




KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 11-103	PAGE NUMBER 1 of 5
		SUBJECT: DECISION MAKING: Inter-Facility Transfers	
Approved By:  Acting Secretary of Corrections		Original Date Issued: 08-15-89	Current Amendment Effective: 01-21-03
		Replaces Amendment Issued: 05-07-01	
Reissued By:  Policy & Procedure Coordinator		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature. Date Reissued: 02-22-11	

POLICY

Inmates may be transferred to any KDOC facility or affiliated facility, consistent with the custody classification, gender, and other medical (ACI 3-4350, 3-4360) and/or programmatic needs of the inmate and/or the management and operational needs of the Department. (ACI 3-4182)

All routine inter-facility inmate transfers shall be approved and coordinated by designated staff at the sending and receiving facilities. Non-emergency inmate transfers from one facility to another shall only occur when a written transfer order is issued.

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 shall be authorized by the appropriate PHS medical staff prior to the transfer of offenders between KDOC facilities for medical and non-medical purposes.

Wardens or designees of the facilities involved in the emergency transfer of inmates for medical (ACI 3-4350, NCCHC P-41) or security considerations shall be authorized to effect inmate transfers upon their verbal direction, subject to their obtaining appropriate medical clearances. To the extent possible, all such transfers shall be effected at the facility level. Subsequent to the transfer action, notification information shall be provided to the Deputy Secretary of Facility Management or designee. An inmate transfer order shall be issued to validate the transfer.

DEFINITIONS

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

Emergency medical transfers: The transfer of an inmate based upon unanticipated medical needs.

Emergency security transfer: The transfer of an inmate based upon unanticipated security needs.

Population management transfer: The planned transfer of an inmate 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 inmate program agreements, and transfer request/recommendations.

Programmatic transfer: The planned transfer of an inmate based upon recognized program needs.

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

PROCEDURES

I. Inter-Facility Transfers (ACI 3-4182)

A. Central Office initiated transfers.

1. Population management transfers shall 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 shall originate from the Central Office as a result of system-wide monitoring with regard to population levels.
 - b. Population management transfers shall be planned with written movement orders disseminated in advance of the actual movement using the form entitled Inmate Transfer Order (Attachment A, Form #11-103-001) per instructions in Attachment B.

B. Facility initiated requests for transfer.

1. Emergency medical and emergency security transfers shall be completed in the most expeditious manner. (ACI 3-4350; NCCHC P-41)
 - a. Such transfers shall be arranged by the wardens or designees of the sending and receiving facilities.
 - (1) The receiving facility shall be the closest facility meeting the specific need.
 - b. During normal business hours, the sending facility warden or designee shall provide the Classification Administrators at the sending and receiving facilities, or their designees, with notification of the transfer.
 - (1) If the transfer is effected during non-business hours, the sending facility warden or designee shall notify the Deputy Secretary of Facility Management or designee on the next normal business day.
 - c. The inmate's master file shall 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 shall 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 an inmate a routine transfer may be requested. (ACI 3-4360) Routine medical, security and/or programmatic transfers shall be coordinated by the Deputy Secretary of Facility Management or designee using the Inmate Transfer Order, Attachment A.

- a. All supporting documentation for the routine transfer shall be provided at the time the request is made.
- b. Documentation related to non-emergency transfers for centrally monitored inmates shall be provided in accordance with IMPP 12-125.

C. Inmate Initiated Requests

- 1. Consistent with the provisions of the Privilege and Incentive Level System per IMPP 11-101, only the transfer requests submitted by inmates assigned to Level II or Level III will be considered by the unit team for referral to the Program Management Committee for review.
- 2. Inmate requests for transfer shall 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. An inmate's nearness to a family member with serious medical problems to facilitate communications; and,
 - (1) The inmate may be requested to provide a letter or documentation from the treating physician verifying the family member's medical status.
 - d. An inmate's nearness to the community where the family resides to reduce the amount of travel required and to improve/maintain family ties.
- 3. Inmate requests shall be via a Form 9 to the inmate's unit team counselor, who shall:
 - a. Review the individual inmate's visitor list to verify the location or area of the visitors' residence.
 - b. Ensure that the inmate'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.
- 4. The unit team counselor's review of the inmate's custody classification and Program Agreement shall determine any conflict with the custody classification and potential for completion of programs at the requested facility.

II. Procedure for Facility Initiated Transfer Requests to Work Release

- A. Requests for inmate transfers originating at the facility level shall be approved/disapproved by the facility Classification Administrator or designee via electronic mail.
 - 1. The unit counselor shall notify the Classification Administrator of recommendations regarding the transfer.
 - 2. The program classification shall 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 Inmate Transfer Order shall be sent to appropriate staff, who shall schedule all transfers to work release.
- C. The Transportation Unit shall 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 shall be made no later than thirty (30) days after receipt, with reason(s) for disapproval in writing.

III. Responsibility for Movement Record Data Entry

- A. The sending facility shall 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 shall be made no later than 2:00 PM on the day of the transfer.
 - 2. Data entry for movements occurring on weekends or holidays shall be computed during the first work day following the transfer.

IV. Medical Clearances

- A. Inter-facility transfers
 - 1. The facility Classification Department shall be responsible to provide the clinic with a notification sheet of all pending transfers.
 - a. The clinic staff will review the notification provided by the Classification Department and be responsible to contact the State Medical Director on all Class II, III, IV, V and PULHEX M-3, 4, 5 and 6 inmates needing special medical services.
 - 2. The PHS State Medical Director will approve or deny the transfer of specific inmates to specific facilities and will provide a basis for all such denials.
 - a. The sending facility's clinical staff, upon receiving approvals and/or denials, will be responsible for notifying the facility Classification Department of the State Medical Director's decision.
 - b. The sending facility's clinical Mental Health Coordinator shall be responsible for providing all necessary information regarding the inmate's mental health status to the sending facility's clinical staff, who are responsible for approving transfers.
 - c. If the transfer is medically approved, the State Medical Director will be responsible for notifying the receiving clinic staff of the pending transfer.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff 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 or offenders, or an independent duty owed by the Department of Corrections to employees, 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 is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

KSA 75-5209
IMPP 11-101, 11-109, 12-110, 12-125
ACI 3-4182, 3-4350, 3-4360
NCCHC P-41

ATTACHMENTS

Attachment A - Inmate Transfer Order, 1 page
Attachment B - Inmate Transfer Order Instructions, 1 page

KANSAS DEPARTMENT OF CORRECTIONS
INMATE TRANSFER ORDER

To: Wardens,

From: _____, Classification Unit

Date:

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

Form #11-103-001

KANSAS DEPARTMENT OF CORRECTIONS
INMATE 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 inmate being transferred.
- (5) KDOC number of the inmate being transferred.
- (6) Facility (letter designation LCF, HCF, WCF, etc.) from which the inmate is being transferred.
- (7) Facility (letter designation LCF, HCF, WCF, etc.) from which the inmate 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.