

 <p>Department of Corrections WASHINGTON STATE</p> <p>Health Services Guideline</p> <p><i>Note: Please choose which type of document you are posting and delete others above. If more than one type, use both with "and" rather than "or".</i></p>	APPLICABILITY HEALTH SERVICES	AUTHOR/OWNER CHIEF MEDICAL OFFICER
	EFFECTIVE DATE	NUMBER: I-XXX <i>Note: For nursing protocols, guidelines, and procedures, replace "I" with "N" as a safety check. Other services do not need a preceding letter.</i>
	TITLE Guidelines for Healthcare of Transgender Individuals	

REVIEW/REVISION HISTORY

Reviewed or Revised?	By Whom:	Title:	Date:
Revised	Karie Rainer	Director Behavioral Health	6/13/2023
Revised	Karie Rainer	Director of Behavioral Health	9/6/2023

SUMMARY OF REVISION/REVIEW:

Updated to new formatting

APPROVED:

MARYANN CURL,
 Chief Medical Officer

 Date Signed

KARIE RAINER,
 Director of Behavioral Health

 Date Signed

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DESCRIPTION:

Guidelines for Healthcare of Transgender Individuals.

PURPOSE / RATIONALE:

The WA Department of Corrections Guidelines for Healthcare of Transgender Individual provides direction for the medical management and treatment of transgender incarcerated individuals. WADOC will deliver individualized gender-affirming medical and mental health care consistent with the HCA Transhealth Program. Medical necessity of any gender-affirming treatment or service will be determined according to the HCA Transhealth program standards.

PROTOCOL/PROCEDURE:

I. Definitions:

Gender means the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. Gender identity is not binary (i.e., either man or woman) nor static; it exists along a continuum and can change over time. Gender includes a person’s gender identity and gender expression.

GA-CRC: The Gender-Affirming Care Review Committee (GA-CRC) is comprised the Chief Medical Officer, the Director of Mental Health and the Chief of Psychiatry or their designees. They are available for consultation regarding transgender healthcare as requested by facility healthcare teams. They will also make the determination of the medical necessity of a person’s request for gender affirming surgery if there is a lack of consensus at a lower level as well as review appeals if there is a denial of care. In making its decision, the GA-CRC will review any consultation with a GAMCC or GAMHCC.

Gender-Affirming surgery is the surgery to change primary and/or secondary sex characteristics to affirm a person’s gender identity.

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Gender Dysphoria means diagnoses under the ICD or the Diagnostic and Statistical Manual for Mental Disorders that are associated with transgender status including any Gender Identity Disorder (such as dual-role transvestism or transsexualism), Gender Incongruence or Unspecified Endocrine Disorder.

Gender Expression refers to the ways in which a person manifests the gender-related traits of masculinity, femininity, both, or neither through appearance, behavior, dress, speech patterns, pronouns, name, preferences, and more.

Gender Identity means an individual's sense of being either male, female, both; or neither. This may be different from what is traditionally associated with an individual's assigned sex at birth.

HCA Transhealth Program is the Washington Health Care Authority Apple Health Transhealth Program. <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/transhealth-program>

Hormone Replacement Therapy (HRT) are medications that allow for the acquisition of secondary sex characteristics more aligned with an individual's gender identity.

Intersex is an umbrella term for variations in sex traits or reproductive anatomy that are not classified as typically male or female. Some intersex traits may never be identified, while others are identified at birth, during puberty, or later in life.

Non-Binary describes people who do not identify exclusively as a man or woman. Non-Binary is an umbrella term that describes a range of people who may identify as being without gender, having a fluctuating gender, and/or a having gender that is between or outside the categories of man and woman. People with non-binary gender identities may or may not use more specific terms to describe their genders, such as agender, genderqueer, gender fluid, two spirit, bi-gender, pan-gender, gender non-conforming, or gender variant.

Sex Assigned at Birth means the sex (male, female, intersex) assigned to a person at birth, generally based on biological attributes such as anatomy, chromosomes, and

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hormones.

Sexual Orientation means a person's identity in relation to the gender or genders to which they are sexually attracted.

Transgender (TGD) describes people whose gender identity is different from their sex assigned at birth. For the purposes of this policy, TGD is an umbrella term that refers to transgender, intersex, and non-binary people unless explicitly stated otherwise.

