1.4.E.10 Inmate Medical Co-Pay

I Policy Index:

	Date Signed:	04/10/2013
PARTMENT	Distribution:	Public
OF STEETY SECURITY	Replaces Policy:	4E.18
	Supersedes Policy Dated:	11/14/2012
* SouthDakota_ *	Affected Units:	Adult Institutions
	Effective Date:	04/11/2013
Sup of	Scheduled Revision Date:	September 2013
CORPECTIONS	Revision Number:	13
MECTIC	Office of Primary Responsibility:	DOC Administration

II Policy:

Inmates in the custody of an adult facility of the Department of Corrections (DOC) will be charged for health care services as specified in this policy and in accordance with SDCL § 24-2-28. Inmates who do not have funds in their institutional account to cover the co-pay or any fees charged by the Department of Health (DOH) or Department of Social Services (DSS), off-site facilities or providers, will have their account charged for the applicable fee. Medically necessary health care will not be refused to any inmate.

III Definitions:

Work Release Program:

A program that allows approved inmates to be competitively employed in the community pursuant to SDCL § 24-8-1.

Co-Payment:

Payments made toward one bill from more than one party.

Emergency:

Uncontrolled bleeding, the need for CPR or ambulance to be called (See P-C-06B *Inmate Medical Co-Pay 2010*).

Emergency Care:

Medical, mental health, dental health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic (See DOH policy P-E-08 *Emergency Services*)

IV Procedures:

1. Services and Fees For Non-Work Release Inmates:

A. Non-work release inmates and offenders in the Community Transition Program (CTP) will make copayments towards health care services pursuant to this section (See DOH policy P-C-06B *Inmate Medical Co-Pay* and P-E-07 *Non-Emergency Health Care Requests and Services*). B. The following are the services and corresponding co-payments that will be charged/billed to non-work release inmates and CTP offenders (See DOC policy 1.5.G.2 *Community Transition Program* and DOH policy P-C-06D *Health Care for Community Transition Program*).

1.	Nurse sick call initiated by the inmate;	\$2.00
2.	Dentist or hygienist;	\$5.00
3.	Optometrist and;	\$5.00
4.	Any other health service initiated by the inmate.	\$2.00

Note: This includes inmates viewing their medical records, assessments, non-scheduled care, care provided for self harm and care provided when medical staff determine services provided were not emergency care

- C. Inmates/offenders will not be responsible for paying a co-payment for the following services:
 - 1. Scheduled follow-up appointments as required by medical staff (including dental and optometry);
 - 2. Medical emergencies (as determined by medical staff);
 - 3. Exams initiated as the result of an assault; i.e. sexual assault, offender assault, etc.;
 - 4. Mental health services;
 - 5. Admission physical and/or admission dental screening;
 - 6. Half-way house requirements;
 - 7. Work release injuries that involve emergency care (as determined by medical staff);
 - 8. Outside referrals (except for Work Release inmates);
 - 9. Prescriptions (except for Work Release inmates);
 - 10. Chronic Care Clinic (except for Work Release inmates) and;
 - 11. Infirmary care.

2. Services and Fees For Work Release Inmates Housed at a DOC Facility:

- A. Inmates employed in a work release job at the time health care services are provided are responsible for payment of <u>all</u> expenses/charges associated with medical, dental, optometry treatment, lab, X-ray, medications they receive and any other related expenses (See DOC policy 1.5.A.5 *Work Release*, DOH policy P-C-06A *Medical Expenses-Work Release* and P-C 06C *Work Release-Medical Care* and P-C-06D *Health Care for Community Transition Program*). The charge will be billed through medical services and automatically deducted from the inmate's account or a commissary slip must be completed by the inmate with the same procedure required of non-work release inmates outlined in Section 3 A. 1. If the inmate does not have funds in his/her work release expense account, a credit obligation will be applied to the inmate's spend subaccount.
- B. The following are the services and the related co-pay amounts that will be charged/billed to inmates employed in a work release job the (service fee is for each visit):

