CARE LEVEL CLASSIFICATION FOR MEDICAL AND MENTAL HEALTH CONDITIONS OR DISABILITIES

Federal Bureau of Prisons

Clinical Guidance

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1. PURPOSE OF THIS GUIDANCE

This Federal Bureau of Prisons (BOP) Clinical Guidance for *Care Level Classification for Medical and Mental Health Conditions or Disabilities* provides recommendations for classifying inmates' medical and mental health conditions so that the inmates can be assigned to the BOP institutions that can best meet their health care needs. This document is an update to the February 2014 BOP *Care Level Classification for Medical/Psychiatric Conditions or Disabilities*.

2. GOAL OF THE CARE LEVEL CLASSIFICATION SYSTEM

Prisons are not necessarily built with access to community medical resources in mind. Many federal prisons are in remote rural locations that have limited numbers of specialists and only small community hospitals. Inmates have a 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) with institutions that can meet those needs. The intended result is improved management of these inmates' conditions at a lower overall cost to the agency.

3. CARE LEVELS

There are four levels in the BOP medical care level classification system. Each inmate and each institution are assigned a care level.

- **INMATE CARE LEVELS** are determined by their medical and/or mental health needs and are based primarily on the chronicity, complexity, intensity, and frequency of interventions and services that are required, as well as an inmate's functional capability.
- **INSTITUTION CARE LEVELS** are based primarily on the clinical capabilities and resources of the institution and the surrounding community, as well as specific missions, e.g. dialysis, oncology, etc.

DESIGNATION OF INMATE CARE LEVELS

INITIAL DESIGNATIONS

- **CARE LEVELS 1 AND 2:** A *provisional* care level, identified by SCRN in Sentry, is assigned by the Designation and Sentence Computation Center (DSCC) for newly-sentenced inmates meeting Care Level 1 or 2 criteria, based primarily on information contained in the presentence investigation report.
- **CARE LEVELS 3 AND 4:** The Office of Medical Designations and Transportation (OMDT) performs the initial (provisional) classification and designation of newly-sentenced inmates who meet Care Level 3 or 4 criteria.
- After arrival at the designated facility, the provisional care level is reviewed and a *nonprovisional* care level is assigned by BOP clinicians.

REDESIGNATIONS

When the health care needs of a BOP inmate change to **CARE LEVEL 3 OR 4,** a *Redesignation Referral Request* is submitted in the electronic health record for consideration of transfer.

- Ordinarily, Care Level 3 inmates are not redesignated or transferred from one BOP facility to another within 12–18 months of their Projected Release Date (PRD)—taking into consideration potential Residential Reentry Center (RRC) transfer dates—unless the needed services are not available locally, or non-medical issues require the inmate to be transferred from their current location. These cases will be reviewed individually and determined on a case-by-case basis.
- Ordinarily, inmate refusal of treatment solely for the purpose of reducing their care level will not result in a reduction of their care level so long as the underlying condition requiring that treatment persists.
- A tissue diagnosis and treatment plan are usually needed, and any necessary surgery accomplished, prior to redesignating BOP inmates for cancer care. There are a few notable exceptions:
  - The diagnosis of hepatocellular carcinoma may be confirmed by specialized CT or MRI imaging without the need for biopsy and tissue diagnosis.
  - The diagnosis and treatment of sarcoma are often best accomplished at a sarcoma treatment center and may be deferred until transfer, if the diagnosis of sarcoma is highly likely based on other available diagnostic tests and specialist evaluations.
  - Once the diagnosis of prostate cancer is made, based on PSA and prostate biopsy results, a treatment plan from a urologist is not needed prior to submitting a *Redesignation Referral Request* for inmates who want treatment. Inmates for whom active surveillance is appropriate do not need to be transferred and may be monitored at their current institution.

CARE LEVELS 1–4 FOR INMATES: GENERAL DESCRIPTION

CARE LEVEL 1

- Care Level 1 inmates are less than 70 years of age and are generally healthy.
- They may have limited medical needs that can be easily managed by clinician evaluations every 6–12 months.

➔ ***Example conditions:*** *Mild asthma, diet-controlled diabetes, stable HIV patients not requiring medications, well-controlled hyperlipidemia or hypertension, etc.*

CARE LEVEL 2

- Care Level 2 inmates are stable outpatients who require clinician evaluations monthly to every 6 months.
- Their medical and mental health conditions can be managed through routine, regularly scheduled appointments with clinicians for monitoring.
- Enhanced medical resources, such as consultation or evaluation by medical specialists, may be required from time to time.

➔ ***Example conditions:*** *Medication-controlled diabetes, epilepsy, or emphysema.*

CARE LEVEL 3

- Care Level 3 inmates are outpatients who have complex, and usually chronic, medical or mental health conditions and who require frequent clinical contacts to maintain control or stability of their condition, or to prevent hospitalization or complications.
- They may require assistance with some activities of daily living (ADLs) that can be accomplished by inmate companions. Stabilization of medical or mental health conditions may require periodic hospitalization.

