

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT:	PAGE <u>1</u> OF <u>6</u>
Medical Classification	NUMBER: 68-MED-13
RULE/CODE REFERENCE:	SUPERCEDES: 68-MED-13 dated 04/30/10
RELATED ACA STANDARDS: 4-4399	EFFECTIVE DATE: May 23, 2012
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to provide medical classification for inmates under the jurisdiction of the Department of Rehabilitation and Correction.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction, with the exception of Division of Parole & Community Services staff, and to all inmates confined to institutions within the Department.

IV. DEFINITIONS

Advanced Level Provider - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

Chief Medical Officer - The physician responsible for the day-to-day medical care of offenders at the institution level. The Chief Medical Officer is the ultimate medical authority at the institution.

Medical Classification Grid - A grid that includes brief definitions of each medical classification and a listing of those institutions that have the level of medical services appropriate to meet the needs of the inmates identified for that medical level.

State Medical Director - The responsible physician and the medical authority for the Department. The State Medical Director is responsible for the overall supervision of medical/clinical services provided within the Ohio Department of Rehabilitation and Correction.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to appropriately identify or determine the medical needs and functional limitations, if any, of all inmates under its supervision and to assign those inmates to appropriate placement based on those needs.

VI. PROCEDURES

A. Reception

1. Each inmate entering the Department of Rehabilitation and Correction shall receive a comprehensive medical evaluation per Department Policy 52-RCP-06, Reception Intake Medical Screening, and shall be assigned a medical classification level (1 through 4) and, if applicable, a functional limitation designation.
2. In accordance with the medical classification and functional limitation criteria, the Department shall identify those institutions capable of meeting the needs of inmates assigned each classification identifier.
3. The Bureau of Classification and Reception shall consider the medical classification and functional limitation designation, when applicable, along with other classification designations when assigning the inmate to his/her parent institution. The medical classification and functional limitation designation processes ensure appropriate placement of the inmate in an institution that can appropriately meet his/her individual needs.
4. The identification, classification, and placement of inmates with mental health needs shall be addressed as per Department Policy 67-MNH-02, Mental Health Screenings and Assessment Activities.
5. Upon completion of the intake medical evaluation at reception, the Advanced Level Provider (ALP), using the criteria outlined in the Medical Classification Grid (Appendix A), shall assign each inmate to a medical classification level. This designation shall be noted in the appropriate location on the medical intake Physical Examination form (DRC5033) and shall be entered into the NEEDS/DOTS screen, accessible within the DOTS Portal system.
6. The ALP shall also evaluate each inmate using medical protocol B-13, Evaluation for Functional Limitations Impacting Placement. If a determination is made that the inmate meets the criteria for one or more of these categories, that information shall also be noted on the medical intake Physical Examination form (DRC5033) and in the NEEDS/DOTS screen within the DOTS Portal system.
7. Inmates placed into medical classification levels 1 and 2 will qualify, from a medical standpoint, for placement in general population in an appropriate institution, as assigned by the Bureau of Classification and Reception.

8. All inmates classified as level 3 and 4 will require completion of a DRC Advanced Medical Placement form (DRC5330) to document the inmate's need for assistance with activities of daily living.
9. The reception center Health Care Administrator or designee shall monitor inmates placed in medical level 3 to ensure prompt transfer to an appropriate unit and/or facility. Transfer of medical level 3 inmates shall be coordinated through the Bureau of Classification and Reception and the Bureau of Medical Services.
10. If an inmate is placed in level 4, the reception center Chief Medical Officer shall contact the Franklin Medical Center Chief Medical Officer to facilitate arrangements for transfer to that facility.
11. If an inmate is identified with multiple functional limitations and/or other special medical needs, the reception center Health Care Administrator or designee shall contact the Bureau of Classification and Reception to jointly determine the most appropriate placement of the inmate.

B. Consultation on Special Needs

1. When an action may affect or be impacted by the medical classification of an offender, there shall be a consultation between the appropriate program administrator/designee and the responsible clinician/designee prior to taking action regarding chronically ill, functionally limited, and geriatric offenders in the following areas:
 - a. Housing Assignments;
 - b. Program Assignments;
 - c. Disciplinary Measures; and/or
 - d. Transfers to Other Facilities.
2. Documented medical restrictions or limitations issued by the responsible clinician may serve as the consultation, including a Medical Restrictions Statement (DRC5117) or medical orders for special housing assignments. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.
3. In the case of specialty housing assignments:
 - a. The institution's Chief Medical Officer shall review all medical level 3 inmates on a case-by-case basis prior to placement on death row. The Chief Medical Officer shall forward this review to the State Medical Director for final approval.
 - b. Due to the limited stay, medical level 3 inmates may be housed in the Sex Offender Risk Reduction Center (SORRC).

