



U.S. Department of Justice  
Federal Bureau of Prisons

Washington, D.C. 20534

January 26, 2012

EJ Hurst II  
6409 Fayetteville Road  
Suite 120, PMB 326  
Durham, NC 27713

For Further Inquiry Contact:  
Federal Bureau of Prisons  
FOIA West Office  
1300 Metropolitan Ave.  
Leavenworth, KS 66048

Re: Information Request No. 2012-02417

Dear Mr. Hurst:

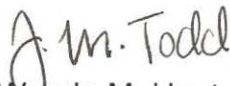
This is in response to the above referenced Freedom of Information Act (FOIA) request. Specifically, you seek a list of all Bureau of Prisons (BOP) facilities and private contract facilities used by the BOP, separated by medical level, along with any documents defining these medical levels.

In response to your request for BOP facility records, eleven (11) pages of responsive records were retrieved for a release determination. This record contains a list of all institutions that have been classified by care level in the BOP, as well as care level criteria. Additional information regarding each facility can be located on our public website at <http://www.bop.gov/locations/index.jsp>

In response to your request for private contract facility records, be advised that staff have thoroughly searched BOP records. No records which identify the medical care level of private contract facilities were located responsive to your request.

If you consider my response to be a denial of this request, pursuant to Title 28 Code of Federal Regulations, Section 16.9 or 16.45, you may administratively appeal to the Assistant Attorney General. This written appeal must be received by the Office of Information Policy (OIP) within 60 days from the date of this letter. Both the appeal letter and face of the envelope should be marked "Freedom of Information Act Appeal," and should be addressed to the Office of Information Policy, U.S. Department of Justice, 1425 New York Ave., Suite 11050, Washington, D.C. 20530-0001.

Sincerely,

*for*   
Wanda M. Hunt  
Chief, FOIA/PA Section

cc: File

Enclosure(s): 11 pages

## Institution Care Levels

### Care Levels by Region

MXR		NCR		NER		SCR		SER		WXR	
INST	CARE LEVEL	INST	CARE LEVEL	INST	CARE LEVEL	INST	CARE LEVEL	INST	CARE LEVEL	INST	CARE LEVEL
ALD	2	CCC	2	ALX	3	BAS	2	ALI	2	ATW	1
ASH	2	DTH	2	BER	1	BIG	2	ATL	2	DUB	2
BEC	2	ENG	2	BRO	2	BMX	2	BEN	1	HER	1
BSY	1	FLX	2	CAA	2	BRY	2	COX	3	HON	2
BUX	3, 4	GRE	2	DAN	2	CRW	3, 4	EDG	2	LOS	2
CUM	2	LVN	2	DEV	4	ERE	2	EST	2	LOX	2
GIL	2	MAR	2	ELK	2	FOX	2	GUA	2	MEN	1
HAZ	2	MIL	2	FAI	2	FTW	3	JES	2	PHX	2
LEE	1	OXF	1	FTD	2	HOU	2	MNA	2	SAF	1
LEX	4	PEK	2	LEW	2	LAT	2	MIA	2	SDC	2
MAN	1	RCH	4	LOR	2	DAX	2	MIM	2	SET	2
MCD	1	SPG	4	MCK	1	OKL	2	MON	2	SHE	2
MCR	2	SST	1	NYM	2	POX	1	PEN	2	TCX	3
MEM	2	THX	3	OTV	2	SEA	2	TDG	2	TRM	3
MRG	2	WAS	2	PHL	2	TEX	2	TAL	2	VIX	3
PEX	2	YAN	1	RBK	1	TRV	1	WIL	2		
				SCH	2			YAZ	1		

12-02417

## Institution Care Levels

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### Institutions by Care Level

Care Level 1					
MXR	NCR	NER	SCR	SER	WXR
BSY	OXF	BER	POX	BEN	ATW
LEE	SST	MCK	TRV	YAZ	HER
MAN	YAN	RBK			MEN
MCD					SAF

Care Level 2					
MXR	NCR	NER	SCR	SER	WXR
ALD	CCC	BRO	BAS	ALI	DUB
ASH	DTH	CAA	BIG	ATL	HON
BEC	ENG	DAN	BMX	EDG	LOS
CUM	FLX	ELK	BRY	EST	LOX
GIL	GRE	FAI	ERE	GUA	PHX
HAZ	LVN	FTD	FOX	JES	SDC
MCR	MAR	LEW	HOU	MNA	SET
MEM	MIL	LOR	LAT	MIA	SHE
MRG	PEK	NYM	OAX	MIM	
PEX	WAS	OTV	OKL	MON	
		PHL	SEA	PEN	
		SCH	TEX	TDG	
				TAL	
				WIL	

