



Operating Procedure

Effective Date October 1, 2014	Number 720.4
Amended 9/11/14	Operating Level Department
Supersedes Operating Procedure 720.4 (9/1/11)	
Authority COV §53.1-32	
Subject CO-PAYMENT FOR HEALTH CARE SERVICES	
ACA/PREA Standards 4-4345; 4-ACRS-7D-32; 4-ACRS-7D-33, §115.82, §115.83, §115.282, §115.283	
Incarcerated Offender Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	FOIA Exempt Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #2 No <input type="checkbox"/>
Office of Primary Responsibility Health Services Director	

I. PURPOSE

This operating procedure provides for an offender co-payment program for health care services in Department of Corrections facilities. No offender will be denied access to necessary health care because of lack of funds to cover the co-payment fee.

II. COMPLIANCE

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Chronic Care - Health care provided to offenders over a long period of time; health care services provided to offenders with long-term health conditions or illnesses (asthma, diabetes, cardiac, hypertension, seizure, mental health, and human immunodeficiency virus (HIV)); care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition. (changed 9/11/14)

Co-payment - The fee paid by the offender for health care service, treatment, medication, prosthesis or orthotic

Emergency - Any urgent condition perceived by the Health Authority, responsible physician, or dentist as requiring immediate medical or surgical evaluation or treatment

Follow-up - An appointment scheduled by medical or dental staff for the purpose of assessing the effectiveness of previous treatment

Medically Necessary Care - Care that is determined by the DOC to:

- Be consistent with applicable DOC policies and procedures
- Be ordered by an authorized health care provider
- Be required to prevent significant deterioration in the offender's health or permanent functional impairment if not rendered during the time of incarceration
- Be considered non-experimental and possessing medically recognized professional documentation of efficacy
- Be administered for reasons other than the convenience of the offender or the health care provider
- Generally be similar to the services provided by Department Of Medical Assistance Services/Medicaid

Non-Prescription Medication - Medication which the offender can purchase from the facility's commissary or can be provided by nursing staff from Medical and Nursing Guidelines

Off-Site Medical Care - Care that requires the offender to be transported outside the security perimeter of the current assigned facility

Prosthesis/Orthotic - An artificial device to replace a missing body part or to compensate for a defective body function, including, but not limited to:

- Artificial limbs
- Eyeglasses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.

IV. PROCEDURE

A. Applicability

1. This operating procedure applies to all offenders at any facility operated by or for the Virginia Department of Corrections, including those with contracted health care services and any privately operated prisons contracting with the Virginia Department of Corrections.
2. Out-of-state offenders in DOC facilities, including Interstate Compact offenders, are subject to the same co-pay requirements as Virginia offenders. An exception may be made for a prosthetic device that has been pre-approved by the sending state and the sending state pays the entire cost of the prosthetic device.

B. Offender Notification of the Co-Payment Program for Health Care Services

1. During initial orientation to the DOC, each new offender shall be informed of the offender co-payment program for health care services in DOC facilities and given the *Health Services Co-Payment; Offender Notice* (see Attachment 2) or *Health Services Co-Payment; Offender Notice, Spanish* (see Attachment 2S).
 - a. The offender should be required to sign the [Health Care Services Orientation](#) 720_F16 acknowledging understanding of the co-pay program. (see Operating Procedure 720.1, *Access to Health Services*)
 - b. One witness should confirm the offender signature; if the offender refuses to sign, refusal should be noted on the form and confirmed by two witness signatures. (4-4345)
2. The offender should retain the *Health Services Co-Payment; Offender Notice* for future reference.
3. At each new assignment, regardless of custody status or housing assignment, offenders shall be informed how to access the health care (medical, dental, emergency) system at that facility.
 - a. The offender co-pay system should also be reviewed with the offender and documented by signature on a [Health Care Services Orientation](#) 720_F16.
 - b. No offender will be denied access to necessary health care because of lack of funds to cover the co-payment fee. (4-4345)
4. Any changes in co-payment fees or services and items subject to co-pay will be made by revision or change to this operating procedure. Offenders will be notified of changes at least 30 days in advance of the effective date by memo posted on offender bulletin boards.
5. This operating procedure and any changes to it shall be available for offender access and review.

