

CARE LEVEL CLASSIFICATION FOR MEDICAL CONDITIONS OR DISABILITIES

Federal Bureau of Prisons Clinical Guidance

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WHAT'S NEW IN THIS DOCUMENT

This guidance is an update to the May 2019 version. The following major changes were made in this guidance:

- [Initial Designations](#): After arrival at the designated facility, the provisional care level should be reviewed at the History & Physical or Chronic Care Visit and a nonprovisional care level assigned by the BOP clinician at that time.
- [Refusal of Care or Non-Compliance](#) section was updated.
- [Redesignations for Oncology Services](#): Upon diagnosis of prostate cancer and based on PSA and prostate biopsy results, a treatment plan from a urologist is required to submit a Redesignation Referral Request. Surgery should be performed locally prior to transfer for radiation, chemotherapy, or other adjuvant treatment. Patients for whom active surveillance is appropriate do not need to be transferred and may be monitored at their current institution.
- Updates made to [Care Levels 1-4 General Descriptions](#) to include:
 - ▶ Removal of “less than 70 years of age” to Care Level 1 description.
 - ▶ Addition of the following to Care Level 1 description: *Patients may need multiple medications to control their **CHRONIC** medical conditions or experience **SELF-LIMITED** conditions, but do not require **INTENSIVE CLINICAL INTERVENTIONS** for more than 3-6 months.*
 - ▶ Addition of the following to Care Level 2 description:
 - Care Level 2 patients may require increased frequency of evaluations with primary care or specialty clinical consultants or **INTENSIVE CLINICAL INTERVENTIONS** for 3-6 months in order to stabilize their **CHRONIC** medical conditions or achieve **OPTIMAL MANAGEMENT**.
 - Patients with stable conditions managed with an implanted device, such as a pacemaker, AICD, or VP shunt may be managed at a Care Level 2 facility.
 - ▶ Addition of the following to Care Level 3 description: *Care Level 3 patients may require more than monthly encounters with primary care or specialty clinical consultants after stabilization in order to maintain their chronic conditions.*
- *Appendix 1. Medical Conditions Defaulting to Care Level 3 or 4* was replaced with [Appendix 1. Common Medical Conditions and Corresponding Care Level](#) and significant changes made throughout.
- [Appendix 3. Instrumental Activities of Daily Living \(IADLS\)](#) and [Appendix 4. Physical Self-Maintenance Scale \(PSMS\)](#) were added.

TABLE OF CONTENTS

1. PURPOSE 3

2. GOAL OF THE CARE LEVEL CLASSIFICATION SYSTEM 3

3. DEFINITIONS 3

4. CARE LEVELS..... 5

 Designation of Inmate Care Levels 5

 Care Levels 1-4: General Description 6

 Use of the Appendices in Determining a Patient’s Care Level..... 8

APPENDIX 1. COMMON MEDICAL CONDITIONS AND CORRESPONDING CARE LEVEL..... 8

APPENDIX 2. MEDICAL CLASSIFICATION ALGORITHM 19

APPENDIX 3. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS) 20

APPENDIX 4. PHYSICAL SELF-MAINTENANCE SCALE (PSMS) 21

1. PURPOSE

This Federal Bureau of Prisons (BOP) Clinical Guidance for *Care Level Classification for Medical Conditions or Disabilities* provides recommendations for classifying patient’s medical conditions so that the patients can be assigned to the BOP institutions that can best manage their health care needs. This document is an update to the May 2019 guidance.

2. GOAL OF THE CARE LEVEL CLASSIFICATION SYSTEM

Prisons are not necessarily built with access to community medical resources in mind. Many federal prisons are in remote rural locations that have limited numbers of specialists and only small community hospitals. The goal of this classification system is to match patient health care needs (particularly in terms of intensity of care issues, access to community medical resources, and functional requirements) with institutions that can meet those needs. The intended result is improved management of these patients’ conditions in a manner consistent with community standard of care at a lower overall cost to the agency.

3. DEFINITIONS

ACTIVITIES OF DAILY LIVING (ADLs) OR INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) are tasks associated with basic self care and independent living and are assessed using the Physical Self-Maintenance and Instrumental Activities of Daily Living tools.

➔ See [Appendix 3. Instrumental Activities of Daily Living](#) and [Appendix 4. Physical Self-Maintenance Scale](#)

CHRONIC CONDITIONS can be reasonably expected to require monitoring or treatment for greater than 12 months. Examples include atrial fibrillation, COPD, diabetes, etc. Certain conditions can also be considered chronic if they require **INTENSIVE CLINICAL INTERVENTIONS** that last beyond a defined limited duration.

➔ See [Table 1. Time Frames for Intensive Clinical Interventions to be Defined as Chronic](#) below.

FUNCTIONAL STATUS is assessed using ADL/IADL scales and the Physical Self-Maintenance Scale to characterize patients’ abilities into three functional groups:

- Independent, no assistance is required
- Assistance from a patient companion is required (the need for a wheelchair or assistance in pushing a wheelchair are not care level criteria and are not indications for a medical transfer)
- Assistance from a health care staff member is required (see **NURSING INTERVENTIONS** below)

INTENSIVE CLINICAL INTERVENTIONS are used to treat, stabilize or monitor a condition after a clinical event, e.g., short-term anticoagulation after a deep vein thrombosis, IV antibiotics for osteomyelitis, or narcotic analgesics after a serious injury. Intensive Clinical Interventions may require an increased frequency of monitoring and/or treatment for a duration of 3–6 months, depending on the type of intervention. Limited periods of intensive clinical interventions are not representative of the patient’s normal baseline level of need, which may be much less frequent. Only the patient’s baseline needs for **USUAL CLINICAL INTERVENTIONS** are to be used to determine a care level assignment, unless the duration of the intensive intervention becomes chronic.

