



**OREGON YOUTH AUTHORITY**  
**Policy Statement**  
**Part II – Youth Services (Facilities)**



*Subject:*

**Therapeutic Levels of Physical Health Care in OYA Facilities**

*Section – Policy Number:*

**D: Health and Mental Health – 1.1**

*Supersedes:*

**II-D-1.1 (12/17)**  
**II-D-1.1 (01/12)**  
**II-D-1.1 (08/04)**

*Effective Date:*

**01/30/2020**

*Date of Last Review/Revision:*

**None**

**Related Standards and References:**

- [ORS 420A.010](#) Oregon Youth Authority; Creation and Duties
- [OAR 416-345](#) Offender Medical Care and Treatment in Youth Correction Facilities
- *Performance-based Standards for Juvenile Correctional Facilities, American Correctional Association, 4-JCF-4C-12 (Provision of Treatment); 4-JCF-4C-11 (Elective Procedures)*
- OYA Forms: [YA 4404](#) Therapeutic Level of Care Referral

**Related Procedures:**

- None

**Policy Owner:**

Health Services Director

**Approved:**

  
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 Joseph O'Leary, Director

**I. PURPOSE:**

This policy categorizes OYA close-custody youth medical care and treatment into priority levels with authorization for each level specified. The policy also establishes guidelines for OYA staff to follow when determining if a particular level of medical care or treatment for youth will be provided by OYA.

**II. POLICY DEFINITIONS:**

**Clinical Review Committee (CRC):** A committee comprised of a medical practitioner, other licensed health care staff and, at times, ancillary staff convened by the OYA medical director to review requests for non-medically necessary treatment of youth in OYA close-custody facilities and for requests for treatment with associated extraordinary costs.

**III. POLICY:**

Youth in OYA close custody are entitled to responsive, timely, and clinically appropriate diagnosis, treatment, and care of health problems. Youth have equal access to health care. Health Services personnel care for patients with compassion and respect for the patient's privacy and dignity. Treatment is

provided in an objective and nonjudgmental manner; and Health Services personnel must advocate for the patient's health.

OYA provides those health care services that are medically necessary and preserve and maintain the health status of youth during incarceration. The level of health care services provided by OYA must be consistent with the standard for such services in the community. This means that health care procedures must be conducted in a clinically-appropriate manner by appropriately-credentialed and licensed personnel in an appropriate setting. OYA health care providers use evidence-based, nationally-recognized clinical guidelines when providing youth with medical care and treatment.

The following general standards establish the method and guidelines used to determine whether treatment will or will not be provided by OYA to a youth consistent with applicable law, and to ensure sufficient health care resources are available to preserve and maintain the youth's health status while in an OYA close-custody facility.

#### **IV. GENERAL STANDARDS:**

##### **A. Overview**

1. Medical care and treatment are prioritized into levels with authorization for each level specified:
  - a) Level 1 - Medically Mandatory: Will be routinely provided to all youth by OYA. Authorization for treatment may be given by any licensed Health Services staff.
  - b) Level 2 - Presently Medically Necessary: May be provided to OYA youth subject to periodic utilization review by the OYA medical director. Care is authorized by any OYA Health Services medical practitioner.
  - c) Level 3 - Medically Acceptable, but not Medically Necessary: Provision of services to youth will be decided on a case-by-case basis.
  - d) Level 4 - Of Limited Medical Value: Will not be provided to youth by OYA.
2. The levels of care are general categories of diagnoses, therapies and procedures. In some cases, additional factors may need to be considered in deciding whether or not OYA will provide a given procedure or therapy.
3. Access of a youth to adequate diagnosis and review by appropriate medical personnel is essential and is not abridged by this policy.
4. The final authority in all Therapeutic Level of Care reviews and review appeals is the OYA medical director or designee(s).

B. Definition of Levels of Care and Treatment and Authorization to Proceed

1. **Level 1 - Medically Mandatory**

- a) Definition: Care that is essential to life and health, without which rapid deterioration may be an expected outcome and where medical surgical intervention makes a very significant difference or has a very high cost effectiveness.

Examples include:

- (1) Acute problems, potentially fatal, where treatment prevents death and allows full recovery (e.g., appendectomy for appendicitis);
- (2) Acute problems, potentially fatal, where treatment prevents death but does not necessarily allow for full recovery (e.g., burn treatment, treatment for severe head injuries, status asthmaticus); and
- (3) Maternity care (e.g., monitoring, delivery, hypertension of pregnancy).

- b) Authorization: Any OYA Health Services medical practitioner may authorize care and treatment. In an emergency situation, OYA nursing staff may authorize care and treatment.
- c) Medically mandatory care is frequently urgent or emergency care. It is best initiated by Health Services personnel at the time of intervention and is routinely authorized, provided, and paid for by OYA.

2. **Level 2 - Presently Medically Necessary**

- a) Definition: Care without which the youth could not be maintained without significant risk of either further serious deterioration of the condition or significant reduction of the chance of possible repair after release or without significant pain or discomfort.