➔ ***Example conditions:*** *Cancer in partial remission, advanced HIV disease, severe mental illness in remission on medication, severe (NYHA Class III) congestive heart failure, and end-stage liver disease.*

CARE LEVEL 4

- Care Level 4 inmates require services available only at a BOP Medical Referral Center (MRC), which provides significantly enhanced medical services and limited inpatient care.
- Functioning may be so severely impaired as to require 24-hour skilled nursing care or nursing assistance.

➔ ***Example conditions:*** *Cancer on active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical treatment, and high-risk pregnancy.*

DEFINITIONS USED IN CARE LEVEL CLASSIFICATION

ACTIVITIES OF DAILY LIVING (ADLS)

Activities including eating, urinating, defecating, bathing, and dressing/undressing.

CHRONIC

A disease or condition that requires monitoring or treatment for greater than 12 months. (Compare to **SELF-LIMITED** below.)

➔ *In cases where intensive clinical intervention for an inmate's condition lasts beyond a limited duration, it is considered* ***CHRONIC****. See* ***TABLE 1*** *below, under* ***INTENSIVE CLINICAL INTERVENTION****.*

FUNCTIONAL CRITERIA

Uses **ADL** and **SAFETY/VULNERABILITY** factors as functional criteria to characterize inmates' abilities into three groups:

- Independent, no assistance is required
- Assistance from an inmate companion is required
- Assistance from a health care staff member is required (see **NURSING INTERVENTIONS** below)

  ➔ *The need for a wheelchair or assistance in pushing a wheelchair are not care level criteria and are not indications for a medical transfer.*

(The list of DEFINITIONS continues on the next two pages.)

INTENSIVE CLINICAL INTERVENTIONS

- A period of increased frequency of monitoring and/or treatment for a duration of 3–6 months, depending on the type of intervention.

  ➔ *Limited 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, unless the duration of the intervention becomes extensive. (See **TABLE 1** below.)*

- **INTENSIVE CLINICAL INTERVENTION** can be used for the purpose of achieving improved clinical indicators of disease management, such as blood pressures, hemoglobin A1C (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 a myocardial infarction, short-term anticoagulation after a deep vein thrombosis (6–12 months), IV antibiotics for methicillin-resistant Staphylococcus aureus or osteomyelitis, or narcotic analgesics after a serious injury.
- **INTENSIVE CLINICAL INTERVENTION INCLUDES** contacts with physicians, mid-level providers (MLPs), pharmacists, nurses, physical and occupational therapists, and specialists; it can include lab tests, x-rays, dressing changes, and similar encounters, which may occur as often as daily. **INTENSIVE CLINICAL INTERVENTION** does *not* include pill lines.
- **INTENSIVE CLINICAL INTERVENTION** beyond a limited duration will be considered **CHRONIC** or indefinite, and may warrant an increase in the inmate's care level. See **TABLE 1** below.

TABLE 1. TIME FRAMES FOR COMMON INTERVENTIONS TO BE DEFINED AS "CHRONIC"

INTERVENTION	TIMEFRAME
Anticoagulation with warfarin	Indefinite or long-term (more than 6–12 months)
IV antibiotics (outpatient)	More than 3 months
Wound care*	More than 4 weeks when healing goals are not met, despite optimized basic wound care and consultation with a specialist
Nursing care	More than 3 months
Lab or x-ray monitoring	Tests more frequent than monthly for more than 6 months
Provider contacts (physician, MLP)	Daily to monthly for more than 6 months for the same condition
Assistance with ADLs	More than 3 months for a permanent condition that has reached maximal function
Chronic opioid medications	More than 3 months
Specialist consults	At least monthly for more than 3 months in order to maintain outpatient status (i.e., prevent hospitalization)
Supervised PT/OT	More than 3 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 3-month mark. Refer to the *Appendix 2* for more details about medical classification criteria for **WOUNDS**.

NURSING INTERVENTIONS
A level of care or assistance with ADLs that 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 include tasks that may also be performed by other types of staff such as wound care, IV fluid and medication administration, and certain physical or occupational therapy modalities.

OPTIMAL MANAGEMENT
The health care interventions being provided are consistent with BOP clinical guidance, published clinical guidelines, or generally accepted standards of practice, with the goal of achieving desired clinical outcome measures (e.g., target blood pressure, HbA1C levels, or CD4 counts) through a combination of efforts: appropriate medications, clinical monitoring and interventions at intervals necessary to achieve the desired outcomes, and patient participation in and compliance with the treatment plan.

