to travel a distance. These prisoners do not have to be in a wheelchair accessible cell. Contact between Health Care units must be made to assess any special needs prisoner may have (e.g., wheelchair pusher, limitations on climbing stairs)

KEY:
♦ - Prisoners requiring this service may be cleared to this facility.
@ - This service is available at this facility but bed space is limited. Check with facility before clearing to this site.
TMA - Access to Telemedicine in the region
\# - SEE EXCEPTIONS BELOW

PERMANENT EXCEPTIONS:	
MRF	Therapeutic diets for OPT patients only

TEMPORARY EXCEPTIONS: the date in parentheses is the date the restriction became effective	
AMF	No new chronic care patients - reevaluate 8/31/07 (1/30/07)
LRF	Camp criteria for dental - reevaluate 9/30/07 (3/5/07)

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

August 8, 2007

ONSITE HEALTH CARE SERVICES GRID

CAMPS

Limited Nursing Services are available in all camps
Non-Medical Camp - Medical Service Provider (MSP) Services available on an urgent or emergent basis
Medical Camp - Medical Service Provider (MSP) Services available on an urgent or emergent basis AND for follow-up of stable chronic Care Clinic-enrolled prisoners

DO NOT MAKE CHANGES OR ADDITIONS TO THIS DOCUMENT. SHOULD A CHANGE OR ADDITION BE NECESSARY, CONTACT YOUR REGIONAL HEALTH ADMINISTRATOR.

Prisoners who have any of the following CANNOT be placed in a camp (see column at right for application of these criteria to SAI placement)	Application to SAI (See box below for additional SAI considerations)
• An average of more than one prisoner-initiated health care encounter per month in the past year	Does **not** apply to SAI
• Unstable, complex, urgent or emergent medical problems	Applies to SAI
• Need for follow-up by any medical or health care specialist	Applies to SAI
• Dental conditions including abscesses, acute pain, need for extraction, need for root canal therapy or therapy in progress, prosthetic in progress, multiple decayed teeth	Prisoners not requiring dental treatment in the next 90 days are eligible for SAI placement
• A suicide attempt or self-mutilative episode within the past year	Applies to SAI
• Need for restricted medications	Applies to SAI
• Need for Psychological Services intervention in the past six months (except CBI)	Applies to SAI
• Need for Outpatient Mental Health Team (OPMHT) follow-up (except CBI)	Applies to SAI
• Need for prescription (therapeutic) diet	Applies to SAI

Additional SAI Considerations

- ► All prisoners medically cleared for SAI must be able to perform extended work assignments involving heavy exertion, lifting, bending and walking.
- ► Chronically mentally ill prisoners must be symptom-free and off psychotropic medications for the previous six months.
- ► Prisoners with seizure disorder must be seizure-free for the previous six months.
- ► Females who are pregnant may **not** be cleared for SAI.
- ► Prisoners with a Special Accommodation "At risk of heat-related illness" may **not** be cleared for SAI from May 1 - September 30.

MEDICAL TRANSFERS OUT OF CAMPS MUST BE APPROVED BY THE REGIONAL MEDICAL DIRECTOR OR REGIONAL HEALTH ADMINISTRATOR

A prisoner may not sign a release of responsibility for needed medical or dental treatment for transfer eligibility to Camps

	Region I					Region II	Region III		
	CCU/LMF	CKT/AMF	CLE/SMF	COT/OCF	CMQ/NCF	CDW/ACF	CVH/WHV	CWL/SCF	SAI
Chronic Care Clinic for Stable Chronic Illness	♦		♦			@	SEE BELOW		##
HIV Follow-up			♦			♦			♦
MSP Follow-up	♦		♦			♦			♦
Assaultive Offender Group Therapy	♦		♦	♦		♦			
MEDICAL CAMP	♦		♦			♦			
	Cusino	Kitwen	Lehman	Ottawa	Manistique	Branch	Valley	White Lake	Special Alternative Incarceration

♦ Prisoners requiring this service may be cleared to this facility

@ Service offered on a limited basis - must clear with camp nurse or HUM before sending

Prisoners with well-controlled chronic illness, except insulin-dependent diabetics may be sent to SAI

CVH - Criteria the same as that for the institution except -
- No pregnant females
- Prisoners with a chronic illness must be in good or fair control
- Assaultive Offender Therapy and Domestic Violence program are offered; no Sexual Offender Therapy

MICHIGAN DEPARTMENT OF CORRECTIONS
MEDICAL TRANSFER

FACILITY: SMT **SITE:**
COMPLETED BY: **01/23/2007 12:24 PM**

Transferring Facility:
Type of transfer: Intrasystem
Date of departure: 01/25/2007

Receiving Facility:

Transferring Facility

Patient Diagnoses
If any unresolved diagnoses are recorded for this patient, they appear below.

Medications
If any active medications have been recorded for this patient, they appear below.
Current medications are not applicable
On person medication is not applicable
Psychotropic medication is not applicable

Allergies
If any allergies have been recorded for this patient, they appear below.

Assistive Devices / Prosthetics Present
- glasses -

Exams
Refer to the Health Maintenance Report for last exam and due dates for Physical Exam, Breast Exam, Pelvic Exam, Digital Exam, and Prostate Exam.

X-Rays Accompanying: not applicable

Mental Health
History of:
No abnormal mental health history noted

Substance Abuse: No documentation regarding substance abuse

Treatment
Chronic Clinic Enrollment:
Pulmonary CC
Endocrine CC
Disability CC

EXHIBIT
2
PENGAD 800-631-6989

MICHIGAN DEPARTMENT OF CORRECTIONS
MEDICAL TRANSFER

FACILITY: SMT **SITE: SMT**
COMPLETED BY: **01/23/2007 12:24 PM**

Infectious disease CC
CV/HTN CC
Neurology CC
Gastrointestinal CC
None

Follow-Up Visits Scheduled

Due By Date	Appt. Date	Ordering Provider	Location

Transfer Recommendation
Transfer approved

Name:
NUMBER:
D.O.B:

CHJ-141
03/02
4835-7141

MICHIGAN DEPARTMENT OF CORRECTIONS – Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____

Scheduled Date of Transfer: ____ / ____ / ____

Rescheduled Date of Transfer: ____ / ____ / ____

Prisoner's Current Health Needs:
Appliances, assistive devices, prostheses, medications, etc., which must be available during transport
None: ☐

OR List:
1. Clear to Ang OCH Side
2.
3.
4. Special Clinic Appt Urology
5.