1.	Nurse sick call;	\$2.00
2.	Physician or physician's assistant;	\$10.00 (Includes Chronic Care Clinic)
3.	Dentist or hygienist;	\$10.00
4.	Optometrist;	\$10.00
5.	X-ray;	\$20.00
6.	Prescription medication;	full cost of medication set by the pharmacy
7.	Laboratory service and;	\$20.00
8.	Outside referrals.	full cost of service set by the provider

- 9. Work Release inmates may be charged according to the fees listed above for any appointment <u>they</u> <u>initiate</u> wherein they fail to provide proper notice to the service provider informing that he/she can not attend the appointment. Cancellation notice is required at least twenty-four (24)-hours prior to day and time of the scheduled appointment.
- C. Work release inmates will sign a form acknowledging their obligation for medical expenses (See Attachment 1) (See DOC policy 1.5.A.5 *Work Release*).
 - 1. Work release inmates and their employer(s) are responsible for filing Worker's Compensation claims for work related injuries.
 - 2. Work release inmates must obtain health and/or dental insurance through their employer, if such insurance is offered by the employer.
 - 3. If an employed work release inmate sustains a work-related injury or requires health care services while at their community job or during the performance of their job duties, the inmate/offender will contact his/her employer regarding the injury and report any health care services received as a result of the injury.
 - 4. All non-emergent medical needs must be coordinated through health services.
 - 5. Offenders/inmates are required to notify health services of any medical care provided off-site. Offenders/inmates are to use the DOH contracted hospital and/or contracted clinic assigned to the facility where they are housed.
- D. If a work release inmate is not able to pay a medical obligation in full, an on-going medical obligation, or a medical obligation as a result of an acute (not on-going) issue, he/she will apply all funds in their commissary, savings and work release accounts as well as any other amount over \$500 in their frozen account towards the medical obligation. This process will typically occur one time (See DOC policy DOC 1.5.A.5 *Work Release*).
 - 1. If a work release inmate has a medical obligation that is a result of a separate subsequent acute issue they cannot pay, the warden shall have the discretion to authorize a subsequent sweep of the inmate's commissary, savings and work release accounts as well as any amount over the \$750 in the inmate's frozen account.

- 2. After the one time occurrence of sweeping the aforementioned accounts, work release inmates will make a minimum of twenty dollars (\$20.00) per month payment towards the obligation. The remaining amount will be added to the inmates IFR as cost incurred.
- E. An inmate approved for work release but who is not employed in a work release job at the time health care service is provided will be will be treated pursuant to Section 1 of this policy and subject to the medical co-pay.

3. Billing and Payment for Health Care Services:

- A. When a health care service has been provided to a non-work release inmate, the health care provider will enter the encounter (service) to indicate the service is billable to the inmate or have the inmate complete a commissary slip. Commissary slips will be submitted to the business office on a daily basis. If an encounter is entered by medical, it will automatically deduct the corresponding value of the encounter per sections 1. B. or 2. B. above. If the offender does not have funds in his/her spend account, a credit obligation will be applied to the offender's spend subaccount.
 - 1. The commissary slip or other written documentation will include the following information:
 - a. Inmate's full name;
 - b. Inmate's DOC identification number;
 - c. Inmate's housing unit;
 - Signature of the inmate (make note directly on the slip if the inmate refuses to sign the commissary slip). The amount charged for the service will be deducted from the inmate's account);
 - e. The service that is billable to the inmate, including nursing sick call, non-scheduled care by health services staff, review of medical records, care provided for a self-harm incident, dentist/hygienist, optometrist, any health care service initiated by the inmate, or other and will be deducted from the inmate's account.
 - f. Signature of the health care provider.
 - 2. The commissary slip or other written documentation will be completed by DOH staff no later than the next working day following when the service was provided to the inmate/offender and forwarded to the DOC business office for deduction from the inmate's spend subaccount (See DOC policy 1.2.E.1 *Inmate Commissary*).
 - a. All deductions contained on the commissary slip or other written documentation submitted will be made from the inmate's spend subaccount.
 - b. The account may show a credit obligation as a result of the deduction of the medical co-pay.
- B. If a service has been provided to an employed work release inmate, it is the inmate's responsibility to ensure any charges not covered by worker's compensation or insurance are paid in full.
 - 1. DOH staff will enter the encounter for the applicable services provided and the inmate's spend subaccount will be charged accordingly.

