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<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b> <b>Manual of Policies and Procedures</b>		6/1/2022	5	2.06A

Title
<b>BEHAVIORAL HEALTH STATUS CLASSIFICATION ASSIGNMENTS FOR INCARCERATED ADULTS</b>

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

I. **PURPOSE:**

This Health Care Services Directive (HCSD) describes the process through which incarcerated adults are assigned an appropriate behavioral health status classification, which facilitates safe placement and ensures access to appropriate behavioral health care at Department facilities. The behavioral health status code includes psychiatric, psychological, and substance use concerns and is utilized by the Department's adult classification system.

II. **GUIDELINES:**

A. General Information

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

B. Behavioral 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. **Code A:** Free of functional behavioral health impairment in the current living environment; individuals with short-term, self-limiting condition requiring minimal behavioral health intervention limited to thirty (30) days' duration.

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2. **Code B:** Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.
3. **Code C:** Psychiatric disorder that causes some functional impairment and requires psychiatric and/or psychological services to support an acute need or recent mental health crisis such as situational social stressors. Services necessary to provide stability, support and skills for self-management such as evidence-based group treatment, peer-led support, or regular psychiatric services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.
4. **Code D:** Psychiatric disorder that requires frequent individual psychiatric and/or psychological services and/or the individual has a history of one or more of the following:
  - a. a serious suicide attempt and are newly (within the last year) admitted to the IDOC; and/or,
  - b. have had a serious suicide attempt or a serious self-injury within the last year; and/or,
  - c. who are on involuntary medication for the treatment of a mental health condition.

Services needed may be routine and/or unplanned in nature and may involve mental health monitoring.

5. **Code E:** Psychiatric disorder that causes significant functional impairment such that the individual is unable to function in a standard prison environment and/or causes significant risk of harm to the individual or others and requires structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit.
6. **Code F:** Substance Use needs that cause functional impairment; may only include patients who would otherwise have an “A” behavioral health code and whose clinically indicated need for treatment is provided by Recovery While Incarcerated or Medication Assisted Treatment (MAT). This code may also be used for patients with an identified history of overdose but who are unwilling to accept treatment and do not qualify for involuntary treatment.

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### III. APPLICATION:

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

- A. Determination of the appropriate code assignment:
- B. Completion of State Form 56060, "Report of Mental Health Status Classification of Offender;" and,
- C. Submitting the completed State Form 56060 to the facility Classification department.

A patient's behavioral health status classification assignment is the only approved mechanism for communicating a change in behavioral health status to Classification personnel. Inattention to the changing dynamics of some behavioral 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 that cannot provide the care the patient needs. Such situations can be costly to the Department and cause unnecessary delays in providing necessary treatment. For these reasons, incarcerated individual shall be assigned a new behavioral health status classification code at the following times:

- A. At Intake (returning incarcerated individuals shall be assigned a new classification code with each new confinement);
- B. Whenever a new behavioral health condition that requires a more intensive level of services than the classification to which the incarcerated individual is currently assigned is identified;
- C. Whenever a known behavioral health condition improves or deteriorates, and the level of services required has changed;
- D. Whenever a patient has completed a course of treatment such as those provided in a Mental Health Unit or Recovery While Incarcerated treatment program; and/or;
- E. Whenever an identified behavioral health condition has been stabilized or treated and the patient no longer requires frequent treatment or monitoring by the facility behavioral health staff.

In addition, the patient's behavioral health status classification assignment shall be reviewed at the time of the annual health appraisal, annual classification review, and during transfer screening after inter-facility transfer. Necessary changes in classification assignments shall be made at these times and the new code assignment communicated to the facility's Classification department.

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Behavioral health conditions are not static and fluctuations in health status are expected in many chronic disorders. 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. Therefore, behavioral health staff will need to be mindful of this and will not change codes frequently unless clinically supported and substantial reasoning documented in the EMR.

All changes in behavioral health status classification shall be based on established diagnoses or needs. Documentation in the patient's health record shall clearly support the behavioral health status classification. At times, it may be tempting to change a behavioral health code out of frustration with those patients who fail to follow the advice of the behavioral health staff or present to sick call frequently with complaints that are not serious and when such a change would result in a transfer of the patient to another facility. Similarly, the behavioral health code shall not be determined on the patient's desire, or avoidance of, certain housing environments (i.e., Open dorm, single cell). Behavioral health classification changes must always reflect changes in behavioral health status and need.

Periodically, a patient may volunteer to sign a refusal, or express a desire to sign a waiver, to relieve behavioral health care staff of any liability in order to be assigned to different behavioral status code. Noncompliance or a patient's refusal to accept necessary treatment should not result in a change in classification to a less restrictive category assignment.

To ensure consistency with behavioral health status classification assignments, the facility's designated Psychologist or Mental Health Lead shall be responsible for overseeing this process. Other behavioral health staff, designated by the Mental Health Lead, may be trained to perform this function. Behavioral Health staff responsible for Intake Health Appraisals at the Intake units shall be responsible for the behavioral health status classification 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 behavioral health status classification and the receiving facility does not agree with the updated classification, the designated mental health lead of the receiving facility shall contact the transferring facility's designated mental health lead to discuss the rationale for the change. When an appropriate classification determination remains in dispute, the Executive Director of Behavioral Health and the contracted Regional Director of Behavioral Health or designee shall be contacted for advice and direction.

#### IV. CONFIDENTIALITY:

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Health information is confidential. For this reason, it is sometimes difficult to determine what types of information shall be included in the comment section of State Form 56060. Statements included in this section shall be limited to the information Classification staff must have in order to place the incarcerated individual in the appropriate type of setting for their behavioral health needs. Written statements should focus on the incarcerated individual's functional abilities and how these may impact housing, work, or program assignments.

V. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date