



Operating Procedure

Effective Date January 1, 2018	Number 720.4
Amended 3/9/18	Operating Level Department
Supersedes Operating Procedure 720.4 (8/1/17)	
Authority COV §53.1-10, §53.1-25, §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[d], §115.83[g], §115.282[d], §115.283[g]	
Incarcerated Offender Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attachments Yes <input checked="" type="checkbox"/> #1 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 units 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 Clinic - 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.

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

Co-payment - The amount paid by the offender for health care service, treatment, 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

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

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

IV. PROCEDURE

A. Applicability

1. The Department of Corrections has the responsibility to provide health care to the offenders housed in DOC facilities; this operating procedure provides for offenders to be invested in their health care with the goal of discouraging abusive and frivolous use of health care resources.
2. This operating procedure applies to all offenders at all facilities operated by or for the Virginia Department of Corrections, including those facilities with contracted health care services and any privately operated prisons contracting with the Virginia Department of Corrections.
3. Out-of-state offenders in DOC facilities, including Interstate Compact offenders, are subject to the same co-payment 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 1) or *Health Services Co-Payment; Offender Notice, Spanish* (see Attachment 1S). The offender should retain their copy of the *Offender Notice*. (4-4345)
 - a. The offender should be required to sign the [Health Services Offender Orientation](#) 720_F16 acknowledging understanding of the co-payment program in accordance with Operating Procedure 720.1, *Access to Health Services*.
 - b. One witness should confirm the offender's signature; if the offender refuses to sign, refusal should be noted on the form and confirmed by two witness signatures.
2. At each new assignment, regardless of custody status or housing assignment, offenders shall be informed on how to access the health care (medical, dental, emergency) system at that facility. The offender co-payment system should also be reviewed with the offender and documented by signature on a [Health Services Offender Orientation](#) 720_F16. (4-4345)
3. 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-payment 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 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 or dental 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 and dental care services necessitated due to fights, self-inflicted injuries, sports injuries, or referrals by administration, security, or services typically managed in sick call when recommended by consultants. If treatment is not deemed medically necessary, then the exam required by administration or security for documentation reasons will not be subject to co-payment 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 will not be charged for both.
 - b. If an offender is referred for minor surgery or procedure by the treating practitioner no additional co-payment will be assessed.
4. Missed or refused specialist appointments, diagnostic procedures, and treatment procedures.
 - a. No co-payment will 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 and Hep C related appointments), the offender is required to submit a new request for medical services, and is to be assessed another five dollar co-payment charge for accessing the system at that time.
 - d. An offender's refusal of an off-site specialist appointment, diagnostic procedure, or treatment procedure shall be documented by medical staff on a [Health Services Consent to Treatment; Refusal](#) 720_F3. When medical staff is not immediately available the offender's refusal shall 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*.
 - e. Transporting Officers shall 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 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, upon notification from transporting officers 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 medical staff to significantly change the procedure from that previously explained to the offender.
 - iv. Before assessing the 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 that 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-payment 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-payment charges for transportation costs and any costs levied by the off-site medical facility, doctors, etc. as the costs become known.
5. Prosthetic and orthotic devices not to exceed 25 dollars per device for items which meet DOC criteria as medically necessary
- a. A co-payment charge of 10 dollars will be assessed for devices with a cost of up to 200 dollars; devices with a cost of 200 dollars or more will be assessed a co-payment charge of 25 dollars.
 - b. Prosthetic and orthotic devices that must be repaired or replaced due to age of the device, use over time or change in prescription are not subject to co-payment.
 - c. The offender will be charged the full replacement cost for prosthetics or orthotics lost, intentionally damaged, or destroyed when it is the offender's fault.
 - d. Any offender who intentionally damages or destroys a prosthetic or orthotic device belonging to another offender 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.
- 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. 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.
 4. First copy of diagnostic reports or patient instructions from consultant physicians, if requested
 5. Medical consults/tests which the offender 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. Health care for conditions not related to reason for hospital or infirmary admission is subject to co-payment.
 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 offenders
13. Medications (Non-prescription medications should be purchased by the offender 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 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])
16. 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. The following guidelines should be considered:
 - a. Offenders should not have access to non-prescription medications from officers.
 - 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*.
 - c. If additional medication is needed, the offender must be referred to the physician.
 - d. When the nurse is off-duty and must be contacted by phone, a five dollar co-payment charge will be applied.

E. Prostheses/Orthotics

1. In accordance with Operating Procedure 750.3, *Prostheses*, prosthetic and orthotic devices, subject to co-payment, 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 will be charged a co-payment for prostheses/ orthotics not to exceed twenty five dollars per device for items which meet DOC criteria as medically necessary. 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
 - Dentures
 - 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
 - Wheelchairs, canes, crutches, and walkers
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 or replace loaned medical devices as a result of intentional destruction or damage by an offender is subject to a charge of one hundred percent of the repair or replacement

cost.

- b. Items of this nature include, but are not limited to:
 - Wheelchairs, canes, crutches, and walkers
 - Insulin pumps

F. Assessment of Co-Payment

1. Co-payments shall not be assessed until after the service is provided. The offender should be verbally advised when a co-payment is incurred and advised in writing of the nature and amount of the charge.
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-payment 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.
3. The home facility Health care and dental personnel are responsible for making appropriate co-payment charges when an offender is sent to another facility for health care services. The co-payment 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-payment charges and repayment of the loans shall be in accordance with Operating Procedure 802.2, *Offender Finances*, and the *Inmate Trust System Policy and Procedure Manual*. (4-ACRS-7D-32)
5. The Facility Unit Head may arrange for an offender to repay the loan for the repair or replacement of intentionally damaged or destroyed medical devices on a monthly basis as long as:
 - a. The payment schedule has been prearranged.
 - b. The offender has sufficient remaining time to pay entire loan.
 - c. The payment is deducted each month before commissary charges are allowed.
 - d. In event of transfer, the loan follows the offender and the offender continues to pay on the loan as arranged.

G. Management of Offender Co-Payment 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* if not satisfied with resolution of co-payment complaints with the Medical Department.

V. 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, *Facility Classification Management*
Operating Procedure 851.2, *Bereavement Visits*
Operating Procedure 861.1, *Offender Discipline, Institutions*

VI. FORM CITATIONS

[*Health Services Consent to Treatment; Refusal*](#) 720_F3
[*Health Services Co-Payment Log*](#) 720_F4
[*Health Services Offender Orientation*](#) 720_F16
[*Refusal to Consent to Transport for Medical Treatment*](#) 720_F34

VII. REVIEW DATE

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

Signature Copy on File

N. H. Scott, Deputy Director for Administration

12/13/17

Date