

8-1 Case Assignment

The concept of case ownership has evolved as we collect more robust information over the course of a patient's infection. Geographic analysis of HIV/AIDS cases can be based on a multitude of geographic variables, including current residence, residence at HIV or AIDS diagnosis, and location of the provider at HIV or AIDS diagnosis. For this reason, cases are no longer reported based on case ownership.

Surveillance sites are responsible for conducting specific follow up activities for person diagnosed or living in their jurisdiction at different points in a person's HIV disease. HIV related laboratory results are distributed to jurisdictions based on the case's residence information available on the laboratory result. If residence information is not available, the laboratory result will be sent to the jurisdiction where the provider is located. This site will be responsible for collecting all applicable information on cases living in their jurisdiction, including any information from providers in another jurisdiction.

8-2 Determining Residence at Diagnosis

To determine the Residence at Diagnosis of a case, use the "usual residence" of the case at the time of diagnosis. The "usual residence" of the case can be assumed to be the address given by the person at the time of diagnosis, recorded in the medical chart or other document source. According to the Council of State and Territorial Epidemiologists, the concept of usual residence is defined as:

The place where the person lives and sleeps most of the time, which is not necessarily the same as the person's voting residence, legal residence, or the place where they became infected with a reportable disease. Determining usual residence for most people is easy and unambiguous.

However, in some instances "usual residence" can be ambiguous. If "usual residence" is ambiguous, jurisdictions should discuss the situation to come to an agreement on one "usual residence" at the time of diagnosis. If jurisdictions are unable to determine the "usual residence" of a case, contact Central Office for further guidance. Below are some guidelines for assisting in the determination of "usual residence." Although these guidelines were written to determine whether or not a case is a Texas resident, these same guidelines should be used to determine whether a case belongs to particular jurisdiction within Texas as well.

A. Who is a Texas Resident?

A resident of Texas meets any of the following criteria:

- Is physically present and living voluntarily in this state
- Is not in the state for temporary purposes
- Intends to make a home in this state, which may be demonstrated by the presence of personal effects at a specific abode in the state
- Employment in the state
- Possession of a Texas driver's license
- Texas motor vehicle registration
- Other similar or pertinent evidence such as utility bills in their name for a Texas address.

B. What defines a "Usual Residence"?

1. People away on vacation or business

People temporarily away on vacation or a business trip at the time of disease onset should

be reported by the jurisdiction of their usual residence

2. People without housing

People without a usual residence should be reported by the jurisdiction where they were staying on the day of diagnosis.

3. People with multiple residences

a. **Commuter** – workers living away part of the week while working (on a weekly cycle) should be reported by the jurisdiction where they stay most of the time.

b. **Snowbirds** – People who live in one state most of the year but who regularly spend part of the year in another state can be said to have an annual cycle and should be reported by the jurisdiction of the residence where they live most of the time.

c. **Children in joint custody** – should be reported by the jurisdiction of the residence where they live most of the time. If the time is equally divided, they are reported by the jurisdiction where they were staying at the time of disease onset.

d. **Multiple residences** – people who move between residences without any regular cycle should be reported by the jurisdiction of the residence where they live most of the time. If their time is equally divided, report based on where they were staying at the time of disease onset.

4. Students

a. College or boarding school students on a typical yearly academic cycle should be reported by the jurisdiction of the residence where they live most of the year.

b. If the individual is an intermittent or part-time student without regular cycle for moving between parental and school residences, then report by the jurisdiction where they were living at the time of disease onset.

5. Live-ins

Foster children should be reported by where they were living at the time of disease onset.

6. Military or merchant marine personnel in the U.S.

a. People in the military residing in the United States residency should be assigned by using the address where they were living at the time of diagnosis, either on the base or off the base

b. Crews of military vessels with a U.S. homeport should be reported by the jurisdiction at the usual onshore residence if they report one (the place where they live and sleep most of the time when they are onshore) otherwise, at their vessel's homeport.

c. Crews of U.S. flag merchant vessels engaged in inland waterway transportation should be reported at their usual onshore residence (the place where they live and sleep most of the time when they are onshore).

d. Crews of U.S. flag merchant vessels docked in a U.S. port or sailing from one U.S. port to another U.S. port should be counted at their usual onshore residence if they report one (the place where they live and sleep most of the time when they are onshore).

7. Institutionalized persons

a. For persons who are incarcerated in state or federal correctional facilities at the time of diagnosis, residence of diagnosis should be defined as the residence of the correctional facility.

- b. For persons who are incarcerated in city or county jails for short-term stays (a year or less), place of residency should be assigned by using the home address. Facility address should only be used if home address is not available.
- c. Patients in general hospitals or wards at the time of diagnosis should be reported by the jurisdiction of their usual residence (**the place where they live and sleep most of the time when they are not hospitalized**). Newborns that have not yet been discharged following delivery should be reported by jurisdiction of the mother's usual residence.
- d. In general, persons who are institutionalized for indefinite or long-term stays should be reported by the jurisdiction of the facility where they are staying at the time of disease onset. Examples of such facilities include:
 - Chronic or long-term disease hospitals
 - Hospices
 - Nursing or convalescent homes
 - Inpatient drug/alcohol recovery facilities
 - Homes, schools, hospitals or wards for the physically handicapped, mentally retarded, or mentally ill.
 - Federal and state prisons, jails, detention centers and halfway houses
 - Orphanages
 - Residential care facilities for neglected or abused children.
- e. Staff members living in hospitals, nursing homes, prisons, or other institutions should be reported by the jurisdiction of their usual residence (the place where they live and sleep most of the time); otherwise by the jurisdiction where the institution is located.

