



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE</p>		POLICY NUMBER	PAGE NUMBER
		700-30	Page 1 of 5
		DISTRIBUTION:	Public
		SUBJECT:	Clinical Services Copayment Program
RELATED STANDARDS:	ACA 5-ACI: 6A-01(M), 6A-02	EFFECTIVE DATE:	11/01/2023
		SUPERSESSION:	10/23/2019
DESCRIPTION: Clinical Services	REVIEW MONTH: September	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to provide necessary medical, dental, and behavioral healthcare to offenders. *Medical care is not denied based on an offender's ability to pay [ACA 5-ACI-6A-01 (M)].*

II. PURPOSE

The purpose of this policy is to provide guidelines for the implementation and administration of offender clinical services co-pay fees.

III. DEFINITIONS

Claim:

Information submitted by a provider to establish medical services was provided to a person, from which processing for payment to the provider is made.

Clinical Services:

Medical, dental, optometry, and behavioral health services such as lab, x-ray, medications, or other health-related services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.

Copayment (Co-pay):

A specified dollar amount or fee charged to an offender for health care or other clinical services.

Emergency Care:

Care of an acute illness or unexpected healthcare need that cannot be deferred until the next scheduled sick call.

Exclusions:

Specific clinical services, supplies, sicknesses, or injuries that are not covered by insurance or other coverage.

Sick Call:

A system through which an offender may report a non-emergent health-related concern and receive appropriate medical services for health-related needs.

IV. PROCEDURES

1. General Information:

	SUBJECT	DOC POLICY	Page 2 of 5
Clinical Services	Clinical Services Copayment Program	700-30	Effective: 11/01/2023

A. *All offenders are advised, in writing, at the time of admission to the facility of the guidelines of the copayment program [ACA 5-ACI-6A-02].* This is outlined in the Offender Living Guide, which is reviewed with all offenders at the time of admission to an SD DOC facility and is available to all offenders electronically via kiosk or tablet.

B. Clinical Services Requests:

1. Offenders in need of healthcare services will initiate care by submitting a kite to the designated department.
2. Upon receipt of a request for healthcare services from an offender, designated clinical services employees or medical contract workers at each facility clinic will review the offender-initiated request for healthcare.
3. Based upon the healthcare needs of the offender requesting the appointment, clinical services employees or medical contract workers will schedule a time for the offender to be seen by a healthcare professional based on a triage system.
4. Per the facility's notification process, the custody/control staff will notify the offender when to report to the designated clinic for the requested appointment.
5. Offenders may be ordered to pay specified costs for health-related services, claims, or equipment that are the result of actions of the offender, e.g., assault upon another, as ordered by a DOC authority, court, or as required by law.
6. Healthcare professionals are required to verify the disability status of the offender and the clinical issue presented prior to charging for the services rendered.
7. Offenders are generally not charged a copayment for the treatment of work-related injuries occurring at the facility. A charge may be applied until it is confirmed that the injury was at no fault of the offender. The charge will remain if there is reasonable belief or documentation showing the injury was caused by willful, reckless behavior, or the offender's actions contributing to the injury were contrary to staff directives, posted safety protocols, policy, or rules.
8. Victims will not be charged a copay for services provided as a result of a sexual assault. Offenders who are found to have made an intentionally false claim of sexual abuse which results in medical costs/fees, may be assessed the respective medical cost for services received.
9. Offenders convicted of or upon entering a plea of guilt, in association with the sexual or physical assault on another individual, may be assessed the respective medical cost for services received by both the assailant and the victim.
10. Offenders assigned to work internships will be charged the standard copay rates and not the 'work release copay' rates.
11. *Copayment fees shall be waived when appointments or services, including follow-up appointments, are initiated by clinical services staff [ACA 5-ACI-6A-02].*

2. Offender Clinical Services Copayments:

A. All offenders will be charged medical a clinical services copayment fees, as follows:

\$3.00	All nursing sick calls initiated by the offender. Behavioral health sick calls initiated by the offender for non-counseling requests (i.e., med adjustment). Non-scheduled care -including self-declared emergencies that do not require transport outside the facility. Injuries that arise from participation in voluntary recreational activity. Care provided for self-harm/self-inflicted injury. Dentist or dental hygiene appointments. Optometrist. Clinical Services No-Show for a scheduled appointment
Replacement Value	Basic healthcare appliance replacement: Any lost or damaged healthcare appliances, including but not limited to prescription glasses, joint support sleeves, and joint support braces.

	SUBJECT	DOC POLICY	Page 3 of 5
Clinical Services	Clinical Services Copayment Program	700-30	Effective: 11/01/2023

Replacement Value	EXOS brace that is lost or damaged.
Replacement Value	Advanced healthcare appliances replacement: Any lost or damaged healthcare appliances including but not limited to hearing aids, cochlear processors, dentures, prosthetic devices, CPAP/BiPAP machines, oxygen concentrators, or other such devices/appliances.

