U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

APPROPRIATE HOUSING PLACEMENT FOR COMPLEX PATIENTS

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By Order of the Assistant Director
(b)(6),(b)(7)(C), DHSc, FACHE

(b)(6),(b)(7)(C)

1. **PURPOSE**: The purpose of this directive is to set forth policies and procedures for ensuring continuity of care for U.S. Immigration Customs Enforcement (ICE) detainees with complex medical or behavioral health needs in non-IHSC-staffed facilities.

2. **APPLICABILITY**: This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES**:

   3-1. Section 232 of the Immigration and Nationality Act (8 U.S.C. § 1222), *Detention of aliens for physical and mental examination*.

   3-2. Title 8, Code of Federal Regulations, section 232.2 (8 C.F.R. § 232.2), *Examination in the United States of alien applicants for benefits under the immigration laws and other aliens*.

   3-3. Section 322 of the Public Health Service Act (42 U.S.C. § 249) (42 USC 249(a)), *Medical Care and Treatment of Quarantined and Detained Persons*.

   3-4. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 U.S.C. § 252), *Medical Examination of Aliens*.

3-5. ICE Assistant Director for Field Operations, U.S. Immigration and Customs Enforcement, *Notification on Detainee Transfers* (Dated Jan. 4, 2012).

4. POLICY: IHSC transfers detainees with complex medical cases to the proper facilities and community resources when a transfer is clinically indicated. Medical staff supply proper documentation of detainee transfer, including reason for transfer and pertinent information of the detainee's medical condition to the receiving location to ensure continuity of care. IHSC ensures its patient population does not meet any unreasonable barriers to receiving health care. IHSC patients are not punished for seeking care. They are not charged a fee or co-pay for IHSC services.

5. RESPONSIBILITIES:

5-1. IHSC Medical Director or designee: The IHSC Medical Director or designee is the final clinical authority to decide appropriate housing placement for detainees.

5-2. Managed Care Coordinators (MCCs): MCCs assist with the coordination, transfer, and placement of detainees with complex medical or behavioral health needs in local detention facilities, contracted facilities, IHSC-staffed facilities, hospitals, and long-term care facilities. If the detainee has an acute or chronic behavioral health condition needing stabilization, the MCC collaborates with the IHSC Behavioral Health Unit (BHU) to find proper placement. MCCs work collaboratively with the ICE Enforcement Removal Operations (ERO) to transfer the detainee and arrange air ambulance travel.

5-3. Field Medical Coordinators (FMCs): FMCs notify the MCCs and the regional clinical director (RCD) of cases that require transfer due to medical or behavioral health conditions. FMCs review the medical record and all information needed to coordinate a detainee transfer when contacted by the non-IHSC-staffed facility. FMCs work collaboratively with ERO to transfer the detainee and arrange ground transportation.

5-4. Behavioral Health Unit (BHU) Case Managers: Behavioral health case managers (BHCMs) work closely with MCCs and FMCs to facilitate behavioral health placement. BHCMs provide a preliminary behavioral health review of the medical record and all necessary information needed to coordinate a transfer of the detainee. BHCMs monitor bed availability to ensure detainees receive an appropriate clinical level of care.

5-5. Health Service Administrators (HSAs): The sending HSA notifies the respective FMC of cases requiring transfer for medical or behavioral health

conditions. The receiving HSA coordinates with the FMC to accept transfers from non-IHSC-staffed and IHSC-staffed facilities.

5-6. Regional Clinical Directors (RCDs): The RCD reviews all transfer cases and provides medical expertise to determine placement. The RCD collaborates with the MCC, HSA, and IHSC facility CD to find best placement.

5-7. Clinical Directors (CDs): The sending CD reviews all cases requiring transfer and provides medical expertise to determine care level and placement. The sending CD uses the IHSC Medical Classifications Tool (see Appendix A) to determine the facility level classification needed. The receiving CD approves all medical transfers into their facility.

6. PROCEDURES:

6-1. Medical Records. The FMC and BHCM review the detainee medical record identified by the responsible health authority of the sending facility as having either a complex medical or behavioral health condition. The FMC notifies the RCD of the need for a higher level of care based on the medical record review and information provided by the responsible health authority within the facility.

6-2. Notification to the IHSC facility: The HSA notifies the CD and coordinates with the FMC to accept transfers from non-IHSC-staffed and IHSC-staffed facilities. The same process is completed for transfers to higher level of care. The CD performs a preliminary medical care review based on information found in the detainee medical record. The CD uses the Facility Classifications Tool (**see Appendix B**) to determine the facility for proper care and services.