C. Health Care Services Subject to Co-Payment - Offenders will be assessed a co-payment for health care services as follows, unless specifically exempted from a co-payment charge per the exemptions listed in the *Health Care Services Exempt from Co-Payment Charges* section of this operating procedure. (4-ACRS-7D-32; 4-ACRS-7D-33)

1. Five dollars for each offender initiated request for medical care, including pre-existing/recurrent conditions.
 - a. Sick call visits for pre-existing conditions are subject to co-pay unless they are scheduled follow-ups ordered by health care staff.
 - b. An offender will be limited to 3 complaints at each sick call visit.

2. Five dollars for non-offender initiated medical care services necessitated due to fights, self-inflicted injuries, sports injuries, or referrals by administration, security, or consultants in other health care disciplines. If treatment is not deemed medically necessary, then the exam required by administration or security for documentation reasons will not be subject to co-pay charges.
3. Five dollars for offender requested appointments with on-site specialists that are allowed without prior medical screening.
 - a. If the offender must access sick call to obtain this appointment, the offender should not be charged for both.
 - b. If an offender is referred to the minor surgery or procedure list by the ~~physician or mid-level~~ treating practitioner an additional copay fee of five dollars will be assessed. (changed 9/11/14)
4. Missed or refused specialist appointments, diagnostic procedures, and treatment procedures.
 - a. No co-pay charges apply if the failure to keep the appointment was not the fault of the offender as determined by the Health Authority
 - b. Five dollars for each missed or refused specialist appointment, including telemedicine
 - c. To reschedule the missed off-site specialist consultation (except HIV related appointments), the offender is required to submit a new request for medical services, and is to be assessed another five dollar co-pay charge for accessing the system at that time. (changed 9/11/14)
 - d. An offender's refusal of an off-site specialist appointment, diagnostic procedure, or treatment procedure shall be documented on a [Health Services Consent to Treatment; Refusal](#) 720_F3 (see Operating Procedure 720.1, *Access to Health Services*).
 - e. Transporting Officers shall document on an *Internal Incident Report* (see Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*) if, at any time after entering the vehicle for transportation to an off-site specialist appointment, diagnostic procedure, or treatment procedure, the offender refuses to allow completion of the procedure, the procedure could not be performed due to the offender's failure to follow documented pre-procedure instructions, or the offender's behavior becomes disruptive so that they must be removed from the medical facility.
 - i. Medical staff, on becoming aware that the scheduled procedure could not be performed due to offender's refusal, failure to follow pre-procedure instructions, or disruptive behavior, shall notify the offender's counselor to schedule the offender for a formal Institutional Classification Authority administrative hearing (see Operating Procedure 830.1, *Facility Classification Management*) to assess any relevant costs.
 - ii. The *Internal Incident Report* documenting the offender's actions shall serve as the Reporting Officer's testimony for the ICA hearing unless the ICA determines that the Transporting Officer should appear in person.
 - iii. The ICA should give consideration to the offender's reason for refusing the procedure. The offender should not be responsible for costs associated with the refused procedure if circumstances required the medical staff to significantly change the procedure from that previously explained to the offender.
 - iv. Before assessing cost for a procedure that could not be performed due to the offender not following pre-procedure instructions, the ICA should ensure that the instructions were fully explained to the offender and the offender willfully disobeyed the instructions.
 - v. If the ICA determines that the offender refused the planned procedure or exhibited disruptive behavior requiring removal from the medical facility without the procedure being performed, costs for transportation and any costs paid to the off-site medical providers shall be assessed as a co-pay charge to the offender.
 - (a) Transportation costs shall be calculated in accordance with Operating Procedure 851.2, *Bereavement Visits*. This cost should be calculated and available to the ICA at the time of the hearing.
 - (b) Costs paid to the off-site medical providers may not be known until reported to the DOC by the third party administrator.

