

POLICY STATEMENT Commonwealth of Pennsylvania • Department of Corrections

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Policy Subject:		Policy Number: DC-ADM 820
Co-Payment for Medical Services		
Date of Issue:	Authority:	Effective Date:
February 6, 2024	Signature on File	February 13, 2024
	Dr. Laurel R. Harry	

I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. APPLICABILITY

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections.

III. POLICY

It is the policy of the Department to require a co-payment fee whereby an inmate will share in the cost of his/her medical services.

IV. PROCEDURES

All applicable procedures are contained in the procedures manual that accompanies this policy document.

V. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

VI. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY

A. Release of Information

1. Policy

This policy document is public information and may be released upon request.

2. Confidential Procedures (if applicable)

Confidential procedures for this document, if any, are <u>not public information</u> and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as needed basis.

B. Distribution of Policy

1. General Distribution

The Department of Corrections policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

VIII. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

DC-ADM 820, Co-Payment for Medical Services, issued November 1, 2021, by former Acting Secretary Secretary George M. Little.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

B. Cross Reference(s)

- 1. Administrative Manuals
- 2. ACA Standards
 - a. Adult Correctional Institutions: 5-ACI-6A-01, 5-ACI-6A-02
 - b. Adult Community Residential Services: None
 - c. Correctional Training Academies: None
- 3. Other
 - a. 37 Pa. Code §93.12
 - b. Prison Medical Services Act, 61 P.S. §1011 et. seq.



PROCEDURES MANUAL Commonwealth of Pennsylvania • Department of Corrections

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Release of Information:

Policy Document: This policy document is public information and may be released upon request.

Procedures Manual: The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.

DC-ADM 820, Co-Payment for Medical Services Procedures Manual Table of Contents

C. Private Medical Insurance 2-2

Section 1 – Co-Pay Fees¹

A. General

- 1. An inmate shall pay a \$5.00 co-pay fee for the following:
 - a. any non-emergency medical service provided at the inmate's request:
 - (1) a sick call slip that is filled out and submitted to the Medical Department constitutes a request for medical services;
 - (2) coming to sick call without filling out and/or signing the cash slip is the same as requesting medical services and shall be subject to all appropriate co-pay fees;
 - b. any medical service(s), including emergency medical service, provided to an inmate in the following situations:
 - (1) when the injury or illness is self-inflicted, to include a behavioral/volitional hunger strike;
 - (2) when the injury or illness arises from the inmate's participation in a sport/approved recreational/religious activity; or
 - (3) when the inmate is found guilty of a misconduct for the assault or injury of another inmate.
 - c. Initial medical prescription (provided at sick call and/or acute care appointment) and/or over-the-counter (OTC) medications except as provided in Subsection B.2, 14, 16, 18, and 19 below. The individual health care provider shall advise when an appropriate OTC medication is available in the commissary. If the inmate still elects to receive the OTC medication during a sick call and/or acute care appointment, the co-pay fees shall apply. OTC medications/items shall be written for 30 days maximum with no refills; and
 - d. any medical service provided to determine whether the inmate's physical condition is suitable for participation in a sport/approved recreational/religious activity, housing, or medical status; unless such medical service is provided as part of an inmate's routine medical screening/physical examination scheduled by the Department.
- 2. An inmate shall be required to pay the cost of medical services provided to another inmate as a result of the inmate's assaultive conduct, including a sexual assault.

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¹ 5-ACI-6A-02

B. Medical Services Resulting in Non-Charge

The following medical services shall **not** result in a charge to the inmate:

- 1. physical, dental, or mental health screening provided to an inmate upon intake;
- 2. immunizations, tuberculosis testing, and other treatments instituted by the Department for public health reasons;
- 3. facility transfer screening;
- 4. routine physical, dental, and mental health screening performed at the request of the Department;
- 5. medical service(s) provided to an inmate during a follow-up appointment scheduled by *the individual health care provider* employed by the Department or its contractors;
- 6. mental health treatment;
- 7. medical treatment(s) for a chronic medical disease/illness requiring regular return and/or *continuous* visits, as specified by the *individual health care* provider;
- 8. unusual prison related infection(s) or contamination(s) as determined by the individual health care provider, or any public health infectious disease;
- infirmary care in a Department facility with the exception of an inmate determined to be on a behavioral/volitional hunger strike, as opposed to refusing to drink/eat due to medical/mental health diagnosis. He/she will be charged a *once daily* co-pay *only for a* behavioral/volitional hunger strike;
- 10. hospitalization outside a Department facility;
- 11. long-term care for an inmate who is not in need of hospitalization, but whose needs are such that they can only be met on a long-term basis or through personal or skilled care, and who needs the care because of age, illness, disease, injury, convalescence or physical or mental infirmity;
- 12. medical referral(s) ordered by *the individual health care provider* employed by the Department or its contractors;
- medical service(s) provided to an inmate during a medical emergency, unless the medical emergency resulted from a self-inflicted injury or illness as determined by the individual health care provider providing the medical service;
- 14. *diagnostic tests, imaging,* or other *medical* treatment(s) ordered by *the individual* health care *provider* employed by the Department or its contractors;

DC-ADM 820, Co-Payment for Medical Services Procedures Manual Section 1 – Co-Pay Fees

- 15. prenatal care and/or postpartum care;
- 16. medical service(s) provided as a result of an injury or illness arising from an inmate's facility work assignment;
- 17. medication prescription(s) subsequent to the initial medication prescription(s) provided to an inmate for the same chronic illness or condition(s) that requires regular continuous medication(s) as specified by the *individual health care* provider;
- 18. social service programs including, but not limited to, substance abuse groups and counseling;
- 19. psychotropic medication(s);
- 20. medication(s) prescribed for public health reasons;
- 21. medical service(s) provided to an inmate to determine whether his/her physical condition is suitable for a facility work assignment;
- 22. eyeglass prescriptions;
- 23. dentures; and
- 24. prosthetic devices, excluding customized items, and orthotics.