SAFETY/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 inmates who are blind and deaf, or who have a history of a severe head injury and wander into other cells or are continuously disoriented, etc. This factor should be considered in determining a care level assignment if it is permanent, and if **NURSING INTERVENTIONS** (see above) are required to adequately manage the issues of concern. For example, a blind inmate who copes with a general population institution with the assistance of an inmate companion would not score as a Care Level 3 or 4.

SELF-LIMITED
A condition which can reasonably be expected to resolve within six 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 would reasonably resolve the condition. (Compare to **CHRONIC** above.)

USUAL CLINICAL INTERVENTIONS
The frequency of **CHRONIC** care clinic encounters with a physician or mid-level provider that are required to maintain the inmate in outpatient status, once the inmate's major conditions are stable, **OPTIMAL MANAGEMENT** (see above) has been achieved, and a long-range treatment plan has been established. The frequency of **USUAL CLINICAL INTERVENTIONS** is one primary criterion for determining care level assignment. (Compare to **INTENSIVE CLINICAL INTERVENTIONS** above.)

USE OF THE APPENDICES IN DETERMINING AN INMATE'S CARE LEVEL

The **APPENDICES** are useful guides for determining an inmate's care level.

- *Appendix 1* lists specific conditions assigned a Care Level 3 or 4 classification.
- *Appendix 2* identifies care levels for the more common medical conditions or interventions, and expands on some of the information in *Appendix 1*.
- *Appendix 3* provides an algorithm for determining care levels that are not covered by the first two appendices.

APPENDIX 1. MEDICAL CONDITIONS DEFAULTING TO CARE LEVEL 3 OR 4

CARE LEVEL 3 CONDITIONS AND INTERVENTIONS
AUTOIMMUNE/CHRONIC CONNECTIVE TISSUE/RHEUMATOLOGIC • Persistent or poorly controlled symptoms for greater than 3–6 months, despite optimal treatment, including chronic steroid and/or immunomodulator therapy ***OR*** • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by NFR and for which there is no acceptable subcutaneous injection (e.g., adalimumab, anakinra, certolizumab, etanercept)
CARDIOVASCULAR • Anticoagulation with warfarin for more than 6–12 months ***OR*** • Heart failure, NYHA Class III
DIABETES MELLITUS (DM) DM with one or more of the following: • Type 1 DM ***OR*** • Intensive insulin therapy required to achieve glycemic control in type 2 DM *(considered on a case-by-case basis in consultation with the Regional Medical Director; decisions will be based in-part on the use of a long acting insulin or the ability of the institution to provide a near-bedtime dose of NPH insulin, as well as pre-meal regular insulin three times daily*) ***OR*** • More than 2 serious end-organ complications ***OR*** • Poorly controlled (HbA1C greater than 9%) for at least 12 months, despite provider's adherence to clinical guidance ***OR*** • Insulin pump or continuous glucose monitor
ENDOCRINOLOGIC • Addison's disease ***OR*** • Panhypopituitarism
GASTROINTESTINAL Inflammatory bowel disease with: • Persistent or poorly controlled symptoms for greater than 3–6 months, despite optimal treatment, including chronic steroid and/or immunomodulator therapy ***OR*** • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by NFR and for which there is no acceptable subcutaneous injection (e.g., adalimumab, anakinra, certolizumab, etanercept)
HEMATOLOGIC • Sickle cell anemia with exacerbations (crisis) more frequently than every 2 years, despite optimal management (*see Appendix 2 for other qualifications*)
HEPATIC • Decompensated cirrhosis/end-stage liver disease as evidenced by one or more of the following: Moderate ascites, encephalopathy, INR ≥ 1.7, platelet count < 50,000, a history of bleeding esophageal varices, or a CTP score of 7 or higher *(see Appendix 2 for other qualifications)*
INFECTIOUS DISEASES HIV infection with one or more of the following: • CD4 count > 50 and < 150, despite 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
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CARE LEVEL 3 CONDITIONS AND INTERVENTIONS (CONTINUED)

MALIGNANCIES

- In partial remission ***OR***
- Requires intensive monitoring, but is not being actively treated with chemotherapy or radiation ***OR***
- Chronic Myelogenous Leukemia in chronic phase with complete hematologic and cytogenetic responses and at least a major molecular response after 12–18 months of treatment with a first- or second-line tyrosine kinase inhibitor

MEDICATIONS DEFAULTING TO CARE LEVEL 3 (CHRONIC/LONG-TERM USE)

- IV infusions of immunomodulators ***OR***
- Systemic steroids ***OR***
- Warfarin anticoagulation

MENTAL HEALTH

Psychiatric conditions that do not meet criteria for inpatient admission, with one or more of the following:

- Two or more psychiatric hospitalizations in the past 3 years ***OR***
- Psychotic illness treated with 3 or more anti-psychotic medications ***OR***
- Multiple diagnoses treated with ≥ 5 psychotropic medications ***OR***
- Requires outpatient contacts with a prescribing clinician more frequently than monthly over an extended period of time (at least 6 months), despite optimized medication regimens

