



ROBERT BENTLEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



KIM T. THOMAS
COMMISSIONER

June 1, 2013

**ADMINISTRATIVE REGULATION
NUMBER** 703

OPR: HEALTH SERVICES

INMATE CO-PAYMENT FOR HEALTH SERVICES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the subsequent charge of a co-payment (co-pay) fee to an inmate's account for a qualifying health service.

II. POLICY

- A. It is the policy of the ADOC for all inmates to have access to healthcare regardless of their ability to pay. No inmate shall be denied care because of a record of non-payment or current inability to pay for health services.
- B. Inmates, however, do not have the right to specify which health personnel they see. ADOC is not required to provide health care to an inmate free of charge when such care would not be free outside the correctional setting and when an inmate has the means to pay. Though the law requires that inmates' serious medical needs be met, it does not guarantee free medical care when inmates have the ability to pay.
- C. It is, therefore, a legitimate exercise of ADOC's authority to impose medical co-pay designed to reduce malingering among inmates and to deter the abuse of inmate sick call. Requiring inmates with adequate resources to pay for a small portion of their medical care in the form of co-pays also furthers the goal of instilling inmate responsibility by having them make resource allocation decisions.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Acute:** Usually referred to in connection with an illness; sudden, brief, and severe.

- B. **Chronic Care:** Care for illnesses that are either ongoing or recurring and are being monitored closely to maintain one’s health status or to slow the progression of disease. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient’s condition.
- C. **Chronic Care Clinic:** Provider ordered chronic care clinic visits that are regularly scheduled with a Provider, or other qualified health care professional, for the purpose of periodic chronic illness/disease assessment, treatment and on-going management. Patients are pre-scheduled by health services for their routine visits to ensure they receive needed care.
- D. **Co-Pay:** An administrative fee set by the ADOC – Office of Health Services (OHS) charged against an inmate’s account.
- E. **Emergency Health Care:** Care (medical, dental, and mental health) for an acute illness or an unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.
- F. **Facility/Institution:** An Alabama Department of Corrections (ADOC) prison, work release, work camp, or other designated housing unit where ADOC inmates are assigned.
- G. **Health Care:** The sum of all actions taken, preventative and therapeutic, to provide for the physical and mental well-being of the inmate population. It includes, but is not limited to; medical and dental services, mental health services, nursing, personal hygiene, dietary services, and environmental conditions.
- H. **Health Services Administrator (H.S.A.):** A person who by virtue of education, experience, or certification is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates at designated facilities/institutions.
- I. **Health Services Vendor:** An entity by virtue of practice and experience that is contracted by the ADOC to provide health services to the inmate population.
- J. **Indigent:** An inmate who is found to be financially unable to pay the co-pay and so is allowed to proceed in forma pauperis.¹ For the assessment of medical co-pay charges, an inmate who maintains less than a twenty-dollar (\$20.00) balance of his or her PMOD account for the prior ninety (90) days will be considered “indigent.”
- K. **Inadequate Funds:** A situation where an inmate’s current PMOD balance is insufficient to cover the amount of the co-pay. The unpaid balance will remain “payable” until sufficient funds are received to satisfy the co-pay obligation.

¹ Black’s Law Dictionary, 8th Edition, page 788

- L. **Inmate:** An individual sentenced to serve a prison term in the custody and control of the ADOC.
- M. **Inmate Initiated:** Health services requested by an inmate; typically through a sick call request submission.
- N. **Initial Intake Screening Assessment:** A process of structured inquiry and observation, by qualified health care professionals, designed to obtain immediate treatment for those in need of emergency health care, to identify and meet ongoing current health needs, and isolate those with communicable disease.
- O. **Over-the-Counter (OTC) Medication:** Medicines or remedies that may be sold directly to a consumer without a prescription from a healthcare professional, as compared to prescription drugs, which may be sold only to consumers possessing a valid prescription.
- P. **Prisoner's Money on Deposit (PMOD):** Funds belonging to an inmate during their term of incarceration.²
- Q. **Providers:** A Licensed Physician, nurse practitioner, physician assistant, dentist, or mental health clinician.
- R. **Self Care:** Care for a condition that can be treated by an inmate and may include over-the-counter medications.
- S. **Specialist:** A Provider or health care professional with training or expertise that exceeds that of the primary care Provider or health care professional including but not limited to: wound care specialist, nephrologists, oral surgeon, physical therapist, ophthalmologist, maternity, gynecological services, oncologist, radiology, mammography, and diagnostics.
- T. **Triage:** The sorting and classifying of inmates' health requests to determine priority of need and the proper place for health care to be rendered.