Transition refers to the period during which TGD individuals may change their physical, psycho-social and/or legal characteristics to the gender with which they identify.

II. Multidisciplinary Approach and Management:

Healthcare for TGD individuals requires a multidisciplinary approach. These teams, comprised of staff described below, will ensure a person's care needs are identified and addressed comprehensively. They will develop a collaborative treatment plan to address the healthcare needs of the individual, across all disciplines. The plans will include the all aspects of gender-affirming care available through WADOC, such as mental health care, medical care, HSR's and social transitioning support.

If a patient is not approved for a gender-affirming medical treatment or service, a case coordination meeting will occur among the patient's mental health provider, the GAMS, the GAPA, and any GAMHCC who has evaluated the patient's recent request for care. The patient will have the opportunity to attend and address the case coordination meeting. The case coordination meeting will occur within one month of the decision by the GA-CRC to deny care. The meeting will result in a treatment plan and, if applicable, will establish criteria and/or timelines for when the patient may be eligible for re-evaluation for the denied gender-affirming medical treatment or service.

Respect and trust are essential to a clinician-client (physician-patient) relationship. Respectful language and terms should always be used when discussing or referring to individuals, regardless of gender. Once an individual has identified as TGD, use of pronouns or salutations preferred by the TGD individual is expected. If a person's pronoun

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preference is unknown, the individual should be asked. This practice is more likely to facilitate cooperative relationships between the TGD individual and others, and generally reduces the stress of gender transition and other healthcare services.

The people comprising the multidisciplinary team include:

GENDER-AFFIRMING PROGRAM ADMINISTRATOR (GAPA)

The GAPA oversees the delivery of care services for transgender individuals. They will ensure that Patient Care Navigators (PCN) are available in a timely manner to engage transgender individuals in care and facilitate access to all other services to include the Gender Affirming Medical Specialist. The GAPA will meet with all PCNs monthly to provide education and training to ensure cultural competency in their work. The GAPA may be involved in providing direct support and education services for those individuals with more complex needs and as people may be considering surgical interventions.

GENDER-AFFIRMING MEDICAL SPECIALIST (GAMS)

The GAMS will be responsible for all gender-affirming medical treatments and services in WADOC unless stated otherwise. WADOC will provide treatments and services that the GAMS determines are medically necessary according to the current HCA Transhealth Program standards, to include providing documentation to support requests for surgical intervention, when indicated. The GAMS is available for consultation regarding transgender healthcare as requested by facility healthcare teams. A back-up GAMS will be available for consultation and coverage during extended (greater than 10 business days) absences of the GAMS.

GENDER-AFFIRMING MEDICAL COMMUNITY CONSULTANT (GAMCC)

WADOC will consult as necessary with a GAMCC who a community expert in gender-affirming medical care. The GAMHCC may be a provider through Transline, a transgender healthcare specialist on Rubicon, or a community expert in transgender healthcare.

GENDER-AFFIRMING MENTAL HEALTH COMMUNITY CONSULTANT (GAMHCC)

A GAMHCCs is a community expert in gender-affirming mental health care. They will

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provide case consultation and training to staff on gender-affirming mental health care through monthly clinical consultation groups and evaluate patients for surgeries as required by the HCA Transhealth Program and according to these Guidelines.

GENDER-AFFIRMING MENTAL HEALTH SPECIALIST (GAMHS)

GAMHSs will provide mental health services for transgender patients, as well as consultation and referrals for medical treatments and services as necessary. They will perform the second of two psychosocial evaluations for surgeries when required by the HCA Transhealth Program. Assessment and treatment services will be provided per the DOC Health Plan. Any referrals to include psychological evaluation will be made in consultation with the GAMHCC. The GAMHS will participate in monthly Case Consultation meetings co-facilitated by a GAMHCC and GAMHS, which will include training and consultation regarding mental health care for transgender patients. The Department will use telehealth as necessary to ensure that the delivery of mental health treatment by Gender-Affirming Mental Health Specialists is uninterrupted by a vacancy lasting longer than 10 business days.

PATIENT CARE NAVIGATOR (PCN)

The Patient Care Navigator (PCN) Will meet with identified individuals to provide the TGD Toolkit. All PCNs will have monthly cultural awareness training delivered by the GAPA in line with HCA standards of care for individuals of TGD experience.