8. Foreign citizens

Individuals who are diagnosed in the U.S. with a notifiable disease, should be reported to the CDC via the state eHARS.

- a. Foreign citizens who have established a household or are part of an established household in the U.S., including those here for work or study, should be reported by the jurisdiction of their usual residence in the U.S.
- b. Foreign citizens who live on diplomatic compounds (e.g., embassies, consulates) should be reported by the jurisdiction where the facility is located.

9. U.S. residents diagnosed abroad

When diagnosis occurs overseas, illness among U.S. residents is only notifiable in the U.S. if the patient receives care and treatment in the U.S. and the patient does not have evidence of diagnosis outside the U.S. If the patient has evidence that he/she has been diagnosed in another country, we cannot report the individual. Healthcare providers in the U.S. treating patients diagnosed with a notifiable disease while traveling or temporarily living outside the U.S. should notify their local or state health department of the continued treatment or care of a notifiable condition, along with information regarding the location where the disease was likely acquired. The case jurisdiction should be based on location of "usual residence" at the time of treatment or care.

8-3 Assigning a Stateno

All new HIV cases are assigned a unique code (stateno) based on jurisdiction of investigation at time of initial diagnosis. Because eHARS is a centralized system and stateno assignment has no effect on how jurisdictional case ownership is assigned, once a case has been assigned a stateno the case will never be reassigned a new stateno. If the jurisdictional ownership or investigation of a

case changes, the case will retain its original stateno. Even if case ownership changes states, the case will remain in eHARS with its original stateno.

The following guidelines should be used when assigning statenos on a CRF:

1. New case forms: A new stateno should be assigned using the surveillance site code of the jurisdiction investigating the case, the year, and a unique number sequence (e.g. D0123456). The number sequence assigned is based off a log kept by each of the jurisdictions to ensure that numbers are never repeated. Refer to the list below for each jurisdiction's code that is used to start the stateno sequence.

Jurisdiction	Code
Austin	A
Cactus	T
Dallas	D
El Paso	E
Galveston	G
Houston	H
Prison	P
Region 1	Y
Region 2/3	W
Region 4/5	L
Region 6/5	J
Region 11	R11
San Antonio	S
Tarrant	FW

2. Update to AIDS or other update forms: The stateno, which has already been assigned to the case should be used.
3. OOS case forms: When completing an ACRF for an OOS case, which has not yet been reported in Texas eHARS, a Texas stateno should be assigned using the surveillance site code of the Texas jurisdiction investigating the case plus a unique number sequence. The stateno assigned by the other state should be recorded in the ID section of the ACRF.

8-4 Maintaining Out of State (OOS) and Out of Country (OOC) Cases

All HIV cases who reside in or have HIV care in Texas during the course of their infection are entered into eHARS, even if that case is "owned" by another state or country.

- If a Texas HIV case is diagnosed with AIDS in another state, this case will remain in the Texas eHARS system with an OOS report document indicating that the case has been diagnosed with AIDS in another state.
- If a Texas AIDS case was diagnosed with HIV in another state, the eHARS record for this case will have an OOS report document indicating that the case was diagnosed with HIV in another state.
- If a case was diagnosed with both HIV and AIDS in another state or is an HIV only case reported by another state, but is residing in or receiving HIV services in Texas, that case will be reported to eHARS with the Texas residence and care information. Additionally, OOS report documents will be added to that case with the HIV and AIDS diagnosing information from the other state.

- If there is clinical evidence that a case was diagnosed with HIV or HIV and AIDS in a foreign country, but is residing in or receiving HIV services in Texas, that case will be reported to eHARS with the current Texas residence information and the HIV and AIDS diagnosing information from the other country.

All cases that have been diagnosed with HIV and/or AIDS in another state or country will be entered into eHARS with a Texas Stateno. Refer to *Appendix A* for a flow chart of managing OOS and OOC cases.

A. OOS Procedures

If there is evidence that a case was reported in another state, an Out of State (OOS) Record Search can be performed by Central Office. An Out of State record search should be requested if:

- The patient told a DIS that he/she tested positive in another state
- The patient reported to their health care provider that they had tested positive in another state
- The patient is found in the Lookup File with an OOS id (this includes ELR records that are matched to the Lookup File in Central Office)

An OOS record search should not be requested based only on an out of state social security number or identification of an out of state address in Accurint. OOS record searches can be requested by calling Central Office or completing the Out of State Request form. Please refer to *Appendix B: Procedures for OOS Request*, for detailed instructions on Out of State Requests.

B. OOC Labs

There are a number of Texas laboratories that perform HIV laboratory services for medical providers in Mexico. These labs may be reported to local/regional health departments either via ELR or direct reporting. These labs require follow-up to definitively determine the current residence of the potential case.

- Labs determined to be linked to a person living in Texas or seeing a provider in Texas must be reported as described in Chapter 1.
- Labs determined to be linked to a person living in Mexico and seeing a provider in Mexico should be deleted from eHARS by selecting the appropriate deletion reason.

