

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 7	Number 2.04A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title PHYSICAL HEALTH STATUS CLASSIFICATION ASSIGNMENTS

Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to) 01-02-101 01-02-106	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) describes the process through which incarcerated adults are assigned an appropriate healthcare status classification, which facilitates safe placement at Department facilities. The status code classifies incarcerated individuals based on physical health needs and it is utilized by the Department's adult classification system.

II. GUIDELINES:

A. General Information

The assignment of an appropriate and current physical health status classification ensures that an incarcerated individual with health problems is assigned by the Classification Division to a facility with the necessary health care services to address the incarcerated individual's health needs.

B. Physical Health Status Classification Assignment Categories

The following definitions describe the assignment categories. Establishing mutually exclusive categories is impractical because gray areas always remain. For this reason, details accompany each definition:

1. Category:

- A. Free of illness, injury or functional physical impairment; individuals with short-term, self-limiting condition requiring minimal physical health intervention limited to thirty (30) day's duration.

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This category includes all minor health care conditions such as colds or other short-lived viral conditions, simple lacerations requiring sutures, and plaster casts or fixation devices which do not dramatically interfere with ambulation or work.

Conditions in this classification do not require accessibility housing or residential (inpatient or infirmary) support. Health care intervention, if necessary, is limited to periodic consultation, treatment or evaluation by a physical health provider, nursing, or dental personnel.

Patients requiring ongoing clinical assessments or treatments, which must be performed by health care staff several times a week or more, may not be assigned to this classification. Patients capable of performing self-care (i.e. can do their own dressing changes) may remain in this category if they would otherwise qualify

- B. Illnesses that do or will recurrently require skilled nursing care or any chronic physical or cognitive disability which requires on-going nursing care. Needs inpatient bed or immediate access to inpatient bed.

This category includes all conditions in which continuous or intermittent inpatient or infirmary care is needed. Conditions in this classification include terminal illnesses in the late stages such as cancer, AIDS, end stage cardiac, respiratory or liver disease, and chronic physical or cognitive conditions which severely restricts the patient's ability to participate in activities of daily living such as quadriplegia, severe neuromuscular disorders, or late stage Alzheimer's disease requiring skilled nursing care.

- C. Renal failure requiring hemodialysis or peritoneal dialysis.

This category may also include patients with significant renal insufficiency in which a restrictive renal diet is necessary.

- F. Physical health condition (including chronic care) requiring frequent monitoring/surveillance and the on-site availability of licensed health care personnel twenty-four hours per day or the incarcerated individual is frail and debilitated.

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This category includes any condition or illness that is chronic and requires frequent or recurring consultation, evaluation and/or treatment by health care personnel and the immediate availability of licensed health care personnel. Uncontrolled diabetes (e.g. HgbA1C is greater than 8), uncontrolled hypertension, seizure disorders with poor control, asthmatics prone to exacerbations, and unstable angina are examples.

This code should also be used for patients who are frail or debilitated residing on a “medical dorm.”

In general, before an “F” code may be changed to a “G” code, the health status of the patient must be stable, without medication titration for at least 90 days.

G. Any stabilized, permanent or chronic physical or medical condition in which:

- G1. Frequent monitoring/surveillance is not needed;
- G2. The incarcerated individual demonstrates an appropriate degree of knowledge and motivation and is able to perform self-care;
- G3. A twenty (20) pound or greater weightlifting restriction is needed;
- G4. Negative air flow room;
- G5. Traumatic Brain Injury or Dementia.

This category includes any condition or illness in which frequent consultation, evaluation and/or treatment by medical or nursing personnel is not needed. Examples include stable angina, controlled diabetes (e.g. HgbA1C is less than 8), stable asthmatics, controlled seizure disorders.

This category also includes any condition or illness in which the patient has completed a course of rehabilitation and/or received special training or instructions and demonstrates an ability to perform self-care. Examples of these conditions include stable insulin dependent diabetics, patients with

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ostomies, and conditions which require restrictions in lifting to 20 pounds or less.

Patients with reactive TB skin test (Not active disease) receiving TB prophylactic medication such as isoniazid (INH) should be assigned to this category; patients with active disease are to be placed in this code category when they are stable on oral medication and no longer contagious.

- I. Short term self-limiting conditions of 31 to 180 days duration; conditions which may require placement in an observation/short stay infirmary bed or requires that a patient be placed in a negative pressure room.

