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

CARE OF PATIENTS WITH CHRONIC HEALTH CONDITIONS AND SPECIAL NEEDS

IHSC Directive: 03-03
ERO Directive Number: 11737.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: April 5, 2023

By Order of the Assistant Director
(b)(6),(b)(7)(C) DHSc, FACHE (b)(7)(E) Digitally signed by (b)(6),(b)(7)(C) Date: 2023.04.05 14:02:59 -04'00'

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1. **PURPOSE**: The purpose of this directive is to set forth policies and procedures for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) to ensure patients with chronic disease, other significant health conditions, disabilities, and other special needs receive ongoing multidisciplinary care that aligns with evidence-based guidelines.

2. **APPLICABILITY**: This directive applies to all 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 staff. This directive applies to contract personnel when supporting IHSC in detention facilities and headquarters. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES**:

   3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.

   3-2. Section 232 of the *Immigration and Nationality Act*, as amended (8 U.S.C. § 1222), Detention of Aliens for Physical and Mental Examination.

   3-3. Title 8, *Code of Federal Regulations*, Section 232 (8 C.F.R. § 232), Detention of Aliens for Physical and Mental Examination.

   3-4. Section 322 of the *Public Health Service Act* (42 U.S.C. § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

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3-5. Title 42, U.S. Code, *Public Health Service Act*, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

3-6. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), as amended).

3-7. ICE ERO Directive 11071.1, Assessment and Accommodations for Detainees with Disabilities (Dec. 15, 2016).

4. POLICY: IHSC manages patient chronic health conditions to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved outcomes. Health care providers may administer chronic care health assessments in-person or remotely by tele-technologies.

4-1. Chronic Care Requirements.

4-1.1 Chronic Care Referral: If health care personnel suspect or identify a patient as having a chronic condition, disability, or special need during the intake screening, they must refer the patient to a clinician for a health assessment to address the chronic condition as specified in IHSC Directive 03-07, *Health Assessment*. Similarly, health care personnel must refer patients to a clinician as soon as staff identify the chronic condition, disability, or special need at any point during the period of detention.

4-1.2 Health care personnel must initiate an IHSC 834, Medical-Psychiatric Alert form, or the electronic health record (EHR) equivalent, on all patients identified as having a chronic care condition or special need.

4-1.3 Patient Assessment: A clinician must complete an initial and periodic assessments of the patient's chronic condition, disability, or special need and document the assessment in the medical record. Clinicians must document chronic care treatment that includes the type and frequency of diagnostic testing and therapeutic regimens using the IHSC 847, *Chronic Disease Clinic Initial Baseline Medical Data form*, and the IHSC 848, *Chronic Disease Clinic Follow-Up form*, or the EHR equivalents.

4-1.4 Behavioral Health Referral: Health care personnel must refer a patient with a behavioral health condition to a behavioral health provider (BHP) for assessment to determine the plan of care.

4-1.5 Patients with Special Needs: Health services staff must accommodate patients with special needs as outlined in this directive.

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Health care providers annotate using the IHSC 819, Special Needs Form, or electronic health record equivalent. Disability notification occurs per Enforcement and Removal Operations Directive 11071.1, *Assessment and Accommodations for Detainees with Disabilities*.

4-1.6 Refusal of Treatment: Clinicians must counsel and evaluate patients who refuse treatment for chronic conditions, as appropriate, throughout their detention period. See IHSC Directive 02-07, *Treatment Consent and Refusal*.

4-1.7 Clinical Practice Guidelines (CPG) for Chronic Care Conditions: Medical providers complete periodic health assessments for individuals with chronic illnesses or special needs in accordance with evidence-based guidelines or in accordance with IHSC personnel's medical and clinical expertise. The clinical medical authority (CMA) establishes clinical practice guidelines to provide clinicians with general information regarding the management of patients. The CMA reviews and approves these guidelines annually.

4-2. Guidelines are not policy statements. Clinicians must consider each case individually, in the context of good clinical judgment and the provider's experience and comfort level. Clinicians may not rely on this guidance to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter. Clinicians may use the following guidelines for treatment. The clinical protocols established by the CMA are consistent with national CPGs.

4-2.1 Asthma: IHSC Asthma Clinical Practice Guideline.

4-2.2 Mood Disorders:

4-2.2.a Depression: Federal Bureau of Prisons (BOP) CPG. 2014 Management of Major Depressive Disorder (Reformatted 2017).

4-2.3 Diabetes: BOP CPG. 2017 Management of Diabetes.

4-2.4 HIV: IHSC HIV Clinical Guideline.

4-2.5 Hypertension: IHSC Hypertension Clinical Practice Guideline

4-2.6 Lipids:

4-2.6.a 2013 American College of Cardiology, AmericanHeart Association (AHA) Blood Cholesterol Guideline.