- B. A clinical services co-pay fee will NOT be charged for the following: (non-work release offenders):
1. Intake health examinations or screenings.
 - a. Sick calls or medical issues identified at intake.
 2. Routine treatment orders, including but not limited to finger stick glucose monitoring, blood pressure checks, respiratory treatments, wound care and/or dressing changes, medication administration, or any other routine treatment orders written by a health care practitioner that are necessary to maintain an offender's health.
 3. External specialty health care services to include referrals to specialists/sub-specialists.
 4. DOC initiated health measures necessary to prevent the spread of infectious or contagious diseases.
 5. Lab work and x-rays.
 6. Medical and dental emergencies that result in hospital admission.
 7. Chronic care clinic appointments.
 8. Medical housing unit admission.
 9. Dialysis treatments.
 10. Hospice and/or end-of-life care.
 11. Health-related educational sessions.
 12. Behavioral health services related to crisis, counseling, programming, or treatment.
 13. Pregnancy-related visits.
 14. Sexual assault examinations, including mental/behavioral health services necessary to treat the offender.
 15. Screening completed to determine an offender's disability status, pursuant to the Americans with Disabilities Act (ADA).

3. Copayments for Work Release Offenders:

- A. If a work release offender has access to health insurance through their employer, the offender is responsible for obtaining the insurance, the insurance premium, and the copayment for services. DOC will be responsible for costs not covered by the insurance plan.
- B. Offenders who are responsible for the insurance copayment and deductible will not be assessed the copay by clinical services for services that are billed through their private insurance.
- C. If a work release offender is scheduled for and notified of an appointment in the community and the offender feels that he/she cannot attend that appointment, a twenty-four (24) hour notice to clinical services is required. If proper notice is not received, the offender will still be charged for that appointment.
 1. All off-site appointments will be reviewed, and approval will be determined by the chief medical officer (CMO) prior to attending.
 2. In the event of an off-site workplace injury that is covered by Workers' Compensation, the offender will be responsible for accessing their own health care, medications, and providing payment for those services.
 - a. Clinical services must be notified and will assist with continuity of care.
 - b. Work release offenders that sustain an injury while on work release, should contact their employer immediately.
 - c. The work release employers Workers' Compensation will be responsible for work-related injuries and the expenses incurred. When charging for onsite clinical services provided as a result of a work-related injury, a copay fee will be sent to the onsite business office, noting its relation to a Worker's Compensation event.
 3. Pursuant to DOC policy 1000-01 – *Work Release*, offender co-pays will be charged as follows:

	SUBJECT	DOC POLICY	Page 4 of 5
Clinical Services	Clinical Services Copayment Program	700-30	Effective: 11/01/2023

\$3.00	All nursing sick calls initiated by offenders. Behavioral health sick calls-non counseling. Non-scheduled care by clinical services staff. Review of medical records. Care provided for self-harm.
\$3.00	Physician or advanced practice provider. Dentist or hygienist. Optometrist. Chronic care clinic visits.
Replacement Value	Any lost or damaged healthcare appliances, including prescription glasses.
\$3.00	Lab studies, per date of service. X-rays, per date of service.
Replacement Value	EXOS brace that is lost or damaged.
\$30.00	Medication, \$1.00 per prescription up to \$30 per month. If two different doses are required to make up one prescription, only one charge will apply. \$0.00 for chronic care medications. \$0.00 for mental health medications.
\$10.00	Emergent care, per emergent visit, to include ancillary fees and ambulance services if necessary.

4. Copayment Fees and Claims Billing:

- A. Copayment fees assessed to offenders will be documented by clinical services staff and turned in to the respective business office. The corresponding amount will be deducted from the offender's account or create an obligation if the offender is indigent.
- B. Claims for medical services provided to an offender by an outside provider may be submitted directly to the DOC for processing. Bills received for service sent directly to the offender should be forwarded to unit staff for processing.
- C. Prior approval is required for any federal offender considered for an outside consult, labs, issuance of medical equipment, orthopedic devices, or dental procedures. Medications shall be ordered from the designated pharmacy.
- D. Offenders may be held liable for all, or a portion of any medical services claim not eligible for payment by the DOC (exclusions or receipt of services which were not PRIOR approved by the CMO).
- E. Offenders with grievances related to clinical services or copayments assessed must utilize the grievance procedure pursuant to DOC policy 500-04 – *Grievance Procedures*.

5. Request for Copay Charge Refund:

- A. If an offender believes they were charged incorrectly for a clinical service, they may submit a kite to the health services administrator (HSA) to request a refund of the copay charge within thirty (30) days of the charge.
- B. To request a refund, the offender will submit a kite request to the HSA. The kite will clearly state that the offender is requesting the review of a co-pay charge, listing specific details such as the date and reason for the refund request.
- C. Upon receipt of the kite, the HSA will process the dispute of charge within five (5) business days.

	SUBJECT	DOC POLICY	Page 5 of 5
Clinical Services	Clinical Services Copayment Program	700-30	Effective: 11/01/2023

- D. The HSA will document the decision in the electronic health record and provide the decision to the offender in writing through medical correspondence.
- E. Only the HSA or above is authorized to submit a copay refund to Offender Accounts.
- F. If an offender does not agree with the decision of the HSA, they may file a grievance according to DOC policy 500-04 – *Grievance Procedures*.

V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

None.

VII. HISTORY

September 2023 (Renumbered from 1.4.H.10)
September 2019
September 2018
March 2018
September 2016
September 2015
September 2014
February 2013
October 2012
October 2011
September 2010

ATTACHMENTS *(*Indicates document opens externally)*

1. DOC Implementation / Adjustment