



**DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE**

Procedure:	MWP 4.7.100 Interstate Compact Transfers	
Effective Date:	November 24, 2003	Page 1 of 3 and 5 Attachments
Revision Date(s):	February 2, 2023	
Reference(s):	DOC 4.7.100	
Signature:	Jennie Hansen	Warden

I. PURPOSE

To transfer Montana Women's Prison ("MWP") inmates to and from facilities outside Montana as allowed by the Interstate Corrections Compact (ICC).

II. DEFINITIONS

Receiving Facility - The facility being requested to assume custody of an inmate via transfer.

Sending Facility - The facility transferring an inmate to a receiving facility.

Interstate Compact Transfer Manager (ICTM)- MWP staff designated to manage interstate transfers out of the Montana Women's Prison.

III. PROCEDURES

A. Outgoing Transfers

1. When the application of MWP's inmate management processes have failed to return an inmate to an acceptable period of self-control, housing unit staff will conduct a file review of the inmate and document recommendations concerning transferring the inmate to an out-of-state facility. Housing unit staff will complete section A of a DOC Interstate Corrections Compact Transfer Request form (Attachment A), and forward to the facility Interstate Compact Transfer Manager (ICTM).
2. When an inmate requests an out-of-state transfer, the inmate's Case Manager or ICTM will assist the inmate in completing section A of the DOC Interstate Corrections Compact Transfer Request form (Attachment A), ensuring the inmate signs the request.
3. If the facility administrator determines that transferring an inmate out of state would be beneficial to the safety and security of the facility, the ICTM will initiate the interstate compact transfer process. The ICTM will review the inmate's records file for victim notification(s) and notify the victim liaison if any notifications need to be made to the inmate's victim(s). If a victim objects to the transfer, the ICTM will review the concerns with the Warden before a final decision is made to pursue the transfer. The ICTM will notify the victim(s) of the Warden's decision.

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4. The receiving facility must approve a transfer. The ICTM will send a packet of file material on the inmate to potential receiving facilities that includes (1) legal information, (2) pre-sentence investigation (or similar material), (3) completed medical history form (Attachment B), (4) disciplinary record, (5) classification/custody history, and (6) ICC Referral Summary Sheet (Attachment C).
5. When an out-of-state facility agrees to accept the inmate, the ICTM will obtain delivery instructions from the receiving facility. Before the transfer, the ICTM will send the receiving facility the names of the transport officers and the estimated date and time of delivery.
6. The ICTM will provide the transport officers copies of the traveling legal paperwork and the acceptance letter from the receiving state.
7. Documentation of official movement will be completed when the inmate leaves on transport to the receiving state.

B. Incoming Transfers

1. After receiving a transfer request packet for a transfer to Montana from another state, the ICTM will complete a memorandum summarizing the requested transfer and present it and the transfer request packet to the Warden.
2. The Warden will approve or deny the request and return the completed paperwork to the ICTM. The sending state will be notified via mail of the decision. If denied, the transfer request packet will be returned to the sending state.
3. If the transfer is approved, the ICTM will arrange delivery of the inmate with the sending facility. The ICTM will also send written notification of the acceptance and arrival information to all affected staff well before the arrival of the out-of-state transfer.

C. Property

1. Incoming Transfers
 - a. If the inmate is accepted for transfer to Montana, the sending facility will complete and return the Montana ICC Allowable Property Form (attachment D) before the inmate travels to Montana. This shall notify the inmate that, to avoid losing items upon arrival to Montana, any unallowable items may be disposed of before transport.
 - b. All property brought to Montana from a transferring inmate will be reviewed for comparability to items allowed at The Montana Women's Prison; if determined acceptable by the Associate Warden of Security and ICTM, the item will be allowed.
 - c. If the sending facility sends items that are not allowed for the inmate's retention at the Montana facility, the unallowable items will be reviewed on a case-by-case basis

upon arrival. If the item is similar to what is offered at MWP, it will be allowed. Items not allowed must either be mailed out or disposed of.

2. Outgoing Transfers

- a. When ICTM receives notice of acceptance of an ICC Involuntary Transfer from Montana, the ICTM will provide MWP’s Property Officer or designee with an address and a list of personal property items on the Montana ICC Allowable Property Form (attachment D) that the inmate is allowed to send to the receiving facility. The inmate will not be allowed to ship or take any item that isn’t on this list to the receiving facility.
- b. On the day of the transfer, immediately after informing the inmate she is going out on a transport, housing unit staff will ensure the inmate completes a special mailing request form for all unallowable items that that the inmate requests to be sent out. Mailing/shipping costs will be paid by the facility.
- c. If the inmate refuses to pack the property items or fill out a special mailing request to have them mailed out, the property items will be considered abandoned and will be disposed of.
- d. On the day of transfer, the only personal property the inmate will be transported with are (1) prescription eyewear, (2) prescription medication, and (3) current legal paperwork. All property must fit in a 10” x 15” manila envelope. The disposition of all other property must be handled prior to transfer.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden or the Interstate Compact Transfer Manager

V. ATTACHMENTS

DOC Interstate Corrections Compact Transfer Request Form	Attachment A
Medical history form	Attachment B
Interstate Compact Referral Summary	Attachment C
Montana ICC Allowable Property Form	Attachment D
Release of Information	Attachment E

DOC INTERSTATE CORRECTIONS COMPACT TRANSFER REQUEST FORM

Date Received: ____/____/____

DOC Facility: Montana Women's Prison Inmate Name: _____ AO# _____

SECTION A:

Instructions: Unit staff shall complete this section and forward it to the receiving facility's interstate compact coordinator.