Examples include:

- (1) Chronic, usually fatal, conditions where treatment improves lifespan and quality of life (e.g. medical management of insulin dependent diabetes mellitus, medical management of asthma, hypertension);
- (2) Immunizations;

- (3) Comfort care such as pain management and hospice-type care for the end stages of diseases such as cancer and AIDS;
  - (4) Proven effective preventive care for youth (e.g., preventive dental care, pap smears, BP screenings, STD screenings);
  - (5) Acute nonfatal conditions where treatment causes a return to a previous state of health (e.g., fillings for dental cavities, medical treatment of various infectious disorders);
  - (6) Acute nonfatal conditions where treatment allows the best approximation of return to previous health (e.g., reduction of dislocated elbow or shoulder, repair of corneal laceration, treatment of displaced fractures of the extremities); and
  - (7) Medical treatment to ameliorate symptoms of gender dysphoria.
- b) Authorization: Any OYA Health Services medical practitioner may authorize care and treatment. The decisions of practitioners are subject to periodic review by the OYA medical director. Medical treatment for gender dysphoria must be discussed and coordinated with the OYA medical director prior to initiation of treatment.
  - c) Level 2, Presently Medically Necessary, care when not of an emergency nature, should undergo periodic review. These services will be routinely provided and paid for by OYA.

**3. Level 3 - Medically Acceptable, but not Medically Necessary**

- a) Definition: Care for nonfatal conditions where treatment may improve the quality of life for the patient (e.g., asymptomatic hernia repair, treatment of non-cancerous skin lesions [common wart], surgery for certain chronic knee conditions, elective procedures).
- b) Authorization: May be authorized on an individual-by-individual basis or a problem-by-problem basis as outlined below.
  - (1) Medical and surgical procedures and therapies from Level 3 which can be appropriately done on premises in a routine clinic and are within the skills of the medical practitioner may be offered at the medical practitioner's discretion. Any case may be referred by a practitioner to the OYA medical director for review.

- (2) Off-site procedures and therapies for chronic diseases from Level 3, if deemed appropriate for treatment by the facility medical practitioner, will be referred to the OYA Medical Director for clinical review.
- (3) Clinical Review: A [YA 4404](#) (Therapeutic Level of Care Referral) form must be completed by the medical practitioner or designee and submitted to the OYA medical director. The OYA medical director may form a CRC to review requests on a case-by-case basis. Discussions and decisions made by the CRC may be in meetings or by email. Factors that will be considered either singularly or in combination when deciding if a clinical service should be provided include:
  - (a) The urgency of the procedure, the anticipated length of the youth's remaining commitment to close custody and whether the surgery/procedure could be or could not be reasonably delayed without causing a significant progression, complication, or deterioration of the condition;
  - (b) The necessity of the procedure/therapy;
  - (c) Any relevant functional disability and the degree of functional improvement to be gained;
  - (d) Medical necessity - the overall morbidity and mortality of the condition if left untreated;
  - (e) Pre-existing conditions - the condition existed prior to the youth's incarceration. If treatment was not obtained prior, the reasons for not obtaining treatment;
  - (f) The probability the procedure/therapy will have a successful outcome along with relevant risks;
  - (g) Alternative therapy/procedures, which may be appropriate;
  - (h) Youth's desire for the procedure and the likelihood of the youth's cooperation in the treatment efforts;
  - (i) Risk/Benefits if known;
  - (j) Cost if known; and

- (k) Pain Complaints/Pain Behaviors (subjective complaints vs. objective findings).

#### 4. **Level 4 - Limited Medical Value**

- a) Definition: Care that is valuable to certain individuals but significantly less likely to be cost effective or to produce substantial long-term gain. This includes treatment of minor conditions where treatment merely speeds recovery, gives little improvement in quality of life, offers minimal palliation of symptoms, or is exclusively for the convenience of the individual. Examples include nasal reconstruction for cosmetic reasons, elective circumcision, and surgery for gynecomastia.
- b) Care and treatment will not be authorized by OYA.
- c) OYA health care providers use evidence-based clinical guidelines when determining the appropriateness of treatment for medical conditions. OYA does not provide medical care and treatment for elective, cosmetic, or experimental procedures.

#### C. **Exceptions**

- 1. There may be occasion when the level of care is unclear or when it is not appropriate to apply the levels of care to an individual patient (i.e., it is possible for an individual when it may not seem appropriate to provide care for a Level 2 diagnosis, or when it may seem appropriate to provide care for a Level 4 case).
- 2. Any individual case or proposed therapy may be reviewed for appropriateness, second opinion, approval or denial of coverage, etc., by submitting a completed [YA 4404](#) to the OYA medical director for review. The medical director may also choose to convene a CRC for clinical review of the request.

#### V. **LOCAL OPERATING PROTOCOL REQUIRED: NO**