8-5 Prison Cases

Prison cases are defined as those cases diagnosed and/or residing in a Texas Department of Criminal Justice (TDCJ) facility or non-TDCJ correction facility in Texas, including federal prisons, county/local jails and youth correctional facilities. Adults who are inmates at TDCJ facilities are tested for HIV upon entry and exit of a TDCJ facility. Adults who are inmates at some non-TDCJ correctional facilities are tested upon entry and exit, however, this practice varies by facility. Surveillance sites are required to complete CRFs for all prison cases. However, different protocol should be followed when reporting cases diagnosed/residing in a TDCJ facility from that used to report cases diagnosed/residing in a non-TDCJ facility. When completing a CRF for any prison case, be sure to include the address of the prison facility if the case is a long-term resident of the facility.

- A. TDCJ cases: Surveillance staff are responsible for reporting TDCJ cases in TDCJ facilities in their region. A medical record abstraction is not required at the TDCJ facility. However, surveillance staff should complete a CRF based on any case information obtained through a DIS interview or STD*MIS notes. Surveillance staff do not need to

assign a Stateno to TDCJ cases, as the Stateno will be assigned by Central Office. Surveillance staff should clearly distinguish TDCJ cases from other cases when sending CRFs to Central Office so the CRFs can be routed to the appropriate TDCJ data entry staff. To ensure that all prison cases are reported, the TDCJ Central Contact also completes and sends CRFs for cases diagnosed with HIV and/or AIDS to Central Office. TDCJ has asked that the surveillance staff remind and encourage local TDCJ unit medical personnel to report HIV/STD cases to the TDCJ Central Contact. Once any TDCJ CRF arrives at Central Office, TDCJ data entry staff record search and data enter all information into eHARS.

A listing of TDCJ prison units, addresses and counties can be found in *Appendix C: TDCJ Unit Names* and map of TDCJ facilities can be found in *Appendix D: TDCJ Facility Map*. In addition, a list of the TDCJ prison units are online at: <http://www.tdcj.state.tx.us/stat/unitdirectory/all.htm>

- B. **Non-TDCJ cases:** All prison and jail HIV/AIDS cases that are not a part of the TDCJ system (i.e. city, county, or federal correctional facilities) are reported by the jurisdiction in which the correctional facility is located. To report non-TDCJ inmates who test positive for HIV/AIDS, please refer to Chapter 1.

8-6 Out of Jurisdiction Policy

Many patients receive care in the same jurisdiction as they live. However, there are circumstances where a case may live in one jurisdiction within Texas and receive care in another jurisdiction within Texas (OOJ Cases). The jurisdiction where the case lives receives the initial laboratory report on the case and has ultimate responsibility for collecting case information. However, it can be challenging to collect case information from providers in another jurisdiction. The following procedure should be used to obtain and transmit information between jurisdictions:

- 1) A lab will be sent to the jurisdiction where the case lives (unless no address is listed for the case). Once received, the site should request a medical record abstraction from the jurisdiction where the case is receiving care within 3 business days. Abstraction Requests should be completed and posted on the TXPHIN. An email should be sent to the site where the case is receiving care to notify surveillance staff of the Abstraction Request. Labs should be transmitted to the jurisdiction where the case receives care. If the jurisdiction where the case is receiving care is in the Cactus regions, a request should be sent to the Cactus coordinator.
- 2) When the jurisdiction where the case is receiving care receives the Abstraction Request, surveillance staff should immediately schedule a medical record abstraction. Surveillance staff should provide necessary documentation to the requesting site within 7 days for reportable lab results and within 45 days for a non-detectable Viral Load CD4 count/percent. The following documents must be completed by the jurisdiction where the case is receiving care:
 - a. A Case Report Form based on the medical record abstraction
 - b. A complete Medical Record Worksheet (See Appendix E)

