State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-603
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: HEALTH SERVICES
Sub Chapter: ACUTE/SPECIALTY SERVICES
Related DOC Policies: HSP-505, HSP-601, HSP-602, HSP-606, HSP-609, HSP-623
Administrative Code Reference: N/A
Subject: MEDICAL LEVELS OF CARE
ACA Standards: 5-ACI-6A-01, 5-ACI-6A-09, 5-ACI-6A-18, 5-ACI-6A-19
PREA Standards: N/A
Responsibility: Dr. Michael Riley
Effective Date: September 4, 2026
Authority:

1. PURPOSE

To establish standardized criteria for determining, documenting, and managing medical levels of care to ensure patients receive clinically appropriate services in the least restrictive environment capable of safely meeting their healthcare needs.

2. POLICY

The Iowa Department of Corrections (IDOC) shall provide medically necessary healthcare services based upon each patient's assessed clinical needs. Patients shall be assigned the least restrictive level of care capable of safely meeting their medical, nursing, mental health, functional, and rehabilitative needs.

All levels of care may be temporarily provided at any institution while awaiting transfer to an institution designated to provide the identified level of medical care need.

CONTENTS

A. Documentation of Level of Care Need

B. Assignment of Level of Medical Care Need

C. Change in Level of Medical Care Need

D. Transfer to Access a Required Level of Care

E. Treatment Plans

3. DEFINITIONS

Assisted Living (Short Term) - Includes post hospitalization, surgery or injury care for generally six weeks.

Assisted Living (Long Term) - Includes care that may be up to 12 months or longer following life threatening events such as CVAs, cardiac events, and/or multiple serious injuries.

Chronic Care - Health care provided to patients over a long period of time; healthcare services provided to patients with long-term health conditions or illnesses. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

Chronic Medical Condition - An illness or condition that affects an individual's well-being for an extended period of time, usually six months, and generally not curable, but can be managed.

Dementia - Dementia is a progressive syndrome characterized by acquired decline in memory, executive function, language, or other cognitive abilities sufficient to interfere with independent daily functioning.

Electronic Medical Record (EHR) - IDOC's electronic clinical documentation system used to document patient care, communicate clinical information, and support continuity of care.

Emergency Care - Care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call. Emergency care shall be provided to the resident population by the medical care professionals, or other staff, local ambulance services, and/or outside emergency rooms. This care shall be expedited by following specific written procedures for medical emergencies described in standards.

Health Care Services - A system of preventive and therapeutic services that provide for the physical and mental well-being of a population. Includes medical and dental

services, mental health services, nursing, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

IDOC Executive Healthcare Team - Consists of the DOC Health Services Administrator, Mental Health Director and IDOC Administrator of Nursing.

Qualified Health Care Professional - A healthcare professional qualified by education, licensure, certification, and experience to perform assigned duties in accordance with applicable law and professional standards.

Medical Level of Care Need - The level of nursing and provider care required to meet the health care needs of the patient.

Mini-Mental State Exam (MMSE) - The MMSE is the most widely used cognitive examination/assessment for dementia.

Polypharmacy - The concurrent use of multiple medications that may increase the risk of adverse drug events, medication interactions, or medication-related complications.

Skilled Nursing Care Designated Beds - Operated to provide greater access to medical, dental, and nursing services designated for the care and treatment of the acute and subacute patients including those requiring medical isolation. Admission and discharge from skilled nursing care units will require medical provider orders.

Skilled Nursing Level of Care - A medical condition requiring assessment evaluation and monitoring of symptoms and clinical status for up to six weeks that requires daily contact with a medical provider and 24/7 skilled nursing care.

Special Needs - A mental and/or physical condition that requires different accommodations or arrangements than a general population patient normally would receive. Patients with special needs may include, but are not limited to those who have developmental disabilities, mental illnesses, physical disabilities, chronic and/or debilitating illnesses, dementia, and traumatic brain injuries.

Special Health Care Needs Housing - Short and long term designated health care beds to meet health care needs such as Skilled Nursing Care, Medical Assisted Living, and Dementia Care.