IV. **RESPONSIBILITIES**

- A. The Associate Commissioner of Health Services is responsible for:
 - 1. Serving as the ADOC advisor to the Commissioner in matters related to the administration and provision of all health care services provided to ADOC inmates.
 - 2. Developing and implementing an inmate co-pay system for health care services provided.

² ADOC Manual of Accounting Procedures, June 2001, page 5-1.

3. Striving to see that all designated staff strictly adhere to the provisions of this regulation.
4. Striving to see that only those qualifying health care services initiated at the request of an inmate and/or an inmate's failure to appear for scheduled health services are subject to a co-pay fee.
5. Reviewing and assessing inmate non-adherence and issues of access for compliance with Health Services Vendor as requested.

B. The Warden is responsible for:

1. Developing their security procedures, as necessary, for the implementation of AR 703.
2. Ensuring designated ADOC personnel strictly adhere to the provisions of this regulation.
3. Providing inmates access to correctional health services when this practice is not unreasonably related to the needs of the facility/institution.
4. Notifying the ADOC Associate Commissioner of Health Services in writing if unable to implement a specific health service, or if there is a conflict between the ADOC and the Health Services Vendor.

C. The Health Services Administrator (H.S.A.) (or Designee) is responsible for:

1. Ensuring that the ADOC Form 703-A, *Inmate Treatment / Co-Pay Report*, is completed.
2. Assessing and approving inmate co-pay fees for covered services.
3. Submitting the completed ADOC Form 703-A to the facility/institutional business office.
4. Investigating inmate complaints, inquiries, grievances, or grievance appeals about inmate co-pay fees assessed.
5. Notifying the facility/institutional business office when a previously submitted co-pay fee is to be reversed.
6. Verbally reporting issues of AR 703 non-adherence and issues of access to care impediment immediately to the Associate Commissioner of Health Services and to the Warden. Submitting a follow-up written notification report to the Associate Commissioner of Health Services.

V. **PROCEDURES**

A. **NO CHARGES:** The ADOC shall **NOT** charge a four dollar (\$4.00) co-pay fee for an inmate encounter with a facility/institutional Provider for the following:

1. Initial intake screening assessment; medical, dental, or mental health.
2. Facility/Institutional Provider ordered follow-up appointment(s).
3. Prescheduled periodic health assessments, physical exams, dental cleanings, or treatment afforded by a Provider, as required by ADOC policy.
4. Emergency/trauma care rendered on-site by a qualified health care professional (Non-self inflicted).
5. Professional treatment rendered or ordered for emergent/acute dental care.
6. Mental health care and/or treatment within the facility/institution or as so ordered by facility/institutional qualified health care staff.
7. Care and/or treatment for drug abuse, substance abuse or addiction counsel within the facility/institution or as so ordered by facility/institutional qualified health care staff.
8. Pregnancy/post-partum care or treatment.
9. Dialysis treatment.
10. Facility/Institutional Provider ordered appointments for: off-site hospital, stand-alone clinic, ambulatory, or diagnostic services.
11. Facility/Institutional Provider ordered: on-site laboratory, x-ray, or other diagnostic services.
12. Provider visits with patients clinically ordered to remain in the facility/institutional health care unit who are assigned to an infirmary bed.
13. Facility/Institutional Provider ordered Chronic Care Clinic referral, follow-up appointments, and chronic care medication re-order.
14. Care afforded to an inmate by a facility/institutional health care professional due to an injury or illness of an inmate arising from a

work assignment (which is **NOT** subject to workers compensation or private employment job insurance and/or case management facilitation).