Inmate _____ has been referred by _____

For interstate compact transfer for the following:

Staff Signature: _____

Date: _____

Inmate Signature: _____

Date: _____

Administration has carefully reviewed your interstate compact request, at this time administration has determined to:

Approve:

Disapprove:

Reason for determination: _____

Staff Signature: _____

Date: _____

**MONTANA DEPARTMENT OF CORRECTIONS
INTERSTATE TRANSFER HEALTH CARE SUMMARY**

Offender Name:			AO/ID Number:
Date of Birth: / /	Supervised Release Date: / /	Expiration Date: / /	Case Manager:
Mantoux Date: / /	Results:	Chest x-ray:	Results:
If Mantoux was positive, was INH administered?	Date INH Completed: / /	If no INH administered/completed, was offender treated with any other medication?	

Please send copies of any dental, medical, psychiatric, nursing, and mental health progress notes and lab and x-ray reports for the previous six months.

Current Dental Problem/Diagnosis: _____

Follow-up Appointments: _____

Current Medical Problem/Diagnosis:* _____

HIV Status: _____

Physical Health Background Information

Medications (medication administration record attached): _____

Adaptive Devices: _____

Special Needs/Impairments: _____

Allergies: _____

Restrictions/Limitations: _____

Follow-up Appointments: _____

***If hepatitis C positive, please provide liver function test results and biopsy results (if available).**

Name and Title (Health Services Designee):

Date:
/ /

Current Mental Health Problem(s)/Diagnosis: _____

Mental Health Background Information:

History of Suicide Attempt(s): _____

Psychotropic Medications: _____

Follow-up Appointments: _____

Name and Title (Mental Health Services Designee):

Date:
/ /

INTERSTATE CORRECTIONS COMPACT REFERRAL SUMMARY

INMATE NAME		STATE ID		STATE	Montana
DATE OF REQUEST	Click here to enter a date.				
TYPE OF TRANSFER	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY	<input type="checkbox"/>		
ESCAPE HISTORY	NONE <input type="checkbox"/>	SEE ATTACHED	<input type="checkbox"/>		
PAROLE ELIGIBILITY DATE:					
DISCHARGE DATE:					
REASON FOR TRANSFER					
REFERRAL PACKET CHECKLIST:					
DEMOGRAPHICS <input type="checkbox"/>					
CUSTODY LEVEL HISTORY <input type="checkbox"/>					
DISCIPLINARY HISTORY <input type="checkbox"/>					
WORK HISTORY <input type="checkbox"/>					
STG/GANG INFORMATION <input type="checkbox"/>					
CRIME/SENTENCE <input type="checkbox"/>					
PRE-SENTENCE INVESTIGATION <input type="checkbox"/>					
JUDGEMENTS <input type="checkbox"/>					
MEDICAL/MENTAL HEALTH <input type="checkbox"/>					
TREATMENT PROGRAMMING RECORD <input type="checkbox"/>					

MONTANA WOMEN'S PRISON ICC ALLOWABLE PROPERTY FORM

This form must be completed and returned to MWP prior of delivery of the inmate. Please fax it to the attention of Interstate Compact at (406) 247-5161 in advance of delivery. It must be signed by the inmate and witnessed by staff.

Thank you for your cooperation. Any questions, call (406) 247-5100.

The ONLY personal property items allowed for retention upon arrival at MWP are the following:

- Money
- Legal Papers
- Prescription Glasses
- Address Book
- Wristwatch
- Bible
- Wedding Ring (Band Only)
- Big Book (A.A or N.A)

Inmate Signature

Date

Witness Signature

Date



State of Montana
DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Offender's Full Name _____

Address or Location _____

DOC I.D. # _____

Soc. Sec. # _____

Date of Birth _____

Complete appropriate section and include all information and signatures.

SECTION I: Release of information contained in offender's case record.

I, _____, authorize the Department of Corrections to release
Offender
 information from my case file to the following person:

 Name

 Relationship to Offender

 Offender's Signature

 Date

SECTION II: Release of healthcare, treatment, or other types of information and/or records.

I, _____, authorize _____
(Offender) Facility/Agency/Person
 to release the following records covering the period from ____ to ____ . I further authorize the
 exchange of information between the facility/agency/person and the Department for the purpose of: ____
 Authorization expires: ____

Check all that are specifically authorized:

Healthcare Information:

- Discharge Summary
- History and Physical
- Consultation Reports
- Immunization Record
- Other: _____

- Progress Notes
- Laboratory Tests
- Emergency Room Report
- Complete Health Record

- Operative Notes
- Pathology Report
- X-ray/Imaging Reports

Treatment Information:

- CD Evaluation results/recommendations
- Discharge Summary

- Mental Health/Psychological Evaluation/Diagnosis
- Other: _____

OTHER: _____

1. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or Hepatitis A, B or C. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
2. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on this authorization. The revocation is effective from the time it is communicated to the provider. Unless otherwise revoked, this authorization is valid for up to 30 months from the date of execution below. If no expiration is specified, this authorization will automatically expire six (6) months from the date of signing. This authorization does not permit the release of health care information relating to health care that the patient receives more than six (6) months from the date of execution below. (§50-16-527, MCA)
3. The Montana Department of Corrections, Montana State Prison, Montana Women's Prison, its health care providers, employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information pursuant to the Uniform Health Care Information Act, §50-16-501 through §50-16-553, MCA, or the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d.
4. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Offender or Offender's Representative	Date
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Relationship to the offender _____

Signature of Witness	Date
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Signature of DOC Representative Requesting Information	Date
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Printed Name	Printed Title
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Address	Fax #	Email Address
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cc: Offender File
