

# APPENDIX 8

# Memorandum

Date : July 22, 2008

To : Wardens  
Health Care Managers  
Institution Appeals Coordinators  
Health Care Appeals Coordinators

Subject: **NEW HEALTH CARE APPEALS PROCESS – CORRECTED VERSION**

The purpose of the inmate appeal process is to provide resolution of inmate/parolee grievances in a timely manner and at the lowest possible level. In addition, the inmate appeal process is intended to serve as a vehicle for improving departmental policies and procedures, as specified by the California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), by auditing the internal practices and operation of the CDCR to "identify, modify, or eliminate practices which may not be necessary or may impede the accomplishment of correctional goals".

Currently, the Inmate Appeals Branch (IAB) is responsible for oversight of the entire inmate appeals process. Historically, the IAB has been unable to obtain authority for and hire clinical staff to review and respond to Director's Level appeals which has been identified by various stakeholders as a concern. Effective August 1, 2008, the Office of the Receiver will assume responsibility for all health care related appeals. This will include receipt, tracking, response to and reporting on all health care appeals.

Following is a description of the changes to the current inmate appeals process:

## Institution Level Health Care Appeals

- A new health care appeal form has been approved and shall be made available to all inmates-patients. This new form is a CDCR Form 602-HC (attached) and is pink in color.
- Beginning August 1, 2008, inmate-patients are expected to submit health care related appeals using the new pink form and all other appeals using the existing CDC Form 602 (green copy) *except for* Americans with Disabilities Act (ADA) appeals which must be submitted on a CDC Form 1824 (yellow copy). Appeals which contain both a health care and custody issue shall not be returned to the inmate. Instead, the appeals office which received the appeal will: 1) notify the inmate that the issues are being split; 2) copy the appeal document; and 3) forward the copy to the appropriate Appeals Coordinator.

Wardens  
Health Care Managers  
Institution Appeals Coordinators  
Health Care Appeals Coordinators  
Page 2

- All appeals regarding health care issues shall be submitted directly to the Health Care Appeals Office at each institution for tracking and response.
- All ADA appeals must be submitted to the Institution Appeals Office using CDC Form 1824 for tracking and response. The medical verification (CDC Form 1845) will be tracked and completed by health care staff.
- Appeals submitted as Citizen's Complaints/Staff Complaints will continue to be processed through the Institution Appeals Coordinators, regardless of the classification of staff involved.

#### Director's Level Appeals

All Directors' Level Appeals regarding health care issues shall be submitted to:

Office of Third Level Appeals – Health Care  
P. O. Box 4038  
Sacramento, CA 95814-4038

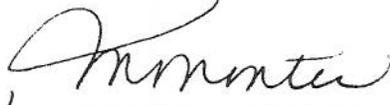
Health care related appeals that were submitted prior to August 1, 2008, will continue to be processed using existing procedures. The inmate shall not be directed to re-submit the issue using a CDC Form 602-HC.

The new CDCR Form 602-HC, a memorandum notifying the inmate population of the new health care appeal process, and an inmate-patient brochure (attached) will be printed and delivered to all institutions for distribution by July 31, 2008. The inmate-patient memorandum and brochure will be distributed to inmate-patients by Health Care Staff during the reception center or intake health screening encounter. The Health Care Appeals Coordinators will be responsible for the distribution of the CDCR Form 602-HC and inmate-patient brochure to all other appropriate areas such as housing units (including Administrative Segregation and Security Housing Units), Law Libraries, Triage and Treatment Areas, etc. It is also recommended that copies of the memorandum and brochure be provided to members of the inmate advisory council (IAC), as they may assist in notifying the inmate population.

Thank you in advance for your cooperation and compliance. Should you require additional information regarding the new health care appeals process, please contact Theresa Kimura-Yip, Associate Director, Plata Policy and Field Operations Branch, at (916) 327-1205. For questions regarding the institutional

Wardens  
Health Care Managers  
Institution Appeals Coordinators  
Health Care Appeals Coordinators  
Page 3

appeals process, please contact Nola Grannis, Chief, Inmate Appeals Branch, at  
(916) 464-4285.

  
for

SUZAN L. HUBBARD  
Director  
Division of Adult Institutions



YULANDA MYNHIER  
Director (A)  
Plata Field Support Division

Attachment

cc: J. Clark Kelso  
John Hagar  
Terry Hill, M. D.  
Robin Dezember  
Scott Kernan  
Jeff Thompson  
Marisela Montes  
Regional Medical Directors  
Associate Directors, Division of Adult Institutions  
Regional Directors of Nursing  
Regional Administrators  
Nola Grannis  
Theresa Kimura-Yip  
Wendy Feichter  
Health Care Managers  
Wardens  
Health Care Appeals Coordinators  
Inmate Appeals Coordinators

Location: Institution/Parole Region:      Log #:      Category:  
 1. \_\_\_\_\_ 1. \_\_\_\_\_ 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. This form shall be used when the policy, action or decision being appealed involves health care services (medical, dental, or mental health services). You must first informally seek relief through discussion with the appropriate staff member or by utilizing the health care service processes at you institution. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Health Care Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibility.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
------	--------	------------	------------------

**A. Describe Problem:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you need more space, attach one additional sheet.

**B. Action Requested:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**C. INFORMAL LEVEL (Date Received \_\_\_\_\_)**  
 Staff Response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**  
 If you are dissatisfied, explain below, attach supporting documents (Health Care Service Request Form, CDC 7362, Comprehensive Accommodation Chrono, CDC 7410, Trust Account Statement, etc.) and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

CDCR Appeal Number  
 \_\_\_\_\_

**FIRST LEVEL:**  Granted  P. Granted  Denied  Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete with 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head Approval:  
Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit for processing to the Health Care Appeals coordinator at your location within 15 days of receipt of response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**SECOND LEVEL:**  Granted  P. Granted  Denied  Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete with 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

See Attached Letter

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Health Care Services  
Hiring Authority Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For the Director's Review of Health Care issues, submit all documents to: Office of Third Level Appeals – Health Care  
P O Box 4038  
Sacramento, CA 95812-4038

**DIRECTOR'S ACTION:**  Granted  P. Granted  Denied  Other \_\_\_\_\_

See Attached Letter

Date: \_\_\_\_\_