

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 2	Number 3.01A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title CHRONIC DISEASE INTERVENTION GUIDELINES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
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 provision of care to patients with chronic serious health conditions.

II. **DEFINITION:**

CASE PLAN CREDIT TIME (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. Patients with chronic health conditions such as asthma, hypertension, diabetes, high blood cholesterol, HIV, seizure disorder, Hepatitis C, and other major medical illnesses must be identified and enrolled in a chronic care clinic.
- B. The diagnosis of the chronic disease should be as clear as possible and adequate support for it must be fully documented in the health record. Diagnosis list shall appropriately reflect all active chronic conditions.
- C. For each patient enrolled in Chronic Care Clinic (CCC) there must be a plan for the treatment of their condition. The plan must address the monitoring of medication, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of any specialist consultation of review, if indicated.

Physical health providers shall collaborate with Unit Team staff by identifying and documenting treatment goals within the patient's control for patients who have chronic diseases and have opted in to the CPCT process prior to January 1, 2022 or who have entered the Department on or after January 1, 2022. A Clinical Review Form with identified goals shall be completed during a routine Chronic Care visit. A copy of the form shall be uploaded to the EMR and shared with the patient's Unit Team staff to coordinate treatment plan and case plan goals. The Clinical Review Form shall be updated annually with progress on previously assigned goals during a regularly scheduled 90- or 180-day contact. A copy of the completed form

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shall be uploaded to the EMR and shared with the patient's Unit Team staff for consideration in their CPCT review. A new Clinical Review Form with newly identified or continued goals shall be completed, scanned into the EMR and a copy provided to the patient's Unit Team staff at each annual review.

- D. Patient chronic health condition must be listed on the "Master Problem List," in the Electronic Medical Record (EMR).
- E. Treatment of patients with chronic health condition shall be consistent with national clinical practice guidelines.
- F. Frequency of Chronic Care Clinics:
 - 1. Patients with an unstable chronic health condition(s) shall be seen, by a provider, a minimum of every ninety (90) days, or more frequently if directed by the provider's individualized treatment plan.
 - 2. Patients with stable chronic health condition(s) shall be seen, by a provider, a minimum of every year (365 days), or more frequently if directed by the provider's individualized treatment plan.

If a patient wishes to see the provider or other health services in between Chronic Care Clinic visits, they shall submit a completed State Form 45913, "Request for Health Care," in accordance with Health Care Services Directive 2.01, "Access to Care." A co-pay will be charged when State Form 45913 is submitted outside of scheduled CCC visits unless considered an emergency or the contact was initiated by staff in accordance with Policy and Administrative Procedure 04-01-104, "Offender Trust Fund."

- G. Each facility shall maintain a current list of chronic care patients.

III. SITE SPECIFIC NEEDS:

Each facility shall establish a facility directive guiding the management of the Chronic Care Clinics.

IV. APPLICABILITY:

This HCSD is applicable to all facilities providing health services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date