- **INTENSIVE CLINICAL INTERVENTIONS** beyond a limited duration for some conditions will be considered chronic or indefinite and may warrant an increase in the patient’s care level. See [Table 1](#) for a list of time frames for common intensive clinical interventions to be defined as chronic.

- **INTENSIVE CLINICAL INTERVENTIONS** can be used for the purpose of achieving improved clinical indicators of disease management, such as blood pressures, hemoglobin A1C (HbA1C), HIV viral load, peak flows, etc.
- **INTENSIVE CLINICAL INTERVENTIONS** can also include contacts with physicians, APPs, pharmacists, nurses, physical and occupational therapists, and specialists; it can include lab tests, x-rays, wound care, dressing changes, and similar encounters, which may occur as often as daily. Intensive clinical intervention does *not* include pill lines.

TABLE 1. TIME FRAMES FOR INTENSIVE CLINICAL INTERVENTIONS TO BE DEFINED AS CHRONIC

INTERVENTION	TIMEFRAME
IV antibiotics (outpatient)	More than 3 months
Wound care	More than 8 weeks when healing goals are not met, despite optimized basic wound care and consultation with a specialist
Nursing Interventions	More than 3 months for a permanent condition that has reached maximal function
Lab or x-ray monitoring	Tests more frequent than weekly for more than 3 months
Provider contacts (physician, APP)	Weekly to monthly for more than 6 months for the same condition
Specialist consults	At least monthly for more than 6 months in order to maintain outpatient status (i.e., prevent hospitalization)
Supervised PT/OT	More than 3 months

NURSING INTERVENTIONS are a level of care or assistance with ADLs that cannot, by BOP policy, be provided by patient companions. **NURSING INTERVENTIONS** also include tasks that may be performed by other types of staff such as wound care, IV fluid and medication administration, and certain physical or occupational therapy modalities.

OPTIMAL MANAGEMENT is when the health care interventions provided are consistent with BOP clinical guidance, published clinical guidelines, or generally accepted standards of practice, with the goal of achieving desired clinical outcome measures (e.g., target blood pressure, HbA1C levels, or CD4 counts) through a combination of efforts: appropriate medications, clinical monitoring and interventions at intervals necessary to achieve the desired outcomes, and patient participation in and compliance with the treatment plan.

SAFETY/VULNERABILITY are factors considered when determining a care level assignment. Some patients are particularly vulnerable to injury, assault, or victimization due to a physical or mental health condition. Examples may include patients who are blind and deaf, or who have a history of a severe head injury and wander into other cells or are continuously disoriented, etc. This factor should be considered in determining a care level assignment if it is permanent, and if **NURSING INTERVENTIONS** (see above) are required to adequately manage the issues of concern. For example, a blind patient who functions well in a general population institution with the assistance of a patient companion would not score as a Care Level 3 or 4.

SELF-LIMITED conditions can reasonably be expected to resolve within 6 months, with or without medical or surgical treatment. Examples include most infections, fractures, joint sprains, etc. **SELF-LIMITED** also applies to conditions such as hernias, meniscus tears of the knee, and cholelithiasis, where local surgical intervention would reasonably resolve the condition. (Compare to **CHRONIC** above.)

USUAL CLINICAL INTERVENTIONS include chronic care clinic encounters or follow-ups with a physician or advanced practice provider (APP) that are required to maintain the patient in outpatient status, once the patient’s major conditions are stable, **OPTIMAL MANAGEMENT** has been achieved, and a long-range treatment plan has been established. The frequency of Usual Clinical Interventions is one primary criterion for determining care level assignment. (Compare to **INTENSIVE CLINICAL INTERVENTIONS** above.)

4. CARE LEVELS

There are four levels in the BOP medical care level classification system. Each patient in custody and each institution are assigned a care level.

- **PATIENT MEDICAL CARE LEVELS** are determined by their medical needs and are based primarily on the chronicity, complexity, intensity, and frequency of interventions and services that are required, as well as a patient’s functional capability.
- **INSTITUTION CARE LEVELS** are based primarily on the clinical capabilities and resources of the institution and the surrounding community, as well as specific medical missions, e.g. dialysis, oncology, etc.

DESIGNATION OF INMATE CARE LEVELS

INITIAL DESIGNATIONS

- **CARE LEVELS 1 AND 2:** A provisional care level, identified by “SCRN” in SENTRY, is assigned by the Designation and Sentence Computation Center (DSCC) for newly-sentenced patients meeting Care Level 1 or 2 criteria, based primarily on information contained in the presentence investigation report (PSI).
- **CARE LEVELS 3 AND 4:** The Office of Medical Designations and Transportation (OMDT) performs the provisional “SCRN” care level classification and designation of newly-sentenced patients who meet Care Level 3 or 4 criteria.

After arrival at the designated facility, the provisional care level should be reviewed at the History & Physical or Chronic Care Visit and a non-provisional care level assigned by the BOP clinician at that time.

REDESIGNATIONS

When the health care needs of a BOP patient change to **CARE LEVEL 3 OR 4**, a *Redesignation Referral Request (770)* is submitted in the electronic health record for consideration of transfer.

When the health care needs of a BOP patient at a Care Level 3 or 4 institution change to a **CARE LEVEL 1 OR 2**, a *Treatment Complete Referral Request (413)* is submitted in the electronic health record for consideration of transfer.

Ordinarily, Care Level 3 patients are not redesignated or transferred from one BOP facility to another within 12–18 months of their Projected Release Date (PRD)—taking into consideration potential Residential Reentry Center (RRC) transfer dates—unless the needed services are not available or non-medical issues require the patient to be transferred from their current location. These cases will be reviewed individually and determined on a case-by-case basis.

