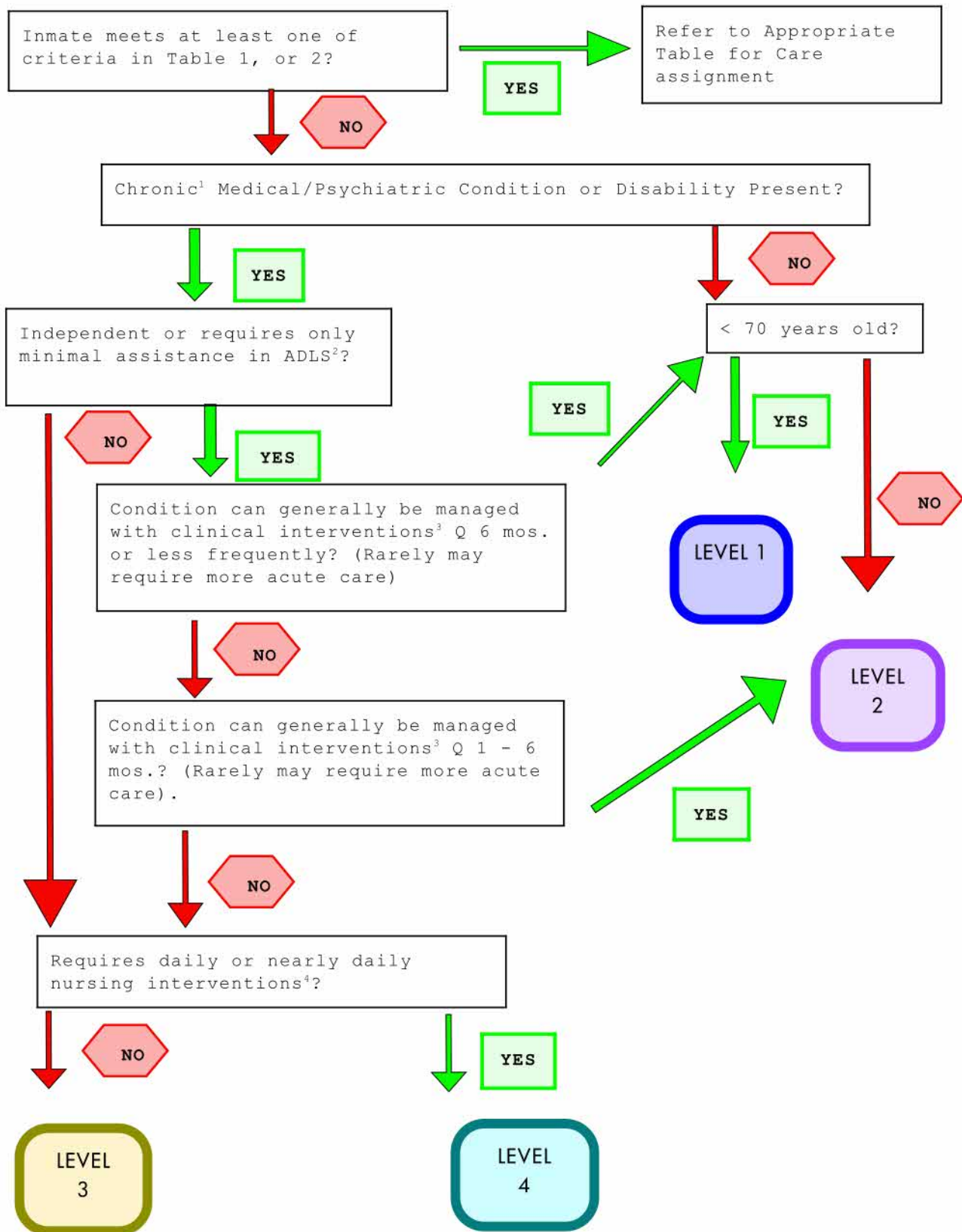


FULLY RELEASABLE
MEDICAL CLASSIFICATION ALGORITHM
FOR MEDICAL/PSYCHIATRIC CONDITIONS OR DISABILITIES
September 14, 2010 (revised)



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 criteria⁷) 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)

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

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

³**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 Management⁶ 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 Interventions⁵," below.