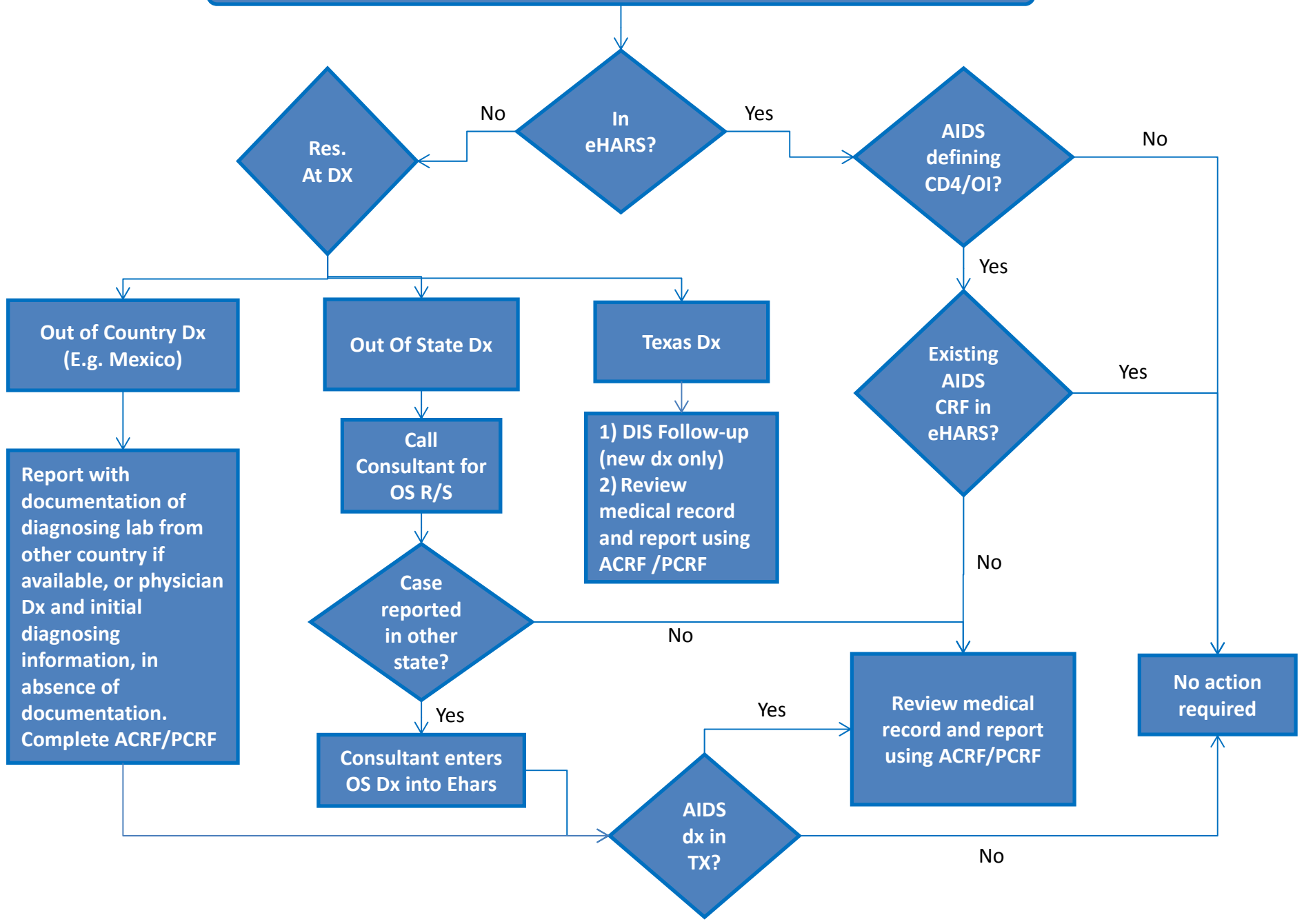
- c. The Case Report Form should be sent to Central Office. A courtesy copy should be provided to the site where the case lives. The courtesy copy must include "COPY" at the top of the first page of the Case Report Form. This is provided for informational purposes only and should not be entered into eHARS or routed for entry. The Medical Record Worksheet should be provided to the site where the case resides.
- 3) If the site where the case receives care cannot provide information back to the requestor within the above timeframes for reasons outside of the site's control (such as problems scheduling medical record reviews at a provider's office), the site will provide the requestor with a reasonable date by which the information can be provided. Any date extensions must be provided to the requesting site via email.
- 4) If the requesting site has not received documentation within the above timeframe (7 days for reportable laboratory results and 45 days for a non-detectable Viral Load CD4 count/percent) and no notification of date extensions have been received, the requesting site will send a follow up email that includes the dates the information was requested and the number of records requested. Program managers from both programs should be included on the email.
- 5) If a follow up email has been sent and, after 7 days the requesting site has not received documentation, , a formal email should be sent to the jurisdiction where the case is receiving care and Central Office that documents the dates that requests were made and the number of outstanding medical record reviews.
- 6) All Case Report Forms will be entered by the site that completes the form. Thus, it is possible that two sites will enter separate pieces of information on one case. For example, one case report form may be completed by the jurisdiction where the case is receiving care based on the medical record abstraction. A separate case report form may be completed by the jurisdiction where the case is living, based on the DIS interview. In this scenario the data entry staff for the jurisdiction where the case is receiving care will enter the information from the medical record abstraction and the data entry staff for jurisdiction where the case is living will enter information from the DIS interview.

Less Common Scenarios:

- If the original lab is sent to the jurisdiction where the case is receiving care because no residential address is listed on the lab, item 2 above should be followed to provide case information to the jurisdiction where the case lives (as identified by in the medical record). In addition, STD surveillance staff should be notified so appropriate protocol can be followed for public health follow up.
- If a lab is received locally from a hospital that process labs in house (not sent by Central Office), item 2 above should be followed to provide case information to the jurisdiction where the case lives (as identified by in the medical record).

Appendix A

Positive HIV/AIDS Case living in Texas or seeking care in Texas



Procedures for OOS Request

The following procedures should be followed when requesting an OOS record search.