Redesignations for Oncology Services: A tissue diagnosis and treatment plan are needed, and any urgent necessary surgery locally accomplished, prior to redesignating BOP patients for adjuvant oncology services like chemotherapy, radiation and immunotherapy. There are a few notable exceptions:

- The diagnosis of hepatocellular carcinoma may be confirmed by specialized CT or MRI imaging without the need for biopsy and tissue diagnosis.
- The diagnosis and treatment of sarcoma are often best accomplished at a sarcoma treatment center and may be deferred until transfer if the diagnosis of sarcoma is highly likely based on other available diagnostic tests and specialist evaluations.

Upon diagnosis of prostate cancer, and based on PSA and prostate biopsy results, a treatment plan from a urologist is required to submit a *Redesignation Referral Request*. Any necessary surgery, such as prostatectomy, should be performed locally prior to transfer for radiation, chemotherapy, or other adjuvant treatment. Patients for whom active surveillance is appropriate do not need to be transferred and may be monitored at their current institution.

REFUSAL OF CARE OR NON-COMPLIANCE

Refusal of care, or non-compliance, would not normally change a patient's care level as these levels are usually determined by the underlying medical condition itself. A patient's refusal of treatment solely for the purpose of reducing their care level will not result in a reduction of their care level so long as the underlying condition requiring that treatment persists. An exception may be made only on review by the Regional Medical Director, in conjunction with the Chief of Health Programs, who may determine that a patient who is a Care Level 3 or 4 can be redesignated to a lower care level institution that can monitor the patient throughout the period of refusal or non-compliance.

Care Levels 1-4: General Description

CARE LEVEL 1

- Care Level 1 patients are generally healthy.
- They may have chronic medical conditions that can be easily managed by clinician evaluations every 6–12 months (patients may initially need more frequent contacts in the short-term, up to 3 months, for stabilization of chronic conditions or treatment initiations such as Medications for Opiate Use Disorder (MOUD)).
- Patients may need multiple medications to control their **CHRONIC** medical conditions or experience **SELF-LIMITED** conditions, but do not require **INTENSIVE CLINICAL INTERVENTIONS** for more than 3-6 months.

➔ **Example conditions:** *Mild asthma, well controlled diabetes, stable HIV patients, well-controlled hyperlipidemia or hypertension, etc.*

CARE LEVEL 2

- Care Level 2 patients are stable outpatients who require primary care or specialist clinician evaluations monthly to every 6 months.
- Their medical conditions can be managed through routine, regularly scheduled appointments with primary or specialist clinicians for monitoring.

- Enhanced medical resources, such as consultation or evaluation by medical specialists, may be required.
- Care Level 2 patients may require increased frequency of evaluations with primary care or specialty clinical consultants or **INTENSIVE CLINICAL INTERVENTIONS** for 3-6 months in order to stabilize their **CHRONIC** medical conditions or achieve **OPTIMAL MANAGEMENT**.
- Patients with stable conditions managed with an implanted device, such as a pacemaker, AICD, or VP shunt may be managed at a Care Level 2 facility.

➔ **Example conditions:** Arrhythmia with pacemaker placement, non-intensive insulin initiation for diabetics, prostate cancer treated with prostatectomy alone, heart failure managed with medications, epilepsy, or emphysema.

CARE LEVEL 3

- Care Level 3 patients may require more than monthly encounters with primary care or specialty clinical consultants after stabilization in order to maintain their chronic conditions.
- Care Level 3 patients are outpatients who have complex and chronic medical conditions who require frequent clinical contacts to maintain control or stability of their condition, or to prevent hospitalization or complications.
- They may require assistance with some activities of daily living (ADLs) that can be accomplished by patient companions.
- Stabilization of medical conditions may require periodic hospitalizations.

➔ **Example conditions:** Paraplegia with chronic wounds requiring wound care, chronic kidney disease preparing for dialysis, diabetics with intensive insulin regimens, cancer in partial remission, advanced HIV disease, severe (NYHA Class III) heart failure, and end-stage liver disease.

CARE LEVEL 4

- Care Level 4 patients require services available only at a BOP Medical Referral Center (MRC), which provides significantly enhanced medical services and limited inpatient care.
- Functioning is so severely impaired as to require 24-hour skilled nursing care or nursing assistance.

➔ **Example conditions:** Cancer on active treatment, dialysis, quadriplegia, inability to perform ADLs due to stroke or dementia, major post-operative in-person physical therapy requirements, and high-risk pregnancy.

USE OF THE APPENDICES IN DETERMINING A PATIENT’S CARE LEVEL

The **APPENDICES** are useful guides for determining a patient’s care level.

- [Appendix 1](#) lists specific conditions and their assigned care level classification. Any condition not specifically listed in this appendix can be classified according to the Appendix 2 Care Level Algorithm.
- [Appendix 2](#) provides an algorithm for determining care levels that are not covered by the first appendix.
- [Appendix 3](#) provides **ADL/IADL** and **PHYSICAL SELF-MAINTENANCE SCALES**