NEUROLOGIC

Progressive neurologic conditions (dementia, Huntington's chorea, multiple sclerosis, myasthenia gravis, Parkinson's disease, etc.):

- For multiple sclerosis: Chronic therapy with interferon beta-1a and -1b ***OR***
- Requires assistance from an inmate companion to perform ADLs in an outpatient setting and not yet meeting the algorithm criteria for **CARE LEVEL 4** (does not yet require 24-hour skilled nursing care or nursing assistance)

PAIN MANAGEMENT

- Chronic pain that requires clinical interventions more frequently than monthly on a chronic basis, other than for medication renewal ***OR***
- Has an implanted device, such as a narcotic pump or spinal cord stimulator (does not include TENS)

RENAL

- Chronic kidney disease (CKD) with a GFR < 30, but not yet on dialysis (s*ee discussion of qualifications in Appendix 2)*

RESPIRATORY

Asthma/COPD with one or more of the following:

- History of intubation, status asthmaticus, or hospitalization for stabilization, within the past 5 years ***OR***
- Requires clinical interventions more frequently than monthly to maintain outpatient status, despite optimized treatment (does not include nebulizer treatments) ***OR***
- Severe persistent asthma severity or STEP 6 therapy for greater than 3–6 months, despite optimized treatment, e.g., high-dose inhaled corticosteroids plus a second controller and/or chronic systemic steroid therapy ***OR***
- Frequent exacerbations despite optimized medical therapy

WOUNDS

- History of prior stage 3 or 4 pressure ulcer (now healed) ***AND*** ongoing risk factors, e.g., spinal cord injury/paraplegia ***OR***
- High-risk diabetic foot—neuropathy with at least one of the following: Significant foot deformity, peripheral arterial disease not surgically correctable, or history of amputation

CARE LEVEL 3 CONDITIONS AND INTERVENTIONS (CONTINUED)
OTHER CONDITIONS AND INTERVENTIONS: • Implanted medical device, e.g., defibrillator, pacemaker, medication pump, spinal cord stimulator • Organ transplant more than 1 year ago, and without complications • Oxygen required, intermittent or nocturnal only
CARE LEVEL 4 CONDITIONS AND INTERVENTIONS
ARTHROPLASTY candidate for a major joint or candidate for anterior cruciate ligament surgery
CANCER (MALIGNANCIES) requiring treatment with systemic chemotherapy, radiation, or organ transplantation
CLINICAL OR NURSING INTERVENTIONS required daily or near daily for more than 3–6 months
CYSTIC FIBROSIS
DIALYSIS
FUNCTIONAL LIMITATIONS due to cognitive or physical impairment that prevent successful management in general population, despite appropriate assistance from an inmate companion in performing ADLs or the use of durable medical equipment
HEART FAILURE, NYHA Class IV
HIV with CD4 count < 50, despite HAART
ORGAN TRANSPLANT (excluding cornea) candidate or transplant accomplished less than 1 year ago
OXYGEN required continuously
PREGNANCY – High-risk*
PROSTHETIC CASES being redesignated/transferred to an MRC, specifically for fabrication or revision of a prosthesis
TRANSFER TO AN MRC medical bed approved (e770 referral to OMDT)
WOUNDS – Stage 3 or 4 pressure ulcers *(see discussion of qualifications in Appendix 2)*
* ***PREGNANCY is high-risk with these conditions:*** *Presence of pulmonary hypertension, serious heart disease, uncontrolled diabetes, sickle cell disease, multiple gestations, pre-eclampsia, 2nd/3rd trimester bleeding, cancer, and/or serious mental health issues being treated with medications.*
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APPENDIX 2: MEDICAL CLASSIFICATION CRITERIA

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
AUTOIMMUNE/CONNECTIVE TISSUE/RHEUMATOLOGIC CONDITIONS	
AUTOIMMUNE/CHRONIC CONNECTIVE TISSUE/ RHEUMATOLOGIC DISEASES	**CARE LEVEL 3** • Persistent or poorly controlled symptoms for greater than 3–6 months, despite optimal treatment with chronic steroid and or immunomodulator therapy ***OR*** • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by non-formulary request (NFR) and for which there is no acceptable subcutaneous injection, e.g., adalimumab, anakinra, certolizumab, etanercept
CARDIOVASCULAR CONDITIONS	
ARRHYTHMIA	Use *Appendix 3, Medical Classification Algorithm*.
CAD	Use *Appendix 3, Medical Classification Algorithm*.
HEART FAILURE	**CARE LEVEL 1** • No history of heart failure **CARE LEVEL 2** • NYHA Class I or II **CARE LEVEL 3** • NYHA Class III **CARE LEVEL 4** • NYHA Class IV
HYPERTENSION	**CARE LEVEL 1** • Blood pressure well-controlled on two or less medications **CARE LEVEL 2** • Blood pressure not at treatment goal with two or less medications ***OR*** • Blood pressure control requires three or more medications
VALVULAR DISEASE	Use *Appendix 3, Medical Classification Algorithm,* except when on chronic anticoagulation with warfarin. **CARE LEVEL 3** • On chronic anticoagulation with warfarin
VASCULAR DISEASE	Use *Appendix 3, Medical Classification Algorithm*.
DIABETES MELLITUS (DM)	
DM TYPE 1 OR 2 *(see next page for CARE LEVEL 3)*	**CARE LEVEL 1** • DM Type 2, controlled by diet alone **CARE LEVEL 2** • DM Type 2, on diabetic medications and needs clinical interventions no more often than monthly