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4-2.6.b 2011 AHA Scientific Statement: Triglycerides and Cardiovascular Disease.

4-2.7 Psychotic Disorders:

4-2.7.a Schizophrenia: BOP CPG. 2015 Pharmacological Management of Schizophrenia.

4-3. Chronic Care of Behavioral Health Conditions. In addition to the chronic care requirements in Section 4-1, patients with a behavioral health chronic condition have additional monitoring requirements. See IHSC Directive 07-02, *Behavioral Health Services Directive*, in the IHSC Policy Library.

4-4. Reasonable Modifications. IHSC provides reasonable modifications for patients with special needs for physical, mental, developmental, or intellectual impairments and disabilities that affect mobility and communication during detention.

4-4.1 IHSC provides equal access to programs and services for reasonable modifications and makes all attempts to house those with disabilities and special needs into the most integrated setting based on the individualized assessment.

4-4.2 IHSC ensures all staff undergo annual training on disabilities and special needs and the provision of reasonable modifications.

5. RESPONSIBILITIES:

5-1. Clinical Director (CD) or designee.

5-1.1 Serves as the clinical medical authority to establish, review, and approve clinical practice guidelines annually.

5-1.2 Directs clinical support to ensure consistent and adequate care for patients with chronic disease, other significant health conditions, disabilities, other special needs, and appropriate follow up.

5-1.3 Maintains awareness of patients with chronic conditions and takes action to ensure appropriate care that includes offering input and guidance for complex cases.

5-2. Clinician. Assesses, evaluates, and treats patients according to their professional license requirements.

5-2.1 Documents all initial assessments and health care encounters, as specified in this directive, and must share all testing and consultation results with the patient.

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5-2.2 Identifies special needs during intake screening, the health assessment, sick call, during a review of patient records or any other medical encounter and refers to a qualified health care professional (QHCP), if necessary.

5-3. Health Care Personnel: Educate the patient on their medical condition and aspects of their care including medication, diet, exercise, and adaptation to the detention environment. Health care personnel must provide written educational materials in a language the patient understands when possible. Health care personnel must provide information about continuity of care if the patient's release is anticipated within the next 90 days.

5-4. BHP: Evaluates the patient at least every 90 days, or sooner, to provide care for the patient's behavioral health needs as outlined in IHSC Directive 07-02, *Behavioral Health Services Directive* in the IHSC Policy Library.

5-5. Deputy Assistant Director (DAD) Clinical Services/Medical Director: Notifies the ERO disability access coordinator (EDAC) of any IHSC recommendation to deny a request for an accommodation based on undue financial and administrative burden or fundamental alteration within 72 hours of the date of the decision. The notification must include at a minimum:

5-5.1 Nature of the patient's disability.

5-5.2 Accommodation requested,

5-5.3 Reason for the denial,

5-5.4 Any interim alternative accommodation(s) provided pending the agency's final decision.

5-6. Health Care Compliance Consultant:

5-6.1 Notifies the EDAC of delays in request consideration for accommodations or in the provision of approved accommodations.

5-6.2 Facilitates coordination with EDAC and EDAC-designated ERO HQ-designated personnel, and field office staff in reviewing interim accommodations provided to patients.

5-6.3 Coordinates with EDAC and ERO field operations ensuring field office directors (FODs) receive guidance and assistance in meeting their responsibilities under this directive.

5-6.4 Seeks to enhance facility resources and capabilities allowing ERO to effectively accommodate patients with disabilities.

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5-6.5 Supports review of facility disability accommodation practices and procedures that address facility policy, procedure, and the provision of accommodations, alternative accommodations, and denials, including a finding that a patient did not have a disability and provide relevant findings to the FOD and EDAC.

5-7. Health Services Administrator (HSA) or designee:

5-7.1 Ensures notification of patient special needs among IHSC, IHSC DAD Clinical Services, the local FOD, the supporting disability access coordinator (SDAC), the field office staff, facility program leads, and multidisciplinary team in accordance with accreditation standards that affect housing assignments, program assignments, communications related to a communication or mobility impairment, and denials of requests for accommodations within 72 hours.

5-7.2 Facilitates issuance of appropriate reasonable accommodations including durable medical equipment.

5-7.3 Facilitates interim accommodations until appropriate accommodations become available.

5-7.4 Oversees the patient medical grievance process as outlined inIHSC Directive 01-05, *Detainee Medical Grievances*.

5-7.5 Identifies multidisciplinary team health care staff participants.

5-7.6 Assists the FOD, field office staff and detention facility staff with:

5-7.6.a Information on the assessment and accommodation of patients with a disability.

5-7.6.b Specific facility denials of requests for accommodations and the provision of accommodations.