APPENDIX 1. COMMON MEDICAL CONDITIONS AND CORRESPONDING CARE LEVEL

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
AUTOIMMUNE/CONNECTIVE TISSUE/RHEUMATOLOGIC CONDITIONS	
Autoimmune/Chronic Connective Tissue/ Rheumatologic Diseases	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by non-formulary request (NFR) and for which there is no acceptable subcutaneous injection, e.g., adalimumab, anakinra, certolizumab, etanercept
CARDIOVASCULAR CONDITIONS	
Heart Failure	<p>CARE LEVEL 1 – No symptoms and no limitations in physical activity.</p> <ul style="list-style-type: none"> • No symptoms of heart failure <p>CARE LEVEL 2 – Mild symptoms and slight limitations during activity.</p> <ul style="list-style-type: none"> • NYHA Class I or II <p>CARE LEVEL 3 – Significant limitations in activity due to symptoms. Only comfortable at rest.</p> <ul style="list-style-type: none"> • NYHA Class III <p>CARE LEVEL 4 – Severe limitations. Symptoms even while at rest.</p> <ul style="list-style-type: none"> • NYHA Class IV
Hypertension	<p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Blood pressure control requires three or more medications OR • Presence of persistent hypertension related complication
Pulmonary Arterial Hypertension	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Requires oral medications for PAH (WHO functional class II and III or low/intermediate risk) <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Require parenteral prostanoid-containing regimens (WHO functional class IV or high risk)
<i>Appendix 1, page 1 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
DIABETES MELLITUS (DM)	
DM Type 2	<p>CARE LEVEL 1</p> <ul style="list-style-type: none"> • Well-controlled (HbA1C no more than 7) without insulin and no serious end organ complications* <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Insulin therapy is required no more than 2 times per day to achieve glycemic control. • HbA1C >7 for at least 12 months despite compliance with optimal therapy • No more than 2 serious end-organ complications* <p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Three times per day insulin therapy required to achieve glycemic control OR • More than two serious end-organ complications* OR • Poorly controlled (HbA1C greater than 9%) for at least 12 months, despite compliance with optimal therapy OR • Insulin pump
DM Type 1	CARE LEVEL 3
<p>* Examples of serious end-organ complications:</p> <p>Diabetic nephropathy – Progressive kidney damage leading to chronic kidney disease</p> <p>Diabetic retinopathy – Damage to the blood vessels in the retina, potentially resulting in vision loss or blindness.</p> <p>Diabetic neuropathy – Nerve damage which can increase the risk of infections and amputations</p>	
ENDOCRINOLOGIC CONDITIONS	
Addison’s Disease	CARE LEVEL 3
Panhypopituitarism	CARE LEVEL 3
GASTROINTESTINAL CONDITIONS	
Inflammatory Bowel Disease	<p>CARE LEVEL 1</p> <ul style="list-style-type: none"> • Asymptomatic on treatment <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • On treatment with infrequent flares of symptoms (less than monthly) <p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Persistent or poorly controlled symptoms for greater than 3–6 months, despite optimal treatment with chronic steroid and/or immunomodulator therapy OR • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by non-formulary request and for which there is no acceptable subcutaneous injection, e.g., adalimumab, anakinra, certolizumab, etc.
<i>Appendix 1, page 2 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
HEMATOLOGIC CONDITIONS	
Sickle Cell Anemia	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Sickle Cell Crisis more often than every 2 years despite optimal management OR • Weekly clinical interventions needed to maintain outpatient status <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Needs daily nursing care
Hemophilia	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Antihemophilic therapy needed to maintain outpatient status
Miscellaneous Hematologic Disorders	Use Appendix 2 , <i>Medical Classification Algorithm</i> .
HEPATIC DISEASE	
Cirrhosis <i>(end-stage liver disease)</i>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Weekly clinical interventions needed to maintain outpatient status OR • Decompensated cirrhosis, as evidenced by any one of the following: moderate ascites, encephalopathy, INR ≥ 1.7, platelet count $< 50,000$, or a history of bleeding esophageal varices. These cases will be transferred preferentially to available MRC Care Level 3 sites as security levels allow. <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Needs daily nursing care
INFECTIOUS DISEASE	
HIV	<p>CARE LEVEL 1</p> <p>On antiretroviral therapy (ART):</p> <ul style="list-style-type: none"> • Asymptomatic AND • Absolute CD4 cell count > 500 cells/uL AND • Undetectable viral load <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Absolute CD4 cell count between 200 and 500 cells/uL following at least 6 months of appropriate ART, when compliant with treatment <p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Absolute CD4 cell count > 50 and < 200 cells/uL following at least 6 months of appropriate ART therapy, when compliant with treatment OR • Failed therapy despite adequate treatment with 2 different ART regimens, confirmed with resistance patterns on genotype testing <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • CD4 count < 50 cells/uL, following at least 6 months of appropriate ART therapy, when compliant with treatment
<i>Appendix 1, page 3 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
MALIGNANCIES	
<ul style="list-style-type: none"> • A tissue diagnosis and a treatment plan are required prior to redesignation/transfer of cancer cases. <ul style="list-style-type: none"> ▶ Examples of malignancies that may NOT require a tissue diagnosis include hepatocellular carcinoma, soft tissue sarcoma with characteristic radiographic features, or unless tissue diagnosis not recommended by Oncology (i.e., brain malignancy). • Necessary surgery is usually performed locally prior to redesignation/transfer of cancer cases. • Prostate cancer can often be treated at the local level unless it is metastatic. 	
General Criteria for Malignancies	<p>CARE LEVEL 1</p> <ul style="list-style-type: none"> • Cured and no further monitoring required OR • In full remission for ≥ 2 years, with low risk of relapse, and monitoring less frequently than every 6 months OR • Skin cancers that do not require systemic therapy and treatment is available locally <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • In full remission < 2 years OR • Requires ongoing, infrequent monitoring every 1–6 months <p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • In partial remission OR • Requires intensive monitoring, but is not being actively treated with systemic chemotherapy or radiation <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Requires treatment with systemic chemotherapy, radiation, or organ transplantation
Chronic Lymphocytic Leukemia (CLL)	<p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Asymptomatic, early-stage disease, and treatment not indicated. Periodic surveillance (e.g., every 3 months and as clinically indicated) recommended with CBC + diff and clinical exam. <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Symptomatic disease (weakness, night sweats, fever, weight loss, painful lymphadenopathy, recurrent infection) OR • Advanced stage disease (Hgb < 11 gm/dL, or platelet count $< 100,000$, or WBC $> 100,000$) OR • Refractory or relapsed disease OR • Second lymphoid/hematologic malignancy
<i>Appendix 1, page 4 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
MALIGNANCIES (CONTINUED)	
<p>Chronic Myelogenous Leukemia (CML)</p>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • CML in chronic phase with complete hematologic and cytogenetic responses and at least a major molecular response after 12–18 months of treatment with a first- or second-line tyrosine kinase inhibitor (TKI) (e.g., imatinib, dasatinib, nilotinib) <ul style="list-style-type: none"> ▶ Complete hematologic response (normal CBC with diff, asymptomatic, and resolution of splenomegaly) AND ▶ Complete cytogenetic response (no Ph-positive metaphases on bone marrow aspirate and cytogenetics) AND ▶ Major molecular response (either 0.1% BCR-ABL1 by QPCR or ≥ 3-log decrease from baseline of BCR-ABL1 mRNA from peripheral blood sample) <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • CML in accelerated or blast phase OR • CML in chronic phase with an incomplete response after 12–18 months of treatment with a first- or second-line tyrosine kinase inhibitor (TKI) (e.g., imatinib, dasatinib, nilotinib), intolerance of TKI treatment, or relapse of chronic phase after an initial response as noted under CARE LEVEL 3 criteria
<p>Prostate Cancer</p>	<p>CARE LEVEL 1</p> <ul style="list-style-type: none"> • Very low-risk or low-risk prostate cancer for which active surveillance and postponement of treatment is appropriate <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Localized prostate cancer cases that have completed appropriate treatment, with a good PSA response and no significant complications at least one month after completion of treatment, and with or without androgen deprivation therapy, e.g., leuprolide (<i>Treatment complete transfer requests from an MRC to a general population facility must include a surveillance and treatment plan.</i>) OR • Stage IV prostate cancer cases at least one month after completion of (and without complications from) any radiation or surgery and whose metastatic disease is asymptomatic or well-controlled on androgen deprivation therapy <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Inmates with biopsy-confirmed prostate cancer who require adjuvant treatment with chemotherapy or radiation OR • Stage IV prostate cancer cases (lymph node involvement or disseminated metastases) that have completed primary treatment whose metastatic disease remains symptomatic or is not controlled with androgen deprivation therapy