PRIMARY CARE TEAM

The Primary Care Team will provide a patient's primary care as described in the DOC Health Plan. They will monitor and screen patients who receive gender-affirming healthcare in coordination with, or at the direction of the Gender-Affirming Medical Specialist. Such services may include performing blood draws and other tests, cancer screening, and post-operative care following discharge from inpatient settings.

III. Care Services

All treatments and services that are covered as a gender-affirming treatment under the current HCA Transhealth Program will be accessible to TGD individuals in WADOC

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custody. Medical necessity determinations will be made upon individualized assessment and according to these guidelines. Such treatments and services include, but are not limited to, Hormone Replacement Therapy (HRT), gender-affirming surgery, mental health therapy, permanent hair removal, voice therapy, and support with social transition. No person will be required to participate in any gender-affirming medical or mental health process, service, or treatment. However, to obtain treatments or services outlined below, patients must participate in the processes detailed in these guidelines and as determined medically necessary by the relevant providers as described.

A. Navigation Services:

A PCN will be available to meet with TGD individuals in custody at all Department facilities either in person or by telehealth. A PCN’s responsibilities will include but may not be limited to the following:

1. provide patient education materials (i.e., WA DOC Toolkit for Transgender Individuals) about gender-affirming medical treatments and services, and the process for accessing such treatments and services in WADOC.
2. will meet with a TGD person within 10 business days of identification of TGD identity to WADOC.
3. Individuals can also request an initial appointment with the PCN via kite without a requirement that they have previously been identified as TGD by WADOC.

B. Gender Affirming Mental Health Care:

Mental Health services will be available to all individuals per the DOC Health Plan. For those people interested in mental health services an assessment will be conducted and an individualized treatment plan developed to address their needs. These treatment needs may be associated with gender transition or may not. Everyone will have the opportunity to work with a routinely assigned therapist or they may request, through the routinely assigned therapist, to work with a DOC Gender-Affirming Mental Health Specialist. No one will be required to participate in mental health services though some other gender affirming care may be dependent on participating in a mental health assessment. A person may request to meet with a mental health therapist by kiting or other Health Services staff and will be seen within 28 days of the receipt of the request.

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Referral for some gender affirming specialty care may be dependent on participation in a mental health assessment.

The GAMHS is one of the disciplines responsible for providing an assessment of and determination of a diagnosis of Gender Dysphoria for individuals identifying as transgender. If, in the opinion of the GAMS or GAMHS, a patient presents with serious co-occurring mental health issues that are not reasonably well-controlled and, in the provider’s opinion, requires the differential diagnosis of a mental health professional, the patient shall be assessed for a differential diagnosis within 42 days of referral to a GAMHS or GAMHCC. If a GAMHS does not diagnosis a patient with Gender Dysphoria, then the patient may appeal the decision to a GAMHCC. Any appeal of the decision of the GAMHCC will be reviewed by the GA-CRC.

Personality testing shall not be used for the assessment or diagnosis of gender dysphoria or as a tool for determining access to gender-affirming treatments or services. If a transgender patient’s treating mental health provider believes that personality testing of a patient is indicated for some other reason, the provider shall document a consultation with the GAMHCC. The GAMHCC will opine on whether personality testing is indicated and what assessment shall be used. Following testing by a GAMHS or the patient’s provider, the GAMHCC will opine on what conclusions and recommendations may be drawn from such testing.

C. Gender Affirming Medical Care:

HRT will be medically indicated upon a determination by the GAMS that a patient identifies as transgender; has provided informed consent; and has no major medical contraindications. A diagnosis of Gender Dysphoria is not required for prescription of HRT.

1. Any person with an active HRT prescription when they enter DOC custody will have their prescription continued, for at least 30 days, by a Primary Care Practitioner (PCP) until they can meet with the GAMS and have initial HRT labs

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drawn. There will be an automatic referral to the GAMS placed when the bridge prescription is written.