- (c) Once the Facility Unit Head approves the ICA action, the facility Medical Department shall be notified to submit the co-pay charges for transportation costs and any costs levied by the off-site medical facility, doctors, etc. as the costs become known.
5. Two dollars for each “new” or “renewal” prescription for medications, unless the medication is exempt from co-payment. See the *Medications* section of this operating procedure for additional details regarding medications.
 6. The full acquisition cost of any prosthetic/orthotic device, not to exceed five hundred dollars per device.
 - a. The full replacement cost of any prosthetic/orthotic device lost, stolen, damaged, or destroyed while in the possession of the offender, including the cost of wheelchairs, crutches etc. loaned to the offender.
 - b. See the *Prostheses/Orthotics* Section of this operating procedure for additional details regarding prosthetics/orthotics.
 7. ~~X rays (on site or off site) are assessed a five dollar copay fee.~~ (changed 9/11/14)
 8. Co-payment for Dental Services will be assessed on a fee for service basis. See the *Dental Services* section of this operating procedure for details.
- D. Health Care Services Exempt from Co-Payment Charges - Offenders are not to be assessed a co-payment charge for the following services.
1. Initial assessments during the reception and classification process, classification physicals, and intra-system transfer evaluations.
 2. Emergency services as a result of life threatening illness or injuries as determined by the Health Authority
 3. Health care visits, chronic care clinics/visits, laboratory and diagnostic tests, EKG's, and immunizations initiated by on-site health care staff to comply with DOC procedures, guidelines, and ACA Standards. (4-4345) During such a visit, if the offender presents a problem unrelated to the purpose of the visit, the offender will be subject to a co-payment charge for addressing the new problem. (changed 9/11/14)
 4. Medical consults/tests which the offender is permitted per DOC Health Care Plan.
 5. Physician consults required to order renewal of exempt medications (see *Medications* section) or new medication/change of prescription because of verified allergy, ineffectiveness of medication, or a complication.
 6. Evaluation for self medication program
 7. Hospital and infirmary care associated with the reason for admission. Health care for conditions not related to reason for hospital or infirmary admission is subject to co-pay.
 8. Dental referrals made by the health care staff, including sick call requests in order to schedule a dental appointment, if that is the facility's system for accessing dental care.
 9. Exams required by administration or security for documentation reasons for which treatment is not found to be medically necessary
 10. Work/environmental condition related injury; verified in writing by worker's supervisor's report
 11. Mental Health Services provided to offenders
 12. Medications exempted per *Medications* section
 13. Consumable supplies which are not optional to care or treatment, such as catheters, bed pads, diabetic supplies, hearing aid batteries, CPAP supplies, etc.
 14. Emergency and ongoing medical and mental health treatment services and care provided to offender victims of sexual abuse while incarcerated regardless of whether the victim names the abuser or

cooperates with any investigation arising out of the incident. (§115.82[d], §115.83[g], §115.282[d], §115.283[g])

E. Medications

1. Other than exempt medications listed below, all offender specific new or renewal prescriptions will be assessed a co-payment charge of two dollars per prescription. Refills of medications that are authorized on a prescription are not to be assessed a co-payment charge.
2. Medications prescribed for the following purposes are exempt from the assessment of co-pay charges. Medication within an exempt therapeutic class prescribed for a non-exempt purpose will be assessed co-pay charges.
 - a. Anti-Infectives Oral
 - i. Antituberculars
 - ii. Antibiotics used for prophylaxis of bacterial endocarditis in pre-surgical or pre-dental procedures
 - b. Antiretrovirals
 - c. Antiparkinson Agents
 - d. Cardiovascular Agents
 - e. Anticonvulsants
 - f. Psychotropics
 - g. Endocrine Agents
 - i. Antidiabetic Agents
 - ii. Conjugated Estrogens
 - iii. Thyroid Medications
 - iv. Posterior Pituitary Hormones
 - h. Ophthalmic Preparations - Antiglaucoma Agents only
 - i. Respiratory Agents - Bronchodilators/Antiasthmatics only
3. A two dollar co-payment charge is to be assessed for new prescriptions that are required due to the destruction of the original supply of drugs, because of non-compliance, refusal of the medication, or failure to return the empty container.
4. Non-prescription medications should be purchased by the offender from the commissary when available.
5. Non-prescription medications ordered by a prescriber, not available in the commissary will be assessed a two dollar co-pay. The prescriber's order should indicate the amount to be ordered and when a new order is written there is another two dollar co-pay charge.
6. Non-prescription medications ordered by the nurse according to nursing guidelines are assessed a two dollar co-pay for each non-prescription medication.
 - a. If additional medication is needed, the nurse must refer the offender to the physician.
 - b. The physician visit is exempt from co-pay but offender must pay the co-pay charge for the medication.
7. Each facility should establish guidelines for providing non-prescription medications for offenders, who for whatever reason (e.g. indigent, commissary closed, etc.) do not have access to the medication. In order to be consistent and to allow for the various facility differences, the following guidelines should be considered:
 - a. Offenders should not have access to non-prescription medications from officers or nurses without co-pay charges.
 - b. When offenders pay five dollars for a sick call visit and a non-prescription medication is indicated, they should be issued a supply according to *Medical and Nursing Guidelines* and be