6-3. Identify Appropriate Placement. The FMC consults with the MCC and BHCMs for behavioral health specific cases to find facilities that can accommodate the detainee's need for a higher level of care. The RCD must ensure the detainee is ready for transfer. The CD of the receiving facility approves the detainee transfer. The FMC, MCC, and BHCMs track the detainee placement.

6-4. Arrange Detainee Transfer. The MCC confirms the receiving area of responsibility (AOR) has the medical capability to accept the detainee and collaborates with ERO to verify bed space availability. The sending and receiving AORs collaborate to complete the transfer.

6-5. Secure Transportation Logistics. Upon agreement to transfer, the FMC and MCC aid with coordinating transportation for detainees who require air

ambulance or ground ambulance transport for medical needs. Non-ambulance transportation is addressed by ERO. The sending AOR sends email notification to the Detention Operations Coordination Center (DOCC) mailbox after confirming transportation arrangements. The sending AOR may request aid from the DOCC to facilitate the transfer.

6-6. Detainee Care Levels. The responsible medical or behavioral health authority determines care levels for a detainee based on the level of care needed for a medical or behavioral health condition. Placement of detainees with complex medical conditions is based on the following criteria:

- Chronicity.
- Intensity.
- Complexity.
- Frequency of interventions required.
- Functional capability.

6-6.1 **Designation of Detainee Care Levels**. When complex patients with mental health or medical needs are identified, the CD for IHSC-staffed facilities, or the CD at non-IHSC-staffed facilities, assigns classification levels based on medical or behavioral health information in the medical record. The CD can lower or elevate classification levels if the detainee's medical or behavioral health condition changes.

Care Level 1.

- Care Level 1 detainees are less than 60 years of age and are generally healthy. They have limited medical needs that medical staff can manage by clinical evaluations every 3-6 months.
- See Appendix B for example of conditions.

Care Level 2.

- Care Level 2 detainees have stable chronic conditions, usually on routine prescribed medications.
- They have limited medical needs that medical staff can manage by clinical evaluations every 3-6 months.
- See Appendix B for example of conditions.

Care Level 3.

- Care Level 3 detainees are stable outpatients who need usual clinical interventions and clinician evaluations monthly to every3 months.
- Clinicians monitor and manage medical and behavioral health conditions through routine, regularly scheduled appointments.
- Require enhanced medical resources, such as consultations or evaluation by medical specialists.
- See Appendix B for example of conditions.

Care Level 4.

- Care Level 4 detainees have complex, chronic, medical, or behavioral health conditions that require frequent clinical contacts to maintain control or stability of their condition to prevent hospitalization or complications. They may also need assistance with activities of daily living (ADLS).
- Care Level 4 detainees require best management with services available only at an IHSC-staffed facility.
- See Appendix B for example of conditions.

6-6.2. **Facility Level. (See Appendix B**) Each IHSC-staffed and non-IHSC-staffed facility is assigned a facility level classification based on its clinical capabilities and community resources.

- IHSC Facility Classification levels can be referenced on IHSC SharePoint at Facility Classifications.
- Non IHSC Facility Classifications levels can also be referenced on IHSC SharePoint at Non-IHSC Facility Resource Database.

Facility Level 4

- Care Level 4 facilities manage complex, chronic medical conditions that require frequent clinical interactions to maintain control or stability of the condition. The facilities help prevent hospitalization or further medical complications.
- Care Level 4 facilities for behavioral health are inpatientfacilities.

Facility Level 3

- Care level 3 facilities manage stable patients suitable for outpatient care requiring regular clinical interventions and

clinician evaluations monthly to every 3 months.

- These facilities have access to enhanced medical resources, through consultations with specialty services by medical specialists in the local community.

Facility Level 2

- Care Level 2 facilities manage stable chronic conditions.

Facility Level 1

- Care Level 1 facilities manage detainees less than 60 years of age who are healthy.

7. **HISTORICAL NOTES.** This directive replaces IHSC directive, 01-38 *Appropriate Housing Placement for Complex Patients*, dated February 2, 2022.

7-1. Summary of Changes.

7-1.1 Updated language ERO addresses transportation for non-ambulance transportation. Added Facility Level Classification Tool-Appendix B).

7-1.2 This directive clarifies the roles and responsibilities of IHSC and ERO staff by identifying appropriate housing and placement for detainees with chronic medical and behavioral health conditions.

7-1.3 Updated language defines roles for the responsible health care authority, identifying detainee care levels, facility care levels, and outlines procedures for notifying the RCD of patients that need placement in facilities that can provide a higher level of care.