C. Change of Medical Classification

1. If the Chief Medical Officer in a parent institution, upon evaluation of an inmate, determines that a change in medical classification level or functional limitation designation may be indicated, that physician shall complete the Medical Re-Classification form (DRC5176). Reclassification should be initiated only when there has been a substantial change in the medical condition of the affected inmate.
2. If the anticipated new classification is to a level 1 or 2, or the recommended change is in the functional limitation designation, those changes should be noted in the medical file and entered into the NEEDS/DOTS screen within the DOTS Portal system in accordance with the recommendation of the institution Chief Medical Officer, unless the new classification would require a change in institutional placement. If the recommended change would require an institution transfer, the case shall be referred to the State Medical Director for review and decision, as follows:
 - a. The Health Care Administrator shall forward the Medical Reclassification form (DRC5176) and copies of supportive documentation from the medical record to the State Medical Director for consideration. Concurrently, the Managing Officer/designee shall submit a completed transfer packet to the Bureau of Classification and Reception, to be processed once the appropriate medical classification is determined.
 - b. The State Medical Director shall review the case and make a determination as to the appropriate medical classification level and/or functional limitation designation. This decision shall be documented on the Medical Re-Classification form (DRC5176).
 - c. If the resulting medical classification will require an institutional transfer, the State Medical Director or designee shall notify the Bureau of Classification and Reception of the new medical classification level and any special housing accommodations required. The Bureau of Classification and Reception shall ensure that medical transfers are accomplished in a timely manner.
 - d. The State Medical Director shall return the Medical Re-Classification form (DRC5176) and supportive medical documentation directly to the transferring institution upon completion of the review. If there is a change in medical classification level and/or functional limitations designation, the parent institution shall enter this change in the NEEDS/DOTS screen within the DOTS Portal system.
3. If the anticipated new classification is to a level 3 or 4, the institution Chief Medical Officer shall complete the Medical Reclassification form (DRC5176) and the DRC Advanced Medical Placement Form (DRC5330). The Health Care Administrator shall forward the required forms and all supporting documentation to the State Medical Director. Concurrently, the Managing Officer/designee shall submit a completed transfer packet to the Bureau of Classification and Reception, to be processed once the appropriate medical classification is determined.

- a. The State Medical Director shall review the case, determine the appropriate classification and document this decision on the Medical Reclassification form (DRC5176). This documentation may include a recommended institutional placement.
- b. The State Medical Director or designee shall also notify the Bureau of Classification and Reception of the new medical classification level and any special housing accommodations required. The Bureau of Classification and Reception shall ensure that medical transfers are accomplished in a timely manner.
- c. The State Medical Director shall return the Medical Reclassification form (DRC5176), Advanced Medical Placement Form (DRC5330) and supportive medical documentation directly to the transferring institution upon completion of the review. If there is a change in medical classification level and/or functional limitations designation, the parent institution shall enter this change in the NEEDS/DOTS screen within the DOTS Portal system.

Attachments:

Medical Classification Grid

Appendix A

Related Department Forms:

Medical Reclassification Form	DRC5176
Advanced Medical Placement Form	DRC5330
Medical Restrictions Statement	DRC5117
Physical Examination	DRC5033

Appendix A

Medical Classification Grid

Class 1	Class 2	Class 3	Class 4
Medically stable inmates requiring only periodic care and not requiring chronic care clinic or infirmary monitoring	Medically stable inmates requiring routine follow-up care and examinations	Those inmates requiring frequent intensive, skilled medical care but who need assistance with no more than one of their activities of daily living (ADL) or oxygen	Those inmates requiring constant skilled medical care and those who need assistance with more than one ADL.
		Dialysis	
	Diabetics	Diabetics	Diabetics
	Stable respiratory conditions (Asthma, COPD, etc.)	Severe chronic lung disease or requiring Oxygen Therapy	Lung disease requiring continued Oxygen Therapy
	HIV - AIDS	HIV – AIDS	HIV – AIDS
	Stable Cardiovascular	Advanced Cardiovascular	Advanced Cardiovascular
	Paraplegics	Paraplegics, Hemiplegics	Quadriplegics
	Stable Epileptics	Unstable Epileptics	Unstable Epileptics
	Cancer in remission and minimal treatment	Aggressive cancer treatment	Advanced cancer and terminal cancer
All Institutions Special Considerations: *NEPRC	All Institutions	PCI ORW ***HCF ****ACI – Dementia Unit CRC (For security level 3,4, or 5 dialysis patients only) FMC Zone B as approved by BOMS	FMC Special Considerations: *****PCI

- * Infirmary housing is not available for monitoring, observation or short-term care at these facilities.
- *** HCF may be used for Level 3 placements for only those inmates classified to Level 3 only due to oxygen dependence.
- **** ACI may be used for level 3 placements in the dementia unit which is a unit that houses stable medical level three inmates.
- ***** As approved by the Bureau of Medical Services, PCI may be used to house level 4's who are designated as 4's only because of the need for multiple ADL assistance, not constant skilled nursing care.