- 2. If an inmate wishes to pay residual health service costs from his/her spend subaccount, he/she will submit a signed commissary slip, a copy of the invoice and a stamped envelope addressed to the health care provider to his/her unit staff.
 - a. Unit staff will review the commissary slip and invoice copy and, if appropriate, forward the commissary slip, invoice copy and envelope to the DOC business office.
 - b. The business office will process the payment for the health service cost; however, an inmate may not cause his/her balance to show a credit obligation for such payment.
- C. The business office will make all appropriate deductions for health care services provided they are not covered by encounters entered by DOH staff.
- D. If an inmate/offender disagrees with amounts due or medical services received, they may seek a review through the Administrative Remedy Procedure (See DOC policy 1.3.E.2 Administrative Remedy for Inmates and DOH P-A-11 Grievance Mechanism for Health Complaints).
- E. DOH staff shall be responsible for completing and applying any refunds for medical services and notify the Business office if refunds are granted.

V Related Directives:

SDCL § 24-8-1, 24-2-28

DOC policy 1.1.B.2 – Inmate Accounts and Financial Responsibility DOC policy 1.3.E.2 – Administrative Remedy for Inmates DOC policy 1.5.A.5 – Work Release DOC policy 1.5.G.2 – Community Transition Program DOH policy P-A-01 – Access to Care DOH policy P-E-08 -- Emergency Services 2010 DOH policy P-C-06A – Medical Expenses-Work Release DOH policy P-C-06B – Inmate Medical Co-Pay

DOH policy P-C 06C – Work Release-Medical Care

DOH policy P-E-07 -- Non-Emergency Health Care Requests and Services

DOH policy P-A-11 – Grievance Mechanism for Health Complaints 2010

VI Revision Log:

December 2002: Raised amount of co-pay from \$2 to \$5

June 2003: Added number 9 to services that do not require co-payments. Added reference to policies 1.1.B.2, and 1.3.E.2. **Combined** sections on Administrative Remedy and funds collected.

February 2004: Revised the policy statement. Added a section on Workman's Compensation claims for Work Release inmates. Added a reference to the Work Release Policy. Added a separate list of services charged to Work Release inmates. Revised for former sections on Billing for Co-Payments, Inmate Institutional Account and Other Co-Payment Guidelines into a new section entitled Billing and Payment for Health Care Services. Added reference to DOH policies PA 01, PC 06A and PC 06B.

October 2004: Added requirement that co-pay is required when inmates view medical/mental health records. Deleted references to the Documentation of Health Care Services form and the related attachment. Revised attachment 1.

<u>September 2005</u>: Updated references to DOH policies. Added a reference to the Community Transition Program. **Replaced** infirmary care with chronic care. **Deleted** medical co-pay for work release inmates for the psychiatrist. Added medical co-pay for X-ray on work release inmates. **Clarified** how money collected from the medical co-payments will be used by the DOC.

December 2006: Revised the procedures for work release inmates making payments on their medical obligations. Revised attachment 1. Added exams initiated as a result of an assault to services that are not

charged a medical co-pay.

<u>October 2007:</u> Added "other written documentation" for those DOH employees who do not use a commissary slip to track the inmate medical co-pay.

<u>September 2008:</u> Revised formatting of policy and attachment in accordance with DOC policy 1.1.A.2. Added DOC policy in section V. Replaced "commissary spending" to "spend" account throughout policy. Revised other grammatical and wording throughout policy.

<u>September 2009:</u> Added DOH policy P-C-06C within ss (A) and replaced \$15 with \$10 in ss (B) both within Services and Fees For Work Release Inmates Housed at a DOC Facility. Added P-C-06C to section V. Added hyperlinks.