7-1.4 Language added to address referenced National Commission on Correctional Health Care (NCCHC) standard, J-A-01 *Access to Care* and compliance indicators to align with NCCHC 2018 standards. Language added to align with performance based national detention standards (PBNDS).

8. **DEFINITIONS.**

8-1. Activities of daily living (ADLS). Refers to ambulation, bathing, dressing, feeding, and toileting. (NCCHC 2018 - Standards for Health Services in Jails: Glossary).

8-2. Infirmary-level care. Care provided to patients with an illness or diagnosis that requires daily monitoring, medication or therapy, or assistance with

activities of daily living at a level needing skilled nursing intervention.

8-3. Clinical practice guidelines for chronic care conditions. Medical providers complete periodic health assessments for individuals with chronic illnesses in accordance with evidenced-based guidelines or in accordance with IHSC personnel's medical and clinical expertise. The clinical medical authority (CMA) established guidelines to provide clinicians with general information about patient management. (See NCCHC, J-A-01 Access to Care).

8-4. Access to care. A patient is seen in a timely manner by a qualified health care professional, is given a clinical judgement and receives ordered care.

8-5. Responsible health authority (RHA). A designated individual or entity that ensures the organization and delivery of all health care in the facility. A physician, health services administrator, or agency may serve as the responsible health authority. When the RHA is a state, regional, national, or corporate entity, there is also a designated individual at the local level who is on-site at least weekly to ensure policies are carried out.

9. APPLICABLE STANDARDS.

9-1. Performance-Based National Detention Standards (PBNDS):

9-1.1 PBNDS 2011: PBNDS 2011 (revised Dec. 2016).

9-1.2 Part 4: Care, 4.3 Medical Care; Z. Continuity of Care.

9-1.3 Part 4: Care, 4.3 Medical Care; BB. Medical Records.

9-2. Family Residential Standards (FRS):

9-2.1 Part 4: Care; 4.3 Health Care; Z. Continuity of Care.

9-2.2 Part 4: Care; 4.3 Health Care; BB. Health Care Records.

9-3. National Commission on Correctional Health Care (NCCHC): Standardsfor Health Services in Jails, 2018:

9-3.1 J-A-01: *Access to Care.*

10. PRIVACY AND RECORDKEEPING. ICE uses detainee health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of detainees. IHSC limits access to detainee health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

10-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

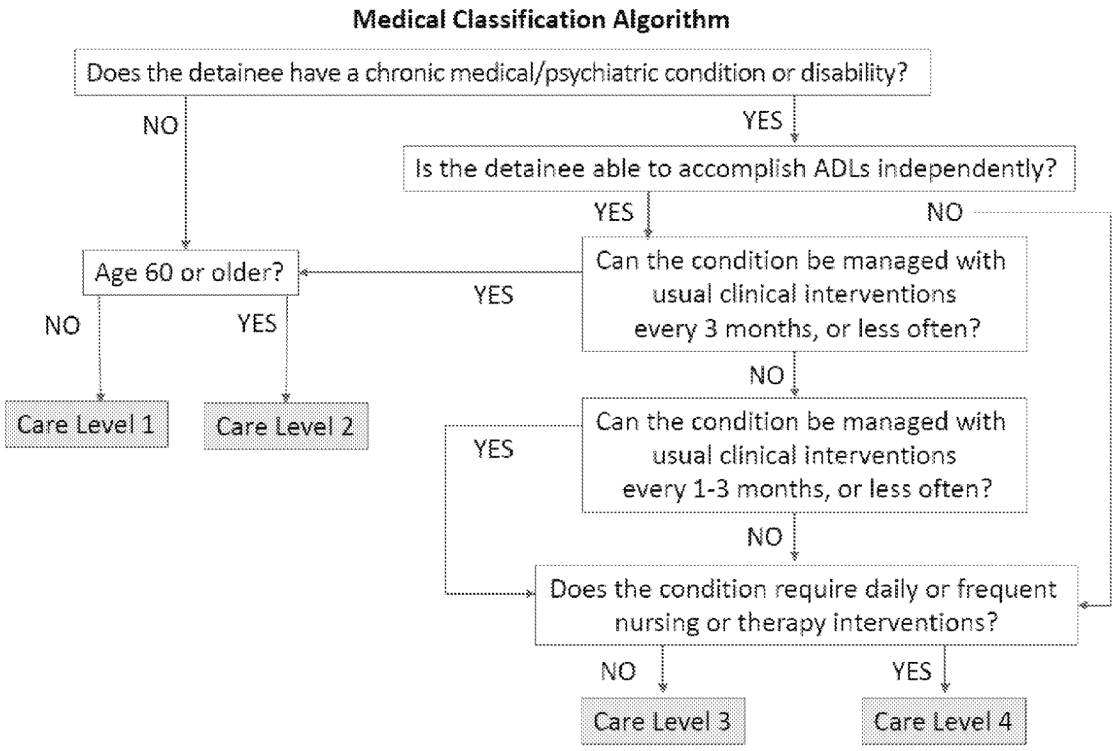
10-2. IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

10-3. All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT. This directive is an internal directive statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. POINT OF CONTACT. Chief, Medical Case Management Unit.

