

	State of Indiana Indiana Department of Correction	Effective Date  4/1/2022	Page 1 of  2	Number  2.11A
<b>HEALTH CARE SERVICES          DIRECTIVE-ADULT          Manual of Policies and Procedures</b>				

Title <b>TREATMENT PLANNING</b>
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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) provides guidelines for treatment planning within the Department.

II. DEFINITION:

**CASE PLAN CREDIT TIME PROGRAM (CPCT):** An earned credit time cut structure that is driven by the needs indicated in the Indiana Risk Assessment System (IRAS) and incentivized through the individual case plan to provide each individual the opportunity to earn the maximum credit time, as allowed by law.

III. GUIDELINES:

A. Introduction

A written treatment plan is required for patients requiring any treatment from the medical division. This plan includes directions to Health Services staff and other personnel regarding their roles in the care and supervision of the patient, and is approved by the appropriate licensed clinician, or mental health practitioner for each patient requiring a treatment plan.

Treatment plans are formal written plans that identify serious health conditions referenced from the problem list, describe goals and outcomes, list the planned interventions, and describe which professional discipline is responsible for implementation. Treatment plans shall be entered into the EMR.

For patients enrolled in chronic care clinics, the chronic disease template in the Electronic Medical Record (EMR) shall be used as the treatment plan. The Clinical Review Form shall be used to document treatment goals from the treatment plan and progress review for identified treatment goals to be shared with Unit Team staff for patients participating in the Case Plan Credit Time process. The Clinical Review Form shall be uploaded to the EMR.

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Treatment plans for Dental services shall be recorded in the “description” section of the electronic dental record.

Behavioral health professionals shall utilize the behavioral health treatment plan template in the EMR. The Clinical Review Form shall be used to document treatment goals from the treatment plan and progress reviews for identified treatment goals to be shared with Unit Team staff for patients participating in the Case Plan Credit Time process. The Clinical Review Form shall be uploaded to the EMR.

**B. Infirmary Admission**

At the time of admission to a Department inpatient unit, the treatment plan shall be updated. The treatment plan including goals for patient care management shall be recorded in the “Reason for Visit” section of the provider’s admission progress note.

All patients admitted to an infirmary shall have formal nursing care plan prepared within eight (8) hours of admission. Nursing care plans shall be recorded on a standardized nursing care plan form. The nursing care plan shall contain reference to problems or needs entered on the problem list and/or interventions listed on a treatment plan, specify their own goals and quantifiable outcomes, describe the planned nursing interventions, and reflect ongoing review. When pre-printed nursing care plans are used the nursing care plan must be individualized for the specific needs of the patient. Nursing care plans may be based upon the patient’s medical diagnosis, a nursing diagnosis, or a simple identification of the patient’s symptoms. The nursing care plan shall contain the professional signature of the nurse who wrote it. If the nursing care plan was prepared by a Licensed Practical Nurse, a Registered Nurse must review and counter sign the nursing care plan.

**III. APPLICABILITY:**

This HCSD is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date