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# State of Alabama Department of Corrections

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ADMINISTRATIVE REGULATION  
NUMBER

613

OPR: HEALTH SERVICES

## MENTAL HEALTH CODING AND SMI DESIGNATION

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes policies, procedures, and responsibilities for the assignment and use of mental health (MH) codes and Serious Mental Illness (SMI) status designation.

### II. POLICY

It is the policy of the ADOC that a MH code and SMI designation is assigned to all inmates during the reception process and to update this information as clinically indicated throughout the time of incarceration. This information indicates whether the inmate is on the MH caseload and, if so, the appropriate level of clinical services and housing assignment. The vendor MH staff will update the MH code and SMI designation to reflect any changes throughout the inmate's incarceration.

The clinical staff use the MH code and SMI designation to ensure that appropriate services are provided and tracked.

ADOC security and classification staff use the MH code and SMI designation to facilitate correct placement and other custody decisions consistent with the inmate's MH needs.

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, Mental Health Definitions and Acronyms, for a complete glossary of terms. See below for specific terms used in this AR:

- A. **MH Code**: A letter code assigned to each inmate that indicates whether the inmate is on the MH caseload and the level of treatment required. There are five possible MH codes:

1. **MH-A:** Assigned to inmates not currently receiving MH services and not on the MH caseload.
  2. **MH-B:** Assigned to inmates requiring outpatient MH services, and who have demonstrated stable coping skills for at least six months and can be housed in facilities that do not provide daily MH services by MH staff.
  3. **MH-C:** Assigned to inmates requiring outpatient MH services at a major facility, who have any diagnosed mental disorder associated with a functional impairment that interferes with their ability to meet the ordinary demands of living.
  4. **MH-D:** Assigned to inmates receiving chronic or acute MH services and requiring placement in a specialized housing unit (e.g., Residential Treatment Unit (RTU) or Stabilization Unit (SU)).
  5. **MH-H:** A temporary MH code reserved for use only by the Office of Health Services (OHS), indicating that an inmate with any other MH code designations will not be moved from the current housing unit or facility.
- B. **Serious Mental Illness (SMI):** Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s). (American Correctional Association, *Restrictive Housing Expected Practices, January 2018*).

#### IV. **RESPONSIBILITIES**

- A. The ADOC Director of MH Services is responsible for ensuring oversight of the development for policy and procedures of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring that the definition of MH codes and SMI designation meets relevant professional standards of care,
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring implementation of this AR.

- D. The vendor MH Program Director is responsible for ensuring all vendor staff is trained on the requirements of this AR, and implementation is monitored through a continuous improvement process.
- E. The vendor Psychiatric Director is responsible for ensuring that MH codes and SMI designations are appropriately determined according to clinical judgment and ADOC guidelines.
- F. The facility Warden or designee is responsible for ensuring that all facility staff implements the requirements of this AR.
- G. The vendor MH Site Administrator is responsible for monitoring and implementing requirements in this AR.

V. **PROCEDURES**

- A. All inmates admitted to the ADOC through a reception facility will be assigned a MH code and SMI designation during intake. These procedures also apply whenever an inmate enters via a facility other than one designated as a reception center.
- B. The process for inmates who the Reception Screening Nurse refers for MH evaluation:
  - 1. A vendor psychiatrist or psychologist who conducts the evaluation will enter the inmate's MH code on ADOC Form MH-013, *Mental Health Coding Form*, and provide the form to the designated vendor MH staff for entry into the ADOC OHS module.
  - 2. For inmates not referred for further MH evaluation and that do not require placement on the MH caseload, a vendor psychologist will document the corresponding MH-A code on ADOC Form MH-013, *Mental Health Coding Form*, and provide the form to the designated vendor MH staff for entry into the OHS module.
- C. At any point following the reception process, if the MH needs of the inmate change, the following process will be performed:
  - 1. For inmates not previously on the MH caseload (MH-A) but referred for MH evaluation, a psychiatrist, psychologist, or nurse practitioner will document any MH code changes according to the above processes (Section B.1).
  - 2. For inmates currently on the MH caseload who require a MH code change, the psychiatrist, nurse practitioner, or psychologist assigned to the inmate's treatment team will document any changes

on a progress note, update the ADOC OHS Form H-1-a, Health Record Master Problem List, and submit an updated MH-013, *Mental Health Coding Form*, for entry into the ADOC OHS module.