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRF Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
- ☐ MRF Macomb
- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

☐ DWH Duane Waters Hospital

New Facilities
☐ ____ _____
☐ ____ _____
☐ ____ _____
☐ ____ _____
☐ ____ _____
☐ ____ _____

	Signature, Title	Provider No.	Date	Time
Validation by Health Care Staff	Beverley Seeing PAC	310062	4-12-07	0910
Revalidation by Health Care Staff**				

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name: [redacted]
Number: [redacted]
D.O.B.: 10-1-51

PENGAD 800-631-6989

EXHIBIT 3

DISTRIBUTION: White — Health Record; Canary — Transportation; Pink — Transfer Authority

CHJ-141
03/02
4835-7141

MICHIGAN DEPARTMENT OF CORRECTIONS – Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____

Scheduled Date of Transfer: ___ / ___ / ___

Rescheduled Date of Transfer: ___ / ___ / ___

Prisoner's Current Health Needs:
Appliances, assistive devices, prostheses, medications, etc., which must be available during transport

None: ☐

OR List:
1. Pt Cleared to carry OOV side
2.
3.
4. Multiple ER visits
5.

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRP Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
- ☐ MRF Macomb
- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

☐ DWH Duane Waters Hospital

New Facilities
- ☐ ___ ___
- ☐ ___ ___
- ☐ ___ ___
- ☐ ___ ___
- ☐ ___ ___

Validation by Health Care Staff	Beverly Seiling PAC Signature, Title	310066 Provider No.	4-12-07 Date	1410 Time
Revalidation by Health Care Staff**	Signature, Title	Provider No.	Date	Time

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name: [redacted]
Number: [redacted]
D.O.B.: 2-29-80

DISTRIBUTION: White — Health Record; Canary — Transportation; Pink — Transfer Authority

CHJ-141
03/02
4835-7141

MICHIGAN DEPARTMENT OF CORRECTIONS – Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____

Scheduled Date of Transfer: ____ / ____ / ____

Rescheduled Date of Transfer: ____ / ____ / ____

Prisoner's Current Health Needs:
Appliances, assistive devices, prostheses, medications, etc., which must be available during transport
None: ☐
OR List:
1. PA Cleared to any OCC Site
2.
3. Upcoming Surgery for Anal Fistula
4.
5. Specialty Clinic – ID

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRF Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
- ☐ MRF Macomb
- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

- ☐ DWH Duane Waters Hospital

New Facilities
☐ ____ _____
☐ ____ _____
☐ ____ _____
☐ ____ _____

Validation by Health Care Staff	Beverley Sevin RN	310000	4-12-07	1400
	Signature, Title	Provider No.	Date	Time
Revalidation by Health Care Staff**				
	Signature, Title	Provider No.	Date	Time

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name: [redacted]
Number: [redacted]
D.O.B.: 11-26-71

DISTRIBUTION: White — Health Record; Canary — Transportation; Pink — Transfer Authority

4835-7141
CHJ-141 03/02

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____
Scheduled Date of Transfer: ____/____/____
Rescheduled Date of Transfer: ____/____/____

Prisoner's Current Health Needs:

Appliances, assistive devices, prostheses, medications, etc., **which must be available during transport**

None: ☐
OR List:
1. Any O02 site c̄ Insulin line
2.
3.
4.
5.

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRF Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
- ☐ MRF Macomb
- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

- ☐ DWH Duane Waters Hospital

New Facilities
- ☐ ____ _____
- ☐ ____ _____
- ☐ ____ _____
- ☐ ____ _____
- ☐ ____ _____
- ☐ ____ _____

Validation by Health Care Staff	Beverley Seeing RN		33007	1045
	Signature, Title	Provider No.	Date	Time
Revalidation by Health Care Staff**				
	Signature, Title	Provider No.	Date	Time

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name:
Number:
D.O.B.:

DISTRIBUTION: White-Health Record Canary-Transportation Pink-Transfer Authority

CHJ-141
03/02
4835-7141

MICHIGAN DEPARTMENT OF CORRECTIONS — Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____

Scheduled Date of Transfer: ____ / ____ / ____

Rescheduled Date of Transfer: ____ / ____ / ____

Prisoner's Current Health Needs:
Appliances, assistive devices, prostheses, medications, etc., which must be available during transport
None: ☐

OR List:
1. Pt Cleared to carry O2 site
2.
3.
4.
5.

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRF Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
- ☐ MRF Macomb
- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

☐ DWH Duane Waters Hospital

New Facilities
☐ ____ _____ ☐ ____ _____
☐ ____ _____ ☐ ____ _____
☐ ____ _____ ☐ ____ _____

Validation by Health Care Staff	Beverley Saing PAC		4-12-07	1345
	Signature, Title	Provider No.	Date	Time
Revalidation by Health Care Staff**				
	Signature, Title	Provider No.	Date	Time

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name:
Number:
D.O.B.:

DISTRIBUTION: White — Health Record; Canary — Transportation; Pink — Transfer Authority

4835-7141
CHJ-141 03/02

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

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Proposed Transfer Destination: Facility/Camp _____
Scheduled Date of Transfer: ___/___/___
Rescheduled Date of Transfer: ___/___/___

Prisoner's Current Health Needs:

Appliances, assistive devices, prostheses, medications, etc., **which must be available during transport**

None: ☐

OR List:
1. Pt Cleared to ride OOS Site
2.
3. that has been cleared
4.
5. C3 ID

Prisoner's health needs may be met at the following facilities:

Region I
- ☐ AMF Baraga Maximum
- ☐ ECF Oaks
- ☐ HTF Hiawatha
- ☐ KCF Kinross
- ☐ KTF Straits
- ☐ LMF Alger Maximum
- ☐ MPF Pugsley
- ☐ MBP Marquette Branch Prison
- ☐ MYC Michigan Youth
- ☐ NCF Newberry
- ☐ OCF Ojibway
- ☐ SMF Standish Maximum
- ☐ SRF Saginaw
- ☐ URF Chippewa

Region II
- ☐ ACF Crane
- ☐ DRF Carson City
- ☐ IBC Bellamy Creek
- ☐ ICF Ionia Maximum
- ☐ ITF Deerfield
- ☐ LCF Lakeland
- ☐ LRF Ernest C. Brooks
- ☐ MCF Muskegon
- ☐ MTF West Shoreline
- ☐ MTU Richard A. Handlon
- ☐ OTF Boyer Road
- ☐ RCF Riverside
- ☐ RMI MI Reformatory
- ☐ SLF St. Louis
- ☐ SPR Pine River
- ☐ STF Mid-Michigan

Region III
- ☐ ARF Gus Harrison
- ☐ ATF Parr Highway
- ☐ HVC Huron Valley Center
- ☐ HVM Huron Valley Correctional
- ☐ JCF G. Robert Cotton
- ☐ JCS Cooper Street
- ☐ JMF Southern MI
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- ☐ NRF Mound
- ☐ RRF Ryan
- ☐ SCF Robert Scott
- ☐ SMI State Prison Southern MI
- ☐ SMT Parnall
- ☐ TCF Thumb
- ☐ WCF Western Wayne

☐ DWH Duane Waters Hospital

New Facilities
- ☐ ___ _____
- ☐ ___ _____
- ☐ ___ _____
- ☐ ___ _____

Validation by Health Care Staff	Signature, Title	Provider No.	Date	Time
	[illegible]		3-29-07	1400
Revalidation by Health Care Staff**	Signature, Title	Provider No.	Date	Time

**After 14 days for Reception Centers and DCH facilities, after 30 days for all others

HEALTH REVIEW FOR MDOC TRANSFER

Patient Identification
Name:
Number:
D.O.B.:

MICHIGAN DEPARTMENT OF CORRECTIONS

"Expecting Excellence Every Day"

MEMORANDUM

(Sent via e-mail 3-15-2007)

DATE: March 15, 2007

TO: Wardens
Correctional Facilities Administration

FROM: Dennis M. Straub, Deputy Director *Dennis M. Straub*
Correctional Facilities Administration

SUBJECT: Glucose Meters

Frequent blood glucose testing by people with diabetes is important to get good control of the disease and to prevent dangerous hypoglycemic reactions.

The ability to monitor blood glucose levels several times per day is best achieved when the diabetic person has access to and uses a glucose meter. The process involves obtaining a small drop of blood by pricking the skin with a lancet and placing the blood on a disposable test strip, the meter reads and calculates the blood glucose level. The benefit of using a glucose meter includes a reduction in long-term complications from hyperglycemia, as well as, a reduction in the short-term, potentially life-threatening complications of hypoglycemia.

Self-testing of blood glucose levels for prisoners with diabetes has been in trial over the past year at the Southern Michigan and Parnall correctional facilities with much success. Serious hypoglycemic reactions among diabetic prisoners have significantly reduced; the process implemented did not present any security concerns.

Diabetic prisoners at these two facilities were provided a glucose meter and testing supplies, and they were issued a Special Accommodation Notice to possess these medical items.

Due to the successful reduction in diabetic complications among these prisoners, the decision has been made to expand this process to all Correctional Facilities Administration facilities, including:

1. Allowing transferred diabetic prisoners to continue to possess the glucose meters and testing supplies issued by a sending facility, as identified on the prisoner's Special Accommodation Notice.

PENGAD 800-631-6989
EXHIBIT
4

2. Implementation of a process at each CFA facility to provide glucose meters to all insulin dependant diabetic prisoners and the required Special Accommodation Notice necessary for the prisoner to possess these medical items. NOTE: Prisoners who are not capable of testing their own blood glucose, as determined by the Medical Service Provider, are not to be issued the Special Accommodation Notice nor a glucose meter.

3. Implementation of a process at each CFA facility which will permit insulin dependant prisoners to self-test their blood glucose levels.

Please work with your facility health care and other relevant staff to develop a procedure which will accomplish these tasks. The attached procedure developed by the Southern Michigan Correctional Facility may be used as a resource in developing a procedure specific to your facility. The governing policy directive will be P.D. 03.04.100, Health Services.

These procedures must be in place no later than April 23, 2007.

Attachment

cc: Director Caruso
G. Pramstaller, DO
Regional Prison Administrators
Regional Health Care Administrators
H. Washington, Executive Office
R. Marlan, Public Information
A. Peter Govorchin, Attorney General
R. Russell, Health Care Services

MICHIGAN DEPARTMENT OF CORRECTIONS **OPERATING PROCEDURE**	EFFECTIVE DATE	NUMBER JMF-OP-03.04.100-G
	SUPERSEDES NEW	
SUBJECT DIABETIC CARE	AUTHORITY	
	PAGE 1 OF 3	

OBJECTIVE: To provide a means to enhance blood sugar monitoring and treatment for insulin dependant diabetics at Southern Michigan Correctional Facility (JMF).