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
DIABETES MELLITUS (DM) *(CONTINUED)*	
DM TYPE 1 OR 2	**CARE LEVEL 3** • Type 1 DM ***OR*** • Intensive insulin therapy required to achieve glycemic control in type 2 DM *(considered on a case-by-case basis in consultation with the Regional Medical Director; decisions based in part on the use of a long-acting insulin or the ability of the institution to provide a near-bedtime dose of NPH insulin plus pre-meal regular insulin three times daily)* ***OR*** • More than two serious end-organ complications ***OR*** • Poorly controlled (HbA1C greater than 9%) for at least 12 months, despite provider's adherence to clinical guidance ***OR*** • Insulin pump or continuous glucose monitor
ENDOCRINOLOGIC CONDITIONS	
ADDISON'S DISEASE	**CARE LEVEL 3**
HYPOTHYROIDISM	**CARE LEVEL 1**
PANHYPOPITUITARISM	**CARE LEVEL 3**
GASTROINTESTINAL CONDITIONS	
INFLAMMATORY BOWEL DISEASE	**CARE LEVEL 1** • Asymptomatic, not on treatment **CARE LEVEL 2** • On treatment, infrequent flares of symptoms **CARE LEVEL 3** • Persistent or poorly controlled symptoms for greater than 3–6 months, despite optimal treatment with chronic steroid and/or immunomodulator therapy ***OR*** • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by NFR and for which there is no acceptable subcutaneous injection, e.g., adalimumab, anakinra, certolizumab, etanercept
HEMATOLOGIC CONDITIONS	
SICKLE CELL TRAIT	**CARE LEVEL 1**
SICKLE CELL ANEMIA	**CARE LEVEL 2** • No more than one crisis every 2 years **CARE LEVEL 3** • Crisis more often than every 2 years despite optimal management ***OR*** • Frequent clinical interventions needed to maintain outpatient status ***OR*** • Based on assistance required for ADLs **CARE LEVEL 4** • Needs daily or nearly daily nursing care
MISCELLANEOUS HEMATOLOGIC DISORDERS	Use *Appendix 3, Medical Classification Algorithm*.