2. A TGD patient will kite the GAMS to schedule an appointment. The patient will not be required to meet with the PCN to have an appointment with the GAMS. The patient will be seen by the GAMS within 28 days from the receipt of the request.
3. The GAMS will coordinate with the PCP if additional labs or work up is needed prior to start of HRT.
4. The GAMS will be responsible for determining appropriate dosing and administration methods (i.e., injection, patches, or pills).
5. The GAMS will be responsible for directing, ordering, and reviewing screening and lab work in coordination with PCPs.
6. If the GAMS finds that the patient is not fit for HRT, the patient will be entitled to a second opinion as follows:
 - a. If the GAMS denies the patient access to HRT due to medical contraindications, the GAMS will automatically consult with a GAMCC. They will review the case together and develop a plan of care which will be implemented by the GAMS.
 - b. If the GAMS finds that the patient is not fit for HRT due to mental health contraindications, the GAMS may consult with or refer to the GAMHS. If there are still unresolvable issues, the patient will be entitled to a consultation by a GAMHCC without need for an appeal. The GAMS will initiate an internal referral through OMNI-HS to the GAMHCC. Within 14 days of the denial, the PSR will schedule the appointment with the GAMHCC for the second opinion. Following the assessment by the GAMHCC, they will meet with the GAMHS and/or GAMS to jointly develop a plan of care which will be implemented by the GAMS.

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D. Primary Care Services:

PCPs will perform services related to gender-affirming medical care in coordination with or at the direction of the GAMS and other specialists. Such services may include performing blood draws and other tests to monitor hormone levels, cancer screening, preoperative evaluation (for surgical clearance) and post-operative care following discharge from inpatient settings. PCPS complete general care such as prolactin evaluation, liver work up etc., if needed prior to surgery or start of HRT. PCPs will perform such services on timeframes identified by the GAMS or other specialists and consistent with current community standards of care.

PCPs may only alter gender-affirming treatment with the approval of the GAMS or the back-up GAMS. In rare instances of medical crisis where the GAMS and back-up GAMS are unavailable, the PCP must have the approval of the Facility Medical Director (FMD) to alter a gender-affirming treatment, then consult with the GAMS as soon as practicable. If both the GAMS and back-up GAMS will be unavailable for a period longer than 10 business days, then the PCP will initiate a consultation with a transgender health specialist on Rubicon or TransLine ([TransLine: Transgender Medical Consultation Service \(zendesk.com\)](https://zendesk.com)) and alter or initiate treatment with the approval of the FMD.

E. Gender Affirming Surgery:

The same gender-affirming surgeries as those covered by the current HCA Transhealth Program will be provided to transgender individuals in DOC. A patient may request, be evaluated, and scheduled for more than one type of surgery at the same time. A patient's eligibility for surgery will not include consideration of the patient's remaining sentence unless the surgeon determines there is insufficient time for an individual to convalesce prior to release. A patient's eligibility for surgery will not include consideration of an indeterminate sentence, Immigration and Customs Enforcement detainer, or being in the Department pursuant to the Interstate Compact. The determination of a specific surgical intervention will be made between the patient and the surgeon.

Gender-affirming surgeries will be provided as follows:

1. The GAMS will evaluate all patients' requests for gender-affirming surgery and

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determine medical fitness for the requested surgery with consultation from the patient's PCP and evaluate for medical necessity criteria. If there are no unresolvable medical contraindications to surgery, the GAMS will refer the patient for surgery, unless a psychosocial evaluation is required under the HCA Transhealth Program criteria, in which case the patient will be referred to a GAMHCC for psychosocial evaluation. Either of these referrals will be made by the GAMS by submitting a medical consult in OMNI. The Consult to refer for surgery will be submitted by the GAMS after all documents required for authorization have been gathered and all other presurgical criteria have been met, such as completion of 12 months of HRT when indicated. The consult will be approved at Level 1 by the FMD, and the scheduling process will be initiated by the PSR (i.e., contact made with the surgeon's office) within 14 days.

2. If the GAMS determines there may be unresolvable medical contraindications to surgery, the GAMS will automatically consult with a GAMCC. The GAMS and GAMCC shall review the case and develop a plan of care which will be implemented by the GAMS. If the GAMS denies the patient a referral for surgery after consultation with the GAMCC, the patient will be entitled to appeal the second opinion to the GA-CRC for decision. They will do this by submitting a Patient Appeal of Care Review Committee form (13-578) to the Health Services Manager at their location. The GA-CRC will return a decision within 28 days.
3. For surgeries requiring one psychosocial evaluation, the Department will evaluate and schedule patients according to the following process:
 - a. A GAMHCC will perform the psychosocial evaluation via telehealth or in person if necessary. The GAMS will submit a consult in OMNI to schedule this appointment. The FMD will approve at Level 1 and the scheduling process will be initiated by the PSR (i.e., contact made with the GAMHCC's office) within 14 days.
 - b. The PSR will schedule the psychosocial evaluation for the first available appointment prior to a patient's Release Date.