FORMS: Finger Stick Flow Sheet

INFORMATION: In order to provide a means for frequent blood sugar checks, each insulin dependant diabetic will be provided his own glucose meter (glucometer), lancets, alcohol swabs, test strips, and other supplies for use while he is housed in JMF. The prisoner will then be able to check his own blood sugar level as frequently as needed. Glucometers will be ordered and provided to each insulin dependant diabetic based upon an MSP order and a special accommodation for the meter, lancets, alcohol swabs, and testing strips will be written. Prisoners will also be issued and allowed to possess up to four honey packets to be used to increase their blood sugar in an urgent/emergent situation before health care staff can be on the scene. The glucometers, test strips, two lancets and two alcohol swabs and four honey packets will be issued to the prisoners to keep on their person or in their cell in general population.

PROCEDURE:

WHO	**DOES WHAT**
MSP	1. Orders the number of finger sticks for blood sugar checks to be performed in health care and insulin dosage s/he wants for diabetic prisoners as appropriate. Finger sticks can be performed four times a day in the health care clinic area with insulin coverage provided as ordered by the MSP. Prisoners can also take their own blood sugar during the day at times other than those ordered to be done in the health care area. The times available are: Before breakfast Before lunch Before dinner At bedtime
	2. Orders a special accommodation for each insulin dependant diabetic in JMF for his own glucometer, two lancets, two alcohol swabs, and four honey packets, and testing strips. The prisoner will be provided a one for one exchange on the lancets and alcohol swabs by custody staff. NOTE: If the MSP feels the prisoner is not capable of checking his own blood sugar s/he does not need to order a special accommodation for the glucometer. Finger sticks will be performed by nursing staff in the clinic at the times listed above pursuant to the MSP order.

3. Gives instructions to the prisoner on how and when to check his own blood sugars at times other than those ordered to be done in the health care clinic. Provides information to the prisoner on diabetic care when ordering the special accommodation.

Nursing Staff

4. Arranges to have the prisoner called out at the appropriate times based upon the MSP order and have the prisoner do his finger stick in the health care clinic.

   NOTE: Prisoners will be expected to bring their own glucometer to the scheduled finger stick appointments in health care. Prisoner may use lancets and alcohol swabs available in the health care clinic when checking his blood sugar in the clinic. They will perform the finger stick and dispose of the lancets and alcohol swaps in the appropriate containers in health care.

   If a prisoner comes to the clinic for a finger stick without his own glucometer, nursing will provide a facility meter for use by the prisoner. Prisoners who repeatedly do not bring their own glucometer for testing will be referred to the chronic care/case manager nurse for counseling and re-consideration of the accommodation.

5. Assists prisoners who are unable to perform their own finger sticks and records the findings.

6. Records all blood sugar readings on the finger stick flow sheet.

7. Downloads the finger stick readings taken by the prisoner during other times and records them on the finger stick flow sheet.

8. Ensures that wipes are made available in health care for the prisoner to clean his meter after the finger stick if needed.

9. Monitors the finger stick blood sugar levels and informs the prescribing MSP of abnormal blood sugar levels obtained by the finger sticks. Any significant change in blood sugar levels from the prisoner's average reading, any blood sugar level below 60 or above 300 will be **reported immediately** to the prescribing MSP or to the Emergency Room at DWH if the MSP is not present. Any pattern of hyperglycemia or hypoglycemia should be reported to the MSP once the pattern is identified.

10. Administers the insulin as ordered by the MSP or make it available to the prisoner for self administration.

SPECIAL ACCOMMODATIONS FOR GLUCOMETERS:

11. Issues each prisoner for whom the special accommodation is written, a glucometer, two lancets, two alcohol swabs, four honey packets, and testing strips. Re-supplies testing strips and honey packets as needed. Replaces

lancets only when the used lancet is provided for a one for one exchange. Any items in excess of the above limits will be considered contraband. Any lancet which is tampered with will be considered dangerous contraband.

12. Provides training to all diabetics who are issued their own glucometer. Training will include how to use the glucometer, signs and symptoms to look for, what to do and who to contact with issues hypo- or hyperglycemia.

    Training will also include ensuring the prisoner is aware that as soon as he uses the lancets and alcohol swabs to test his blood sugar at times other than when in the health care clinic, he is to turn in used lancets to custody staff. He will then be issued new lancets and alcohol swabs so that he always has two available for his use as needed.

13. Issues additional honey packets to diabetic prisoners with the special accommodations when any of the four stock packets are depleted. Notifies the case manager nurse when a prisoner appears to be using an excessive amount of the honey packets.

Custody Staff

14. Ensures that a supply of lancets, alcohol swabs, and honey packets for emergency use are available in each housing unit where an insulin dependant diabetic is housed. Ensures these items are appropriately secured in the designated locked area.

15. Issues a diabetic prisoner with the special accommodation notice a new lancet and alcohol swab when ever the prisoner provides custody staff with the used lancet in the original container. The prisoner does not need to turn in a used alcohol swab.

16. Disposes of the used lancet in the sharps container provided in the housing unit. Exchanges prisoner's used lancets

17. Informs all prisoners with this special accommodation that he is allowed to possess two lancets, two alcohol swabs, and four honey packets at one time and that any extra will be considered contraband. Informs prisoners that any lancet which is tampered with will be considered dangerous contraband.

18. Contacts health care to exchange the full sharps container for an empty one in as needed.

PRISONERS HOUSED IN THE SEGREGATION UNIT:

Custody Staff

19. Stores the glucometer, lancets, alcohol swabs, and strips of a prisoner who has an accommodation for a glucometer and is housed in segregation.

20. Provides his glucometer, lancet, swabs, and test strips to a prisoner in segregation whenever the prisoner indicates that he needs to check his blood sugar. Observes prisoner use meter and takes it back after the prisoner has

completed the blood sugar check.

21. Disposes of the lancet in the biohazard sharps container provided in the unit.

22. Contacts the case manager nurse in segregation to exchange the full sharps container for an empty one needed.

NOTE: The prisoners with appropriate accommodations will be allowed to retain the honey packets for emergency use in their cell whether in general population or in segregation.

