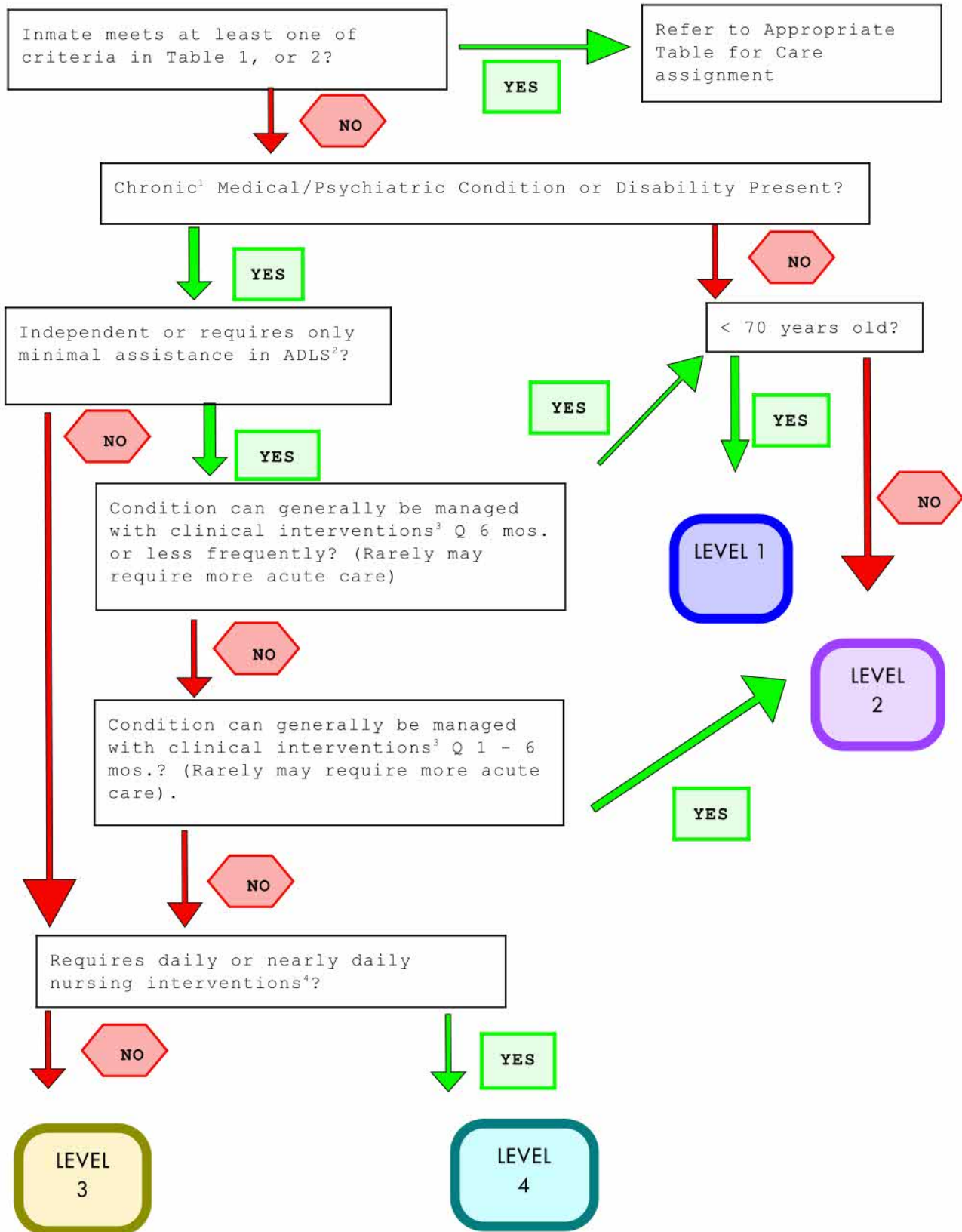


FULLY RELEASABLE  
**MEDICAL CLASSIFICATION ALGORITHM**  
**FOR MEDICAL/PSYCHIATRIC CONDITIONS OR DISABILITIES**  
 September 14, 2010 (revised)



**Care Level Classification for Medical / Psychiatric Conditions or Disabilities***September 14, 2010 (revised)*

**Philosophy of Classification System:** Prisons are not always built with access to community medical resources in mind. Many federal prisons are in remote rural locations with limited numbers of specialists and small community hospitals. Inmates have a much higher prevalence of chronic medical and mental health conditions than the general population. The goal of this classification system is to match inmate health care needs (particularly in terms of intensity of care issues, access to community medical resources, and functional criteria<sup>7</sup>) to institutions which can meet those needs. Doing so will result in improved management of these inmates' conditions at a lower overall cost to the agency.