15. Acute or emergent care cases that are directly referred to a Provider by a licensed facility/institution health staff professional.
16. Evaluation, diagnosis, and/or treatment for contagious disease, such as: sexually transmitted diseases, blood borne pathogen exposure, open or draining wounds, skin infections, Methicillin-resistant Staphylococcus aureus (MRSA), tuberculosis, or ectoparasites such as pediculosis and scabies.
17. Evaluation by a facility/institutional health care professional as requested by the Commissioner, an Associate Commissioner, or Office of Health Services clinical staff.
18. If an inmate should choose to refuse a Provider referral to a specialist appointment, their refusal must be communicated in writing prior to the scheduled on-site visit, or transport from the institution to a community provider.
19. After an inmate has reviewed the risk indicators and/or subsequent outcomes of non-treatment for an invasive procedure and an inmate declines health treatment, **no** co-pay shall be charged.
20. No co-pay shall be charged to an inmate if an inmate was prevented from attending his/her appointment with health services due to:
 - a. The reasonably related needs of the facility/institution.
 - b. A failure to notify an inmate of the appointment in a timely manner.
 - c. An inmate's absence from the facility/institution.

B. **CHARGES:** The ADOC shall charge a four dollar (\$4.00) co-pay fee for an inmate encounter with a health care professional (excluding mental health services and substance abuse treatment as stated in V. A. 6 and 7) for the following:

1. Encounters resulting in Provider order(s) or the use of Nursing Protocols (see exceptions as outlined in V. A.).
2. Receiving non-prescription sundries and/or over-the-counter (OTC) medication(s) through health services that are available for inmate purchase through the facility/institutional commissary or of

which are allowed to be purchased off-site by those inmates allowed access to “free-world” store visits. This fee is related to each OTC medication at a charge of \$4.00 per medication, in addition to the \$4.00 encounter fee. This fee does not apply to an inmate admitted to the facility/institution infirmary or to an inmate whose security status prevents him/her from accessing commissary when the OTC’s are order by health services.

3. Optical device replacement prior to 24 months of the previous issue once for any reason (with the exception of a facility/institutional authorized Provider order stating a change in the current prescription level is required).
4. Denture replacement within five (5) years of original issue unless exempted by the facility/institutional Dental Provider.
5. The need to replace or repair a medical device issued as a result of the inmate’s own intent to cause damage. (Normal wear and tear is expected.)
6. Health care rendered to an inmate when an inmate is found to be responsible (through the Disciplinary Hearing process) for injuring him/her self or another inmate who, as a result of the assault and/or injury, required a health services visit. The inmate charged with the offense will be assessed a co-pay fee for his/her health services encounter as well as the victim(s) health services encounter.
7. Health care services initiated at the request of an inmate and/or an inmate’s failure to appear for scheduled health services shall be subject to a co-pay fee.
8. A qualifying inmate health care assessment that is referred to a higher level practitioner shall only incur one (1) co-pay fee.

C. The ADOC shall charge a co-pay fee, as itemized below, to inmates refusing/missing scheduled appointments for on-site or off-site health services, as follows:

		Co-pay fee
1.	Sick-call or scheduled medical or dental appointments with the health care professional (including but not limited to; chronic care appointments, physicals, exams etc.)	\$4.00

(Waiver of the co-pay fee, for just cause, is at the discretion of the Health Services Administrator.)

2.	Refused to report to an on-site appointment with a Provider specialist.	\$8.00
----	---	--------

(Waiver of the co-pay fee, for just cause, is at the discretion of the Health Services Administrator.)

3.	Refused to report for an off-site scheduled appointment at a hospital, stand-alone clinic, or ambulatory care health services facility.	\$12.00
----	---	---------

(Waiver of the co-pay fee, for just cause, is at the discretion of the Health Services Administrator.)

4.	Presented self to the off-site scheduled appointment at a hospital, stand-alone clinic, or ambulatory care health services facility and <u>refused to see</u> the Provider or the designated staff.	\$20.00
----	---	---------

(Waiver of the co-pay fee, for just cause, is at the discretion of the Health Services Administrator.)

