



Virginia Department of Corrections

Health Services

Operating Procedure 720.4

Co-Payment for Health Care Services

Authority:

Directive 720, *Health Care Services*

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ACA/PREA Standards: 5-ACI-6A-02; 4-ACRS-3A-06, 4-ACRS-7D-32; 4-ACRS-7D-33; §115.82[d], §115.83[g], §115.282[d], §115.283[g]

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in January 2022 and necessary changes are being drafted.

The content owner reviewed this operating procedure in January 2023 and necessary changes are being drafted.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

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

Co-payment - The amount paid by the inmate or CCAP Probationer/Parolee for health care service, treatment, prosthesis, or orthotic.

Health Care Staff – Licensed/certified workers who typically provide direct patient care, including RN, LPN, CHA, PA-C, Nurse Practitioner, Certified Nursing Assistant, Dental Hygienist, Dental Assistant, Lab Technician, Psychology Associate, and X-Ray Technician.

Medical Emergency - Any urgent condition perceived by the Health Authority, responsible Physician, or Dentist as requiring immediate medical or surgical evaluation or 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 professional
- Be required to prevent significant deterioration in the inmate'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 inmate or the health care professional
- Generally be similar to the services provided by Department Of Medical Assistance Services/Medicaid.

Non-Prescription Medication - Medication which the inmate 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 inmate to be transported outside the security perimeter of the current assigned facility.

Prosthesis or 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
- Contact lenses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.

PURPOSE

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

Effective January 1, 2020, the DOC suspended all copayments for inmate/probationer/parolee health care services statewide. This temporary suspension includes all copayments for medical, dental, and durable medical equipment. Existing inmate/probationer/parolee debts from previous unpaid copayments are not affected by this temporary suspension; payment obligations for debts incurred prior to January 1, 2020, will remain unchanged.

PROCEDURE

- I. Applicability
 - A. The DOC has the responsibility to provide health care to the inmates/probationers/parolees housed in DOC facilities; this operating procedure provides inmates/probationers/parolees to be invested in their health care with the goal of discouraging abusive and frivolous use of health care resources.
 - B. This operating procedure applies to all inmates/probationers/parolees at all facilities operated by or for the DOC, including those facilities with contracted health care services and any privately operated prisons contracting with the DOC.
 - C. Out-of-state inmates/probationers/parolees in DOC facilities, including Interstate Compact offenders, are subject to the same co-payment requirements as Virginia inmates/probationers/parolees.
- II. Notification of the Co-Payment Program for Health Care Services (4-ACRS-3A-06 [I])
 - A. During initial orientation to the DOC, each new inmate/probationer/parolee must be informed of the inmate/probationer/parolee co-payment program for health care services in DOC facilities and given the *Health Services Co-Payment; Inmate Notice*; see Attachment 1, or *Health Services Co-Payment; Inmate Notice, Spanish*; see Attachment 1S. The inmate/probationer/parolee should retain their copy of the *Inmate Notice*. (5-ACI-6A-02)
 1. The inmate/probationer/parolee should be required to sign the *Health Services Orientation 720_F16* acknowledging understanding of the co-payment program in accordance with Operating Procedure 720.1, *Access to Health Services*.
 2. One witness should confirm the inmate's/probationer's/parolee's signature; if the inmate/probationer/parolee refuses to sign, refusal should be noted on the form and confirmed by two witness signatures.
 - B. At each new assignment, regardless of custody status or housing assignment, inmates/probationers/parolees will be informed on how to access the health care (medical, dental, emergency) system at that facility—documented by signature on a *Health Services Orientation 720_F16*. (5-ACI-6A-02)
 - C. No inmate/probationer/parolee will be denied access to necessary health care because of lack of funds to cover the co-payment fee. (5-ACI-6A-02)
 - D. Any changes in co-payment fees or services and items subject to co-payment will be made by revision or change to this operating procedure. Inmates/probationers/parolees will be notified of changes at least 30 days in advance of the effective date by memo posted on inmate/probationer/parolee bulletin boards.
 - E. This operating procedure and any changes to it must be available for inmate/probationer/parolee access and review.
- III. Health Care Services Subject to Co-Payment
 - A. Inmates/probationers/parolees will be assessed a co-payment for health care services as follows, unless

specifically exempted in the Health Care Services Exempt from Co-Payment Charges section of this operating procedure. (4-ACRS-7D-32; 4-ACRS-7D-33)