⁴**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.

⁵**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/Vulnerability⁸. 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
	Steroid dependent (> 6 months) for treatment of chronic disease
4	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.

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

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
ASTHMA/RESPIRATORY CONDITIONS	
ASTHMA/COPD	Level 1 <ul style="list-style-type: none"> ◆ mild, or intermittent disease, AND ◆ uses bronchodilators on prn basis only, AND ◆ no history of intubation, status asthmaticus, or hospitalization for stabilization
	Level 2 <ul style="list-style-type: none"> ◆ on chronic treatment, AND ◆ no history of intubation, status asthmaticus, or hospitalization for stabilization, AND ◆ does not require chronic O₂, AND ◆ requires no, or minimal assistance in ADLs
	Level 3 - Does <u>not</u> require daily or nearly daily nursing care on chronic basis <ul style="list-style-type: none"> ◆ hx of intubation, status asthmaticus, or hospitalization for stabilization, OR ◆ requires frequent clinical interventions (q monthly or more) to maintain outpatient status, OR ◆ requires nocturnal or intermittent oxygen, OR ◆ persistent symptoms for greater than 3 to 6 months despite adequate treatment with chronic steroid therapy
	Level 4 <ul style="list-style-type: none"> ◆ Requires daily, or nearly daily nursing care on chronic basis OR ◆ Requires 24 hour / continuous oxygen supplementation.
CYSTIC FIBROSIS	Level 4
OTHER (e.g., pulmonary hypertension, restrictive lung disease, sarcoid, etc.)	Score based on Medical Classification Algorithm

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OXYGEN DEPENDENT	Level 3 ◆ nocturnal or intermittent oxygen requirement.
	Level 4 ◆ 24 hour / continuous oxygen requirement.
CARDIOVASCULAR	
ARRHYTHMIA	Score based on Medical Classification Algorithm
CAD	Score based on Medical Classification Algorithm
CHF	Level 1 - No hx CHF
	Level 2 - NYHA Class I or II
	Level 3 - NYHA Class III
	Level 4 - NYHA Class IV
VALVULAR DISEASE	Score based on Medical Classification Algorithm
	Level 3 - On chronic anticoagulation
VASCULAR DISEASE	Score based on Medical Classification Algorithm
DERMATOLOGIC	
Wound	Based on frequency of clinical interventions needed and chronicity-see Medical Classification Algorithm and Definitions
	Level 3 ◆ A non-healing or slowly healing decubitus ulcer, stage 2 or higher, OR ◆ A past history of stage 3 or 4 decubitus ulcer whether or not an ulcer is present currently.

CONNECTIVE TISSUE / RHEUMATOLOGIC	
Chronic connective tissue and rheumatologic diseases	<p>Level 3</p> <ul style="list-style-type: none"> ◆ persistent symptoms for greater than 3 to 6 months despite adequate treatment with chronic steroid or immunomodulator therapy.
DIABETES	
TYPE I or II	Level 1 - Controlled by diet alone
	Level 2 - On medications and needs clinical interventions no more frequently than monthly to quarterly.
	<p>Level 3</p> <ul style="list-style-type: none"> • more than two serious end-organ complications, OR • chronically poorly controlled (HbA1C greater than 9%) in spite of adherence to clinical guidelines by provider and for at least 12 months, OR • intensive insulin therapy required to achieve glycemic control, considered on a case-by-case basis in consultation with the Regional Medical Director. Decisions will be based in-part on the ability of the institution to provide a near-bedtime dose of NPH and pre-meal regular insulin three times daily, OR • Insulin pump.
ENDOCRINOLOGIC	
ADDISON'S DISEASE	Level 3
PANHYPOPITUITARISM	Level 3
GASTROINTESTINAL	
INFLAMMATORY BOWEL DISEASE	Level 1 - asymptomatic, not on treatment
	Level 2 - on treatment, infrequent flares of symptoms
INFLAMMATORY BOWEL DISEASE (cont'd)	Level 3 - persistent symptoms for greater than 3 to 6 months despite adequate treatment with chronic steroid or immunomodulator therapy.