D. If an inmate refuses to be seen by health care staff for which he/she is called, the inmate will be escorted to the health services unit. A *Refusal* for health services form should be completed and signed by the inmate. This form will be filed in the inmate's health record.

E. Inmates shall be informed of the details of the health care co-pay policy by the intake health and security staff upon admission during initial inmate orientation. For inmates who are already in the system when this regulation is adopted, they shall be informed of the details of the health care co-pay policy through other appropriate means. It is understood from this policy that this program is not designed to deny or impede an inmate's access to care.

F. Assessment of charge:

1. The assessment of a co-pay charge will be determined by the Health Services Administrator/Designee and documented on ADOC Form 703-A with a co-pay assessment code.

NOTE: Co-pay assessment codes are identified on the form.

2. The Health Services Administrator/Designee shall initiate ADOC Form 703-A which shall include:

a. Date, inmate's name, AIS number, and ID card verification.

b. Health encounter scheduled, service provided, or co-pay charged due to inmate failure to show (No Show).

c. Co-pay assessment code and inmate signature (unless absent).

- d. Co-Pay amount due.
 - e. Stated reason co-pay assessed greater than four dollars (\$4.00).
 - f. Co-pay Review Requested: Date of Service and Amount of Co-Pay Credit Due.
 - g. Health Services Administrator/Designee signature and date.
3. An inmate will be provided a copy of their initiated sick call request.
 4. If the inmate is being charged a co-pay pursuant to V. C. above, and if the inmate disagrees with such assessment, he or she shall have five (5) days to respond in writing to the Health Services Administrator/Designee setting forth any reasons why the co-pay should not be charged.
 5. Thereafter, the Health Services Administrator/Designee shall determine whether payment of a co-pay is required and assess all such charges against the inmates PMOD.
 6. The completed ADOC Form 703-A, including the assessment of the Health Services Administrator/Designee, shall be forwarded to the facility/institution business office on a weekly basis.
 7. The Business Manager/Designee shall ensure that the appropriate fees are deducted from, or a debit accrued, to the non-indigent inmate's account until such time as the funds are available, in accordance with established accounting procedures and ADOC policy.
- G. Charges shall **not** be compounded for an inmate visit (in reference to V. A. 20.) when an inmate is referred by one Provider to another Provider.
- H. The facility/institution contracted health services provider shall have a grievance system in place that accurately tracks complaints received regarding co-pay.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the ADOC-OHS Policy and Procedure for Health Records Disposition and the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form 703-A, *Inmate Treatment / Co-Pay Report*.

VIII. SUPERCEDES

- A. This Administrative Regulation supersedes AR 601, *Inmate Co-Payment For Health Care*, dated June 19, 1996, and any related changes.

IX. PERFORMANCE

- A. Alabama Code Sections 14-1-1.1 and 14-1-1.2.
- B. National Commission on Correctional Health Care (NCCHC) Position Statement, March, 1996; Reviewed, October, 2002, October, 2008.
- C. American Correctional Association (ACA) Health Care Standards, 1-HC-1A-02.



Kim T. Thomas, Commissioner

Alabama Department of Corrections

INMATE TREATMENT / CO-PAY REPORT

Date:	Inmate's Name (Print)	Health Staff Entry		Inmate's Signature	Health Services Administrator or Designee		
		Inmate ID Card with Stated AIS Number of:	Co-Pay Assessment Code		Co-Pay Amount Due	Date of Service	Amount of Co-Pay Credit Due:
							\$

Institution: _____

Health Services Administrator/Designee: _____

Date

Co-Pay Assessment Codes: W=Waiver (\$0), NS=No Show (\$4)
 N=Nurse (\$4), P=Provider (\$4), O=Optical Replacement (\$4), D=Denture Replacement (\$4), R/P=Repair/Replace of Prosthesis (\$4), RA-1=Refused Scheduled On-Site Appointment (\$4), RA-2=Refused On-Site Specialist (\$8), RA-3=Refused prior to Transport, Without Prior Notice Off-Site Specialty (\$12), RA-4 Presented Off-Site but Refused to see Provider (\$20), N/C=No Charge (\$0),

ADOC Form 703-A – June 1, 2013