**Definitions:** (please note that these definitions are for the specific purpose of utilizing the classification algorithm)

<sup>1</sup>**Chronic** - A disease or condition which requires monitoring or treatment for greater than 12 months. (Contrast to the definition of "Self-Limited."<sup>9</sup>)

<sup>2</sup>**ADLs (Activities of Daily Living)** - Eating, urinating, defecating, bathing (personal hygiene) and dressing/undressing.

<sup>3</sup>**Usual Clinical Interventions** - Frequency of chronic care clinic encounters with a physician or midlevel provider required to maintain the inmate in outpatient status, once the inmate's major conditions are stable, Optimal Management<sup>6</sup> has been achieved, and a long-range treatment plan has been established. The frequency of Usual Clinical Interventions is used as one primary criterion for determining Care Level assignment. Contrast to "Intensive Clinical Interventions<sup>5</sup>," below.

<sup>4</sup>**Nursing Interventions** - A level of care or assistance with ADLs which cannot, by BOP policy, be provided by inmate companions or inmate patient care assistants (PCAs). For the purpose of assigning a care level classification, "nursing interventions" also includes tasks which may also be performed by other types of staff; these include wound care, IV fluid and medication administration, and certain physical or occupational therapy modalities.

<sup>5</sup>**Intensive Clinical Interventions** - A period of increased frequency of monitoring and/or treatment for a duration of 3 to 6 months, depending on the type of intervention (see below). This intensive clinical intervention is for the purpose of achieving improved clinical indicators of disease management, such as blood pressures, HbA1C, HIV viral load, peak flows, etc. Intensive clinical intervention is also used to stabilize a condition after a clinical event; e.g. reducing angina frequency after an M.I., short-term anticoagulation after a DVT, IV antibiotics for MRSA or osteomyelitis, or narcotic analgesics after a serious injury.

Intensive clinical intervention includes: contacts with physicians, MLPs, pharmacists, nurses, specialists, lab tests, x-rays, dressing changes, and similar encounters which may occur up to daily. Intensive clinical intervention does not include pill lines.

Periods of intensive clinical intervention are not representative of the inmate’s baseline (maintenance) level of clinical intervention, which may be much less frequent. Only the inmate’s baseline is to be used to determine a Care Level assignment.

Intensive clinical intervention beyond a limited duration will be considered chronic or indefinite, and will warrant reclassification of the inmate’s care level. Time frames for common interventions to meet the definition of “chronic,” and may warrant an increase in Care Level assignment, are as follows:

◆	Anticoagulation	Greater than six months to 12 months
◆	IV antibiotics (outpatient)	Greater than three months
◆	Wound care*	Greater than three months despite daily treatment
◆	Nursing care	Greater than three months
◆	Lab or x-ray monitoring	Tests more frequent than monthly for greater than six months
◆	Provider contacts (Physician, MLP)	Daily to monthly for greater than six months for the same condition
◆	Assistance with ADLs	Greater than three months for a permanent condition which has reached maximal function
◆	Chronic narcotic meds	Greater than three months (Care Level 1 to Care Level 2)
◆	Specialist consults	At least monthly for greater than 3 months in order to maintain outpatient status (prevent hospitalization)
◆	Supervised P.T./O.T.	Greater than three months

\*Paraplegic inmates who have a history of one skin breakdown are at high risk for future decubiti, and are less likely to heal with intensive clinical intervention at a Care Level 1 or 2 institution. These cases should be referred for redesignation prior to the three month mark.

**6Optimal Management** - Achievement of desired clinical outcome measures (e.g. target blood pressure, HbA1C, CD4 counts) through a combination of appropriate medications, clinical monitoring and interventions at intervals necessary to achieve the desired outcomes, and patient participation in and compliance with the treatment plan.