APPENDIX A: Non - IHSC Medical Classification Algorithm



Appendix B: Facility Level Classification Tool: Medical and Mental Health Classifications

Medical Classification	Level 1 Normal or Mild Disease (infrequent clinical interventions)	Level 2 Stable or Self-Limited Chronic Conditions (routine clinical interventions)	Level 3 Medically Complex (usual clinical interventions)	Level 4 MHU/Infirmary Care (frequent clinical interventions)
Anticoagulation Medication			X	x
Implantable Cardiac Device/Heart Surgery			Long-term Pacemaker; Implantable Cardioverter Defibrillator (ICD)	Newly placed (in last 12 months) Pacemaker; ImplantableCardioverter Defibrillator (ICD), Post Op Cardiac Surgery
Asthma/COPD	Mild/Intermittent BronchodilatorsPRN; No history of intubation	Daily Bronchodilators needed/Chronic Treatment;No history of intubation	Chronic Treatment once a day nebulizer treatment required.	History of intubation, More than once a day nebulizer treatment required, oxygen dependent up to 4L by nasal cannula
Central Venous Access Catheter (Ports/PICCS/Central Lines)				Any patient with central venous access (PICC, etc.)
Intravenous Medication Delivery			Basic intermittent IV Medication administration	Basic intermittent IV Medication administration/Fluid Management
Congestive Heart Failure (CHF)		NYHA Class I	NYHA Class II	NYHA Class III
Wound Care	Wound care requiring once a day dressing changes	Wound care requiring once a day dressing changes	Wound care requiring twice a day dressing changes	Wound Care requiring dressing changes more than twice a day, Wound Vac monitoring
Autoimmune Diseases (Lupus, MS, RA, IBD)	Asymptomatic	On treatment, infrequent flares of symptoms	Symptoms despite treatment with steroids or immunotherapy	Symptoms despite treatment with steroids or immunotherapy that require assistance with ADLs
Diabetes	Controlled by diet	On medications with clinical interventions no more frequently than monthly	Greater than twice a day glucose monitoring	Greater than three times a day glucose monitor, insulin pump
End Stage Liver Disease				X
Immune Suppressed (HIV/Transplant)		X	X	X

Malignancy		Full remission < 2 years	Remission <1 year, or active treatment with no ADL assistance required.	Active treatment with ADL assistance required
Pain Management/Opioid Dependence		Requires long term (>90 days) narcotic medications including MAT/MOUD Therapy	X	X
Hospital Discharge/Post Operative Care			X	X
Mobility Impaired				Requiring Assistance with ADLs, ambulation assistance
Pregnancy			Pregnancy with no complications	Pregnancy with complications
Cognitive Impairment/Decline			No ADL assistance required	Requiring ADL assistance
Behavioral Health	Coverage		Requires dailyfollow-up from a Behavioral Health Provider (BHP) or psychiatric provider	Requiring Inpatient treatment and/or requires special housing
Dental Care			Jaw fracture w/ intermaxillary fixation no assistance with ADLs required	Jaw fracture w/ intermaxillary fixation with ADL assistance required

