

	State of Indiana Indiana Department of Correction Division of Youth Services	Effective Date 4/1/2022	Page 1 of 5	Number 2.04Y
HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures				

Title MEDICAL STATUS CLASSIFICATION ASSIGNMENTS FOR YOUTH

Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101 03-02-104	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 youth are assigned an appropriate medical status classification, which facilitates safe placement at Department facilities. The medical status code classifies youth based on physical health needs and it is used by the Division of Youth Services (DYS) classification system.

II. **GUIDELINES:**

A. General Information

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

B. Medical 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 category:

1. Category:

- A. **Free of illness or injury; free from physical impairment; individuals with short-term, self-limiting condition requiring minimal surgical, medical, nursing, or dental intervention limited to thirty (30) day's duration.**

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This category includes all minor health 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 medical, nursing or dental personnel.

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

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

- ◆ **Frequent monitoring/surveillance is not needed,**
- ◆ **The youth demonstrates an appropriate degree of knowledge and motivation and is able to perform self-care.**

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 youth has completed a course of rehabilitation and/or received special training or instructions and demonstrates an ability to perform self-care.

C. Illnesses that do or will recurrently require skilled nursing care or any chronic physical or cognitive disability which requires on-going nursing care. Chronic physical or medical condition requiring frequent monitoring/surveillance and the on-site availability of

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licensed health care personnel twenty-four (24) hours per day or the youth is frail and debilitated

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 youth's ability to participate in activities of daily living such as quadriplegia, severe neuromuscular disorders, requiring skilled nursing care.

Additionally, this category includes any condition or illness that is chronic and requires frequent or recurring consultation, evaluation and/or treatment by health 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.

2. Application:

The designation of medical status classification assignment involves three basic steps:

- a. Determination of the appropriate code assignment,
- b. Forwarding a copy of the medical status classification assignment to the Classification Department.

A youth's medical status classification assignment is the only approved mechanism for communicating a change in health status to Classification staff. Inattention to the changing dynamics of some health conditions and the need to reassign or re-code a youth creates the potential that a youth 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, youth shall be assigned a new medical status classification code at the following times:

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

In addition, the youth's medical 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 shall be made at these times and the new code assignment communicated to the facility's Classification 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 medical status classification assignments shall be based on clinical evaluations and needs of the patient. Documentation in the EMR shall clearly support the medical status classification assignment.

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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 intake facilities/units shall be responsible for the medical status classification assignments of those youth who are new arrivals.

In the event that a youth is transferred to another facility due to a change in medical status classification assignment and the receiving facility does not agree with the current medical status 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 appropriate medical 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 youth in the appropriate setting for their health care needs. Written statements shall focus on the youth's 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 Division of Youth Services facilities.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date