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HEMATOLOGIC	
MISCELLANEOUS HEMATOLOGIC DISORDERS	Score based on Medical Classification Algorithm
SICKLE CELL TRAIT	Level 1
SICKLE CELL ANEMIA	Level 2 - no more than 1 crisis Q 2 years
	Level 3 <ul style="list-style-type: none"> • crisis > Q 2 years, OR • based on frequency of clinical interventions needed to maintain outpatient status, OR • based on ability to do ADLs
	Level 4 - Needs daily or nearly daily nursing care
HEPATIC DISEASE	
HEPATITIS A, B, C, D without end-stage liver disease, on or off treatment	Level 1
CIRRHOSIS (End-stage liver disease)	Level 3 <ul style="list-style-type: none"> • based on frequency of clinical interventions needed to maintain outpatient status, OR • based on ability to do ADLs, OR • decompensated cirrhosis as evidenced by any one of the following: moderate ascites, encephalopathy, INR \geq 1.7, platelet count < 50,000, or a history of bleeding esophageal varices. These cases will be transferred preferentially to MRC Care Level 3 populations where available.
	Level 4 - Needs daily or nearly daily nursing care
INFECTIOUS DISEASE	
HIV	Level 1 - does not meet criteria for HAART <ul style="list-style-type: none"> • no treatment, AND • asymptomatic, AND • CD4 count > 500, AND • undetectable viral load

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	<p>Level 2 - with or without treatment</p> <ul style="list-style-type: none"> • CD4 count between 150 and 500; OR • > 500 and detectable viral load,
	<p>Level 3</p> <ul style="list-style-type: none"> • CD4 count > 50 and< 150 following at least 6 months of appropriate HAART therapy, regardless of compliance, OR • Failed therapy despite adequate treatment with 2 different antiretroviral regimens, confirmed with resistance patterns on genotype testing, OR • Co-infection with HBV and meeting criteria for treatment of HBV, OR • Co-infection with HCV and meeting criteria for treatment of both HCV and HIV infection. Transfer requests will be considered from Care Level 2 institutions without readily available access to infectious disease specialty consultants and from all Care Level 1 institutions,
	<p>Level 4</p> <ul style="list-style-type: none"> • CD4 count < 50 despite adequate HAART trial.
TUBERCULOSIS	Level 1
MALIGNANCY	
	<p>Level 1</p> <ul style="list-style-type: none"> • cured and no further monitoring required, OR • in full remission for > 2 years and no risk of relapse

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	<p>Level 2</p> <ul style="list-style-type: none"> • in full remission < 2 years, OR • requires ongoing infrequent monitoring between q 6 to q 12 months OR • low risk prostate cancer cases (defined as maximum pre-treatment PSA < 10, and Gleason score of 6 or less, and Stage T1 or T2a in one lobe) that are s/p appropriate treatment but without complications. Intermediate risk cases will be considered on a case-by-case basis depending upon length of sentence, parent institution , and home of origin.
	<p>Level 3</p> <ul style="list-style-type: none"> • in partial remission, OR • requires intensive monitoring, OR • chronic lymphocytic leukemia requiring treatment with imatinib.
	<p>Level 4 - Active treatment.</p>
<p>MENTAL HEALTH (MH)</p>	
<p>The Mental Health Medical Classification/Care Level Criteria apply to the following Axis I and II diagnoses.</p> <ul style="list-style-type: none"> • Anxiety Disorders (e.g., generalized anxiety disorder, panic disorder, post traumatic stress disorder, obsessive compulsive disorder, simple phobias) • Bipolar Disorder I or II • Mood Disorders (e.g., adjustment disorder, depression, dysthymia) • Personality Disorders (excluding antisocial personality disorder) • Psychotic Disorders (e.g., delusional, psychotic, schizoaffective, schizophrenia - excluding substance-induced psychosis) • Somatoform Disorders 	

CARE LEVEL 1 MH

- no hx of psychosis or mania (other than related to substance abuse), **AND**
- requires clinical intervention no more frequently than every 3 to 6 months on chronic basis to maintain outpatient status, **AND**
- No hx of hospitalization (other than related to substance abuse) in last 5 years, **AND**
- on no more than 2 psychotropic medications, excluding atypical antipsychotics.