23. Contacts health care if the prisoner indicates that his blood sugar is low (below 80) or that he is not feeling well.

NOTE: Custody staff should contact JMF Health Care clinic staff during the normal clinic hours or the DWH ER after hours. Allow Health Care staff (either DWH ER or the JMF clinic staff) to talk to the prisoner on the telephone and make a determination if he needs to be seen (sent to the health care clinic or ER) or if health care staff needs to emergently go to the prisoner in the housing unit.

24. Arranges for the prisoner to be evaluated by health care staff according to the directions provided by the JMF clinic health care or ER staff.

Nursing Staff

25. Maintains additional meters in segregation and makes them available to custody staff for use by prisoners who are transferred to segregation from another facility until the prisoner has been issued his own meter.

26. Informs the prescribing MSP the next working day any time a diabetic prisoner had a low blood sugar for which the prisoner was evaluated by JMF clinic or ER staff after hours.

Nursing/ Custody Staff

27. Ensures that the glucometers are collected and the special accommodation is canceled prior to the prisoner being transferred out of JMF.

Approved by:

_____ _____

Barbara Hladki, Administrator
Jackson Medical Complex

Date

_____ _____

Sherry Burt, Warden
Southern Michigan Correctional Facility

Date

STATEWIDE

COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Emergency Medicine Consultants, PC	June 1, 1998	24 hr/7 day ER Physician coverage at DWH	DWH	Dr. Greg Fuller President	Jackson office
Hutchinson, Craig		Infectious Disease	TM @ East Lansing office	Dr. Craig Hutchinson	E. Lansing, MI
Garcia Labs	Jun. 1, 1997	Laboratory Services	Statewide / onsite at DWH	Dave and Mary Garcia	Jackson, MI
Kidney Replacement Service, PC	April 1, 1999	Hemo/Peritoneal Dialysis	Dialysis Unit and DWH onsite clinics	Dr. Deon D. Middlebrook	Detroit, MI
Michigan Orthopedic Services	Aug. 24, 1997	Prosthetics/Orthotics	Statewide / onsite at DWH	Aziz F. Naser Pete Seilo	Livonia, MI
Michigan Radiology Consultants, PC	Nov. 3, 1998	Radiology	DWH	Dr. Henderson Dr. Mindlin	Mt Pleasant MI
Mobile Health Resources	Sept. 1, 1999	Ambulance/Health care Transportation	Statewide / onsite at DWH	Jennifer Isenhath	Lansing, MI
Nichols Optical	Sept. 1, 1999	Optometry Various Sites	Statewide / various facilities	Roy Nichols or Stephanie	Traverse City, MI
Cariology of Lansing	April 17, 2006	Cardiology	Statewide/ various facilities	Dr Andrew Pieto	Lansing, MI
Direct Medical Equip	Jan 15 2003	Custom WC	Statewide / onsite at DWH	Hank Kozak	Plymouth, MI

Neurosurgery for all geographic areas use DWH clinics
For any service voids please use the nearest contracted provider or DWH clinics.

PENGAD 800-631-6989
EXHIBIT
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UPPER PENINSULA

COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Great Lakes Allergy and Asthma Center PC	March 1, 2003	Allergist	UP	Kim Thomas	Sault Ste. Marie, MI
General Surgery	Mar. 28, 2003	General Surgery	UP	Cathy Pace	Sault Ste. Marie, MI
International Orthopedic: Sports Medicine Center	Sept. 28, 1999	Orthopedic Surgery	UP	Dr. Richard Ganzhorn	Sault Ste. Marie, MI
Great Lakes Medical Imaging	Sept. 1, 1999	Radiology	UP	Robert Baker	Sault Ste. Marie, MI
Internal Medicine	Mar. 1, 2000	EKG Interpretation	UP	War Memorial Hosp	Sault Ste. Marie, MI
Oral & Maxillofacial Surgeons	Sept. 30, 1997	Oral Surgery	UP	Dr. Michael Moir	Sault Ste. Marie, MI
Marquette Radiology	Sept. 1, 1999	Radiology	UP	Kathleen Hougren	Marquette, MI
Anesthesiology of Marquette	Oct. 1, 2001	Anesthesiology	UP	Marise Gross	Marquette, MI
Northern Urgent Care	August 1, 2005	Urgent Care	Kincheloe		Kincheloe, MI
Shane Woolever, DO, PC	July 1, 2002	Orthopaedic Surgery	UP	Dr. Shane Woolever	Sault Ste. Marie, MI
SOO Cardiology Dr Doghmi	March 1, 2006	Cardiology	UP	Tammy	Sault Ste. Marie, MI
Superior Ear, Nose and Throat Specialists, P.C.	March 1, 2006	ENT	UP	Dr David Heichel	Marquette, MI
Northwoods ENT, PC	Feb. 01, 2006	Otolaryngology	Northern Urgent Care	Peg	Cheboygan, MI
Bay Street Orthopaedics, P.C. Dr Ronquist	June 1, 2006	Orthopaedic Surgery	UP	Terri-scheduling	Petoskey, Mi
Northern Surgical Services	April 1, 2006	General Sugery	UP	Jennifer Peterman Dr.s Ludwig and Dunnings	Sault Ste. Marie, Michigan
Great Lakes Heart Center	Sep. 1, 2002	Cardiology	UP	Dr. Mark Smith Dr. Foromlo Dr. Corpus	Traverse City, Mi
center for Neurological Surgery, PC	April 1, 2006	Neurosurgeon	UP	Dr David Morris	Petoskey, MI
Dr Messenger	March 1, 2007	Dermatology	UP	Anyone who answers phone	Mt. Pleasant, MI

