# STATE OF COLORADO

#### COLORADO DEPARTMENT OF CORRECTIONS

Executive Director's Office 2862 South Circle Drive Colorado Springs, CO 80906-4195

Phone: (719) 579-9580 Fax: (719) 226-4755 Web: www.doc.state.co.us



John W. Hickenlooper Governor

Tom Clements Executive Director

### **EXECUTIVE DIRECTIVE** "11-11"

DATE: March 15, 2011

TO: Colorado Department of Corrections

FROM: Tom Clements, Executive Director

SUBJECT: Executive Directive Regarding Medical Scope of Service: Addition of ability to house offenders at any

facility where their medical condition can be managed, as determined by Clinical Services administration.

Tom Clements

This directive pertains to administrative regulation 700-02, *Medical Scope of Service*. An executive decision has determined that the following be amended to read:

#### IV. PROCEDURES

G. The medical classification of offenders may affect the security classification/placement of offenders. The "Clinical Needs and Time Placement Matrix" (Attachment "A") shall be a guide for placement. If program needs of the offender require placement at a facility other than those normally indicated by the clinical needs matrix, the offender may be placed at a facility approved by the Clinical Services chief of operations, who will determine if the clinical needs can be met at the recommended facility. The approval will be documented on the "Clinical Needs and Time Placement Matrix Waiver" (Attachment "B").

## Clinical Needs and Time Placement Matrix Waiver

Offender Name:		<u>DOC #:</u>	DATE:	
M Code	D Code	P Code	S Code	
Requesting Provi	der:			
Waiver needed for	<mark>or:</mark>			
Participate	in Drug and Alcohol Pr	<mark>ogram</mark>		
Participate i	in Sex Offender Therap	eutic Community		
Participatio	n in the Drug and Alcol	nol Therapeutic Community		
<u>Progressive</u>	move, clinically accept	able with existing code		
Proximity to	o specialized treatment			
Other:				
Narrative justifica	ation for move:			
	Provider	Signature:	Date:	
To be completed	by the accepting provid		Date.	
Approved	Not approved			
Signature of Acce	epting Provider:		Date:	
HSA Signature:			Date:	
Approving Author		es Chief of Operations	Date:	
	Chilical Service	<u>es Ciliei of Operations</u>		

Please print and attach a CIMST form for this offender and fax to Clinical Services Headquarters at 719-226-4565 to get the signature of the appropriate Clinical Services Chief. If scanning and emailing please send to Caroline.Godoy@doc.state.co.us

Attachment "B"
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## **Clinical Needs and Time Placement Matrix Waiver**

S Code	
unity	
Date:	
Date:	
Date:	
Date:	
	Date:

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