Care Level 3					
MXR	NCR	NER	SCR	SER	WXR
BUX	THX	ALX	CRW	COX	TCX
			FTW		TRM
					VIX

Care Level 4					
MXR	NCR	NER	SCR	SER	WXR
BUX	RCH	DEV	CRW	NA	NA
LEX	SPG	NA	NA	NA	NA

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MEDICAL CLASSIFICATION - CARE LEVEL CRITERIA

May 2005

Care Level 1

Concept:

Inmates are generally healthy but may have limited medical that can be easily managed by every 6 month clinician evaluations. Needed subspecialty care is limited (not regularly required and completed in < 3 months).

Inmates with mental health conditions are stable and require chronic care appointments and/or individual psychology or health services contacts no more frequently than every 6 months. If more acute services are required, such as crisis intervention, such episodes are short-lived (i.e., less than 3 months duration, and occur no more frequently than every 2 years) and resolve without the need for hospitalization.

Age < 70 years

Care Level 2

Concept:

Inmates are stable outpatients that have chronic illnesses that require at least quarterly clinician evaluations and are independent in ADLs.

Inmates with mental health conditions can be managed through chronic care clinics and/or individual psychology or health services contacts no more frequently than monthly to quarterly. If more acute services are required, such as crisis intervention, such episodes are short-lived (i.e., less than 3 months duration, and occur no more frequently than every 2 years) and resolve without the need for hospitalization.

Care Level 3

Concept:

Inmates are fragile outpatients with conditions that require frequent clinical contacts (daily to monthly). Inmates with chronic or recurrent mental illnesses or ongoing cognitive impairments which require frequent (daily to monthly) psychiatric/health services and/or psychology contacts to maintain outpatient status. Inmates may require assistance in performing some ADLs, but do not require daily nursing care. Such assistance may include the regular services of inmate companions. Stabilization of the inmate's medical or mental health condition may periodically require hospitalization.

