

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 5/28/2019	NUMBER: G-51.10
	Replaces: 5/30/2018	
	Formulated: 08/03 Reviewed: 04/2022	Page 1 of 2
<b>CHRONIC CARE PROGRAM</b>		

**DEFINITION:**

Chronic illnesses require care and treatment over a long period of time and usually are not cured. The goal of treatment is to restore and maintain a person’s normal functioning to the extent possible. Examples of chronic illnesses include but are not limited to: asthma/COPD, heart disease, diabetes, hypertension, hyperlipidemia, HIV/AIDS, chronic liver or renal disease, seizure disorders, periodontal disease, and psychiatric disorders.

**POLICY:**

- I. A chronic care program identifies and manages inmates with chronic illness with the goals of decreasing the frequency and severity of symptoms, preventing disease progression and fostering improvement in functioning.
  
- II. Each inmate with a chronic disease must have an Individual Treatment Plan (ITP) developed and documented in writing or electronically by a qualified health practitioner within 30 days of identification and/or diagnosis of the disease. The plan will include:
  - A. Instructions to the patient and/or other health care staff about diet, exercise, personal hygiene, wellness and preventive care, as clinically indicated.
  - B. Medications prescribed and medication compliance record
  - C. Type and frequency of diagnostic testing and laboratory studies
  - D. Subjective and objective findings
  - E. Review and update, as indicated, of the restriction list
  - F. Frequency of ITP appointments for evaluation and treatment adjustment
    1. The ITP should follow current Pharmacy and Therapeutics Committee disease management guidelines unless clinically contraindicated.
    2. ITP intervals are based upon patient acuity and clinical judgment of the practitioner, but may not exceed 6 months for HIV/AIDS, mental illness, and diabetics and 12 months for all other chronic illnesses.
    3. An ITP will be reviewed and revised, if necessary, during each follow-up visit.
    4. An ITP for mental health will include current diagnosis and treatment goals.
    5. The ITP will include a determination by the medical or mental health provider as to whether the inmate’s condition requires a referral to the Texas Correctional Office on Inmates with Medical or Mental Impairment (TCOOMMI) for continuity of care planning.
  
- III. Each facility will maintain a list of inmates being followed in chronic care clinics

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IV. Intra-system Transfers

- A. Transfers from one facility to another that both have access to the electronic health record (EHR) must continue the follow-up schedule established by the previous facility or may, at the discretion of the receiving provider, be seen sooner. If the ITP is incomplete or not current a new ITP must be completed within 30 days of arrival.
- B. Transfers to a facility without access to the electronic health record (EHR) must be scheduled for completion of an ITP within 30 days of arrival at the receiving facility.

V. Mentally ill inmates housed in the outpatient setting who are receiving psychiatric treatment are followed in a chronic care program.

VI. The Master Problem List will be updated upon changes in the inmate's health status in the TDCJ mainframe and the appropriate codes will also be assigned in the inmate's electronic health record.

References: ACA Performance Standard & Expected Practice 5-6A-4359 Chronic Care (Mandatory)