- D. The vendor MH Site Administrator or designee will send the facility Warden a list of the inmates on the MH caseload with their MH code and SMI designation.
- E. The MH code and SMI designation will be listed on all clinical documents and the ADOC OHS Form H-1-a, *Health Record Master Problem List*, in the medical chart, and will be accurately and consistently indicated throughout all documents related to their care.
- F. The vendor MH Site Administrator will monitor the number of inmates assigned to each MH codes as a component of the MH Quality Improvement Program (see AR 606, *Mental Health Quality Improvement Program*).

## **VI. DISPOSITION**

Refer to AR 601, *Mental Health Forms and Disposition*.

## **VII. FORMS**

Refer to AR 601, *Mental Health Forms and Disposition*, for:

- A. ADOC Form MH-013, *Mental Health Coding Form*
- B. ADOC/OHS Form H-1-a, *Health Record-Master Problem List*

## **VIII. SUPERSEDES**

This AR supersedes AR 613, dated March 30, 2006.

## **IX. PERFORMANCE**

- A. Alabama Code Section 14-1-1.1, et seq.
- B. Braggs et al .v. Hamm et al., No. 2:14-cv-00601-MHT-JTA, in the U.S. District Court for the Middle District of Alabama
- C. The National Commission on Correctional Health Care: *Standards for Health Services in Prisons*, 2018, Essential Standard P-B-07, Communications on Patients' Health Needs, Essential Standard, P-E-05, Mental Health Screening and Evaluation.

- D. The National Commission on Correctional Health Care; *Standards for Mental Health Services in Correctional Facilities*, 2015, Essential Standard MH-A-08, Communication on Patients' Mental Health Needs, Essential Standard MH-E-04, Mental Health Assessment, and Evaluation



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John Q. Hamm  
Commissioner

**ANNEX('S):**

Alabama Department of Corrections, *MH Codes*

**Alabama Department of Corrections  
MH Codes**

MH Code	Description and Care Provided	Housing
<b>MH-A</b>	<ol style="list-style-type: none"> <li>Not currently receiving MH services.</li> <li>Not clinically identified as needing MH services.</li> <li>Receives crisis intervention services whenever indicated</li> </ol>	General Population; Restrictive Housing
<b>MH-B</b>	<ol style="list-style-type: none"> <li>Requires outpatient services at least every 90 days.</li> <li>Demonstrate stable coping skills for at least six (6) months.</li> <li>Requires a multidisciplinary treatment plan.</li> <li>Treatment may include counseling, psychotropic medication, and group activities.</li> <li>May be housed in facilities that do not provide daily on-site coverage by MH staff.</li> </ol>	General Population; Restrictive Housing* SLU*
<b>MH-C</b>	<ol style="list-style-type: none"> <li>Requires outpatient services at intervals of no less than 30 to 60 days</li> <li>Is diagnosed with one or more mental disorder(s) currently associated with impairment in psychological, cognitive, or behavioral functions that substantially interferes with the person's ability to meet the ordinary demands of living.</li> <li>Requires a multidisciplinary treatment plan.</li> <li>Treatment may include counseling, psychotropic medication, and group activities.</li> <li>Must be housed in a facility that provides daily on-site coverage by MH staff.</li> </ol>	General Population; Restrictive Housing* SLU*
<b>MH-D</b>	<ol style="list-style-type: none"> <li>Receives stabilization or residential-level MH services.</li> <li>Requires multidisciplinary treatment plan.</li> <li>Receives 10 hours of structured and 10 hours of unstructured out-of-cell time each week.</li> <li>Requires placement in a specialized MH housing unit.</li> </ol>	Residential Treatment Unit (RTU) or Stabilization Unit (SU)
<b>MH-H</b>	<ol style="list-style-type: none"> <li>A special <u>temporary</u> "Hold" code indicates an inmate is not to be moved from the current housing assignment or facility pending approval by the OHS.</li> <li>This code is only entered or removed by OHS.</li> <li>This code does not affect clinical care, which continues according to the most recently assigned MH code (A, B, C, or D) and Treatment Plan.</li> </ol>	Do not transfer from current housing assignment or facility
<b>*SMI-Yes</b>	Clinically contraindicated for RHU placement unless exceptional circumstances are documented.	Eligible for SLU placement
<b>*SMI-No</b>	No clinical contraindication to RHU placement based on SMI designation.	

Annex to AR 613