1. Request an OOS record search by either calling in the request to Central Office or by sending Central Office a completed *OOS Request* form.
 - a. The person requesting the OOS record search should complete the portion of the form titled *Texas Case Information*, as well as the Stateno field in the top right corner.
 - b. If the OOS record search is called-in, surveillance staff should be prepared to provide Central Office with the same information. If you are calling in an OOS record search, do not contact multiple staff at central office for the same request.
 - c. Surveillance sites must provide as much information as possible when requesting an OOS record search. If you complete the *Texas Case Information* section with information from a medical record abstraction or a DIS interview and the case was reported in another state, this information will be entered into eHARS with the OOS information, so it is important to be as accurate and thorough as possible when completing the form. In addition, many states expect that Central Office will provide them with the information that prompted the call (e.g. the lab report information from the Texas Facility of care). Note that if you only have the alias name for a case, you can use this name when completing the form. At a minimum, you should provide a name, date of birth, and the state in which the case was suspected to be diagnosed.
2. Once the necessary portion of the OOS Record Search Request form has been completed, surveillance sites should scan the form and place this file on the TxPHIN. A new form must be completed for each case and forms must be scanned and posted in the TxPHIN when more than 4 requests are submitted within one day. If a surveillance site does not have a scanner, Central Office can provide the site with electronic forms or surveillance sites can call Central Office to give the appropriate information.
3. Once the form is received by Central Office, Central Office staff will process the record search request, contact the other state, and respond with follow-up information on the case in 3-5 days.
 - a. If the case has been reported in another state and is not a Texas AIDS case, Central Office will complete the lower portion of the *OOS Record Search Request* and return the information back to the requesting site. This is for informational purposes only. The site is not required to complete any additional action on the case at the time of report.
 - b. If the case is a Texas AIDS case, a medical record abstraction and subsequent completion of a case report form is required. Do not include ANY information from the OOS record search results on the ACRF.
 - c. If the case has not been reported in another state, central office staff will notify the site. Complete an ACRF following the same procedures as you would use for any new case. Do not use the Out of State residence as the residence at diagnosis.
4. For all OOS cases, the following documents will be entered into eHARS:
 - a. An ACRF with the results of the OOS record search;
 - b. An ACRF with the results of a medical record abstraction, if applicable (based on what was provided at the time of request);
 - c. An ACRF with the results of a DIS interview, if applicable (based on what was provided at the time of request);
 - d. Any lab documents associated with the case.

Appendix B

If an OOS record search was requested because a patient was in the Out of State database or an ELR listed an OOS Stateno and the case was reported in another state, central office will only enter the OOS record search document and any lab documents associated with the case. A medical record abstraction or DIS interview is not required in this scenario, unless he/she is a Texas AIDS case.

Appendix C

Prison Unit Directory

UNIT NAME	TDCJ UNIT TYPE	ADDRESS-STREET, CITY, ZIP, COUNTY	UNIT CODE	STD SITE	TDH REG	SEX	TDCJ REG
ALLRED	TDCJ-Prison	2101 FM 369 N, Iowa Park, 76367, Wichita	JA	WF	2	M	V
BARTLETT	Private State Jail	1018 Arnold Dr Bartlett, 76511, Bell	BL	R7	7	M	II
BETO	TDCJ-Prison	P. O. Box 128, Tennessee Colony, 75880, Anderson	B	R4	4	M	II
BOWIE	Leased Bed - Contract Transfer	105 W. Front St., Texarkana, 75501, Bowie	XC	R4	4	M	II
BOYD	TDCJ-Prison	Rt. 2, Box 500, Teague, 75860, Freestone	BY	R7	7	M	II
BRADSHAW	Private State Jail	3900 W. Loop 571 N.,, Henderson, 75653, Rusk	BH	R4	4	M	II
BRIDGEPORT	Private TDCJ-Prison	4000 N. 10th St, Bridgeport, 76426, Wise	BR	R3	3	M	V
BRIDGEPORT	Pre Parole	222 Lake Road, Bridgeport, 76426, Wise	TC	R3	3	F	V
BRISCOE	TDCJ-Prison	1459 W. HWY 85, Dilley, 78017, Frio	DB	R8	8	M	IV
BYRD	TDCJ-Prison	FM 247, Huntsville, 77340, Walker	DU	R6	6	M	I
CENTRAL	TDCJ-Prison	One Circle Dr, Sugarland, 77478, Fort Bend	C	R6	6	M	III
CHOICE MOORE	Transfer Facility	1700 N. FM 87, Bonham, TX 75418, Fannin	CM	R4	3	M	II
CLEMENS	TDCJ-Prison	11034 HWY 36, Brazoria, 77422, Brazoria	CN	GA	6	M	III
CLEMENTS	TDCJ-Prison	9601 Spur 591, Amarillo, 79107, Potter	BC	AM	1	M	V
CLEVELAND	Private TDCJ-Prison	P. O. Box 1678, Cleveland, 77328, Liberty	CV	R6	6	M	I
COFFIELD	TDCJ-Prison	Rt 1 Box 150, Tennessee Colony, 75884, Anderson	CO	R4	4	M	II
COLE	State Jail	Rt 3, Box 888, Bonham, 75418, Fannin	CL	R3	3	M	II
COMANCHE CO.	Leased Bed - Contract Transfer	300 Industrial Blvd. Comanche, 76442 Comanche	XI	AB	2	M	V
CONNALLY	TDCJ-Prison	HC67 Box 115, Kenedy, 78119, Karnes	CY	R8	8	M	IV
COTULLA	Transfer Facility	Rt 1, Box 100, Cotulla, 78014, La Salle	N4	R8	8	M	IV
DALHART	TDCJ-Prison	HCR4, Box 4000, Dalhart, 79022, Dallam	DH	R1	1	M	V
DANIEL	TDCJ-Prison	938 S. FM 1673, Snyder, 79549, Scurry	DL	AB	2	M	V