Facility Classification – MEDICAL	Level 1	Level 2	Level 3	Level 4
Facility criteria apply to IHSC andNon-IHSC staffed facilities: • Due to the lack ofdirect IHSC oversight for medical care and services at non-IHSC staffed facilities, no non-IHSC staffed facility meets Level 4 requirements	• LVN/LPN coverage • No POCT other than urine HCG, glucometer • APP or MD coverage one day weekly or less onsite or remotely • No medical housing unit (MHU) • No Airborne Infection Isolation All Negative Pressure rooms • Community Resources – limited (does not have access to OB/GYN, Optometry, Endocrinology, Cardiology, Dialysis, Dentistry at minimum) • EMS response available (with BLS capabilities) • Emergency Oxygen Available • BehavioralHealth coverage	• Daily RN coverage able to do daily rounds • No POCT other than urine HCG, glucometer • APP or MD coverage at least on-site Mon-Fri. • MHU (designation capable) • Isolation (AII) rooms • Community Resources – limited (OB/GYN, Optometry, Endocrinology, Cardiology, Dialysis, Dentistry) • EMS response available (with BLS capabilities) • Emergency Oxygen Available to provide continuous 02 for < 24 hrs. • BehavioralHealth coverage	• 24-hour RN onsite coverage • RN and/or LVN 24-hour observation-patients within sight or hearing in Designated MHU. • POCT (Urine HCG, glucometer) • Laboratory center available for processing. • APP onsite coverage Mon-Fri. • Physician onsite coverage at least 3 days per week • Dental services on-call • Designated MHU • Isolation All rooms • Emergency Oxygen Available to provide continuous O2 for 24-hrs. • Community Resources – at minimum (OB/GYN, Optometry, Endocrinology, Hematology/Oncology, Cardiology) • EMS response available (with ALS capabilities) • 24-hour availability of Behavioral Health and/or Psychiatric Provider	• 24-hour RN onsite coverage • RN 24-hour observation- patients within sight or hearing in Designated MHU • POCT (Urine HCG, glucometer) • APP onsite coverage daily • Physician onsite coverage Mon- Fri. • Onsite dental services on-call • MHU/infirmary bedsfor medical and behavioral health– hospital adjustable beds available. • ADL Assistance available • Isolation All rooms available • Continuous and Emergency Oxygen Available to provide continuous O2 for over 24hours at 4L (Oxygen concentrator available, daily oxygen delivery available) • Community Resources include OB/GYN, Orthopedics, Endocrinology, Cardiology, Dialysis, Hematology/Oncology, Infectious Disease, Skilled Nursing Facility, Optometry and Ophthalmology specialties • EMS response available (with ALS capabilities) • 24-hour availability of Behavioral Health and/or Psychiatric Provider

Mental Health Classification	Level 1 Controlled, no recent decompensation	Level 2 Routine monitoring required	Level 3 Frequent monitoring, recent decompensation	Level 4 Inpatient Psychiatric Admission
These criteria apply to the following diagnoses: **ANXIETY DISORDERS** (e.g., generalized anxiety disorder, panic disorder, PTSD, obsessive compulsive disorder, simple phobias) **BIPOLAR DISORDER I OR II** **DEPRESSIVE DISORDERS** (e.g., adjustment disorder, depression, dysthymia) **PSYCHOTIC DISORDERS** (e.g., delusional, psychotic, schizoaffective schizophrenia; excluding substance-induced psychosis) **SOMATOFORM DISORDERS**	• No history of psychosis or mania (other than related to substance abuse) ***AND*** • No history of hospitalization (other than related to substance abuse) in the last 5 years ***AND*** • Requires outpatient contacts with a prescribing clinician no more frequently than every 6 months on a chronic basis to maintain outpatient status ***AND*** • Symptoms are controlled on no more than 2 psychotropic medications, excluding atypical antipsychotics	• History of psychiatric hospitalization in the last 5 years (not related to substance abuse) ***OR*** • Requires outpatient contacts with a prescribing clinician every 1–6 months to maintain outpatient status ***OR*** • Requires chronic treatment with atypical antipsychotic medication or more than two total psychotropic medications	Psychiatric conditions that do <u>not</u> meet criteria for inpatient admission with one or more of the following: • Two or more psychiatric hospitalizations in the past 3 years ***OR*** • Psychotic illness treated with 3 or more anti-psychotic medications ***OR*** • Multiple diagnoses treated with ≥ 5 psychotropic medications ***OR*** • Requires outpatient contacts with a prescribing clinician more frequently than monthly	Inpatient admission required

Facility Classification – MENTAL HEALTH	Level 1	Level 2	Level 3	Level 4
Facility criteria apply to IHSC and IGSA staffed facilities: • Due to the lack of direct IHSC oversight for medical care and services at IGSAs, no IGSA meets Level 4 requirements	• No mental health professionals onsite • No suicide observation rooms • Community Resources – limited (does not have access to inpatient psychiatric services)	• Mental health professionals onsite at least two days per week • MHU • Suicide observation rooms • Community Resources – access to inpatient psychiatric services	• Mental health professionals onsite at least two days per week • Psychiatric services (onsite or telepsychiatry) as needed • MHU/infirmary beds for medical and mental health • Suicide observation rooms • Community Resources – access to inpatient psychiatric services • Krome Behavioral Health Unit	• Larkin Hospital • Columbia Regional Care Center (CRCC) • Inpatient psychiatric services