1. An inmate/probationer/parolee will be limited to three complaints at each sick call visit.
 2. If the inmate/probationer/parolee must access sick call to obtain this appointment, the inmate/probationer/parolee will not be charged for both.
 3. If an inmate/probationer/parolee is referred for minor surgery or procedure by the treating practitioner no additional co-payment will be assessed.
- B. Missed or refused specialist appointments, diagnostic procedures, and treatment procedures.
1. No co-payment will apply if the failure to keep the appointment was not the fault of the inmate/probationer/parolee as determined by the Health Authority.
 2. An inmate's/probationer's/parolee's refusal of an off-site specialist appointment, diagnostic procedure, or treatment procedure will be documented by medical staff on a *Health Services Consent to Treatment; Refusal 720_F3*. When medical staff is not immediately available the inmate's/probationer's/parolee's refusal will be documented on a *Refusal to Consent to Transport for Medical Treatment 720_F34* as provided in Operating Procedure 720.1, *Access to Health Services*.
 3. Transporting Officers will notify facility medical staff and document on an *Internal Incident Report*; see Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*, if, at any time after exiting the facility for transportation to an off-site specialist appointment, diagnostic procedure, or treatment procedure, the inmate/probationer/parolee refuses to allow completion of the procedure, the procedure could not be performed due to the inmate's/probationer's/parolee's failure to follow documented pre-procedure instructions, or the inmate's/probationer's/parolee's behavior becomes disruptive so that they must be removed from the medical facility.
 - a. Medical staff, upon notification from Transporting Officers that the scheduled procedure could not be performed due to inmate's/probationer's/parolee's refusal, failure to follow pre-procedure instructions, or disruptive behavior, will notify the inmate's Correctional Counselor to schedule the inmate/probationer/parolee for a formal Institutional Classification Authority (ICA) administrative hearing; see Operating Procedure 830.1, *Institution Classification Management*, to assess any relevant costs.
 - b. The *Internal Incident Report* documenting the inmate's/probationer's/parolee's actions will serve as the Reporting Officer's testimony for the ICA hearing unless the ICA determines that the Transporting Officer should appear in person.
 - c. The ICA should give consideration to the inmate's/probationer's/parolee's reason for refusing the procedure. The inmate/probationer/parolee should not be responsible for costs associated with the refused procedure if circumstances required medical staff to significantly change the procedure from that previously explained to the inmate/probationer/parolee.
 - d. Before assessing the cost for a procedure that could not be performed due to the inmate/probationer/parolee not following pre-procedure instructions, the ICA should ensure that the instructions were fully explained to the inmate/probationer/parolee and that the inmate/probationer/parolee willfully disobeyed the instructions.
 - e. If the ICA determines that the inmate/probationer/parolee 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 will be assessed as a co-payment charge to the inmate/probationer/parolee.
 - i. Transportation costs must 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.
 - ii. Costs paid to the off-site medical providers may not be known until reported to the DOC by the third party administrator.
 - iii. Once the Facility Unit Head approves the ICA action, the facility medical department must be

notified to submit the co-payment charges for transportation costs and any costs levied by the off-site medical facility, doctors, etc. as the costs become known.

C. Worn, Damaged, Lost Prostheses

1. Prosthetic and/or orthotic devices that must be repaired and/or replaced due to age of the device, use over time or change in prescription are not subject to co-payment.
2. The inmate/probationer/parolee will be charged the full replacement cost for prosthetics and/or orthotics lost, intentionally damaged, and/or destroyed when it is the inmate's/probationer's/parolee's fault.
3. Any inmate/probationer/parolee who intentionally damages and/or destroys a prosthetic and/or orthotic device belonging to another inmate/probationer/parolee will be subject to a disciplinary offense for the destruction of state issued property in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions* and will be required to reimburse the full state cost for the repair or replacement of the device in the form of restitution.

IV. Health Care Services Exempt from Co-Payment Charges

A. Inmates/probationers/parolees 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. 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. (5-ACI-6A-02)
4. First copy of diagnostic reports or patient instructions from consultant physicians, if requested.
5. Medical consults/tests which the inmate/probationer/parolee is permitted per DOC Health Care Plan.
6. Physician consults required to order renewal of medications or new medication/change of prescription because of verified allergy, ineffectiveness of medication, or a complication.
7. Evaluation for self-medication program.
8. Hospital and infirmary care associated with the reason for admission.
9. 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.
10. Exams required by administration or security for documentation reasons for which treatment is not found to be medically necessary.
11. Work/environmental condition related injury; verified in writing by worker's supervisor's report.
12. Mental health services provided to inmates/probationers/parolees.
13. Medications (Non-prescription medications should be purchased by the inmate/probationer/parolee from the commissary when available)
14. Consumable supplies which are not optional to care or treatment, such as catheters, bed pads, diabetic supplies, hearing aid batteries, CPAP supplies, etc.
15. Emergency and ongoing medical and mental health treatment services and care provided to inmate/probationer/parolee 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])

B. Each facility should establish guidelines for providing non-prescription medications for inmates/probationers/parolees, who for whatever reason (e.g., indigent, commissary closed, etc.) do not have access to the medication. The following guidelines should be considered:

1. Inmates/probationers/parolees should not have access to non-prescription medications from Correctional Officers.
2. When inmates/probationers/parolees are evaluated for a sick call visit and a non-prescription medication is indicated, they should be issued a supply according to *DOC Medical Guidelines*.
3. If additional medication is needed, the inmate/probationer/parolee must be referred to the physician.