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
HEPATIC DISEASE	
HEPATITIS A, B, C, OR D *(without end-stage liver disease, on or off treatment)*	**CARE LEVEL 1**
CIRRHOSIS *(end-stage liver disease)*	**CARE LEVEL 3** • Frequent clinical interventions needed to maintain outpatient status ***OR*** • Based on assistance required for ADLs ***OR*** • Decompensated cirrhosis, as evidenced by any one of the following: moderate ascites, encephalopathy, INR ≥ 1.7, platelet count < 50,000, or a history of bleeding esophageal varices. These cases will be transferred preferentially to available MRC **CARE LEVEL 3** sites.
	CARE LEVEL 4 • Needs daily or nearly daily nursing care
INFECTIOUS DISEASES	
HIV	**CARE LEVEL 1** No treatment; does NOT meet criteria for HAART: • Asymptomatic ***AND*** • CD4 count > 500 ***AND*** • Undetectable viral load
	CARE LEVEL 2 • With or without treatment, CD4 count between 150 and 500
	CARE LEVEL 3 • 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
	CARE LEVEL 4 • CD4 count < 50, despite adequate HAART trial
TUBERCULOSIS	**CARE LEVEL 1**
MALIGNANCIES	
• **A tissue diagnosis and a treatment plan are usually required prior to redesignation/transfer of cancer cases.** ► Examples of malignancies that may NOT require a tissue diagnosis include hepatocellular carcinoma and soft tissue sarcoma with characteristic radiographic features. • **Necessary surgery is usually performed locally prior to redesignation/transfer of cancer cases.** ► Prostate cancer is a type of cancer for which transfer is usually accomplished prior to treatment, when indicated. ***(Discussion of MALIGNANCIES continues on the next two pages.)***	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
MALIGNANCIES (CONTINUED)	
GENERAL CRITERIA FOR MALIGNANCIES	**CARE LEVEL 1** • Cured and no further monitoring required ***OR*** • In full remission for ≥ 2 years, with low risk of relapse, and monitoring less frequently than every 6 months ***OR*** • Skin cancers that do not require systemic therapy and treatment is available locally
	CARE LEVEL 2 • In full remission < 2 years ***OR*** • Requires ongoing, infrequent monitoring every 1–6 months
	CARE LEVEL 3 • In partial remission ***OR*** • Requires intensive monitoring
	CARE LEVEL 4 • Active treatment with systemic chemotherapy, radiation, or organ transplant
CHRONIC LYMPHOCYTIC LEUKEMIA (CLL)	**CARE LEVEL 2** • Asymptomatic, early-stage disease, and treatment not indicated. Periodic surveillance (e.g., every 3 months and as clinically indicated) recommended with CBC + diff and clinical exam.
	CARE LEVEL 4 • Symptomatic disease (weakness, night sweats, fever, weight loss, painful lymphadenopathy, recurrent infection) ***OR*** • Advanced stage disease (hgb < 11 gm/dL, or platelet count < 100,000, or wbc > 100,000) ***OR*** • Refractory or relapsed disease ***OR*** • Second lymphoid/hematologic malignancy
CHRONIC MYELOGENOUS LEUKEMIA (CML)	**CARE LEVEL 3** • CML in chronic phase with complete hematologic and cytogenetic responses and at least a major molecular response after 12–18 months of treatment with a first- or second-line tyrosine kinase inhibitor (TKI) (e.g., imatinib, desatinib, nilotinib) ► Complete hematologic response (normal CBC with diff, asymptomatic, and resolution of splenomegaly) ***AND*** ► Complete cytogenetic response (no Ph-positive metaphases on bone marrow aspirate and cytogenetics) ***AND*** ► Major molecular response (either 0.1% BCR-ABL1 by QPCR or ≥ 3-log decrease from baseline of BCR-ABL1 mRNA from peripheral blood sample)
	CARE LEVEL 4 • CML in accelerated or blast phase ***OR*** • CML in chronic phase with an incomplete response after 12–18 months of treatment with a first- or second-line tyrosine kinase inhibitor (TKI) (e.g., imatinib, desatinib, nilotinib), intolerance of TKI treatment, or relapse of chronic phase after an initial response as noted under **CARE LEVEL 3** criteria

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
MALIGNANCIES (CONTINUED)	
PROSTATE CANCER	**CARE LEVEL 2** • Very low-risk or low-risk prostate cancer for which active surveillance and postponement of treatment is appropriate ***OR*** • Localized prostate cancer cases that have completed appropriate treatment, with a good PSA response and no significant complications at least one month after completion of treatment, and with or without androgen deprivation therapy, e.g., leuprolide *(Treatment complete transfer requests from an MRC to a general population facility must include a surveillance and treatment plan.)* ***OR*** • Stage IV prostate cancer cases at least one month after completion of (and without complications from) radiation or surgery, if indicated, and whose metastatic disease is asymptomatic or well-controlled on androgen deprivation therapy
	CARE LEVEL 4 • Inmates with biopsy-confirmed prostate cancer who are candidates for active treatment (*Once a biopsy diagnosis of cancer has been made, a referral for redesignation to an MRC should be initiated. A decision to do surgery or to initiate radiation or chemotherapy prior to transfer to an MRC should be made in consultation with the Chief of Health Programs before this treatment is started, unless it is deemed urgent.*) ***OR*** • Stage IV prostate cancer cases (lymph node involvement or disseminated metastases) that have completed primary treatment and whose metastatic disease is symptomatic or not controlled with androgen deprivation therapy