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Revised 03/20/07 asg

CARSON CITY

COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Carson City Hospital Physician Group	Feb. 1, 2000	All Specialties	Carson City	Bruce Traverse	Carson City, MI
Kellam & Associates, PC	April 1, 2000	Radiology	Carson City	Donna Moyer Teri Hockstad	Detroit, MI
Carson City FamCare	Apr. 1, 2001	Allergy/Immunology	CCH	Lisa Barns (Dr Despotovic)	Carson City, MI
United Memorial Health Systems	Sept. 1, 2002	Anesthesiology	CCH	Steven Romanella	Greenville, MI
Advanced EyeCare Professionals	Dec. 12, 2003	Ophthalmology	Office	Terri or Amy (Dr Michael Flohr)	Lowell, MI
Mobile Medical Group	11/08/02	Imaging Services	Mobile	Chris Markey or Tarik	Southfield, MI
Carson Area Orthopedics PC	9.1.03	Orthopedics	CCH/Office	any office staff (Dr Allard)	Carson City, MI
West Michigan Gastroenteroloty	Apr. 1, 2001	Gastroenterology	GR Office	Dr. Shaukat Khan	Grand Rapids, MI
Thomas Morgan, PC	Apr. 1, 2001	General Surgery	CCH	Becky or Robin	Carson City, MI
Kevin O'Connor, PC	Apr. 1, 2001	General Surgery	CCH	Dr. Kevin O'Connor Robin Smith	Carson City, MI
Internal Medicine Specialists	Apr. 1, 2001	Internal Medicine / EKG's	CCH	Julie Jason	Carson City, MI
Burton, Stephen	Apr. 1, 2001	Neurology	CCH or Office	Dr. Burton	Lansing, MI
Evans Eye Center	Apr. 1, 2001	Ophthalmology	CCH or Office	Linda	Carson City, MI
Carson City Pathology Clinic	Apr. 1, 2001	Pathology	CCH	Dr. James Banner Dr. Wendy Grubber	Carson City, MI
Carson City Hospital	Feb. 21, 2000	Physical Therapy	CCH	Bruce Traverse	Carson City, MI
Stockall, Eric	Apr. 1, 2001	Urology	CCH	Dr. Eric Stockall	Lansing, MI
Michigan Urology	Oct. 1, 2001	Urology	CCH	Dr. Burton Fink	Lansing, MI
Grandview Foot and Ankle, PC	July 20, 2006	Orthopedic Surgery	CCH	Dr Satcy Uebele	Carson City, MI
Dr Vandana Vedula	July 1, 2003	Gastroenterology	CMCH	Joyce Shaffer	Mt Pleasant, MI

CCH = Carson City Hospital
Neurosurgery for all geographic areas use DWH clinics
For any service voids please use the nearest contracted provider or DWH clinics.

IONIA					
COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Lowell Vision Center	Sept. 23, 1997	Optometry Visual Fields-office	DWH	Dr. David Durkee Dr. Heidi Gordon	Lowell, MI
Advanced EyeCare Professionals	Dec. 01, 2003	Ophthalmology	Office	Dr Michael J. Flohr	Lowell, MI
West Michigan Heart	Apr. 1, 2001	Cardiovascular Surgery	Office	Kristi	Grand Rapids, MI
Cardiology Consultants	Apr. 1, 2001	Cardiology	ICMH or office	Dr. Milind Karve Dr. Prasad Jwala	Lansing, MI
Calley & Thangamani	Apr. 1, 2001	Internal Medicine / EKG's	ICMH	Dr. Doyle Calley Dr. Thangamani	Ionia, MI
Goosen & Moran Podiatry	Apr. 1, 2001	Podiatry	ICMH	Dr. Brian Goosen Dr. Kevin Moran	Lansing, MI
Ionia County Memorial Hospital	Apr. 1, 2001	Physical Therapy	Ionia Pros		Ionia, MI
Dr. Robert Hills		Radiology			
Ionia Oral Surgery	July 1, 2002	Oral Surgery	Office	Dr. Jeffrey Persico Dr. John Faber	Ionia, MI

ICMH = Ionia County Memorial Hospital
Neurosurgery for all geographic areas use DWH clinics
For any service voids please use the nearest contracted provider or DWH clinics.

JACKSON					
COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Booth & Cardon, DDS, PC	Nov. 1, 1999	Oral Surgery	DWH	Dr. Jerry Booth Dr. Orson Cardon	Jackson, MI
Cascades Urology	Feb. 1, 2000	Urology	DWH	Dr. Nitin Ambani Dr. Tony Pinson	Jackson, MI
ENT Associates of Jackson	Nov. 18, 2003	ENT	Office	Renee or Gayleen	Jackson, MI
Ferris State Colloge of Optometry	June 14, 2001	Optometry	DWH	Dr. Kevin Alexander	Big Rapids, MI
Foote Hospital Rehabilitation	June 1, 1996	Physical Therapy Occupational Therapy	DWH	Tom Lopez	Jackson, MI
Qutob, Hasan	Mar. 15, 2000	Endocrinology	DWH	Dr. Qutob	Jackson, MI
Center for Hematology-Oncology of Southern Michigan, PLC	Feb. 1, 2000	Hematology / Oncology	DWH	Dr.s Axelson, Madini, Trimble, Boxer, Hirth,Winegarden	Jackson, MI
Jackson Cardiology Associates, PC	Feb. 1, 2000	Cardiology	DWH	Dr. Jashu Patel Dr Mark Benson	Jackson, MI
Jackson Orthopedic Specialists	October 1, 2004	Foot and Ankle Ortho Surgery	DWH	Dr Tudor Tien	Jackson, MI
Jackson Orthopedic Specialists	October 1, 2004	Hand and Elbow Ortho Surgery	DWH	Dr Ryan Beekman	Jackson, MI
Jackson Orthopaedic Care and Surgery, PC	March 1, 2006	Orthopedics	DWH	Dr Khawaja Ikram Dr Nimr Ikram	Jackson, MI
Jackson Radiology	April 15, 2000	Radiology	Jackson Area	Evaun M. Baird Business Manager Dr. Patel	Jackson, MI
Kornak, Ronald	Feb. 1, 2000	Otolaryngology	DWH	Dr. Ronald Kornak	Jackson, MI
Linsley, Glen	Oct. 6, 1997	Optometry Visual Fields-office	DWH	Jill	Mason, MI
Michigan Heart PC	Feb. 1, 2000	Cardiology	DWH	Dr. Mark Zande Dr. Richard Byler	Jackson, MI
Mobile Medical Group	11/08/02	Imaging Services	Mobile	Chris or Tarik	Southfield, MI
Parkside Eye Clinic	Feb. 1, 2000	Ophthalmology	DWH	Dr. Ghulam Dastgir	Jackson, MI
Prough MD, David	April 1, 2004	Vascular Surgeon	Foote Hospital and Duane Waters	Dr David Prough	Jackson, MI