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UNIT NAME	TDCJ UNIT TYPE	ADDRESS-STREET, CITY, ZIP, COUNTY	UNIT CODE	STD SITE	TDH REG	SEX	TDCJ REG
DARRINGTON	TDCJ-Prison	59 Darrington Rd, Rosharon, 77583, Brazoria	DA	GA	6	M	III
DAWSON	Private State Jail	106 Commerce St, Dallas, 75207, Dallas	JD	DA	3	M&F	II
DIBOLL	Private TDCJ-Prison	1604 South 1 st , Diboll, 75941, Angelina	DO	R4	5	M	I
DICKENS	Leased Bed - Contract Transfer	Rt 1, Box 222, Airport Rd., Spur, 79370, Dickens	XB	R1	1	M	V
DOMINGUEZ	State Jail	6535 Cagnon Rd., San Antonio, 78252, Bexar	BX	SA	8	M	IV
DUNCAN	Transfer Facility	1502 South 1 st , Diboll, 75941, Angelina	N6	R4	5	M	I
EAST TEXAS	Intermediate Sanction Facility	101 B.W. Whaley, Longview, 75601, Gregg	XQ	R4	4	M	II
EASTHAM	TDCJ-Prison	Farm Road 230, Lovelady, 75851, Houston	EA	R4	5	M	I
ELLIS	TDCJ-Prison	Rt 6, Huntsville, 77343, Walker	E	R6	6	M	I
ESTELLE	TDCJ-Prison	264 FM 3478, Huntsville, 77320, Walker	E2	R6	6	M	I
ESTES/VENUS	Private TDCJ-Prison	1100 Highway 1807 Venus, 76084, Johnson	VS	R3	3	M	V
FERGUSON	TDCJ-Prison	12120 Savage Dr, Midway, 75852, Madison	FE	R7	7	M	I
FORMBY	State Jail	970 County Rd., Plainview, 79072, Hale	FB	R1	1	M	V
FT STOCKTON	Transfer Facility	1500 IH-10 East Ft Stockton, 79735, Pecos	N5	R9	9	M	IV
GALVESTON HOSPITAL	Medical	P. O. Box 48 Substation 1, Galveston, 77555, Galveston	HG	GA	6	M&F	III
GARZA EAST	Transfer Facility	HC02 Box 995, Beeville, 78102, Bee	NI	R11	11	M	IV
GARZA WEST	Transfer Facility	HC02 Box 995, Beeville, 78102, Bee	NH	R11	11	M	IV
GATESVILLE	TDCJ-Prison	1401 State School Rd, Gatesville, 76528, Coryell	GV	R7	7	F	II
GIST	State Jail	3295 FM 3514, Beaumont, 77705, Jefferson	BJ	BM	6	M	III
GLOSSBRENNER	SAFPF	623 S. FM 1329, San Diego, 78384, Duval	SO	R11	11	M	IV
GOODMAN	Transfer Facility	Rt 1, Box 273, Jasper, 75951, Jasper	GG	R4	5	M	I

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GOREE	TDCJ-Prison	Hwy 75 South, Huntsville, 77340, Walker	GR	R6	6	M	I
GREGG	Leased Bed - Contract Transfer	P. O. Box 4529, Longview, 75606, Gregg	XE	R4	4	M	II
GURNEY	Transfer Facility	P. O. Box 6400, Tennessee Colony, 75861, Anderson	ND	R4	4	M	II
HALBERT	SAFPF	800 Ellen Halbert Dr, Burnet, 78611, Burnet	BB	R7	7	F	IV
HAMILTON	TDCJ-Prison	200 Lee Morrison Ln., Bryan, 77807, Brazos	JH	R7	7	M	VI
HAVINS	SAFPF	500 FM 45 East, Brownwood, 76801, Brown	TH	AB	2	M	V
HENLEY	SAFPF	Rt 3, Box 7000, Off FM 321, Dayton, 77535, Liberty	LT	R6	6	F	III
HIGHTOWER	TDCJ-Prison	Rt 3, Box 9800, Dayton, 77535, Liberty	HI	R6	6	M	III
HILLTOP	TDCJ-Prison	1500 State School Rd Gatesville, 76598, Coryell	HT	R7	7	F	II
HOBBY	TDCJ-Prison	742 FM 712, Marlin, 76661, Falls	HB	R7	7	F	II
HODGE	MROP	P. O. Box 999, Rusk, 75785, Cherokee	HD	R4	4	M	II
HOLLIDAY	Transfer Facility	295 IH 45N, Huntsville, 77340, Walker	NF	R6	6	M	I
HUGHES	TDCJ-Prison	Rt 2, Box 4400 (FM 929), Gatesville, 76597, Coryell	AH	R7	7	M	II
HUNTSVILLE	TDCJ-Prison	815 12th St, Huntsville, 77340, Walker	HV	R6	6	M	I
HUTCHINS	State Jail	1500 E. Langdon Rd., Dallas, 75241, Dallas	HJ	DA	3	M	II
HUTTO	Leased Bed - Contract Transfer	1001 Welch , Taylor, 76574, Williamson	XA	R7	7	M	II
JEFFERSON	Leased Bed - Contract Transfer	1001 Pearl St., Beaumont, 77704, Jefferson	XF	BM	6	M	III
JESTER I	SAFPF	Rt 2, Richmond, 77469, Fort Bend	J1	R6	6	M	III
JESTER III	TDCJ-Prison	Rt 2, Richmond, 77469, Fort Bend	J3	R6	6	M	III
JESTER IV	Psychiatric	Rt 2, Richmond, 77469, Fort Bend	J4	R6	6	M	III
JOHNSTON	SAFPF	703 Airport Rd, Winnsboro, 75494, Wood	JT	R4	4	M	II
JORDAN	TDCJ-Prison	1992 Hilton Rd, Pampa, 79065, Gray	JN	R1	1	M	V
KARNES	Leased Bed - Contract Transfer	810 Commerce St., Karnes City, 78118, Karnes	XG	R8	8	M	IV