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
MENTAL HEALTH CONDITIONS	
*Mental Health (MH) care levels are defined in the BOP policy statement, Treatment and Care of Inmates with Mental Illness (5310.XX). The criteria below provide additional indicators of disease severity for consideration when assigning an M**H** care level and are also used for assigning mental health SCRN Levels for initial designation cases.*	
These CARE LEVEL criteria apply to the following diagnoses: • **ANXIETY DISORDERS** *(e.g., generalized anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, simple phobias)* • **BIPOLAR DISORDER I OR II** • **DEPRESSIVE DISORDERS** *(e.g., adjustment disorder, depression, dysthymia)* • **PSYCHOTIC DISORDERS** *(e.g., delusional, psychotic, schizoaffective, schizophrenia; excluding substance-induced psychosis)* • **SOMATOFORM DISORDERS**	**CARE LEVEL 1-MH** • No history of psychosis or mania (other than related to substance abuse) ***AND*** • No history of hospitalization (other than related to substance abuse) in the last 5 years ***AND*** • Requires outpatient contacts with a prescribing clinician no more frequently than every 6 months on a chronic basis to maintain outpatient status ***AND*** • Symptoms are controlled on no more than 2 psychotropic medications, excluding atypical antipsychotics **CARE LEVEL 2-MH** • History of psychiatric hospitalization in the last 5 years (not related to substance abuse) ***OR*** • Requires outpatient contacts with a prescribing clinician every 1–6 months to maintain outpatient status ***OR*** • Requires chronic treatment with atypical antipsychotic medication or more than two total psychotropic medications **CARE LEVEL 3-MH*** Psychiatric conditions that do not meet criteria for inpatient admission with one or more of the following: • Two or more psychiatric hospitalizations in the past 3 years ***OR*** • Psychotic illness treated with 3 or more anti-psychotic medications ***OR*** • Multiple diagnoses treated with ≥ 5 psychotropic medications ***OR*** • Requires outpatient contacts with a prescribing clinician more frequently than monthly over an extended period of time (at least 6 months), despite optimized medication regimens. * *CARE LEVEL 3-MH criteria may take precedence over CARE LEVEL 3 medical criteria for designation purposes; the inmate may be designated to a CARE LEVEL 3-MH facility based on the recommendation of the Psychology Mental Health Treatment Coordinator, in collaboration with OMDT staff.*

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
NEUROLOGIC CONDITIONS	
CHRONIC NON-PROGRESSIVE NEUROLOGICAL CONDITIONS *(cerebral palsy, history of stroke, intellectual disabilities, paralysis, seizure disorder, etc.)*	*Use Appendix 3, Medical Classification Algorithm*.
PROGRESSIVE NEUROLOGICAL CONDITIONS *(dementia, Huntington's chorea, multiple sclerosis, myasthenia gravis, Parkinson's disease, etc.)*	**CARE LEVEL 2** • Based on frequency of clinical interventions needed to maintain outpatient status or ability to do ADLs independently. **CARE LEVEL 3** • For multiple sclerosis: Chronic therapy with interferon beta-1a & -1b ***OR*** • Requires assistance from an inmate companion to perform ADLs in an outpatient setting and not yet meeting the algorithm criteria for **CARE LEVEL 4** (does not yet require 24-hour skilled nursing care or nursing assistance) **CARE LEVEL 4** • Functional limitations due to cognitive or physical impairment that prevent successful management in general population, despite appropriate assistance from an inmate companion in performing ADLs or the use of durable medical equipment ***OR*** • Requires daily or near daily assistance from health care staff on a health care unit, e.g., memory unit or nursing care unit
ORTHOPEDIC CONDITIONS	
ARTHROPLASTY OF A MAJOR JOINT OR ACL SURGERY	**CARE LEVEL 4** • BOP criteria for surgery are met, as described in BOP Clinical Practice Guidelines: *Evaluation and Management of Osteoarthritis of the Hip and Knee*, and *Management of Anterior Cruciate Ligament Injuries*.
PROSTHETICS	**CARE LEVEL 4** • Prosthetic cases being redesignated/transferred to an MRC, specifically for fabrication or revision of a prosthesis
PAIN MANAGEMENT	
CHRONIC PAIN	**CARE LEVEL 1** • Does not require long-term (> 90days) opioid medications while in BOP *after adequate BOP evaluation* ***AND*** • Requires no or minimal assistance in ADLs **CARE LEVEL 2** • Requires long-term (> 90 days) opioid medications while in BOP *after adequate BOP evaluation* ***AND*** • Requires no or minimal assistance in ADLS **CARE LEVEL 3** • Requires clinical interventions more frequently than monthly on a chronic basis, other than for medication renewal, ***OR*** • Has an implanted device, such as an opioid pump or spinal cord stimulator (does not include TENS)