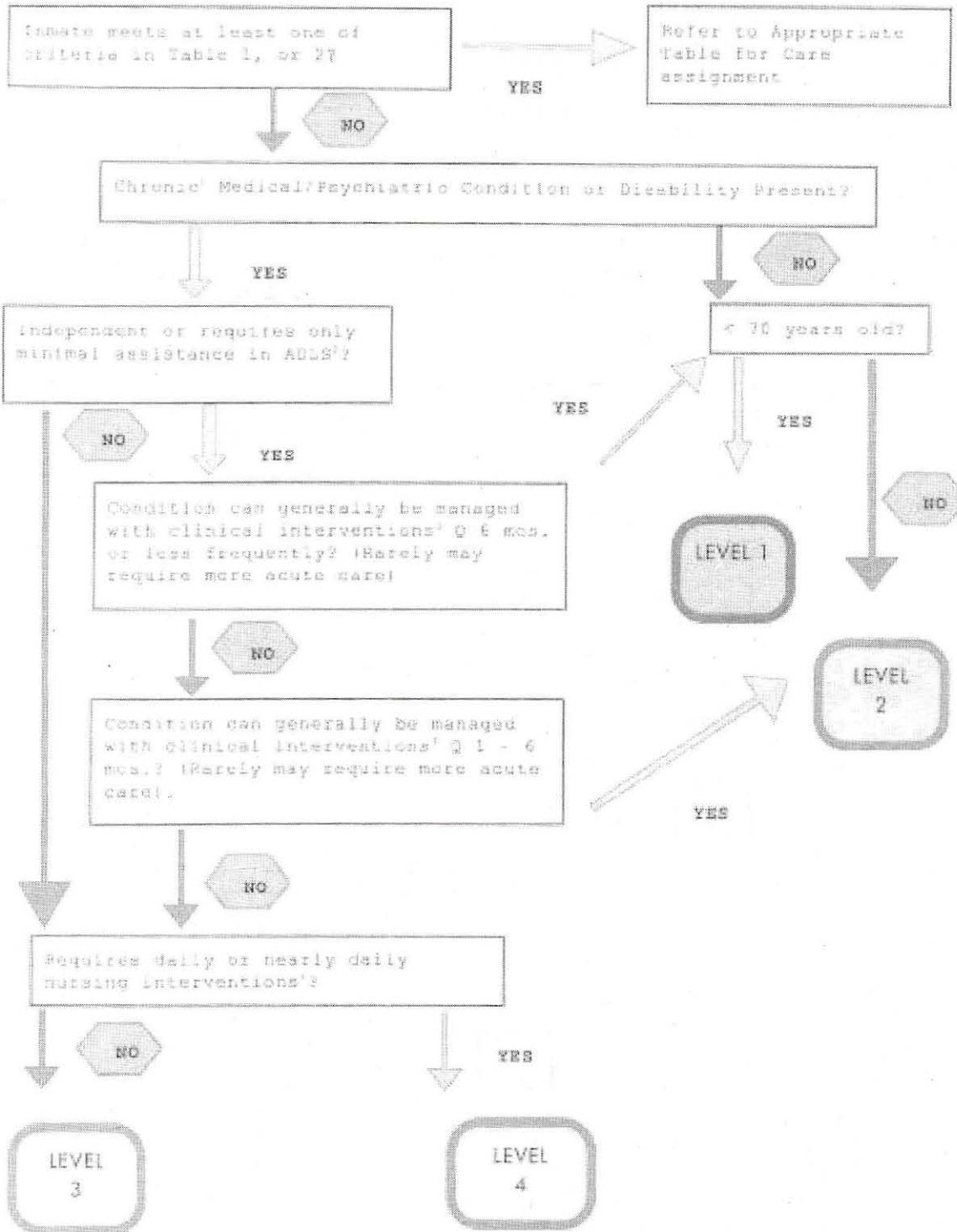
Care Level 4

Concept:

Inmate requires services available at MRC and may require daily nursing care.

Mental health conditions are acute or chronic and have resulted in severe impairment of functioning. Current symptomology or treatment require 24 hour skilled nursing care or nursing assistance.

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 MEDICAL CLASSIFICATION ALGORITHM  
 FOR MEDICAL/PSYCHIATRIC CONDITIONS OR DISABILITIES  
 September 14, 2010 (revised)



## Care Level Classification for Medical / Psychiatric Conditions or Disabilities

September 14, 2010 (revised)

**Philosophy of Classification System:** Prisons are not always built with access to community medical resources in mind. Many federal prisons are in remote rural locations with limited numbers of specialists and small community hospitals. Inmates have a much higher prevalence of chronic medical and mental health conditions than the general population. The goal of this classification system is to match inmate health care needs (particularly in terms of intensity of care issues, access to community medical resources, and functional criteria<sup>1</sup>) to institutions which can meet those needs. Doing so will result in improved management of these inmates' conditions at a lower overall cost to the agency.

**Definitions:** (please note that these definitions are for the specific purpose of utilizing the classification algorithm)

<sup>1</sup>**Chronic** - A disease or condition which requires monitoring or treatment for greater than 12 months. (Contrast to the definition of "Self-Limited."<sup>10</sup>)

<sup>2</sup>**ADLs (Activities of Daily Living)** - Eating, urinating, defecating, bathing (personal hygiene) and dressing/undressing.

<sup>3</sup>**Usual Clinical Interventions** - Frequency of chronic care clinic encounters with a physician or midlevel provider required to maintain the inmate in outpatient status, once the inmate's major conditions are stable, Optimal Management<sup>6</sup> has been achieved, and a long-range treatment plan has been established. The frequency of Usual Clinical Interventions is used as one primary criterion for determining Care Level assignment. Contrast to "Intensive Clinical Interventions<sup>5</sup>," below.

<sup>4</sup>**Nursing Interventions** - A level of care or assistance with ADLs which cannot, by BOP policy, be provided by inmate companions or inmate patient care assistants (PCAs). For the purpose of assigning a care level classification, "nursing interventions" also includes tasks which may also be performed by other types of staff; these include wound care, IV fluid and medication administration, and certain physical or occupational therapy modalities.

