	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 30 2010	POLICY NO.: COR.10.1A.13
		SUPERSEDES (Policy No. & Date): COR.10.1A.13 (10/09/07)	
SUBJECT: INMATE MEDICAL CO-PAYMENT		Page 1 of 4	

1.0 PURPOSE

The purpose of this policy is to provide guidelines and an organized process for inmate co-payments of certain medical services.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, Position Statement, (2003).

.2 Definitions

- a. Co-payment: A nominal amount paid by an individual for certain health care services.
- b. Indigent: An inmate with less than ten dollars (\$10.00) of income in his or her spendable or restricted accounts.
- c. Episode of care: From the beginning of treatment for a particular injury or illness until there is no longer any required follow-up care as determined by the health care provider.
- d. Infirmiry: A designated area within a facility that is expressly set up and operated for the purpose of caring for patients who do not need hospitalization, but whose care cannot be managed safely in the general population setting.
- e. Retrospective Billing System: This is not an accounting method. The terminology describes a system that charges the patient for medical services after the service is rendered to ensure access to health care.

3.0 POLICY

- .1 Inmates shall not be denied access to health care or necessary medical treatment because of their inability to pay the co-payment fee.
- .2 There shall be a retrospective billing system for medical services rendered.

4.0 PROCEDURES

- .1 Within twenty-four (24) hours of admission inmates shall be given written information about their responsibility to the medical co-payment plan; the self-purchase/self-

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administration over-the-counter medication program, prosthetic purchases and other information regarding health care services.

- .2 During the time of the fourteen (14) day physical, the inmate shall review and sign an agreement informing him or her of the medical co-payment for inmate initiated services, and the inmate's responsibility regarding other medical services, on Form DOC 0459, Medical Co-Payments, Over-The-Counter Medications, Prosthetics Purchase Agreement (Attachment A).
- .3 There shall be a co-payment charge of three dollars (\$3.00) per visit for identified medical and dental services requested by the inmate. There will be no charge for a return to clinic if ordered by the physician for an episode of care requested by the inmate. Subsequent visits related to the initial request shall include a co-payment if not initiated or scheduled by a health care provider.
- .4 Assigned medical staff shall total the co-payment cost of services and provide it to each inmate on request. Form DOC 0414, Co-Payment Cost For Medical Services (Attachment B) shall be submitted to the facility fiscal office every Monday. On holidays that fall on a Monday, the forms should be submitted to the facility fiscal office on the Friday preceding the Monday holiday.
- .5 For infirmary services related to inmate elective medical procedures, the inmate shall pay the full cost of the infirmary stay per day. Infirmary cost shall be estimated using per day cost of semi-private rooms in a community hospital (e.g. Hilo Hospital, Maui Memorial, Leahi Hospital). The inmate will pay the full cost of any medications or medical supplies that by necessity are prescribed by the health care provider. The inmate must have sufficient funds to cover the estimated cost of the infirmary stay prior to the elected procedure. The charges shall be totaled and submitted to the facility fiscal office on the day of discharge. To calculate the infirmary length of stay, the date of admission shall not be counted and the date of discharge shall be counted. An admission and release on the same day is counted as one day.
- .6 The co-payment charge shall be deducted from the inmate's account at the time the charges are filed provided there is a balance of over ten dollars (\$10.00) in the account. If there is more than ten dollars in the account but less than the total co-payment amount owed by the inmate, the difference shall be deducted from the account.
- .7 If an inmate is indigent at the time the charge is posted, the facility fiscal officer shall so indicate on DOC Form 0414 and return the form to the Health Care Section. The inmates debt will be resubmitted with the next batch of names on the following Monday and so forth.
- .8 If an inmate disputes a bill relating to the medical co-payment, he or she may request a review of the medical co-payment bill and his or her account record. If the review fails to resolve the error, the inmate may grieve items still in dispute.
- .9 The facility fiscal office shall submit to the Director through the chain-of-command, with a copy to the facility nurse manager, the annual amount of funds recovered by the facility through the inmate co-payment plan for the calendar year.
- .10 The following services are exempt from the medical co-payment fee:

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- a. Medical, mental health, and dental admission screenings, examinations, and diagnostic tests required by law, regulations, out-of-court settlements, the Department or the National Commission on Correctional Health Care standards for jails and prisons.
- b. Inmates requesting Mental Health services.
- c. Mental health referrals by medical staff or correctional employees.
- d. Inmate requested diagnostic testing for suspected sexually transmitted diseases, HIV/AIDS, tuberculosis, or hepatitis.
- e. Clinic visits to assess or clear an inmate for transfer, assignment to programs, work assignments, treatment facilities, or therapeutic communities.
- f. Physician ordered infirmary admissions.
- g. Industrial injuries.
- h. Visits scheduled at the request of a health care provider. These visits may include, but are not limited to:
 - 1. Diagnosis, treatment and care of communicable diseases;
 - 2. Diagnosis, treatment and care of chronic illnesses, including regularly scheduled clinics or workshops for chronic disease management;
 - 3. Dietetic consultations for chronic disease management;
 - 4. Pre- and post-natal care and examination.

.11 Inmates shall be charged a co-payment for the following services:

- a. Inmate requested medical and dental treatment;
- b. Inmate requests for a dietetic consultation not related to a medical condition or a chronic disease.

.12 Special needs inmates with mental health disabilities or disorders that interfere with the ability to carry our normal activities are exempt from the co-payment plan. This includes, but is not limited to, instances of self-mutilation, suicide attempts or inmates in special holding or therapeutic housing units.

Inmates are required to pay the co-payment fee when treated for self-induced injury. This includes, but is not limited to:

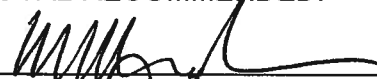

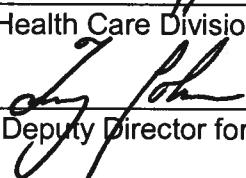
- a. Instigated fights with other inmates or staff, or deliberately punching, kicking, hitting, banging, etc., movable or immovable objects;
- b. Recreational injuries.

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5.0 SCOPE

This policy and procedure applies to all Correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

 _____ Medical Director	3/22/10 Date
 _____ Health Care Division Administrator	3/22/10 Date
 _____ Deputy Director for Corrections	3/30/10 Date

APPROVED:

 _____ Director	
3/30/10 _____ Date	

DEPARTMENT OF PUBLIC SAFETY

INMATE MEDICAL CO-PAYMENT, PROSTHETICS, AND OVER-THE-COUNTER
MEDICATION PURCHASES AGREEMENT

Facility _____

Date: _____

1. Did you receive a pamphlet at intake that describes the Department's medical services for inmates? YES NO
2. If you answered no to question number one, have you been issued a pamphlet by the nurse during this interview? YES NO N/A
3. Have you been informed by the nurse about inmate medical co-payments? YES NO
4. Have you been informed by the nurse about inmate prosthetic purchases? YES NO
5. Have you been informed by the nurse about over-the-counter medication purchases from the commissary (inmate store)? YES NO

By signing this form, you are agreeing that you have been informed of the inmate medical co-payment plan and your responsibility to pay a three-dollar (\$3.00) co-payment fee when you seek non-emergency medical treatment. Treatment for communicable diseases, chronic diseases, emergency treatment, and medical screenings are exempt from the inmate medical co-payment. By signing this form you are also agreeing that you have been informed about purchasing prosthetics and over-the-counter medications.

Print Name of Inmate

Name and Title of Health Care Staff

Inmate's Signature

Staff Signature

Date

Date

Original: Medical Record (Consent Index)
Canary: Inmate's Copy