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- c. The GAMHCC will evaluate medical necessity and patient fitness under the HCA Transhealth Program requirements and document their findings and recommendations in a letter that meets the HCA Transhealth Program requirements. A copy of the letter will be included in the patient's medical records.
 - d. If both the Gender-Affirming Mental Health Community Consultant and GAMS approve the patient for surgery, the FMD will approve the Consult for surgery and within 14 days the PSR will initiate scheduling (i.e., contact made with the surgeon's office) the soonest available consultation with a surgeon.
 - e. Upon a determination by the Gender-Affirming Mental Health Community Consultant that the patient is not eligible for surgery, the case will be automatically referred to the GA-CRC for review. The GAMS will submit a GA-CRC Consult with a referral to GA-CRC (not Level 1 or Level 3) completed by the FMD or Psych 4. The GA-CRC will decide whether to authorize a second evaluation by a different Gender-Affirming Mental Health Community Specialist or deny the requested surgery. This decision will be communicated to the patient in writing within 28 days.
4. For surgeries requiring two psychosocial evaluations, per the HCA Transhealth Program, the GAMHS at the facility will provide the second evaluation after receipt of the first evaluation (per the process above) and schedule patients according to the following process:
- a. The GAMS will submit an internal referral to the GAMHS to complete an evaluation and letter documenting their assessment for the purposes of informing the surgeon of their evaluation.
 - b. The PSR will schedule the psychosocial evaluation for the first available appointment prior to a patient's Max Release Date.
 - c. For the second psychosocial evaluation, the GAMHS will evaluate medical

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necessity and patient fitness under the HCA Transhealth Program requirements and document their findings and recommendations in a letter that meets the HCA Transhealth Program requirements. The GAMHS will make an evaluation decision and complete any letter within 42 days of referral.

- d. The outcome of the evaluation will be documented and provided to the surgeon.
- e. This second psychosocial evaluation will be completed only after receipt of the completed first psychosocial evaluation approving the person for surgery.
- f. If this second evaluation does not approve the person for surgery the GAMS will automatically refer the person for a second opinion with a GAMHCC by submitting a Medical Consult and following the process outlined above.
 - i. If the second evaluation of a GAMHCC approves a patient for surgery after a positive referral by the first evaluator, the FMD will approve the Consult for surgery and within 14 days the PSR will initiate scheduling (i.e., contact made with the surgeon's office) the soonest available consultation with a surgeon.
 - ii. If the second evaluation of a GAMHCC does not approve a patient for surgery after a positive referral by the first evaluator, the case will be reviewed by the Department's GA-CRC for a decision. When this occurs, the GAMS will submit a GA-CRC Consult and the FMD or Psych 4 will refer for GA-CRC (not Level 1 or Level 3).
 - iii. The patient will be notified of these outcomes in writing.
5. The GAMS will receive a copy of the letters documenting the second evaluator's findings and recommendations, and copies will be included in the patient's medical records.

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6. The FMD will approve patients for surgery consultations according to the determination of the GAMS and any required psychosocial evaluation.
 - a. A PSR will schedule patients who have been approved for a surgery consultation by the FMD for the soonest available consultation with a surgeon, regardless of whether the appointment is after a patient's Max Release Date. The scheduling process will be initiated by the PSR (i.e., contact made with the surgeon's office) within 14 days.
7. Surgery will be scheduled for the soonest available date unless the surgeon determines there is insufficient time for an individual to convalesce prior to release. In such circumstances, there will be an attempt to schedule the surgery for a date post-release in consultation with the surgeon.
8. In circumstances that GA surgery is not approved by the surgeon, the GAMS can refer to another surgeon or in complex cases, present the case to the GA-CRC for further recommendation. The GA-CRC Consult will be completed by the GAMS and referred for GA-CRC by the FMD or Psych 4.
9. Patients approved for gender-affirming surgery will be provided all pre- and post-operative care or services recommended by the surgeon, including pre-surgical prosthetics and permanent hair removal (not IPL or other non-permanent hair removal methods). The IPU provider/PCP or GAMS will issue HSRs for pre- and post-surgical items as recommended by the surgeon.
10. For those patients needing pre-operative permanent hair removal, the PSR will schedule electrologist services as indicated by the surgeon. These appointments will be scheduled (i.e., contact made with the provider's office) within 14 days of direction from the surgeon.
11. Post-operative care will be planned through an MDT process to include the GAMS, PCP, Nurses, and any other relevant providers. This will occur at least one month prior to surgery and include review of information provided by the surgeon regarding post-operative care needs.