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
NEUROLOGIC CONDITIONS	
<p>Chronic Non-Progressive Neurological Conditions <i>(cerebral palsy, history of stroke, intellectual disabilities, paralysis, seizure disorder, etc.)</i></p>	<p>Use Appendix 2. Medical Classification Algorithm, Appendix 3. Instrumental Activities of Daily Living, and Appendix 4. Physical Self-Maintenance Scales to determine if patient requires assistance with ADLs/IADLs, such as toileting, bathing, and/or dressing which may be classified as CARE LEVEL 4</p>
<p>Progressive Neurological Conditions <i>(dementia, Huntington’s chorea, multiple sclerosis, myasthenia gravis, Parkinson’s disease, etc.)</i></p>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Persistent or poorly controlled symptoms for greater than 3–6 months, despite compliance with optimal treatment with chronic steroid and/or immunomodulator therapy OR • IV immunomodulator infusion, e.g., infliximab, vedolizumab, etc., approved by NFR and for which there is no acceptable subcutaneous injection, e.g., adalimumab, anakinra, certolizumab, etanercept • Requires assistance from an inmate companion to perform allowed ADLs in an outpatient setting and not yet meeting the algorithm criteria for CARE LEVEL 4 (does not yet require 24-hour skilled nursing care or nursing assistance) <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Use Appendix 2. Medical Classification Algorithm, Appendix 3. Instrumental Activities of Daily Living, and Appendix 4. Physical Self-Maintenance Scales to determine if patient requires assistance with ADLs/IADLs, such as toileting, bathing, and/or dressing which may be classified as CARE LEVEL 4 • Severe Functional limitations due to cognitive or physical impairment that prevent successful management in general population, despite appropriate assistance from an inmate companion in performing allowed ADLs or the use of durable medical equipment OR • Requires daily assistance from health care staff on a health care unit, e.g., memory unit or nursing care unit
<i>Appendix 1, page 6 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
ORTHOPEDIC CONDITIONS	
Arthroplasty of a Major Joint or Other Orthopedic Surgery	<p>Uncomplicated anterior total hip replacements, knee arthroscopy, or meniscus repair may be considered for care level redesignation on a case-by-case basis in consultation with the Regional Physical Therapy Consultant and Regional Medical Director. Decisions will be based in part on the clinical fitness of the patient and local physical therapy resources.</p> <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Arthroplasty candidate for a posterior total hip replacement, major knee or shoulder replacement, labral repair or rotator cuff repair, anterior cruciate ligament surgery or other total hip replacement with complications. • BOP criteria for surgery are met, as described in BOP Clinical Practice Guidelines: Evaluation and Management of Osteoarthritis of the Hip and Knee and Management of Anterior Cruciate Ligament Injuries.
PAIN MANAGEMENT	
Chronic Pain	<p>CARE LEVEL 1</p> <ul style="list-style-type: none"> • Does not require long-term (> 90days) opioid medications while in BOP after adequate BOP evaluation <p>CARE LEVEL 2</p> <ul style="list-style-type: none"> • Requires long-term (> 90 days) opioid medications (other than MOUD therapy) while in BOP after adequate BOP evaluation <p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Requires weekly clinical interventions on a chronic basis, other than for medication renewal, OR • Has an active implanted device, such as a spinal cord stimulator (does not include TENS)
PREGNANCY	
High-Risk Pregnancy	<p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Pregnancy-specific conditions: Multiple gestations, pre-eclampsia, 2nd/3rd trimester bleeding OR • Other medical conditions: Pulmonary hypertension, serious heart disease, uncontrolled diabetes, sickle cell disease, cancer, and/or serious mental health issues being treated with medications.
<i>Appendix 1, page 7 of 11</i>	