September 2010: Revised formatting of Section 1. Deleted statement regarding inmates not having funds in their institutional account within Policy statement. Replaced "Workman's" with "Worker's Compensation. Revised \$5 to \$2 in ss (B1 and B4) and revised Note to include assessments and care for self-harm and deleted mental health within the same Note, revised wording within ss (C1), revised numbering within ss (C) through combining, deleted former ss (C7 and C8) regarding chronic care and sick call visits for food service workers and **revised** former ss (C10) referencing 24 hours from injury to reference injuries that are an emergency all within (Services and Fees For Non-Work Release Inmates). Revised \$5 to \$2 in ss (B1) regarding sick call, revised \$10 to \$20 in ss (B5) regarding x-rays, revised full cost of lab work to \$20 in ss (B7) and replaced forward with forfeit in ss (D) all within (Services and Fees For Work Release Inmates Housed at a DOC Facility. Deleted reference to doctor within ss (A1e), replaced employer with workers compensation or insurance in ss (B) and deleted reference of DHS from ss (B1) all within (Billing and Payment for Health Care Services). Revised co-pays to be consistent with policy, replaced forward with forfeit regarding inmate funds and replaced "workman's" with "worker's" compensation all within Attachment 1. October 2011: Added "off-site facilities or providers" to Policy section. Added Definition of "Work Release" and "Emergency" and "Emergency Care". Added "/billed" to Section 1 B. Added "initiated by the inmate" to Section 1 B. 1. Added "non-scheduled care" "and care provided when medical staff determine an inmate's medical emergency was not an emergency") to the "Note" in Section 1. B. 4. Added "/billed" to Section 1 C. Deleted "screenings" and Replaced with "services" in Section 1 C. 4. Added "as determined by medical staff" to Section 1 C. 7. Added 10. "Chronic Care Clinic, except for Work Release Inmates" to Section 1 C. 10. Added 11. "Infirmary care" to Section 1 C. Added (service fee is for each visit) to Section 2. B. Added 9. to Section 2 B. Added "and/" to Section 2 C. 2. Deleted "or requires health care services" from Section 2 C. 3. Added "an on-going medical obligation or a medical obligation as a result of an acute (not on-going) issue, and "apply" and "This process will typically occur one time" to Section 2 D. Added 1. to Section 2 D. Deleted "The" and Replaced with "After the one time occurrence of sweeping the aforementioned accounts" and Deleted "must also agree in writing to submit a minimum payment of twenty (\$20.00) dollars every month towards the residual amount" and **Replaced** with "will make a minimum of twenty (\$20.00) dollars per month payment towards the obligation. The remaining amount will be added to the inmate's IFR as cost incurred" to Section 2 d. 2. Added "nursing" "non-scheduled care by health services staff, review of medical records, care provided for self-harm" "/hygienist" Deleted "eve doctor" and Replaced with "optometrist, any health care service initiated by the inmate" to Section 3. A. e. Deleted "filled out" and Replaced with "completed" in Section 3. A. 2. Added "(or note by staff stating the inmate refused to sign) in Section B. 1. A. Added "while at their community job or during the performance of their job duties" and October 2012: Deleted "immediately so the employer can assist in the payment of the related claims" and Replaced with "regarding the injury and/or health care service received" in Section 2 B. 3. Added 4. and 5. to Section 2 C. Deleted "Once the" and Replaced with "When a heath care service" and Added "documenting the service provided is required" in Section 3 A. Deleted "by health services the end of the health service staff person's shift and will be" and **Replaced** with "by Department of Health staff no later than the next working day following when the service was provided to the inmate/offender" in Section 3 A. 2. Added "and/or written documentation" in Section 3 B. 1. a. Deleted b. "After the written documentation has been completed, it will be forwarded to the appropriate business office for processing" in Section 3 B. 1.