This category includes any condition or illness which is not permanent or progressive and not expected to last longer than 180 consecutive days. Conditions in this classification may require a limited stay in an observation/short stay infirmary bed. Examples of such conditions are extensive dental treatment, awaiting or recuperating from surgery, fractures requiring the use of casts, stabilizing braces or pins which dramatically affects a patient's ability to ambulate or work for a period of time not to exceed six (6) months or a patient who is being worked up or ruled out for tuberculosis.

- J. Pregnancy
This category includes all pregnant women up to the six (6) weeks post-partum exam.

2. Application

The designation of physical health status classification assignment involves three basic steps:

- a. Determination of the appropriate code assignment,
- b. Completion of State Form 44357, "Report of Medical Status Classification of Offender," in the EMR and,
- c. Forwarding a copy of State Form 44357 to the facility's Classification department

An incarcerated individual's physical health status classification assignment is the only approved mechanism for communicating a

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change in health status to Classification staff. Inattention to the changing dynamics of some health conditions and the need to reassign or re-code an incarcerated individual creates the potential that an incarcerated individual will inadvertently be placed in a facility with limited health care services when more comprehensive or complex services are required. Such situations can be costly to the Department and cause unnecessary delays in providing necessary treatment. For these reasons, incarcerated individuals shall be assigned a new medical status classification code at the following times:

- ◆ At intake (returning incarcerated individuals shall be assigned a new classification with each new confinement)
- ◆ Whenever a new health condition that requires a more intensive level of health services than the classification to which the incarcerated individual is currently assigned is identified
- ◆ Whenever a known health condition improves or deteriorates and the level of health services required has changed
- ◆ Whenever an incarcerated individual has completed a course of rehabilitation such as physical therapy or occupational therapy, and the level of health services required has changed
- ◆ Whenever an incarcerated individual has participated in a course of patient education, and the level of health services required has changed
- ◆ Whenever an identified health condition has been stabilized and the patient no longer requires frequent monitoring by the facility's Health Services staff.

In addition, the incarcerated individual's physical health status classification assignment shall be reviewed at the time of the annual health appraisal and during transfer screening after intra-institutional transfer. Necessary changes in classification assignments should be made at these times and the new code assignment communicated to the facility's Classification

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department.

Health conditions are not static and fluctuations in health status are expected in many chronic diseases. However, multiple changes in category assignments especially during brief time periods cause a cascade of classification events which may result in an unnecessary change in facility assignment. To ensure that appropriate classification assignments are being made, a health condition should generally be stabilized for at least ninety (90) days before a change in code assignment suggesting resolution of a problem should be initiated.

All changes in physical health status classification assignments shall be based on clinical evaluations and needs of the patient. Documentation in the EMR shall clearly support the physical health status classification assignment.

Periodically, an incarcerated individual may volunteer to sign a refusal, or express a desire to sign a waiver, to relieve Health Services staff of any liability in order to be assigned to different medical status code. Noncompliance or an incarcerated individual's refusal to accept necessary treatment shall not result in a change in classification to a less restrictive category assignment. Physical health status codes reflect the patient's needs and not the patient's desires.

To ensure consistency with medical status classification assignments, the facility's Director of Nursing shall be responsible for overseeing this process. Other nursing personnel, designated by the Director of Nursing, may be trained to perform this function. Clinicians responsible for intake health appraisals at the reception centers shall be responsible for the medical status classification assignments of those incarcerated individuals who are new arrivals.

In the event that an incarcerated individual is transferred to another facility due to a change in physical health status classification assignment and the receiving facility does not agree with the current physical health status classification code, the Director of Nursing of the receiving facility is to contact the transferring facility Director of Nursing and discuss the rationale for the change. When an appropriate classification determination remains in dispute despite this contact, the Executive Director of Physical Health shall review the circumstances and issue a written statement regarding the

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appropriate physical health status classification assignment.

C. Confidentiality

Health information is confidential. For this reason, it is sometimes difficult to determine what types of information should be included in the comment section of State Form 44357. Statements included in this section should be limited to the information Classification staff must have in order to place the incarcerated individual in the appropriate setting for their health care needs. Written statements shall focus on the incarcerated individual limitations in work or housing assignments such as, “no repetitive lifting or bending, no stair climbing, etc.”

III. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date