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UNIT NAME	TDCJ UNIT TYPE	ADDRESS-STREET, CITY, ZIP, COUNTY	UNIT CODE	STD SITE	TDH REG	SEX	TDCJ REG
KEGANS	State Jail	707 Top St., Houston, 77002, Harris	HM	HO	6	M	III
KYLE	Private TDCJ-Prison	701 South I35, Kyle, 78640, Hays	KY	R7	7	M	IV
LANE MURRAY	TDCJ-Prison	1916 N HWY 36 Bypass, Gatesville, 76596, Coryell	LM	R7	7	F	II
LE BLANC	TDCJ-Prison	3695 FM 3514, Beaumont, 77705, Jefferson	BA	BM	6	M	III
LEWIS	TDCJ-Prison	P. O. Box 9000 Woodville, 75990, Tyler	GL	R4	5	M	I
LIMESTONE CO.	Leased Bed - Contract Transfer	910 Tyus, Groesbeck, 76642, Limestone	XD	R7	7	M	II
LINDSEY	Private State Jail	1137 Old Post Oak Rd, Jacksboro, 76458, Jack	LN	WF	2	M	V
LOCKHART	Private TDCJ-Prison	P. O. Box 1170, Lockhart, 78644, Caldwell	LC	R7	7	F	IV
LOCKHART	Pre Parole	P. O. Box 1170, Lockhart, 78644, Caldwell	TC	R7	7	M	IV
LOPEZ	State Jail	1203 El Cibolo Rd, Edinburg, 78539, Hidalgo	RL	R11	11	M	IV
LUTHER	TDCJ-Prison	1800 Luther Dr , Navasota, 77869, Grimes	P2	R7	7	M	I
LYCHNER	State Jail	2350 Atascocita Rd., Humble, 77396, Harris	AJ	HO	6	M	I
LYNAUGH	TDCJ-Prison	Rt 1 Box 150, Ft Stockton, 79735, Pecos	LH	R9	9	M	IV
MCCONNELL	TDCJ-Prison	3001 S. Emily Dr., Beeville, 78102, Bee	ML	R11	11	M	IV
MICHAEL	TDCJ-Prison	P. O. Box 4500, Tennessee Colony, 75886, Anderson	MI	R4	4	M	II
MIDDLETON	Transfer Facility	13055 FM 3522, Abilene, 79601, Taylor	NE	AB	2	M	V
MINERAL WELLS	Pre Parole	759 Heintzelman Rd., Mineral Wells, 76067, Parker	TC	R3	3	M	V
MONTFORD	Psychiatric	8602 Peach, Lubbock, 79404, Lubbock	JM	R1	1	M	V
MOORE, B.	Private TDCJ-Prison	8500 FM N 3053, Overton, 75684, Rusk	BM	R4	4	M	II
MOORE, C.	Transfer Facility	1700 N FM 87, Bonham, 75418, Fannin	CM	R3	3	M	II
MT VIEW	TDCJ-Prison	2305 Ransom Rd, Gatesville, 76528, Coryell	MV	R7	7	F	II
MURRAY	TDCJ-Prison	1916 N Hwy 36 Bypass Gatesville, 76596, Coryell	LM	R7	7	F	II
NEAL	TDCJ-Prison	9055 Spur 591, Amarillo, 79107, Potter	KN	AM	1	M	V