Traumatic Brain Injury - A non-degenerative, non-congenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness.

Treatment Plan - A series of written statements that specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs and includes a statement of the short and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides patients with access to a range of supportive and rehabilitative services such as individual or group counselling and/or self-help groups that the physician deems appropriate.

4. PROCEDURES

A. Documentation of Level of Care Need

The level of care need will be determined by medical providers and professionals using a thorough clinical assessment to include, but not be limited to:

1. Subjective - Presentation of the patient's complaint.

2. Objective - Reported or documented history of patient's illness or chronic medical condition including compliance with treatment, response to treatment, previous level of care needs, and ability to care for self.

3. Assessment - Clinical assessment of presenting health care issue.

4. Plan of Care - Patient's current plan of care including level of care need will be based on the history of illness/condition, totality of symptoms, treatment response, treatment compliance and current level of care need.

B. Assignment of Level of Medical Care Need

Each patient will be assigned a level of medical care need as described below. Neither dementia nor traumatic brain injury is designated as a specific level of medical care need. Each patient will receive the level of medical care required to meet his/her specific treatment needs.

1. Emergency Medical Care (See IDOC Policy **HSP-602**, *Emergency Services*)

    a. Emergent care will be provided to patients at all facilities.

    b. The decision to transfer to hospital will be based on clinical assessment.

2. Skilled Nursing Care (See IDOC Policy **HSP-601**, *Skilled Level of Care*)

a. Requires skilled nursing interventions that cannot safely be provided in a routine outpatient correctional setting.

b. Scheduled treatments include but are not limited to:

1) IV or Central Line maintenance

2) Medical observation

3) Frequent neurological assessments

4) Isolation requiring nursing oversight

5) Wound VAC

6) Complex wound care

7) Enteral feeding

c. 24/7 R.N. nursing availability

d. Provider documentation per policy

e. Level of care available at IMCC and ICIW

3. Medical Assisted Living (See IDOC Policy **HSP-606**, *Medical Assisted Living*)

a. Requires assistance with activities of daily living, medication management, mobility, or ongoing observation but does not require continuous skilled nursing interventions.

b. Short term post-acute care, short or long term unstable chronic care, palliative hospice care, dementia care.

c. Level of care available at IMCC, ISP, ICIW, and ASP.

4. Palliative Care (See IDOC Policy **HSP-623**, *Hospice Services*)

a. Need for palliative treatment.

b. Utilizes an interdisciplinary team to focus on preventing and relieving suffering regardless of the stage of disease or the need for other therapies.

c. Level of care available at IMCC, ISP, ICIW.

5. Outpatient (See IDOC Policy **HSP-505**, *Health Clinic*)

    a. General Population Housing including ADA accommodations when necessary.

    b. Level of care provided at all DOC facilities.

C. Change in Level of Medical Care Need

1. A change in the level of medical care required by each patient can only be made by the medical professional. Questions about the appropriate level of medical care a patient requires will be resolved by the care review committee or consultation with the IDOC Executive Health Care Team.

2. Responsible clinician will document each change in level of medical care needed as it occurs for each patient in the electronic medical record (EMR).

D. Transfer to Access a Required Level of Care

1. Intra-Facility Transfers

    a. The required level of medical care transfer within a facility will be determined by clinical staff.

    b. If clinical staff is unable to resolve the placement issue, it will be referred to the IDOC Health Services Administrator/Designee for consultation.

    c. If the required level of care does not exist within the facility, follow the procedure for Inter-System Transfers.

2. Inter-System Transfers

    a. The required medical level of care transfers from current facility to a facility that provides that needed level of care will be determined by clinical staff and patient services at both facilities.

    b. If there are questions or concerns about the level of care required and the appropriate facility to provide that care, it will be referred to the IDOC Health Services Administrator/Designee for consultation.

3. Emergency Transfers

All emergency transfers will be referred to the IDOC Administrator of Nursing or designee.

E. Treatment Plans

See IDOC Policy **HSP-609**, *Multi-Disciplinary Treatment Planning for Medical Housing Units*.