Section 2 – Medical Services Program

A. Explanation of the Medical Services Program¹

- 1. Each inmate shall be advised of the medical services fees and payment procedures at the time of the initial intake medical screening and upon arrival at each State Correctional Institution (SCI); documentation shall be included in the DC-471, New Reception/Parole Violator Return Screening, and the DC-472N, Reception Progress Note.
- 2. Each inmate shall receive written notice of any changes in medical service fees and payment procedures within 60 days of the effective date of a regulation that modifies the fee for medical services and payment procedures and/or when updates are released by Department of Corrections (DOC) administration.
- 3. At the time of service, the *individual health care provider* shall inform the inmate whether a fee *shall* be charged for the medical service. A fee *shall* be assessed each time a medical service is provided to an inmate, except when multiple services are performed at one visit, at the discretion of the health care *provider*. At the conclusion of the visit, the individual health care provider shall review the charges assessed with the inmate.
- 4. The inmate shall sign an authorization form which describes the medical service(s) provided and the amount that his/her account will be debited. A **DC-138A**, **Cash Slip** shall be used for this purpose, indicating the type of medical service(s) provided.
- 5. The **DC-138A** shall be forwarded to the facility business office. Business office staff shall ensure that the fees are deducted from the inmate's account.
- 6. A non-emergency medical service shall not be provided to an inmate who refuses to sign the authorization form.
- 7. No inmate shall be refused a medical service(s) for financial reasons. If an inmate lacks sufficient funds to pay the medical service(s) fee, his/her account will be debited and the fee recouped in accordance with Department policy **DC-ADM 005**, "Collection of Inmate Debts."
- 8. The Department may seek to recover any amount owed for medical service fees from an inmate who is released from the Department through a civil action.

B. Program Parameters

1. When an illness does not meet the criteria in **Section 1, Subsection B.** of this procedures manual, *the individual health care provider line shall* be used to schedule

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¹ 5-ACI-6A-01

follow-up appointments, whether episodic or on a semi-regular basis. Co-pay fees are not charged for follow-up appointments scheduled by the *individual health care provider*.²

Individual health care providers shall advise inmates when over-the-counter (OTC) medication(s) are available in the commissary. If an inmate elects to receive OTC medication(s) during a sick call visit, co-pay fees shall apply. An inmate, who is in need of OTC medication(s) that are not available in the commissary, will be addressed as outlined in Subsection B.1. above.

C. Private Medical Insurance

The DOC shall not charge private medical insurance accounts or Veterans Administration (VA) health care benefits.

² 5-ACI-6A-02

DC-ADM 820, Co-Payment for Medical Services Procedures Manual Glossary of Terms

Chronic Medical Disease/Illness – A disease or illness that is deemed "chronic" by the *individual health care provider*, based on the professional opinion that the inmate's condition will require regular return and/or continuous visits for medical services. The following diagnoses provide several examples of diseases/illnesses that may (or may not) be defined as "chronic", depending on the individual inmate's specific diagnosis and medical condition: Asthma, Congestive Heart Failure, *COPD*, Coronary Artery Disease, Diabetes, Dyslipidemia, Hepatitis C, HIV, and Hypertension, *and Seizures*.

Co-Pay Fee – The portion of the actual cost of a medical service that is charged to the inmate.

Individual Health Care Provider — (Ref: Title 20 §5422, and 35 P. S. §7603) A person who is licensed, certified, or otherwise authorized by the laws of this Commonwealth to administer or provide health care in the ordinary course of business or practice of a profession to include: a physician, nurse, emergency medical services worker, chiropractor, optometrist, psychologist, nurse-midwife, certified registered nurse practitioner (CRNP), physician assistant (PA), dentist or other person, including a professional corporation or partnership, providing medical, nursing, drug or alcohol rehabilitation services, mental health services, other health care services or an employee or agent of such individual or an institutional health care provider.

Medical Emergency – Any injury or illness, of recent onset and severity, that poses an immediate risk to a person's life or long-term health that may require facility or emergency room care, or infirmary or outside hospital admission.

Medical Service – The diagnosis, evaluation, treatment, or preservation of the health of the human body, including its organs, structures, and systems. The term "medical services" includes, but is not limited to, diagnostic testing, prescribing and administering medication, surgical procedures, dental care, eye care, the furnishing of prosthetics and any other type of treatment or preventive care, whether performed on an inpatient or outpatient basis.

Over-the-Counter (OTC) Medication – Medications that can be obtained/purchased without a prescription; may be available through the commissary.

Sick Call – Sick call is the process used by inmates who experience non-emergent medical/dental problems to access medical services; an examination by **an individual health** care provider.