



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.15

Page 1 of 8

Effective Date: June 1, 2011

Distribution: A

Supersedes: 113.15 (2/15/08)
PCN 08-25 (9/1/08)

Approved by: Derrick D. Schofield

Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES

- I. AUTHORITY: TCA 41-21-237, TCA 4-3-603, and TCA 4-3-606.
- II. PURPOSE: To establish procedures to assist inmates in the participation of their own health care decisions and to allow for appropriate use of correctional health care resources.
- III. APPLICATION: Wardens, health administrators, trust fund custodians, all inmate work supervisors, all Tennessee Rehabilitative Initiative in Correction (TRICOR) inmate supervisors, all health services staff, privately managed facilities, medical contractors, and inmates.
- IV. DEFINITIONS:
 - A. Chargeable Visit: An encounter with institutional health care staff that is provided for an inmate pursuant to the inmate's request or initiation of a visit either through scheduled sick call or an unscheduled walk-in visit. [See Section VI.(I) regarding chargeable visits]
 - B. Co-payment: A fixed fee for medical care paid by inmates for health care designated as chargeable services.
 - C. Job-Related Injury: Health problems directly caused by the performance of the inmate's assigned job. These may include injuries such as sprains, strains, and lacerations, as well as insect and animal bites, heat stroke, severe sunburns, and/or skin reactions to poisonous plants.
 - D. Non-Chargeable Visit: An encounter with institutional health care staff which is generated by Tennessee Department of Correction (TDOC) or privately managed facility staff through TDOC policy, as a documented health services staff-directed follow-up to a previously identified condition, or a job-related injury. [See Section VI. (I) regarding non-chargeable visits]
- V. POLICY: The Department shall provide health care treatment to inmates at minimal charge without regard to an inmate's ability to pay.
- VI. PROCEDURES:
 - A. All inmates are advised of the guidelines of the co-payment policy through the inmate orientation program and receipt of the *Tennessee Department of Correction Inmate Rules and Regulations handbook* (See Policies #113.22, #404.05, and #502.04)

Effective Date: June 1, 2011	Index # 113.15	Page 2 of 8
Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

- B. Sick Call:
1. If an encounter is not chargeable, the health care provider shall document such on the institution's encounter log
 2. Prior to assessment/treatment for any chargeable encounters, the health care provider shall complete a Trust Fund Account Personal Withdrawal Request, CR-2727 and ask the inmate to sign. If the inmate requests treatment but refuses to sign the CR-2727, the nurse shall advise the inmate that regardless of whether he/she refuses, it is a chargeable encounter. The inmate should be given the appropriate treatment or referral for his/her problem. The CR-2727 shall then be signed by the health care provider and sent to the health administrator.
 3. Upon receipt of CR-2727, the health services administrator shall review it for appropriateness and then forward it to the institution's trust fund custodian.
- C. Non-Scheduled (Walk-in) Clinic Visits Initiated by Inmates: If an inmate presents himself/herself at the clinic for a non-scheduled visit or assessment, the health care provider who first encounters the inmate shall complete the CR-2727 as described above.
- D. Segregation Visits:
1. When a health service encounter is provided pursuant to a request by an inmate who is in administrative or disciplinary segregation or protective custody, a CR-2727 shall be initiated as described above. There shall be no charge to the inmate for daily visits by the health provider to the unit unless the inmate requests to be seen.
 2. Co-payments shall not be initiated for inmates who are segregated for medical or mental health reasons.
- E. All inmates requiring DNA testing as defined in Policy #113.92 shall be charged the actual cost of the Tennessee Bureau of Investigation (TBI) journal voucher to the Department.
- F. If an inmate believes he/she was improperly charged a co-payment for a health service encounter, he/she shall notify the institution's health administrator in writing and request that the charge be reviewed. The health administrator shall determine if the inmate was charged appropriately. If the health administrator determines the inmate should not have been charged, he/she shall notify the Fiscal Director/Accounting Manager/designee in writing and the amount shall be credited to the inmate's trust fund account.
- G. The health administrator shall periodically audit documentation to ensure that the co-payment charges are being made for all chargeable encounters, and that no charges are being assessed for non-chargeable encounters.
- H. Excluded Populations: The following TDOC populations are exempt from all co-payment charges described in this policy:
1. Inmates housed in the acute, intensive, and intermediate mental health units at DSNF and TPFW
 2. Inmates housed in the Health Care Center at DSNF
 3. Inmates housed in any institutional infirmary

Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES

4. Inmates participating in the step up/step down programming at SCCF
5. Inmates housed in the basic skills unit at DSNF

I. Non-Chargeable and Chargeable Health Services

1. General: The following outlines common health care encounters in all institutions which are categorized as either non-chargeable or chargeable services. Although this listing was created to be as comprehensive as possible, it will not cover every situation. Generally, inmate initiated encounters are chargeable, and staff initiated encounters (i.e., physicians orders, treatment plans, etc.) pursuant to TDOC policies, ~~or~~ protocols, and standards of clinical practice are not chargeable. If there is any question as to whether to complete a CR-2727 for an encounter, the health administrator should contact the TDOC Director of Health Services for clarification.