Pulmonary Clinic of Southern Michigan	Mar. 1, 2000	Pulmonary	DWH	Dr. Murray, Patten, Albertson, Saveh & Mujeed	Jackson, MI
Rawal and Kotecha	Oct. 1, 1997	Neurosurgeon	DWH	Dr. Harish Rawal Dr. Nilesh Kotecha	Jackson, MI
Summit Podiatry Group	Feb. 1, 2000	Podiatry	DWH	Dr. Voulgaris Dr. Matthew Page	Jackson, MI
TLC Eye Care Center	Mar. 1, 2000	Ophthalmology	DWH	Dr. Kevin Lavery Dr Gordon	Jackson, MI
Nadeem Ullah, M.D., FCPS, MRCP (UK)	April 17, 2006	Gastroenterology and Hepatology	DWH	Dr Nadeem Ullah	Jackson, MI
Umesh Verma MD	Nov. 1, 2003	Neurology	DWH	Dr. Umesh Verma	Jackson, MI
Jackson Speech & Hearing	April 1, 1997	Audiology	DWH	Margaret Beckman	Jackson, MI
University Internal Medicine Specialists	Oct. 15, 1998	Infectious Disease	DWH	Dr Cohn Dr Crane	Detroit, MI
University Internal Medicine Specialists	Nov. 1, 2004	Infectious Disease	DWH	Dr. Moudgal	Detroit, MI
Kidney Replacement Service, PC	June 1, 1997	Nephrology	DWH	Dr. Deon Middlebrook	Detroit, MI
Orandi, Ali MD	May 1, 2006	Endocrinology	DWH	Barbie Hicks, Office Manager	Jackson, MI

DWH = Duane Waters Hospital
Neurosurgery for all geographic areas use DWH clinics
For any service voids please use the nearest contracted provider or DWH clinics.

MUSKEGON

COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Hackley Occupational Health Clinic	Apr. 1, 2001	Audiology/Occupational Health	Hackley Health Clinic	Mike	Muskegon, MI
West Shore Cardiology	Apr. 1, 2001	Cardiology	Office	Brenda	Muskegon, MI
Shoreline ENT	Apr. 1, 2001	ENT / Otolaryngology	Office	Dr. John McDonald Dr. Paul Lomeo	Muskegon, MI
Gastroenterology of West Michigan PC	Apr. 1, 2001	Gastroenterology	GR Office	Dr. Shaukat Khan	Grand Rapids, MI
Surgical Specialists	Apr. 1, 2001	General Surgery / GI	office	Dr. Brian Gluck Dr. Richard Worel Christy	Muskegon, MI
Shoreline Ophthalmology	Apr. 1, 2001	Ophthalmology	Office	Nancy Vanderwire Christopher Grek	Muskegon, MI
West Shore Oral & Maxilofacial Surgeries Assoc.	Apr. 1, 2001	Oral Surgery	Office	Dr. Stephan Kahn Dr. John Mixer Dr. Mark Milano	Muskegon, MI
Tri-County Orthopaedics	Apr. 1, 2001	Orthopedic Surgery	Office	Dr. Fredric Levin Dr. Daniel Fett Dr. Robert Schneeberger Dr Anhalt- foot and ankle Pat or Ron	Muskegon, MI
Dr. Roger DeYoung, DPM/PC	Apr. 1, 2001	Podiatry	Office	Dr. Roger DeYoung Dr. Travis Piper Pat	Muskegon, MI
Andrew Kleaveland, PC	Apr. 1, 2001	Pulmonary	Office	Dr. Andrew Kleaveland	Muskegon, MI
Hills, Robert	Apr. 1, 2001	Radiology	Hackley	Robert Hills	
Kurello, Leonard	Apr. 1, 2001	Urology	Office	Dr. Leonard Kurello	Muskegon, MI
Surgical Associates of West Michigan, PC	Jun. 1, 2001	General Surgery	Office	Dr. Tomaszczyk Dr. Zwemer	Muskegon, MI
Muskegon Surgical Associates	Jun. 1, 2001	General Surgery	Office	Dr. James Rice Dr. Dick Kamps Dr. Veronica Petty Dr. Gregory Myers	Muskegon, MI
Mobile Medical Group	Nov. 8, 2003	Imaging Services	Mobile	Chris Markey or Tarik	Southfield, MI

Neurosurgery for all geographic areas use DWH clinics
For any service voids please use the nearest contracted provider or DWH clinics.