5-7.6.c Patients with disabilities, regarding their ability to access facility programs and services; and

5-7.6.d Technical assistance and information on disability accommodations and assessments.

5-7.7 Reviews facility disability accommodation practices and procedures that address facility policy, procedure, and the provision of accommodations, alternative accommodations, and denials, including findings that patients do not have a disability.

5-8. Qualified Health Care Professional (QHCP):

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5-8.1 Completes a health assessment, documentation in the electronic health record (eCW), updates the health problems list, ensures completion of IHSC 819 Special Needs Form, and, if indicated, ensures completion of IHSC 834 Medical-Psychiatric Alert form or the appropriate equivalent within five days.

5-8.2 Develops individualized treatment plans for special needs, with periodic follow-up as clinically indicated, and provides a copy of all accommodation decisions via the IHSC 819 Special Needs Form or equivalent.

5-8.3 Evaluates a patient with chronic care or special needs at least every 90 days.

5-8.4 Determines and documents the frequency of follow up for evaluation based on the health needs of the patient.

5-8.5 Determines, annotates, and documents the patient's condition (e.g., poor, fair, or good), and status (e.g., stable, improving or deteriorating), as part of the assessment in the treatment plan.

5-8.6 Takes appropriate clinical actions to optimize care and provide justification for deviation from clinical guidelines EHR.

5-9. Field Medical Coordinator (FMC):

5-9.1 Facilitates communication for patient access to programs and services among the FOD, SDAC, field office staff and detention facility staff for non-IHSC-staffed facilities related to:

5-9.1.a Information on assessment and accommodation of patients with a disability.

5-9.1.b Facility denials of requests for accommodations and provision of accommodations.

5-9.2 Reviews facility disability accommodation practices and procedures that address facility policy, procedure, provision of accommodations,alternative accommodations, and denials, to include denial justification.

6. PROCEDURES:

6-1. Reasonable Modifications.

6-1.1 Identification. A patient may report special needs during a clinical encounter, in writing, or by contacting the Detention Reporting Information Line (DRIL). A third-party may report a patient impairment in writing or by contacting the DRIL.

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6-1.2 Accommodation Approval:

6-1.2.a QHCP provides the accommodation based on a medical assessment and annotate whether the accommodation is immediately available.

6-1.2.b QHCP enters the accommodation in the EHR, per the IHSC 01-36 *MedPAR* Guides and Durable Medical Equipment (DME) memorandum, if the accommodation requires an authorization or referral.

6-1.2.c QHCP identifies and provides interim accommodations until appropriate accommodations become available.

6-1.2.d QHCP gives the patient a copy of the approved accommodation via IHSC 819 Special Needs Form or equivalent and notifies the HSA or designee to inform stakeholders listed per Section 5-8.1.

6-1.3 Accommodation Disapproval:

6-1.3.a QHCP annotates the denial in the eCW and notifies the HSA or designee to inform stakeholders listed per 5-8.1.

6-1.3.b A patient may raise concern regarding a disapproved accommodation request through the IHSC grievance process in the IHSC Directive 01-05, *Detainee Medical Grievances*. The medical grievance officer informs the HSA or designee to notify the multidisciplinary team of a patient's accommodation grievance.

6-1.3.c QHCP may determine an accommodation requires undue financial or administrative burden, or fundamental alteration. The QHCP notifies the DAD of Clinical Services Division/medical director within 72 hours of any patient's denial of an accommodation that affects housing assignments, program assignments, or communication.

6-1.4 Travel Documentation: The clinician documents specific accommodations needed on the IHSC 849 Medical Transfer Summary prior to transporting any patient in ICEcustody.

6-1.5 Multidisciplinary Team: The multidisciplinary team convenes to provide determination for patients with the following conditions:

6-1.5.a Mobility impairments.

6-1.5.b Communication impairments,

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6-1.5.c Denial for initial requests for accommodations or assistance,

6-1.5.d Grievances filed about the accommodation of their disabilities or impairments,

6-1.5.e Complex requests requiring more than one discipline or agency.

6-1.6 The multidisciplinary team interviews the patient during the determination and health assessment process. The team must document the patient's decision if the patient declines to participate.

6-1.7 The multidisciplinary team issues a written decision within five days of the referral.

6-1.8 Reasonable accommodations not immediately available follows the steps outlined in Section 6-1.3. of this directive.

6-1.9 The facility administrator approves all denials for reasonable accommodations within three days of the multidisciplinary team decision. Denials may be related to changes in essential programming, undue financial and administrative burden, or direct threat. The facility administrator notifies the patient of the final decision and justification in writing.

6-1.10 The multidisciplinary team must conduct a reassessment within 30 days from the original assessment, and at 90-day intervals at a minimum, for all approved reasonable accommodations.