<sup>5</sup>**Intensive Clinical Interventions** - A period of increased frequency of monitoring and/or treatment for a duration of 3 to 6 months, depending on the type of intervention (see below). This intensive clinical intervention is for the purpose of achieving improved clinical indicators of disease management, such as blood pressures, HbA1C, HIV viral load, peak flows, etc. Intensive clinical intervention is also used to stabilize a condition after a clinical event; e.g. reducing angina frequency after an M.I., short-term anticoagulation after a DVT, IV antibiotics for MRSA or osteomyelitis, or narcotic analgesics after a serious injury.

Intensive clinical intervention includes: contacts with physicians, MLPs, pharmacists, nurses, specialists, lab tests, x-rays, dressing changes, and similar encounters which may occur up to daily. Intensive clinical intervention does not include pill lines.

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Periods of intensive clinical intervention are not representative of the inmate's baseline (maintenance) level of clinical intervention, which may be much less frequent. Only the inmate's baseline is to be used to determine a Care Level assignment.

Intensive clinical intervention beyond a limited duration will be considered chronic or indefinite, and will warrant reclassification of the inmate's care level. Time frames for common interventions to meet the definition of "chronic," and may warrant an increase in Care Level assignment, are as follows:

◆ Anticoagulation	Greater than six months to 12 months
◆ IV antibiotics (outpatient)	Greater than three months
◆ Wound care*	Greater than three months despite daily treatment
◆ Nursing care	Greater than three months
◆ Lab or x-ray monitoring	Tests more frequent than monthly for greater than six months
◆ Provider contacts (Physician, MLP)	Daily to monthly for greater than six months for the same condition
◆ Assistance with ADLs	Greater than three months for a permanent condition which has reached maximal function
◆ Chronic narcotic meds	Greater than three months (Care Level 1 to Care Level 2)
◆ Specialist consults	At least monthly for greater than 3 months in order to maintain outpatient status (prevent hospitalization)
◆ Supervised P.T./O.T.	Greater than three months

\*Paraplegic inmates who have a history of one skin breakdown are at high risk for future decubiti, and are less likely to heal with intensive clinical intervention at a Care Level 1 or 2 institution. These cases should be referred for redesignation prior to the three month mark.

<sup>6</sup>**Optimal Management** - Achievement of desired clinical outcome measures (e.g. target blood pressure, HbA1C, CD4 counts) through a combination of appropriate medications, clinical monitoring and interventions at intervals necessary to achieve the desired outcomes, and patient participation in and compliance with the treatment plan.

<sup>7</sup>**Functional Criteria** - Includes Activities of Daily Living (ADLs) and Safety/Vulnerability<sup>8</sup>. There are essentially four ways of characterizing inmates according to functional criteria:

- ◆ Independent, no assistance required
- ◆ Minimal assistance from an inmate companion required
- ◆ Assistance from a trained inmate Patient Care Assistant (PCA) is required
- ◆ Assistance from a staff member is required (see Nursing Care)

<sup>8</sup>**Safety/Vulnerability** - A factor to be considered under Functional Criteria in determining a Care Level assignment. Some inmates are particularly vulnerable to injury, assault, or victimization due to a physical or mental health condition. Examples may include a blind and deaf inmate, an inmate with a history of a severe head injury who wanders into other cells, is continuously disoriented, etc. This factor should be considered if it is permanent, and if Nursing Care is required to adequately manage the issues of concern. (For example, an inmate who is blind but



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who copes with a general population institution with the assistance of an inmate companion would not score as a Care Level 3 or 4.)

**"Self-Limited** - A condition which 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 surgical intervention at any time would reasonably result in resolution of the condition.

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TABLE 1  
MEDICAL CONDITIONS DEFAULTING TO  
CARE LEVEL

CARE LEVEL	CONDITION OR INTERVENTION
3*	Addison's disease
	Anticoagulation > 6 to 12 mos.
	Cancer in remission < 1 yr
	Implanted Defibrillator
	HIV infection CD4 count > 50 < 150 despite HAART
	Implanted analgesic or insulin pump or other device
	Inflammatory Bowel Disease, active or poorly controlled on treatment
	Organ Transplant > 1 year ago
	Oxygen required, intermittent or nocturnal only
	Pacemaker
	Panhypopituitarism
	Paraplegia with history of stage 3 or 4 decubitus ulcer
4	Cancer on active treatment
	Cystic Fibrosis
	Dialysis
	High Risk Pregnancy**
	HIV with CD4 count < 50 despite HAART
	Accepted for MRC transfer (770 referral to OMDT)
	Organ Transplant < 1 year ago
	Oxygen required continuously

\* If inmate requires clinical interventions more frequently than monthly to maintain outpatient status, or requires daily or nearly daily nursing interventions, then inmate is Care Level 4.

