



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ADULT Operations Only JUVENILE Operations Only DEPARTMENT-WIDE

IMPP #: 11-103A

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DECISION MAKING: Inter-Facility Transfers

Original Date Issued: 03-14-23 Replaces IMPP Issued: N/A **CURRENT EFFECTIVE DATE: 03-14-23**

Approved By:

, Secretary

Next Scheduled Review: 01/2026

POLICY

Residents may be transferred to any KDOC facility or affiliated facility, consistent with the custody classification, gender, and other medical and/or programmatic needs of the resident and/or the management and operational needs of the Department.

DEFINITIONS

Affiliated facility: A facility not under the administration of the Department of Corrections to which residents may be transferred (i.e., Larned State Hospital, etc.).

Emergency medical transfers: The transfer of a resident based upon unanticipated medical needs.

Emergency security transfer: The transfer of a resident based upon unanticipated security needs.

Population management transfer: The planned transfer of a resident based upon recognized system demographics.

Program Management Committee: The committee, consisting of the warden or designee and an administrative/supervisory representative from the Programs and the Security divisions of the facility, responsible to review and approve or deny proposed classification exceptions, amendments to resident program agreements, and transfer request/recommendations.

Programmatic transfer: The planned transfer of a resident based upon recognized program needs.

Routine security or medical transfer: The planned transfer of a resident based upon recognized and non-emergency security or medical needs.

PROCEDURES

I. General Guidelines

- A. All routine inter-facility resident transfers are to be approved and coordinated between classifications and transportation coordinators. Non-emergency resident transfers from one facility to another are to only occur when a written transfer order is issued.
- B. Coordination between KDOC and the Contract medical personnel is essential to ensure that medical issues are considered and needed services/facilities are available before specific facility

placements are authorized. Clearance is to be authorized by the appropriate medical staff prior to the transfer of residents between KDOC facilities for medical and non-medical purposes.

- C. Wardens or designees of the facilities involved in the emergency transfer of residents for medical or security considerations are to be authorized to effect resident transfers upon their verbal direction, subject to their obtaining appropriate medical clearances.
 - 1. To the extent possible, all such transfers are to be affected at the facility level. Subsequent to the transfer action, notification information is to be provided to the Deputy Secretary of Facility Management or designee.
 - 2. A resident transfer order is to be issued to validate the transfer.
- D. Prior to any transfer of a resident, case management and programs staff are to be consulted to ensure the move is not disruptive to the resident's participation in risk reduction programs, including cognitive based intervention and higher education.
 - 1. If a resident has received financial aid, whether a Pell grant or a state Promise Scholarship, there is to be a hold on any transfer of that resident, unless dire circumstances make it necessary, prior to completion of his/her education and/or programming.
- E. Information related to the transfer of residents, including planned transfers and information on any transfer documents (i.e. Resident Transfer Order, etc), shall be considered sensitive information and shall not be shared with residents. Staff are not to notify residents of their planned date of transfer or where they are transferring to.

II. Inter-Facility Transfers

- A. Central Office initiated transfers.
 - 1. Population management transfers are to be conducted to maintain the facility population in compliance with the Department's established population capacity and/or custody capacity for each facility.
 - a. Such transfers are to originate from the Central Office as a result of system-wide monitoring with regard to population levels.
 - b. Population management transfers are to be planned with written movement orders disseminated in advance of the actual movement using the form entitled Resident Transfer Order (Attachment A), per instructions in Attachment B.
- B. Facility initiated requests for transfer.
 - 1. Emergency medical and emergency security transfers are to be completed in the most expeditious manner.
 - a. Such transfers are to be arranged by the wardens or designees of the sending and receiving facilities.
 - (1) The receiving facility is to be the closest facility meeting the specific need.
 - b. During normal business hours, the sending facility warden or designee is to provide the Classification Administrators at the sending and receiving facilities, or their designees, with notification of the transfer.

- (1) If the transfer is affected during non-business hours, the sending facility warden or designee is to notify the Deputy Secretary of Facility Management or designee on the next business day.
 - c. The resident's central file is to contain the documentation for the emergency security transfer, including any central monitoring documentation, as needed. If a written statement of facts supporting the emergency transfer is not completed prior to the emergency transfer, the report is to be "faxed", upon completion, to the warden or designee of the receiving facility.
 2. When a facility's resources are not adequate to provide the non-emergency medical, security and/or programmatic needs of a resident a routine transfer may be requested. Routine medical, security and/or programmatic transfers are to be coordinated by the Deputy Secretary of Facility Management or designee using the Resident Transfer Order, Attachment A.
 - a. All supporting documentation for the routine transfer is to be provided at the time the request is made.
 - b. Documentation related to non-emergency transfers for centrally monitored residents is to be provided in accordance with IMPP 12-125D.
- C. Resident Initiated Requests
 1. Resident requests for transfer are to be considered based upon:
 - a. The requested receiving facility's population being reasonably within the established population capacity;
 - b. Consideration for placement into private industry;
 - c. A resident's nearness to a family member with serious medical problems to facilitate communications;
 - (1) The resident may be requested to provide a letter or documentation from the treating physician verifying the family member's medical status.
 - d. A resident's nearness to the community where the family resides to reduce the amount of travel required and to improve/maintain family ties;
 - e. Current receiving or sending facility security concerns.
 2. Resident requests are to be via a Form 9 to the resident's unit team counselor, who is to:
 - a. Review the individual resident's visitor list to verify the location or area of the visitors' residence.
 - b. Ensure that the resident's mental health and/or medical status are compatible with the pertinent resources available at the requested receiving facility.
 - (1) Written clearance for transfer needs to be received from the Health Authority prior to submitting the transfer request to Central Office.
 - c. Complete the Inter-Facility Transfer Request (Attachment C).
 - (1) The UTM or CA is to review the request for any additional needed information and accuracy prior to submitting to Central Office.