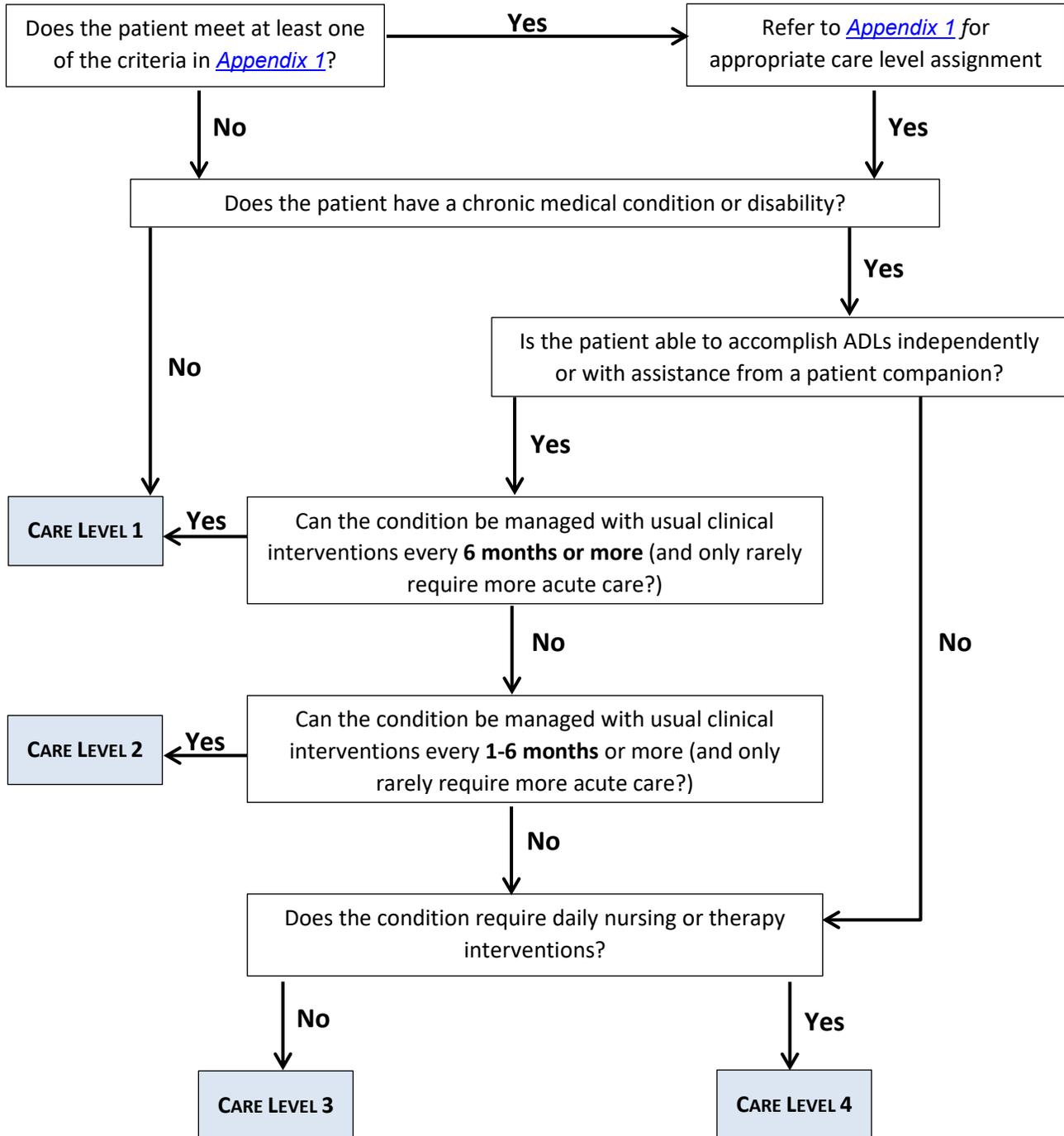
CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
RENAL DISEASE	
<p>Chronic Kidney Disease (CKD)</p>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • GFR < 30, but not yet on dialysis, AND <ul style="list-style-type: none"> ▶ Persistent metabolic acidosis requiring medication and frequent monitoring. ▶ Vitamin D and calcium irregularities requiring medication and frequent monitoring. ▶ Uncontrolled hypertension despite 3 or more anti-hypertensive medications. <p><i>(Decisions to transfer to an MRC population with access to dialysis will be based in part on the likelihood of progression to dialysis)</i></p> <ul style="list-style-type: none"> • Other medical complications considered on a case-by-case basis in consultation with the Regional Medical Director. <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Dialysis
RESPIRATORY CONDITIONS	
<p>Asthma</p>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • History of intubation, status asthmaticus, or hospitalization for stabilization in the previous 5 years OR • Requires clinical interventions more frequently than monthly to maintain outpatient status, despite optimized treatment (does not include nebulizer treatments) OR • Severe persistent asthma severity for greater than 3–6 months, despite optimized treatment, e.g., high-dose inhaled corticosteroids plus a second controller and/or chronic systemic steroid therapy <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Requires daily nursing care on chronic basis OR • Requires 24-hour oxygen supplementation
<i>Appendix 1, page 8 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
RESPIRATORY CONDITIONS (CONTINUED)	
<p>COPD/Emphysema</p> <p><i>GOLD and NICE classification systems categorize disease severity based on spirometry results and symptom assessment using a validated questionnaire, such as the modified Medical Research Council (mMRC) dyspnea scale or the COPD Assessment Test (CAT)</i></p>	<p>CARE LEVEL 3 – High Risk, Fewer Symptoms</p> <ul style="list-style-type: none"> • GOLD 3 spirometry classification (Postbronchodilator FEV1 30-49% of predicted) • NICE classification – Severe • Exacerbations per year ≥ 2 • Hospitalization per year ≥ 1 • MMRC score 0 or 1 • CAT score <10 • Nocturnal or intermittent oxygen requirement. <p>CARE LEVEL 4 – High Risk, More Symptoms</p> <ul style="list-style-type: none"> • GOLD 4 spirometry classification (Postbronchodilator FEV1 <30% of predicted) • NICE classification – Very Severe • MMRC score ≥ 2 • CAT score ≥ 10 • Requires 24-hour oxygen supplementation
<p>Cystic Fibrosis</p>	<p>Please consult with Regional Medical Director</p>
<p>Oxygen-Dependence</p>	<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Nocturnal or intermittent oxygen requirement. <p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • 24-hour/continuous oxygen requirement.
<p>OTHER</p> <p><i>(restrictive lung disease, sarcoid, etc.)</i></p>	<p>Use Appendix 2. Medical Classification Algorithm.</p>
<i>Appendix 1, page 9 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
WOUND CARE	
<p>Wounds</p>	<p>CARE LEVEL 3¹</p> <ul style="list-style-type: none"> • Indications for more advanced wound therapy, e.g., negative pressure wound therapy (wound Vac) or hyperbaric oxygen (HBO)² • Other chronic wounds not meeting healing goals despite optimized basic wound care interventions as described in the BOP Clinical Guidance on Wound Prevention and Management available on the Health Services Sallyport page and as recommended by a certified wound care specialist or licensed independent practitioner experienced with wound management, considered on a case-by-case basis.³ <ul style="list-style-type: none"> ▶ Diabetic/neuropathic foot ulcers ▶ Vascular ulcers: arterial or venous ▶ Open surgical, atypical, or complex wounds <p>CARE LEVEL 4¹</p> <p>Any of the following conditions:</p> <ul style="list-style-type: none"> • Any current stage 3 or 4 pressure ulcer not responding to optimal therapy after wound care consultation and treatment • Chronic wounds requiring surgical interventions as recommended by an appropriate specialist: <ul style="list-style-type: none"> ▶ Cases requiring <i>non-urgent</i> surgical interventions on weight-bearing surfaces should be submitted for transfer prior to surgery. ▶ Cases requiring <i>urgent</i> surgical intervention should have surgery completed locally prior to considering transfer. ▶ Angioplasty/vascular bypass surgery for arterial occlusion should be accomplished locally. • Postoperative management of flaps on weight-bearing surfaces and diabetic foot ulcers when ready for hospital discharge <ul style="list-style-type: none"> ▶ Require off-loading over the ulcer/surgery site until arrival at the MRC. • Chronic wounds with underlying osteomyelitis <ul style="list-style-type: none"> ▶ Excluding infected orthopedic hardware or non-wound related osteomyelitis
<i>Appendix 1, page 10 of 11</i>	