assessed a two dollar co-pay for each non-prescription medication.

- c. When the nurse is off-duty and must be contacted by phone, the five dollar co-pay charge will be applied and any non-prescription medications issued by the officer as instructed by the nurse will be assessed a two dollar co-pay for each non-prescription medication.

F. Prostheses/Orthotics

1. In accordance with Operating Procedure 750.3, *Prostheses*, prosthetic and orthotic devices, subject to co-pay, should be provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated. There must be enough remaining time before parole or discharge to schedule appointment(s), fabricate or purchase, and adjust the device.
2. All prostheses will be by order of a DOC physician, dentist, or optometrist. The DOC will determine the style, type, and manufacturer of the device. Security considerations may restrict the type and style of devices available at certain facilities.
3. The offender is to be charged the full acquisition cost, not to exceed five hundred dollars per device for items which meet DOC criteria as medically necessary.
 - a. Charges for Dental prostheses are covered under the *Dental Services* section of this operating procedure.
 - b. Once the offender agrees to the co-payment for a prosthesis or orthotic device, no refund will be available once fabrication has begun on a custom device or a standard device has been delivered to the offender.
4. Approved items requiring offender co-payment include, but are not limited to the following:
 - Eyeglasses
 - Contact lenses, only if medically necessary and eyeglasses cannot correct vision
 - Hearing aids, if the offender cannot hear normal conversation
 - Orthopedic shoes, if the feet are deformed
 - Artificial limbs, eyes
 - Medical braces, girdles, support bandages, or other personal items which support body functions and are authorized at the assigned facility
 - CPAP machine
5. Equipment which is loaned to an offender and is to be returned to the DOC when no longer needed, or when the offender is released from custody of the DOC, is not subject to assessment of a co-payment charge.
 - a. Any cost to repair such items as a result of neglect, destruction, or damage while in the offender's possession is subject to a charge of one hundred percent of the repair or replacement cost, not to exceed ~~three~~ five hundred dollars per device. (corrected 9/11/14)
 - b. Items of this nature include, but are not limited to:
 - Wheelchairs, canes, crutches, and walkers
 - Insulin pumps
 - CPAP machines

G. Dental Services

1. Offenders will be assessed a co-payment on a fee for service basis for both on-site and off-site dental treatment. Off-site treatment may be performed at another DOC Dental Clinic, State Hospital Dental Clinic, another State Agency, or private practice.
2. The following co-payment fees are applicable for services provided:
 - a. Two dollars for each examination, cleaning, periodontal treatment appointment, restoration, extraction, surgical removal of an impacted tooth, other minor surgery and adjunctive procedure such as occlusal adjustment, in-house denture repair/reline. There is no charge for necessary radiographies relating to the aforementioned procedures.
 - b. Root canals are charged based on the number of canals per tooth up to a maximum of three canals

per tooth. Co-payment is to be assessed at the rate of four dollars per canal, with a maximum charge of twelve dollars per tooth. There is no charge for radiographies associated with root canal treatment.