\*\*Pregnancy is high risk with presence of pulmonary HTN, serious heart disease, uncontrolled DM, EC Disease, multiple gestations, pre-eclampsia, 2/3rd trimester bleeding, cancer, and/or Axis 1 diagnoses on medications.

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 MEDICAL CLASSIFICATION  
 September 10, 2010 (revised)  
 CONDITION/DIAGNOSIS

CONDITION/DIAGNOSIS	CRITERIA/CARE LEVEL
<b>ASTHMA/RESPIRATORY CONDITIONS</b>	
ASTHMA/COPD	Level 1 * mild, or intermittent disease, <b>AND</b> * uses bronchodilators on prn basis only, <b>AND</b> * no history of intubation, status asthmaticus, or hospitalization for stabilization
	Level 2 * on chronic treatment, <b>AND</b> * no history of intubation, status asthmaticus, or hospitalization for stabilization, <b>AND</b> * does not require chronic O <sub>2</sub> , <b>AND</b> * requires no, or minimal assistance in ADLs
	Level 3 - Does <u>not</u> require daily or nearly daily nursing care on chronic basis * hx of intubation, status asthmaticus, or hospitalization for stabilization, <b>OR</b> * requires frequent clinical interventions (q monthly or more) to maintain outpatient status, <b>OR</b> * requires nocturnal or intermittent oxygen, <b>OR</b> * persistent symptoms for greater than 3 to 6 months despite adequate treatment with chronic steroid therapy
	Level 4 * Requires daily, or nearly daily nursing care on chronic basis <b>OR</b> * Requires 24 hour / continuous oxygen supplementation.
CYSTIC FIBROSIS	Level 4
OTHER (e.g., pulmonary hypertension, restrictive lung disease, sarcoid, etc.)	Score based on Medical Classification Algorithm

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OXYGEN DEPENDENT	Level 3 * nocturnal or intermittent oxygen requirement.
	Level 4 * 24 hour / continuous oxygen requirement.
<b>CARDIOVASCULAR</b>	
ARRHYTHMIA	Score based on Medical Classification Algorithm
CAD	Score based on Medical Classification Algorithm
CHF	Level 1 - No hx CHF
	Level 2 - NYHA Class I or II
	Level 3 - NYHA Class III
	Level 4 - NYHA Class IV
VALVULAR DISEASE	Score based on Medical Classification Algorithm
	Level 3 - On chronic anticoagulation
VASCULAR DISEASE	Score Based on Medical Classification Algorithm
<b>DERMATOLOGIC</b>	
Wound	Based on frequency of clinical interventions needed and chronicity-see Medical Classification Algorithm and Definitions
	Level 3 * A non-healing or slowly healing decubitus ulcer, stage 2 or higher, <b>OR</b> * A past history of stage 3 or 4 decubitus ulcer whether or not an ulcer is present currently.

As of 11/30/07

**MEDICAL CLASSIFICATION: CARE LEVELS**

BOP has assigned CARE Levels\* to its facilities as follows:

**CARE Level 1 Facilities**

USP Atwater  
FCI Herlong  
USP Lee  
FCI Manchester  
USP Pollock  
FCI Ray Brook  
FCI Safford  
FCI Sandstone  
FCI Three Rivers  
FCI Williamsburg  
FPC Yankton  
FCC Yazoo City  
FCI Oxford  
FCI Bennettsville  
FCI McKean  
USP Big Sandy  
FCI Mendota  
FCI Berlin (When Activated)

**CARE Level 2 Facilities**

All BOP facilities that are not CARE Level 1 or 3, or Medical Referral Centers.

**CARE Level 3 Facilities**

FCC Butner (other than FMC) (Minimum, Medium I, Medium II, and Low)  
FCI Fort Worth (Low)  
FCI Terminal Island (Low)  
USP Terre Haute (Minimum, Medium, and High)  
USP Tucson (High)

**CARE Level 4 Facilities**

FMC Butner  
FMC Carswell  
FMC Devens  
FMC Lexington  
FMC Rochester  
USMCFP Springfield