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
WOUND CARE (CONTINUED)	
NOTES on Wound Care Consultations and Redesignation Requests	
<p>¹ All consultations or transfer requests for wound care must be supported by documentation, both in the request and in the medical record, and must include specific and detailed information about the wound including wound duration, location, type/cause, size measurements (initial, current, and 2 weeks prior), color(s) of wound bed, presence of drainage and slough, involvement of deep tissues (such as fascia, muscle, or bone), presence of infection, relevant diagnostic studies, current and past treatments, specific indications for advanced wound therapies, and a photo of the wound loaded into BEMR. For hospitalized inmates, institution clinical staff should obtain as much of this information as possible (including a current treatment plan) from the hospital. Detailed instructions on how to upload a photo in BEMR and to submit a consult to the BOP National Wound Management Program (NWMP) are available on Sallyport: Health Services Division Homepage - Health Programs – National Wound Management Program.</p> <p>² The role of HBO in the treatment of wounds is not clearly established and must be reviewed and approved prior to initiating treatment, by the Regional Medical Director for patients at mainline institutions (CARE LEVELS 1–3) or by the Chief of Health Programs for patients at CARE LEVEL 4 sites. Refer to the BOP Clinical Guidance on Wound Prevention and Management which can be found on Sallyport (Health Services Division Homepage – Clinical Guidance Documents) for further discussion of advanced wound therapies.</p> <p>³ Prior to requesting a medical transfer, telehealth consultation with the NWMP should be obtained if treatment/healing goals are not met after 4 weeks. Directions to submit a consultation request to the NWMP are</p>	
OTHER CONDITIONS AND INTERVENTIONS	
<p>CARE LEVEL 3</p> <ul style="list-style-type: none"> • Anticoagulation with warfarin for more than 6 – 12 months • Systemic steroids for more than 6 – 12 months • Organ transplant more than 1 year ago, and without complications 	
<p>CARE LEVEL 4</p> <ul style="list-style-type: none"> • Clinical or nursing interventions required daily or near daily for more than 3 months • Functional limitations due to cognitive or physical impairment that prevent successful management in general population, despite appropriate assistance from an inmate companion in performing ADLs or the use of durable medical equipment • Organ transplant (excluding cornea) candidate or transplant accomplished less than 1 year ago 	
<i>Appendix 1, page 11 of 11</i>	

APPENDIX 2. MEDICAL CLASSIFICATION ALGORITHM



APPENDIX 3. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

This tool is useful for indicating how a person is performing IADL tasks at the present time. For each task area (A–I), circle the score (1 or 0) for the statement that most closely corresponds to the inmate's current functional ability. The scoring should be based on information gathered about the inmate from the inmate him/herself, cellmates, inmate care companions/nursing assistants, staff, and recent records.