- c. The offender is to be charged the full acquisition cost, not to exceed five hundred dollars per device for dental prostheses. The offender must pay the full replacement cost of any prosthetic device lost, stolen, damaged, or destroyed while in the possession of the offender. (see Attachment 1 for costs of dental prostheses from Virginia Correctional Enterprises)
3. In accordance with Operating Procedure 720.6, *Dental Services*, and Operating Procedure 750.3, *Prostheses*, all dental prostheses should be ordered by a DOC dentist.
 - a. A dental prosthesis, subject to co-pay, should be provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated.
 - b. There must be sufficient remaining time before parole or discharge to allow for the estimated time to schedule appointment(s), fabricate or purchase, and adjust the device.

H. Assessment of Co-Payment

1. Whenever possible, the offender should be verbally advised when a co-payment is incurred.
2. Health care and dental personnel are responsible for completing the [Health Services Co-Payment Log 720_F4](#) for all charged health care services.
 - a. A separate *Health Services Co-Payment Log* should be maintained for Medical, Pill Room (optional), and Dental services.
 - b. Each *Log* will cover a twenty four-hour period.
 - c. The original *Log* will be taken to the Business Office by the morning of the second business day. Field units may send co-pay charges not less than once a week, if they are only scheduled for weekly posting of offender charges.
 - d. A copy of each *Log* will be maintained in the Medical or Dental Department for reference purposes in resolving offender questions and complaints.
 - e. A separate *Log* will be prepared for other facilities when medical or dental services are provided to offender(s) assigned to those sites. The *Log* will be sent with the offenders when they return to their home site.
 - f. At Community Corrections facilities, one *Health Services Co-Payment Log* may cover all Health Service co-payment activities for up to one week. The original *Log* will be submitted once per week as required by the Business Office.
3. The home facility is responsible for making appropriate co-pay charges when an offender is sent to another facility for health care services. The co-pay charges are based on the *Log* submitted by the treating facility and in accordance with this operating procedure.
4. Offenders will not be denied necessary health care treatment because of insufficient funds to cover the co-payment. (4-4345) Loans to cover co-pay charges and repayment of the loans shall be in accordance with Operating Procedure 802.2, *Offender Finances*, and the *Offender Trust Manual*. (4-ACRS-7D-32)
5. The Facility Unit Head may arrange for an offender to pay large co-pay bills (for a prosthetic device) on a monthly basis as long as:
 - a. The payment schedule has been prearranged.
 - b. The offender has sufficient remaining time to pay entire bill.
 - c. The payment is deducted each month before commissary charges are allowed.
 - d. In event of transfer, the bill follows the offender and the offender continues to pay on the bill as arranged.

I. Management of Offender Co-Pay Complaints

1. The offender is required to show proof of the claimed fee by either a loan notice, (where they are used), or the monthly spend sheet.
2. The date of the charges shown will be the date of entry by the Business Office. That date can then be compared with the *Health Services Co-Payment Log* copies kept in medical to determine the actual date on which the charge was made so that the offender's complaint regarding the charge can be appropriately addressed.
3. Refunds of co-payments due to improper charges should be accomplished and documented as follows:
 - a. The date the refund was authorized should be noted on the *Health Services Co-Payment Log* copy maintained in the Medical Department, (red is suggested).
 - b. Notice should be sent to the Business Office on a *Health Services Co-Payment Log* clearly marked as "Refund Only" (red is suggested). A copy of this *Log* should be kept in the Medical Department.
4. Offenders may access the *Offender Grievance Procedure* (Division of Operations) or submit a request to the Facility Unit Head (Division of Community Corrections facilities) if not satisfied with resolution of co-pay complaints directly with the Medical Department.

V. REFERENCES

Department of Corrections Offender Trust System, Policies and Procedures Manual

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 750.3, *Prostheses*

Operating Procedure 802.2, *Offender Finances*

Operating Procedure 830.1, *Facility Classification Management*

Operating Procedure 851.2, *Bereavement Visits*

VI. FORM CITATIONS

[*Health Services Consent to Treatment; Refusal*](#) 720_F3

[*Health Services Co-Payment Log*](#) 720_F4

[*Health Care Services Orientation*](#) 720_F16

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

Signature Copy on File

8/19/14

A. David Robinson, Chief of Corrections Operations

Date