3. The unit team counselor's review of the resident's custody classification and Program Agreement is to determine any conflict with the custody classification and potential for completion of programs at the requested facility.

III. Procedure for Facility Initiated Transfer Requests to Work Release

- A. Requests for resident transfers originating at the facility level is to be approved/disapproved by the facility Classification Administrator or designee via electronic mail.
 1. The unit counselor is to notify the Classification Administrator of recommendations regarding the transfer.
 2. The program classification is to be current, within 240 days, and have the approval of the facility program management committee.
- B. Upon approval of the request for transfer by the Classification Administrator or designee, a written movement order using the Resident Transfer Order is to be sent to appropriate staff, who is to schedule all transfers to work release.
- C. The Transportation Unit is to schedule the date the transfer is to take place and send the transportation schedule to the sending and receiving facilities.
- D. Disapproval of a request for transfer by the Classification Administrator or designee is to be made no later than thirty (30) days after receipt, with reason(s) for disapproval in writing.

IV. Responsibility for Movement Record Data Entry

- A. The sending facility is to be responsible for entering the movement record information into the computer information system on the day the movement takes place.
 1. Data entry for movements is to be made no later than 2:00 PM on the day of the transfer.
 2. Data entry for movements occurring on weekends or holidays is to be completed during the first workday following the transfer.

V. Medical Clearances

- A. Procedures for inter-facility transfers shall be followed in accordance with IMPP 16-114D Medical Transfer Screening.

VI. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

12-125D, 16-114D

HISTORY

03-14-23 Original

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	Resident Transfer Order	1 page
B	Resident Transfer Order Instructions	1 page
C	Inter-Facility Transfer Request	1 page

KANSAS DEPARTMENT OF CORRECTIONS
RESIDENT TRANSFER ORDER

To: Wardens,

From: _____, Classification Unit

Date:

Name	Number	Sending	Receiving	Purpose	Custody
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Distribution: 1-Sending Facility, 1-Receiving Facility, 1-Transportation Unit

KANSAS DEPARTMENT OF CORRECTIONS
RESIDENT TRANSFER ORDER INSTRUCTIONS

To: _____(1)

From: _____(2) _____, Classification Unit

Date: _____(3)

Name (4)	Number (5)	Sending (6)	Receiving (7)	Purpose (8)	Custody (9)
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- (1) List the name of the facilities involved, both the sending and receiving facilities (i.e., wardens, LCF, HCF, ECF, EDCF, NCF, TCF, WCF, WWRF, or LCMHF)
- (2) Name of official scheduling the transfer.
- (3) Date of the publication of the transfer order.
- (4) Last, and first name of the resident being transferred.
- (5) KDOC number of the resident being transferred.
- (6) Facility (letter designation LCF, HCF, WCF, etc.) from which the resident is being transferred.
- (7) Facility (letter designation LCF, HCF, WCF, etc.) from which the resident is being transferred.
- (8) Reason for the transfer reported in the abbreviated form of the following:
 - A. Emergency Medical Transfer - Emerg Med
 - B. Emergency Security Transfer - Emerg Sec
 - C. Routine Medical Transfer - Rtne Med
 - D. Routine Security Transfer - Rtne Sec
 - E. Programmatic Transfer - Program
 - F. Population Management Transfer - Pop Mgmnt
- (9) Custody - Max, Med, Min.

Inter-Facility Transfer Request

Current Facility:

Date:

Offender's Name: Click or tap here to enter text.

KDOC #: Click or tap here to enter text.

Custody: Click or tap here to enter text.

Age: Click or tap here to enter text.

Program Currently In: Click or tap here to enter text.
enter text.

Programs Left to Complete: Click or tap here to

BH Housing Level: Click or tap here to enter text.
to enter text.

Medical Level and Restrictions: Click or tap here

Central Monitor(s): Click or tap here to enter text.

Detainers: Click or tap here to enter text.

County of Conviction: Click or tap here to enter text.

Release Date/PE Date: Click or tap to enter a date. **Release Plan County:** Click or tap here to enter text.

Last DR and/or Security Issues: Click or tap here to enter text.

Transfer Requested to: Choose an item.

Reason(s) and/or Justification for the Transfer Request: Click or tap here to enter text.

Current Detail/Program Assignment: Click or tap here to enter text.

Other Information Deemed Relevant: Click or tap here to enter text.