Inmate Name:		Reg. No.:	
A. Telephone Use		Score	F. Laundry
1. Operates telephone on own initiative; looks up and dials numbers, etc.		1	1. Does personal laundry completely.
2. Dials a few well-known numbers.		1	2. Launders small items; rinses socks, etc.
3. Unable to use telephone without human assistance.		0	3. All laundry must be done by others.
SCORE FOR TASK A (1 OR 0):			SCORE FOR TASK F (1 OR 0):
B. Computer Use		Score	G. Mode of Transportation If Released
1. Uses the computer to communicate with staff and family via email.		1	1. Able to travel independently on public transportation or drive own car.
2. Needs assistance to use the computer.		1	2. Able to arrange own travel via taxi, but would not otherwise be able to use public transportation.
3. Unable to use the computer at all.		0	3. Able to travel on public transportation when assisted or accompanied by another.
SCORE FOR TASK B (1 OR 0):			4. Travel would be limited to taxi or automobile with assistance of another.
C. Shopping		Score	5. Would not travel at all.
1. Able to complete commissary list and manage commissary independently.		1	SCORE FOR TASK G (1 OR 0):
2. Needs assistance to complete commissary list and managing commissary.		0	H. Responsibility for Own Medications
3. Needs to be accompanied to commissary for full assistance.		0	1. Is responsible for taking medication in correct dosages at correct times.
4. Completely unable to shop.		0	2. Takes responsibility if medication is prepared in advance in separate dosages.
SCORE FOR TASK C (1 OR 0):			3. Is not capable of managing own medication.
D. Food Preparation/Nutrition		Score	SCORE FOR TASK H (1 OR 0):
1. Able to independently plan and prepare snacks/meals outside of food services.		1	I. Ability to Handle Finances
2. Needs assistance to plan and prepare snacks/meals outside of food services.		0	1. Manages TRULINCS account independently.
3. Does not maintain adequate diet by eating snacks or going to food service.		0	2. Needs help managing account.
4. Needs complete assistance in obtaining meals.		0	3. Incapable of managing account.
SCORE FOR TASK D (1 OR 0):			SCORE FOR TASK I (1 OR 0):
E. Housekeeping		Score	SCORING: The patient receives a score of 1 for each task section (A–I) if his or her ability is rated at some minimal level or higher. Add the points circled for tasks A–I. The total score may range from 0–9. The lower the total score, the higher the level of dependence.
1. Maintains cell independently according to BOP Policy.		1	
2. Performs light daily tasks such as dishwashing and bed making.		1	
3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness.		0	
4. Needs help with all housekeeping tasks.		0	
5. Does not participate in any housekeeping tasks.		0	
SCORE FOR TASK E (1 OR 0):			
TOTAL SCORE FOR SECTIONS A–I:			
Completed By _____		Date _____	
Adapted for use in the correctional environment from: Lawton MP, Brody EM, <i>Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. Gerontologist 9 (1969):179-186.</i>			

APPENDIX 4. PHYSICAL SELF-MAINTENANCE SCALE (PSMS)

This tool is useful for indicating specifically how a person is performing at the present time. For each activity (A–F), circle the score (1 or 0) for the statement that most closely corresponds to the inmate's current functional ability. Then, add together the task scores to arrive at the total. The scoring should be based on information gathered about the inmate from the inmate him/herself, cellmates, inmate care companions/nursing assistants, staff, and recent records.

Inmate Name:		Reg. No.:	
A. Toilet		Score	
1. Care for self at toilet completely; no incontinence.		1	
2. Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents.		0	
3. Soiling or wetting while asleep, more than once a week.		0	
4. Soiling or wetting while awake, more than once a week.		0	
5. No control of bowels or bladder.		0	
SCORE FOR TASK A (1 OR 0):			
B. Feeding		Score	
1. Eats without assistance.		1	
2. Eats with minor assistance at meal times and/or with special preparation of food, or needs help in cleaning up after meals.		0	
3. Feeds self with moderate assistance and is untidy.		0	
4. Requires extensive assistance at all meals.		0	
5. Does not feed self at all and resists efforts of others to feed him or her.		0	
SCORE FOR TASK B (1 OR 0):			
C. Dressing		Score	
1. Dresses, undresses, and wears uniform according to BOP Policy.		1	
2. Dresses and undresses self, with adaptive equipment.		1	
3. Needs moderate assistance in dressing.		0	
4. Needs major assistance in dressing, but cooperates with efforts of others to help.		0	
5. Completely unable to dress self and resists efforts of others to help.		0	
SCORE FOR TASK C (1 OR 0):			
D. Grooming		Score	
1. Always neatly dressed, well-groomed, without assistance.		1	
2. Needs moderate and regular assistance or supervision with grooming.		0	
3. Needs total grooming care, but can remain well-groomed after help from others.		0	
SCORE FOR TASK D (1 OR 0):			
E. Physical Ambulation		Score	
1. Moves about the unit and institution independently.		1	
2. Ambulates only short distances		0	
3. Ambulates w/ assistance of (✓ all that apply): <input type="checkbox"/> Another person <input type="checkbox"/> Railing <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair, transfers without help <input type="checkbox"/> Wheelchair, needs help to transfer		0	
4. Sits unsupported in chair or wheelchair, but cannot propel self without help.		0	
5. Bedridden more than half the time.		0	
SCORE FOR TASK E (1 OR 0):			
F. Bathing		Score	
1. Bathes self (tub, shower, sponge bath) without human assistance.		1	
2. Bathes self with help getting in and out of tub or shower.		0	
3. Washes face and hands only, but cannot bathe rest of body.		0	
4. Does not wash self, but is cooperative with those who bathe him or her.		0	
5. Does not try to wash self and resists efforts to keep him or her clean.		0	
SCORE FOR TASK F (1 OR 0):			
SCORING: The inmate receives a score of 1 for each task section (A–F) if his or her ability is rated at some minimal level or higher. Add the points circled for tasks A–F. The total score may range from 0–6. The lower the total score, the higher the level of dependence.			
TOTAL SCORE FOR SECTIONS A–F:			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> Completed By _____ Date _____ </div>			
Adapted for use in the correctional environment from: Lawton MP, Brody EM, <i>Assessment of Older People: Self- Maintaining and Instrumental Activities of Daily Living.</i> <i>Gerontologist</i> 9 (1969):179-186.			