February 2013: Deleted definition of "Inmate Institutional Account", "Health Services Nurse" and "Sick Call" **Added** "The charge will be billed through medical services and automatically deducted or a commissary slip must be completed by the inmate with the same procedure required of non-work release inmates outlined in Section 3 A. 1. If the inmate does not have funds in his/her work release expense account, a credit obligation will be applied to the inmate's account" to Section 2 A. **Added** "or have the inmate complete a commissary slip. Commissary slips will be submitted to the business office on a daily basis. If an encounter is entered by medical, it will automatically deduct the corresponding value of the encounter per sections 1. B. or 2. B. above. If the offender does not have funds in his/her spend account, a credit obligation will be applied to the offender's account" in Section 3 A. **Deleted** "a commissary slip or other written documentation documenting the service provided is required" and **Deleted** c. "The funds collected from the medical co-payments will be deposited into a local endowment fund and used to buy medical equipment and to pay other expenses related to the care of inmates" all in Section 3. A. 2. **Deleted** a. "After being signed by the inmate (or noted by staff stated the inmate refused to sign), the commissary slip and/or written documentation will be forwarded to the appropriate business office for processing" in Section 3 B. **Deleted** "run his/her balance into the negative" and **Replaced** with "cause his/her balance to show a credit obligation" in Section 3 B. 2. b. **Added** "provided they are not covered by encounters entered by DOH staff" in Section 3 C. **Added** E. to Section 3.

Denny Kaemingk (original signature on file)	04/10/2013
Denny Kaemingk, Secretary of Corrections	Date

Attachment 1: Medical Expenses for Work Release Inmates

The *Medical Expenses for Work Release Inmates* form is located on the state's WAN.

A copy may be printed using *Microsoft Word* as follows:

- 1. Click here to access the *Medical Expenses for Work Release Inmates* by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2. Or Select *File/New* from the Menu Bar / Select the *DOC* tab / Select *Medical Expenses for Work Release Inmates.*

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections		Attachment: Medical Expenses for Work Release Inmates			
Policy Distribution: Public		Please refer to DOC policy 1.4.E.10 Inmate Medical Co-Pay			
MEDICAL EXPENSES FOR WORK RELEASE INMATES					
MEDICA		NSES FOR WORK RELEASE INMATES			
Dear Work Release Inmat	Dear Work Release Inmate:				
		South Dakota Department of Health policy for in mates			
		tus who are currently working and indur medical, dental, her related expenses while incarcerated.			
		Department of Corrections and in cooperation with the South ctional Health Services that work release inmates are			
		xpenses that may incur for medical, dental or optometry			
treatment.	in or all ex	spended that may not not medical, dental of opomenty			
		minimum custody unit will need to access health care through			
the Correctional Health Se	ervices kite	e system. The cost for medical co-payment is as follows:			
Nurse Sick Call:	\$2.00				
Physician or PA:	\$10.00 *	Includes Chronic Care Clinic			
Dentist or Hyglenist:	\$10.00				
Opto me trist:	\$10.00				
X-ray:	\$20.00				
Prescription Medication:	Full cost	of medication set by local pharmacy			
Laboratory Service:	\$20.00	, , , , , , , , , , , , , , , , , , , ,			
Outside Referrals:	Full cost	of service set by the facility (Prior Approval required)			
If you are not able to pay a	a medical	obligation in full, you will be required to forfeit all funds in your			
		ase accounts, as well as any amount over \$500 in your frozen tion. Any residual amount from the medical obligation will be			
		te account. You must also agree in writing to submit a			
		nth towards the residual amount.			
		be the responsibility of the Inmate and the employer. You			
may have health or dental insurance through your employer who can assist you in payment of these expenses. If you sustain an injury while on work release, contact your employer					
Immediately. Worker's Compensation should be responsible for work-related injuries and the					
expenses incurred.					
Please sign below acknowledging that you have been advised of this policy and understand it.					
The undersigned has read and understands the above stated policy:					
Inmate Name:		Inmate Number:			
Inmate Signature:		Date:			
Revised: 9/29/2010		Pagen or 1			