Appendix C

UNIT NAME	TDCJ UNIT TYPE	ADDRESS-STREET, CITY, ZIP, COUNTY	UNIT CODE	STD SITE	TDH REG	SEX	TDCJ REG
NEWTON CO.	Leased Bed - Contract Transfer	Rt. 1 Box 222, Spur, 75966, Newton	XH	R4	5	M	I
NEY	SAFPF	114 Private Rd 4303, Hondo, 78861, Medina	HF	R8	8	M	IV
NORTH TEXAS	Intermediate Sanction Facility	4700 Blue Mound Road, Fort Worth, 76106, Tarrant	XL	R3	3	M	Private
PACK	TDCJ-Prison	2400 Wallace Pack Rd Navasota, 77869, Grimes	P1	R7	7	M	I
PAMPA/BATEN	Intermediate Sanction Facility	1995 Hilton Rd, Pampa, 79065, Gray	JN	R1	1	M	V
PAMPA/BATEN	TDCJ-Prison	1992 Hilton Rd, Pampa, 79065, Gray	JN	R1	1	M	V
PLANE	State Jail	Rt 3, Box 8000B, FM 686 Dayton, 77535, Liberty	LJ	R6	6	F	I
POLUNSKY	TDCJ-Prison	12002 FM 350 South, Livingston, 77351, Polk	TL	R4	5	M	I
POWLEDGE	TDCJ-Prison	Rt 2, Box 2250., Palestine, 75882, Anderson	B2	R4	4	M	II
RAMSEY I	TDCJ-Prison	1100 FM 655, Rosharon, 77583, Brazoria	R1	GA	6	M	III
RAMSEY II	TDCJ-Prison	1200 FM 655, Rosharon, 77583, Brazoria	R2	GA	6	M	III
RD RUDD	Transfer Facility	2004 Lamesa Hwy., Brownfield, 79316, Terry	RD	R1	1	M	V
RETRIEVE	TDCJ-Prison	Rt 5, Box 1500, Co Rd 290, Angleton, 77515, Brazoria	RV	GA	6	M	III
ROACH	TDCJ-Prison	Rt 2, Box 500, Childress, 79201, Childress	RH	R1	1	M	V
ROBERTSON	TDCJ-Prison	12071 FM 3522, Abilene, 79601, Taylor	RB	AB	2	M	V
SANCHEZ	State Jail	3901 State Jail Road, El Paso, 79938, El Paso	RZ	EP	10	M	IV
SAYLE	SAFPF	4176 FM 1800, Breckenridge, 76424, Stephens	SY	AB	2	M	V
SCOTT	TDCJ-Prison	6999 Retrieve County Line Rd 290, Angleton, 77515, Brazoria	RV	GA	6	M	III
SEGOVIA	TDCJ-Prison	1201 E. Cibolo Rd., Edinburg, 78539, Hidalgo	EN	R11	11	M	IV
SJ DOMINGUEZ	State Jail	6535 Cagnon Rd., San Antonio, 78252, Bexar	BX	SA	8	M	IV
SKYVIEW	Psychiatric	P. O. Box 999, Rusk, 75785, Cherokee	SV	R4	4	M&F	II
SMITH	TDCJ-Prison	1313 County Rd. 19, Lamesa, 79331, Dawson	SM	R9	9	M	V
SOUTH TEXAS	Intermediate Sanction Facility	1511 Preston Road, Houston, 77002, Harris	XM	HO	6	M	Private

Appendix C

UNIT NAME	TDCJ UNIT TYPE	ADDRESS-STREET, CITY, ZIP, COUNTY	UNIT CODE	STD SITE	TDH REG	SEX	TDCJ REG
STEVENSON	TDCJ-Prison	1525 FM 766 , Cuero, 77954, Dewitt	SB	R8	8	M	IV
STILES	TDCJ-Prison	3060 FM 3514, Beaumont, 77705, Jefferson	ST	BM	6	M	III
STRINGFELLOW	TDCJ-Prison	1200 FM 655, Rosharon, 77583, Brazoria	R2	GA	6		III
TELFORD	TDCJ-Prison	P. O. Box 9200, New Boston, 75570, Bowie	TO	R4	4	M	II
TERRELL C.T.	TDCJ-Prison	1300 FM 655, Rosharon, 77583, Brazoria	R3	GA	6	M	III
TEXAS CITY	Medical	Rt 4, P. O. Box 1174, Dickenson,77539, Galveston	GC	GA	6	F	III
TITUS CO.	Leased Bed - Contract Transfer	304 S. Van Buren, Mt. Pleasant, 75455, Titus	XJ	R4	4	M	II
TORRES	TDCJ-Prison	125 Private Rd. 4303, Hondo, 78861, Medina	TE	R8	8	M	IV
TRAVIS CO	Private State Jail	8101 FM 969, Austin, 78724, Travis	TI	AT	7	M&F	IV
TULIA	Transfer Facility	HCR 3, Box 5C, Tulia, 79088, Swisher	N3	R1	1	M	V
VANCE	TDCJ-Prison	Rt 2, Richmond, 77469, Fort Bend	J2	R6	6	M	III
WALLACE	TDCJ-Prison	1675 S. CR 202, Colorado City, 79512, Mitchell	WL	AB	2	M	V
WARE	Transfer Facility	1681 CR 202, Colorado City, 79512, Mitchell	DW	AB	2	M	V
WEST TEXAS	Intermediate Sanction Facility	2002 Lamesa Highway, Brownfield, 79316, Terry	XN	R1	1	M	V
WHEELER	SAFPF	4300 E. 5th St., Plainview, 79072, Hale	WR	R1	1	M	V
WILLACY CO	Private State Jail	1695 South Buffalo Dr, Raymondville, 78580, Willacy	WI	R11	11	M	IV
WOODMAN	State Jail	1210 Coryell City Rd., Gatesville, 76528, Coryell	WM	R7	7	F	N/A
WYNNE	TDCJ-Prison	FM 2821, Huntsville, 77340, Walker	WY	R6	6	M	I

Map of TDCJ Facilities

Texas Department of Criminal Justice



Medical Record Abstraction Request			
Requestor:		Date:	
Patient Name:			
Address:			
DOB:		SSN:	
Provider Name			
Address:			
Lab/s Received:			