OTHER

COMPANY NAME	EFFECTIVE DATE	SERVICE DESCRIPTION	LOCATION	CONTACT PERSON	ADDRESS
Dr. Lynn Hyland	Jan. 1, 2002	Oral Surgery	Office	Dr. Hyland	Kalamazoo, MI
Midwest Eye Surgical	Feb. 1, 2000	Ophthalmology	Adrian	Dr. Mianza Mian Dr. M.R. Mian	Adrian, MI
Seals, Tacia & Bartz	Sept. 25, 1997	Optometry / Visual Fields	Office	Dr. James Seals Dr. Tad Bartz Dr. Peter Tacia	Alma, MI
Reimer Eye Center	Feb. 13, 2001	Ophthalmology	Office	Dr. Andrew Reimer Dr. Timothy Guthrie	Ludington, MI
Karmanos Mobile Van	Mar. 1, 2001	Mammography	SCF / WHV Addt'l view at Berkley & Downtown	Laura Zubeck	Detroit, MI
Grand Traverse Ophthalmology	Nov. 06, 2004	Ophthalmology	Office	Deanne Musser	Traverse City, MI
Affiliated Internists	Apr. 1, 2001	Hepatology / Gastroenterology	Harper Hospital	Vanessa Owens-Warren	Detroit, MI
Cardiology Group of Lansing	March 1, 2006	Cardiology	Office	Nicole Dr Pieto	Lansing, MI
Coldwater Surgery, PC	Apr. 1, 2001	General Surgery	Office	Dr. John Sennish	Coldwater, MI
Hartman, Richard	Feb. 8, 2001	Orthopedic Surgery	Office	Dr. Richard Hartman	Coldwater, MI
Bay Area Oral and Maxillofacial Surgery PC	Aug. 01, 2003	Oral Surgery	Both Offices	Dr Jeffrey Link DDS	Traverse City, MI Manistee, MI
Dr. Gunda Reddy	Apr. 1, 2001	Gastroenterology	Office	Dr. Gunda Reddy Dr. Padma Kumashi	Lapeer, MI 4
Great Lakes Eye Specialists	Oct. 1, 2001	Ophthalmology	Office	Dr. Mark Stempihar Dr. Charles Tessman	Ironwood, MI
Dr. Ronald Nichols	Sept. 1 2003	Obstetrics & Gynecology	SCF/WHV	Dr. Ronald Nichols	scheduled onsite at SCF/WHV
Dr. Mesnick Dr. Stanchina	Oct. 1, 2001	Oral Surgery	Office	Dr. Mesnick Dr. Stanchina	Marquette, MI
Southshore Orthopaedics	Oct. 1, 2001	Orthopedics	Office	Dr. Scott Warren Dr. John Sauer Dr. Clinton Moen	Ashland, WI
Superior Surgical	Oct. 1, 2001	Surgical	Office	Dr. Marcus Santini Dr. Enrica Braucher	Ironwood, MI
Wildern, O.D.	April 1, 2005	Optomitrist	Office	Dr Harper Wildern	Charlotte, Michigan

Branch Community Emergency Physicians	July 1, 2002	ER Services	Branch Community Hospital	Sharon Mays	Detroit, MI
Dr. Messenger	March 1, 2007	Dermatology		Anyone who answers phone	Lansing, Mi
Neurosurgery for all geographic areas use DWH clinics For any service voids please use the nearest contracted provider or DWH clinics.					

Facility	MP Staff	Chronic Care Number	Specialty Appoint.
Alger Maximum Correctional Facility (LMF)	1.0	202	7
Baraga Correctional Facility (AMF)	1.0	230	5
Bellamy Creek (IBC)	2.6	465	40
Boyer Rd (Carson City Temp) Facility (OTF)	1.0	359	45
Brooks Correctional Facility (LRF)	1.5	484	57
Carson City Correctional Facility (DRF)	1.0	459	18
Chippewa Correctional Facility (URF)	1.2	352	14
Cooper Street Correctional Facility (JCS)	2.0	455	145
Cotton Correctional Facility (JCF)	4.0	860	254
Crane Correctional Facility (ACF)	1.6	377	77
Deerfield (Ionia Temp) Facility (ITF)	1.4	415	34
Egeler Reception & Guidance Facility (RGC)	6.0	321	18
Gus Harrison Correctional Facility (ARF)	2.0	425	60
Handlon Michigan Training Unit (MTU)	1.2	300	70
Hiawatha Correctional Facility (HTF)	1.2	320	69
Huron Valley Men's Facility (HVM)	5.0	237	61
Ionia Maximum Correctional Facility (ICF)	0.8	277	30
Kinross Correctional Facility (KCF)	2.0	802	44
Lakeland Correctional Facility (LCF)	3.0	514	42
Macomb Correctional Facility (MRF)	1.0	432	40
Marquette Branch Prison (MBP)	1.8	410	19
Mid-Michigan Correctional Facility (STF)	1.0	397	68
Mound Correctional Facility (NRF)	1.0	244	22
Muskegon Correctional Facility (MCF)	1.5	513	79
Newberry Correctional Facility (NCF)	1.2	244	5
Oaks Correctional Facility (ECF)	1.0	254	10
Ojibway Correctional Facility (OCF)	1.2	334	13
Parnall Correctional Facility (SMT)	4.0	776	146
Parr Road (Adrian Temp) Facility (ATF)	1.0	367	86
Pine River Correctional Facility (SPR)	1.0	365	61
Pugsley Correctional Facility (MPF)	1.2	467	63
Riverside Correctional Facility (RCF)	1.6	577	37
Ryan Correctional Facility (RRF)	1.0	298	24
Saginaw Correctional Facility (SRF)	1.8	527	38
Southern Michigan Correctional Facility (JMF)	7.0	742	116
St. Louis Correctional Facility (SLF)	1.0	313	40
Standish Maximum Correctional Facility (SMF)	1.2	199	18
Straits (Chippewa Temp) Facility (KTF)	1.2	501	17
Thumb Correctional Facility (TCF)	1.0	441	60
West Shoreline (Muskegon Temp) Facility (MTF)	1.2	395	51

MP = Medical Provider - either physician or mid level provider.

Chronic Care Number = Approximate number of patients enrolled in a CCC clinic.

Special Appointment = Average number of completed specialty care appointments during the February, March and April, 2007.

PENGAD 800-631-6989

EXHIBIT

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