V. Prostheses/Orthotics

- A. In accordance with Operating Procedure 750.3, *Prostheses*, prosthetic and orthotic devices, should be provided for an inmate/probationer/parolee if failure to do so will result in deterioration of the inmate's/probationer's/parolee's health while incarcerated in a facility or housed in a CCAP facility. There must be enough remaining time before parole or discharge to schedule appointment(s), fabricate or purchase, and adjust the device.
- B. 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.
- C. Equipment which is loaned to an inmate/probationer/parolee and is to be returned to the DOC when no longer needed, or when the inmate/probationer/parolee is released from custody of the DOC, is not subject to assessment of a co-payment charge.
 1. Any cost to repair or replace loaned medical devices as a result of intentional destruction or damage by an inmate/probationer/parolee is subject to a charge of one hundred percent of the repair or replacement cost in the form of restitution.
 2. Items of this nature include, but are not limited to:
 - a. Wheelchairs, canes, crutches, and walkers
 - b. Insulin pumps

VI. Assessment of Co-Payment

- A. Co-payments will not be assessed until after the service is provided. The inmate/probationer/parolee should be verbally advised when a co-payment is incurred and advised in writing of the nature and amount of the charge. (4-ACRS-7D-33)
- B. Health care and dental staff are responsible for completing the *Health Services Co-Payment Log 720_F4* for all charged health care services.
 1. A separate *Health Services Co-Payment Log* should be maintained for medical, pill room (optional), and dental services.
 2. Each *Health Services Co-Payment Log* will cover a twenty four-hour period.
 3. The original *Health Services Co-Payment Log* will be taken to the business office by the morning of the second business day. Field units may send co-payment charges no less than once a week, if they are only scheduled for weekly posting of inmate/probationer/parolee charges.
 4. A copy of each *Health Services Co-Payment Log* will be maintained in the medical or dental department for reference purposes in resolving inmate/probationer/parolee questions and complaints.
 5. A separate *Health Services Co-Payment Log* will be prepared for other facilities when medical or dental services are provided to inmate(s)/probationer(s)/parolee(s) assigned to those facilities. The *Health Services Co-Payment Log* will be sent with the inmate/probationer/parolee when they return to their home facility.
- C. The home facility health care and dental staff are responsible for making appropriate co-payment charges when an inmate/probationer/parolee is sent to another facility for health care services. The co-payment charges are based on the *Health Services Co-Payment Log* submitted by the treating facility and in accordance with this operating procedure.

- D. Inmates/probationers/parolees will not be denied necessary health care treatment because of insufficient funds to cover the co-payment. (5-ACI-6A-02) Loans to cover co-payment charges and repayment of the loans will be in accordance with Operating Procedure 802.2, *Offender Finances*, and the *Inmate Trust System Policy and Procedure Manual*. (4-ACRS-7D-32)
- E. The Facility Unit Head may arrange for an inmate/probationer/parolee to repay the loan for the repair or replacement of intentionally damaged or destroyed medical devices on a monthly basis as long as:
 1. The payment schedule has been prearranged.
 2. The inmate/probationer/parolee has sufficient remaining time to pay entire loan.
 3. The payment is deducted each month before commissary charges are allowed.
 4. In event of transfer, the loan follows the inmate/probationer/parolee and the inmate/probationer/parolee continues to pay on the loan as arranged.

VII. Management of Co-Payment Complaints

- A. The inmate/probationer/parolee is required to show proof of the claimed fee by either a loan notice, (where they are used), or the monthly spend sheet.
- B. 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 inmate's/probationer's/parolee's complaint regarding the charge can be appropriately addressed.
- C. Refunds of co-payments due to improper charges should be accomplished and documented as follows:
 1. The date the refund was authorized should be noted on the *Health Services Co-Payment Log* with a copy maintained in the medical department, (red is suggested).
 2. 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 *Health Services Co-Payment Log* should be kept in the medical department.
- D. Inmates/probationers/parolees may access the Operating Procedure 866.1, *Offender Grievance Procedure* if not satisfied with resolution of co-payment complaints with the medical department.

REFERENCES

Inmate Trust System Policy and Procedure 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, *Institution Classification Management*
 Operating Procedure 851.2, *Bereavement Visits*
 Operating Procedure 861.1, *Offender Discipline, Institutions*
 Operating Procedure 866.1, *Offender Grievance Procedure*

ATTACHMENTS

Attachment 1, *Health Services Co-Payment; Inmate/Probationer/Parolee Notice*

FORM CITATIONS

Health Services Consent to Treatment; Refusal 720_F3
Health Services Co-Payment Log 720_F4

Health Services Orientation 720_F16

Refusal to Consent to Transport for Medical Treatment 720_F34