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
PREGNANCY	
HIGH-RISK PREGNANCY	**CARE LEVEL 4** • *Pregnancy-specific conditions:* Multiple gestations, pre-eclampsia, 2nd/3rd trimester bleeding ***OR*** • *Other medical conditions:* Pulmonary hypertension, serious heart disease, uncontrolled diabetes, sickle cell disease, cancer, and/or serious mental health issues being treated with medications.
RENAL DISEASE	
CHRONIC KIDNEY DISEASE (CKD)	**CARE LEVEL 3** • 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: diabetic nephropathy with poor glycemic control, persistent proteinuria ≥ 1000 mg /day, uncontrolled hypertension despite appropriate medication regimen, or persistent activity of primary renal disease.)* **CARE LEVEL 4** • Dialysis
RESPIRATORY CONDITIONS	
ASTHMA/COPD → *Refer to BOP Clinical Guidance on Management of Asthma, Appendices 5 and 6, for definitions of asthma severity and STEP THERAPY.*	**CARE LEVEL 1** • Intermittent or mild persistent disease ***AND*** • Well-controlled on no more than two inhalers (short-acting beta agonist + low-dose inhaled corticosteroid), i.e., STEP 2 therapy ***AND*** • No history of intubation, status asthmaticus, or hospitalization for stabilization **CARE LEVEL 2** • Moderate persistent or mild persistent not controlled with STEP 5 therapy ***AND*** • No history of intubation, status asthmaticus, or hospitalization for stabilization in the previous 5 years ***AND*** • Does not require chronic oxygen **CARE LEVEL 3** • History of intubation, status asthmaticus, or hospitalization for stabilization, in the previous 5 years ***OR*** • Requires clinical interventions more frequently than monthly to maintain outpatient status, despite optimized treatment (does not include nebulizer treatments) ***OR*** • Severe persistent asthma severity or STEP 6 therapy for greater than 3–6 months, despite optimized treatment, e.g., high-dose inhaled corticosteroids plus a second controller and/or chronic systemic steroid therapy ***OR*** • Frequent exacerbations despite optimized medical therapy **CARE LEVEL 4** • Requires daily, or nearly daily, nursing care on chronic basis ***OR*** • Requires 24-hour/continuous oxygen supplementation.
CYSTIC FIBROSIS	**CARE LEVEL 4**

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
RESPIRATORY CONDITIONS (CONTINUED)	
OXYGEN-DEPENDENT	**CARE LEVEL 3** • Nocturnal or intermittent oxygen requirement. **CARE LEVEL 4** • 24-hour/continuous oxygen requirement.
OTHER *(pulmonary hypertension, restrictive lung disease, sarcoid, etc.)*	Use *Appendix 3, Medical Classification Algorithm*.
WOUND CARE	
WOUNDS ➔ ***See NOTES 1–3** on next page.*	**CARE LEVEL 3**[1] • History of prior stage 3 or 4 pressure ulcer (now healed) ***AND*** ongoing risk factors, e.g., spinal cord injury/paraplegia ***OR*** • High-risk diabetic foot—neuropathy with at least one of the following: Significant foot deformity, peripheral arterial disease not surgically correctable, or history of amputation **CARE LEVEL 4**[1] **Any of the following conditions:** • Any current stage 3 or 4 pressure ulcer • Chronic wounds requiring surgical interventions as recommended by an appropriate specialist: ▸ Cases requiring *non-urgent* surgical interventions on weight-bearing surfaces should be submitted for transfer prior to surgery. ▸ Cases requiring *urgent* surgical intervention should be accomplished locally prior to considering transfer. ▸ Angioplasty/vascular bypass surgery for arterial occlusion should be accomplished locally. • Postoperative management of flaps on weight-bearing surfaces and diabetic foot ulcers (if done locally) when ready for hospital discharge ▸ Require off-loading over the ulcer/surgery site until arrival at the MRC. • Chronic wounds with underlying osteomyelitis ▸ Excluding infected orthopedic hardware or non-wound related osteomyelitis • Indications for more advanced wound therapy, e.g., negative pressure wound therapy or hyperbaric oxygen (HBO)[2] • Other chronic wounds not meeting healing goals despite optimized basic wound care interventions as described in the *BOP Clinical Guidance on Wound Care* and as recommended by a certified wound care specialist or licensed independent practitioner experienced with wound management, considered on a case-by-case basis.[3] ▸ Stage 2 pressure ulcers ▸ Diabetic/neuropathic foot ulcers ▸ Vascular ulcers: arterial or venous ▸ Open surgical, atypical, or complex wounds

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
WOUND CARE (CONTINUED)	

NOTES on Wound Care Consultations and Redesignation Requests

[1] **All consultations or transfer requests for wound care must be supported by documentation, both in the request and in the medical record**, and must include specific and detailed information about the wound including wound duration, location, type/cause, size measurements (initial, current, and 2 weeks prior), color(s) of wound bed, presence of drainage and slough, involvement of deep tissues (such as fascia, muscle, or bone), presence of infection, relevant diagnostic studies, current and past treatments, specific indications for advanced wound therapies[3], and a photo of the wound loaded into BEMR. For hospitalized inmates, institution clinical staff should obtain as much of this information as possible (including a current treatment plan) from the hospital.

[2] **The role of HBO in the treatment of wounds is not clearly established and must be reviewed and approved prior to initiating treatment,** by the Regional Medical Director for inmates incarcerated at mainline institutions (**CARE LEVELS 1–3**) or by the Chief of Health Programs for inmates at **CARE LEVEL 4** sites. Refer to the *BOP Clinical Guidance on Wound Care* for further discussion of advanced wound therapies.

[3] **Prior to requesting a medical transfer**, consultation should be obtained if treatment/healing goals are not met after 4 weeks.

APPENDIX 3. MEDICAL CLASSIFICATION ALGORITHM