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12. Patients will recover from gender-affirming surgery in the least-restrictive setting where they can receive appropriate care according to a patient’s post-operative care plan as determined by the patient’s surgeon. The GAMS, in coordination with the FMD, will issue HSRs for single cells as necessary for post-operative care.

- a. When vaginal dilation is medically necessary for a TGD individual, WADOC will ensure the individual has access to dilation tools and a semi-private setting for a duration and frequency as needed to meet the dilation schedule recommended by the individual’s surgeon or GAMS. A semi-private setting means a space in which an individual will have waist to ankle privacy and where the individual cannot be viewed by custodial staff or other people in custody, except due to exigent circumstances. Individuals who require the use of dilation tools will not lose access to privileges, including programs and jobs, due to their use of dilation tools. WADOC will provide such individuals with accommodations to ensure that they retain uninterrupted access to privileges, including programs and jobs.

13. If a patient’s surgical procedures and follow-up care are not complete at the time of their release from incarceration, the HS Reentry staff will assist with continuity of care planning.

F. Other Treatments and Services:

- 1. WADOC will provide any other gender-affirming treatments and services (e.g. voice therapy, permanent facial hair removal) when determined medically necessary by the GAMS and an external provider, as appropriate. The medical necessity determination will be made according to the requirements of the current HCA Transhealth Program. All appointments with external providers will be scheduled within 14 days of a PSR receiving the referral (i.e., contact made with the provider’s office). Denials of a requested treatment or service by the GAMS or an external provider will be automatically referred to the GA-CRC for review.
- 2. The GAMS, or PCP in consultation with the GAMS, will evaluate and issue HSRs for gender-affirming items and accommodations as medically necessary as

 <p>Department of Corrections WASHINGTON STATE</p> <p>Health Services Guideline</p> <p><i>Note: Please choose which type of document you are posting and delete others above. If more than one type, use both with "and" rather than "or".</i></p>	APPLICABILITY HEALTH SERVICES	AUTHOR/OWNER CHIEF MEDICAL OFFICER
	EFFECTIVE DATE	NUMBER: I-XXX <i>Note: For nursing protocols, guidelines, and procedures, replace "I" with "N" as a safety check. Other services do not need a preceding letter.</i>
	TITLE Guidelines for Healthcare of Transgender Individuals	

treatment for Gender Dysphoria, including pre- and post-operative property (e.g., post-op bra, dilators, and lubricant), and other items. A person will not be housed in restrictive housing due to their use of these items. Gender-affirming property for which an HSR is required will be ordered within 14 days from when it is approved and provided to the individual within 3 days of receipt at the local facility. Special rules for issuing items are as follows:

- a. The GAMS may issue an HSR for an electric shaver to indigent transgender individuals with sensitive skin who cannot tolerate a safety razor, when necessary, as treatment for Gender Dysphoria.
3. The GAMHS, GAMHCC and/or GAMS, who are directly familiar with the patient in question, will provide information about an individual's transition, mental health, safety, and medical needs to the HQ MDT (Housing Committee).

G. Release Planning:

Release planning and continuity of gender-affirming care will be provided as follows:

1. The PSWs and Reentry Nurses will assist patients with continuity of care planning, including post-operative care and follow-up care.
2. The PSWs and Reentry Nurses will assist with referrals for patients for treatment or services that were not completed at the time of release from incarceration.
3. Patients on HRT will release with at least a one-month supply of prescriptions for HRT and injection supplies, as relevant. These will be ordered by PCP with other release medications.
4. Patients should release with any gender-affirming property issued to them (for example prostheses, dilators, chest binders, and underwear) and at least a one-month supply of non-durable gender-affirming items (for example, lubricant).

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- Patients should be provided a copy of any treatment authorization referral letters, the contact information for any psychosocial evaluator or surgeon whom they have seen or are scheduled to see, and after-care instructions, as relevant.

CORRELATES WITH DOC POLICY / FORM:

REFERENCES