6-1.11 The multidisciplinary team must document all assessments for reasonable accommodations in the patient's eCW health record.

7. **HISTORICAL NOTES:** This directive replaces IHSC Directive 03-03, *Care of Patients with Chronic Health Conditions and Special Needs,* dated January 14, 2022.

7-1. Summary of Changes.

7-1.1 Technical update. Language "detainee/noncitizen" changed to "patient" throughout the document in the appropriate context.

7-1.2 The term "accommodation" changed to "modification" in the appropriate context to align with ICE current terminology used for noncitizen reasonable modifications.

7-1.3 Clarifies the clinical director is the clinical medical authority for the facility.

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8. **DEFINITIONS:** See definitions for this policy in the IHSC Glossary located in the IHSC Policy Library. The following definitions apply to directive only.

8-1. Accommodations - Any change or adjustment in detention facility operations, or any modification to detention facility policy, practice, or procedure, that permits a patient with a disability to participate in the facility's programs, services, activities, or requirements. Accommodations enable patients to enjoy the benefits and privileges of detention programs equally by those without disabilities. Accommodations include, but are not limited to, proper medication and medical treatment, accessible housing, toilet, and shower facilities, devices to allow for bed transfer, accessible beds or shower chairs, wheelchairs, walkers or canes, and assistance with toileting and hygiene.

8-2. Auxiliary aids and services - Provide effective communication for patients with impaired sensory, manual, or speaking skills. Aids and services include, but are not limited to, interpreters, written materials, note-takers, video remote interpreting services, or dictation services. Aids and services include aurally delivered materials, readers, taped texts, materials or displays in Braille, or secondary auditory programs. Aids and services make visual materials available to patients with visual impairments, acquisition or modification of equipment or devices.

8-3. Communication Impairment - Hearing (e.g., deaf, hard of hearing), vision (e.g., blind, or low vision unable to correct by an aid, excluding vision issues corrected by refraction), speech impairment (e.g., deaf, or nonverbal), or cognitive (e.g., autism, intellectual or developmental) disabilities that limit one's ability to communicate.

8-4. Chronic Condition - A chronic condition is a disease or illness that affects an individual's well-being for an extended interval and generally is not curable. Chronic conditions may include medical or behavioral health conditions.

8-5. Disability - A current disability or past record of physical or mental impairment that substantially limits one or more major life activities. Disabilities, medical, mental, behavioral, developmental, or learning conditions that require different accommodations or arrangements for clothing/bedding, meals, housing, program assignments or communication constitute special needs.

8-6. Mental Impairment - Any mental or psychological disorder, such as a developmental delay, organic brain syndrome, emotional or mental illness, and conditions, that causes learning impairments.

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8-7. Mobility Impairment - Physical impairments that require a wheelchair, crutches, prosthesis, cane, or other mobility device or assistance.

8-8. Multidisciplinary Team - The multidisciplinary team reviews requests for reasonable modifications. It consists of a health care professional and, any additional facility staff with requisite knowledge of disability policies and procedures. It ensures compliance with modification guidelines as outlined in this directive.

8-9. Physical Impairment - Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic, and lymphatic, skin, and endocrine.

8-10. Special Needs Patient - A patient whose mental and/or physical condition requires accommodations or arrangements than a patient who does not have special needs would receive. Special needs patients include, but are not limited to, those patients who are chronically ill or infirm, those with disabilities, and those addicted to or in withdrawal from drug or alcohol.

9. APPLICABLE STANDARDS:

9-1. Performance Based National Detention Standards (PBNDS) 2011 rev. 2016:

9-1.1 Part 4: Care; 4.3 Medical Care.

9-1.2 Part 4: Care; 4.8 Disability Identification, Assessment and Accommodation.

9-2. ICE Family Residential Standards (FRS) 2020:

9-2.1 Part 4: Care; 4.3 Health Care.

9-2.2 Part 4: Care; 4.8 Disability Identification, Assessment, and Accommodation.

9-3. American Correctional Association, 4th edition:

9-3.1 4-ALDF-6B-07; Disabled Inmates.

9-3.2 4-ALDF-6B-08; Disabled Inmates.

9-4. National Commission on Correctional Health Care (NCCHC):Standards for Health Services in Jails, 2018.

9-4.1 J-F-01 Patients with Chronic Disease and Other Special Needs.

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(Compliance indicators #7 and #8 are addressed in IHSC Directive 07-09, *Krome Behavioral Health Unit (KBHU) National Admissions Discharge.)*

10. PRIVACY AND RECORDKEEPING. ICE uses patient 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 patients. IHSC limits access to patient 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 U.S. Department of Homeland Security Handbook for Safeguarding Sensitive Personal Identifiable Information (PII). 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 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 Services Unit.

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