**7Functional Criteria** - Includes Activities of Daily Living (ADLs) and Safety/Vulnerability<sup>8</sup>. There are essentially four ways of characterizing inmates according to functional criteria:

- ◆ Independent, no assistance required
- ◆ Minimal assistance from an inmate companion required
- ◆ Assistance from a trained inmate Patient Care Assistant (PCA) is required
- ◆ Assistance from a staff member is required (see Nursing Care)

**8Safety/Vulnerability** - A factor to be considered under Functional Criteria in determining a Care Level assignment. Some inmates are particularly vulnerable to injury, assault, or victimization due to a physical or mental health condition. Examples may include a blind and deaf inmate, an inmate with a history of a severe head injury who wanders into other cells, is continuously disoriented, etc. This factor should be considered if it is permanent, and if Nursing Care is required to adequately manage the issues of concern. (For example, an inmate who is blind but

who copes with a general population institution with the assistance of an inmate companion would not score as a Care Level 3 or 4.)

**9Self-Limited** - A condition which can reasonably be expected to resolve within 6 months, with or without medical or surgical treatment. Examples include most infections, fractures, joint sprains, etc. "Self-Limited" also applies to conditions such as hernias, meniscus tears of the knee, and cholelithiasis, where surgical intervention at any time would reasonably result in resolution of the condition.

**TABLE 1  
MEDICAL CONDITIONS DEFAULTING TO  
CARE LEVEL**

CARE LEVEL	CONDITION OR INTERVENTION
3*	Addison's disease
	Anticoagulation > 6 to 12 mos.
	Cancer in remission < 1 yr
	Implanted Defibrillator
	HIV infection CD4 count > 50 < 150 despite HAART
	Implanted analgesic or insulin pump or other device
	Inflammatory Bowel Disease, active or poorly controlled on treatment
	Organ Transplant > 1 year ago
	Oxygen required, intermittent or nocturnal only
	Pacemaker
	Panhypopituitarism
	Paraplegia with history of stage 3 or 4 decubitus ulcer
4	Steroid dependent (> 6 months) for treatment of chronic disease
	Cancer on active treatment
	Cystic Fibrosis
	Dialysis
	High Risk Pregnancy**
	HIV with CD4 count < 50 despite HAART
	Accepted for MRC transfer (770 referral to OMDT)
	Organ Transplant < 1 year ago
Oxygen required continuously	

\* If inmate requires clinical interventions more frequently than monthly to maintain outpatient status, or requires daily or nearly daily nursing interventions, then inmate is Care Level 4.

\*\*Pregnancy is high risk with presence of pulmonary HTN, serious heart disease, uncontrolled DM, SC Disease, multiple gestations, pre-eclampsia, 2/3rd trimester bleeding, cancer, and/or Axis 1 diagnoses on medications.

FULLY RELEASABLE  
**MEDICAL CLASSIFICATION**  
September 10, 2010 (revised)  
**CONDITION/DIAGNOSIS**

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
<b>ASTHMA/RESPIRATORY CONDITIONS</b>	
ASTHMA/COPD	Level 1 <ul style="list-style-type: none"> <li>◆ mild, or intermittent disease, <b>AND</b></li> <li>◆ uses bronchodilators on prn basis only, <b>AND</b></li> <li>◆ no history of intubation, status asthmaticus, or hospitalization for stabilization</li> </ul>
	Level 2 <ul style="list-style-type: none"> <li>◆ on chronic treatment, <b>AND</b></li> <li>◆ no history of intubation, status asthmaticus, or hospitalization for stabilization, <b>AND</b></li> <li>◆ does not require chronic O<sub>2</sub>, <b>AND</b></li> <li>◆ requires no, or minimal assistance in ADLs</li> </ul>
	Level 3 - Does <u>not</u> require daily or nearly daily nursing care on chronic basis <ul style="list-style-type: none"> <li>◆ hx of intubation, status asthmaticus, or hospitalization for stabilization, <b>OR</b></li> <li>◆ requires frequent clinical interventions (q monthly or more) to maintain outpatient status, <b>OR</b></li> <li>◆ requires nocturnal or intermittent oxygen, <b>OR</b></li> <li>◆ persistent symptoms for greater than 3 to 6 months despite adequate treatment with chronic steroid therapy</li> </ul>
	Level 4 <ul style="list-style-type: none"> <li>◆ Requires daily, or nearly daily nursing care on chronic basis <b>OR</b></li> <li>◆ Requires 24 hour / continuous oxygen supplementation.</li> </ul>
CYSTIC FIBROSIS	Level 4
OTHER (e.g., pulmonary hypertension, restrictive lung disease, sarcoid, etc.)	Score based on Medical Classification Algorithm