CARE LEVEL 2 MH

- hx of psychiatric hospitalization in last 5 years (not related to substance abuse), **OR**
- hx of suicidal or parasuicidal behavior in last 5 years, **OR**
- requires clinical interventions more frequently than quarterly but no more frequently than monthly to maintain outpatient status, **OR**
- hx of psychosis unrelated to substance abuse, **OR**
- requires chronic treatment with atypical antipsychotic medication

CARE LEVEL 3 MH

Initial Designation Criteria for Care Level 3 - MH:

- Does not meet criteria for inpatient admission **AND** (one or more of the following)
- two or more psychiatric hospitalizations in the past three years; **OR**
- psychotic illness treated with three or more anti-psychotic medications; **OR**
- multiple Axis I diagnoses treated with five or more psychotropic medications.

Inmates with a personality disorder diagnosis should be preferentially designated to non-MRC Care Level 3 facilities.

General Criteria for Care Level 3 - MH:

- Requires outpatient contacts with a psychologist or psychiatrist more frequently than monthly but less frequently than daily.

Ordinarily, the inmate must demonstrate a need for this level of service over an extended period of time (at least 6 months). However, on a case-by-case basis and following consultation with the Regional Psychology Administrator, inmates may receive a Care 3 - MH assignment in less than 6 months.

These contacts are necessary to maintain the inmate's stability and functionality in his/her current setting or to address his/her ongoing functional impairment.

These contacts may be delivered within the context of a Stepdown Unit or Axis II Program.

Inmates with a personality disorder diagnosis should be preferentially designated to non-MRC Care Level 3 facilities

CARE LEVEL 4 MH

- Housed in Psychiatric Referral Center and meets inpatient admission criteria, **OR**
- Inpatient forensic evaluation.

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NEPHROLOGY	
CHRONIC KIDNEY DISEASE	<p>Level 3</p> <ul style="list-style-type: none"> GFR < 30 but not yet on dialysis. Decisions to transfer to an MRC Care Level 3 population with access to dialysis will be based in-part on the likelihood of progression to dialysis, e.g. diabetic nephropathy with poor glycemic control, persistent proteinuria \geq 1000 mg / day, uncontrolled hypertension despite appropriate medication regimen, or persistent activity of primary renal disease.
	<p>Level 4</p> <ul style="list-style-type: none"> Dialysis

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NEUROLOGIC	
CHRONIC NON-PROGRESSIVE NEUROLOGICAL CONDITIONS (e.g., cerebral palsy, history of CVA, mental retardation, paralysis, seizure disorder, etc.)	Score based on Medical Classification Algorithm
PROGRESSIVE NEUROLOGICAL CONDITIONS (e.g., Alzheimer's disease, Huntington's Chorea, MS, Myasthenia gravis, Parkinson's Disease, etc.)	Level 2 or above - Based on frequency of clinical interventions needed to maintain outpatient status, or ability to do ADLs
	Level 3 <ul style="list-style-type: none"> chronic therapy with interferon beta -1a and -1b for multiple sclerosis, not yet meeting the algorithm criteria for Care Level 4.
PAIN MANAGEMENT	
	Level 1 <ul style="list-style-type: none"> does not require long term (> 90 days) narcotic medications while in BOP after adequate BOP evaluation, AND requires no, or minimal assistance in ADLs
	Level 2 <ul style="list-style-type: none"> requires long term (> 90 days) narcotic medications while in BOP after adequate BOP evaluation, AND requires no, or minimal assistance in ADLS
	Level 3 <ul style="list-style-type: none"> requires frequent (> monthly) clinical interventions on chronic basis, OR has implanted device, such as narcotic pump or spinal cord stimulator