2. Non-Chargeable Services

- a. General Health Maintenance/Preventive Care

- (1) Intake physical examination/health classification
- (2) Initial dental examination
- (3) TB testing/screening
- (4) Periodic health appraisal
- (5) Health Classification
- (6) Food handler's permit screenings
- (7) Health education
- (8) Screening prior to inmate transfer
- (9) Health/Mental Health Screening
- (10) Chronic care visits initiated by health care staff
- (11) Infirmary care
- (12) Vaccinations including flu shots (according to Policy #113.43)
- (13) Lab work and X-ray tests
- (14) Sexual assault examinations, including mental health services necessary to treat the offender

- b. Follow-Up or Staff Initiated Care: An encounter with a physician or mid-level provider after initial triage and referral by a nurse, or a subsequent encounter for a single health problem that was directed by the health provider with documentation in the medical record. This may be after a designated period of time, such as "return in two weeks." If an inmate presents at a later date complaining of the same problem, but there was no documented plan for follow-up in the health record, the encounter is chargeable. (See VI.(I)(3)(a)(7) of this policy)

- c. Mental Health and Substance Abuse Services:

- (1) Self referrals
- (2) Psychiatric or psychological services
- (3) Group therapy

Effective Date: June 1, 2011	Index # 113.15	Page 4 of 8
Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

- d. Job-Related Injuries: If an inmate has an injury or health problem that directly results from performing a duty related to his or her assigned job, there will be no charge as long as all the following are met:
 - (1) The top portion of the Accident/Incident/Traumatic Injury Report, CR-2592, is completed by the inmate's work supervisor and accompanies the inmate to the institutional clinic. (See Policy #113.53)
 - (2) The inmate is directed by staff to obtain medical attention for the job-related injury. The inmate must also seek attention within 24 hours of the injury.
- e. If an inmate suffers from an injury caused by another person, he/she may not be responsible for the co-payment as determined by the Warden.
- f. Dental Services: All dental procedures that are documented in the dental treatment plan shall be considered follow-up treatment and therefore, non-chargeable when they are performed according to the institutional dental priority listing and the health services staff calls the inmate to be seen.

3. Chargeable Services

- a. The following inmate-initiated health services encounters (medical, nursing, dental, etc.) shall be assessed a co-payment of \$3.00:
 - (1) Regular sick call visit regardless of outcome or treatment provided
 - (2) Walk-in visit after sick call hours, if not a scheduled appointment
 - (3) Nurse sick call visit to inmate in segregation who requests to be seen
 - (4) The copayment charge for emergency encounters initiated by staff (e.g., a declared Code 4) shall continue to be \$3.00.
 - (5) Emergency treatment that is not a result of on-the-job injuries. Emergency encounters are chargeable, even if staff initiates response by calling a code.
 - (6) Health assessment/treatment provided due to self-induced illness or injury
 - (7) Inmate requests to be seen for a problem that had been previously treated and the treatment has been completed; however, the problem has manifested again, and there was no written indication for follow up from the original treating provider.

Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES

- (8) Dental services requested by an inmate through sick call shall be charged at the time of service even if the request involves a dental problem documented in the dental treatment plan. The co-payment for dental services will be assessed on the day the inmate first receives dental service rather than when he/she is placed on the dental waiting list.
 - (9) Optometry services, excluding those provided at intake and the during periodic health appraisal.
 - (10) Pregnancy-Related Conditions: An inmate who initiates health services to confirm pregnancy shall be charged for the initial visit to the provider for the pregnancy test. If the pregnancy is confirmed, all subsequent visits will be considered follow-up care and are non-chargeable.
 - (11) Self-Injurious Behavior: Inmates who engage in self-injurious behavior may be held responsible for repayment of all costs associated with the incident. This may include those patients cited in Section VI.(H)(1) of this policy upon clinical determination by a psychiatrist and/or psychologist.
 - (12) HIV testing for inmates who are subject to the provisions of TCA 39-13-112 as amended and are tested for HIV following an arrest for aggravated assault.
- b. The following health care services shall be assessed a \$5.00 co-payment for each encounter:
- (1) If an inmate initiates an encounter by requesting emergency medical assistance or an emergency assessment and does not follow the procedures established for routine sick call, the co-payment charge for each such encounter shall be \$5.00.
 - (2) The distribution of hearing aids, eyeglasses/contact lenses, or dentures to any inmate.
- c. Refusal of specialty services/ appointments shall be assessed a \$10.00 co-payment:
- (1) Institutional health care staff shall review scheduled transfers to DSNF (for males), TPFW (for females), or to local providers for specialty services/appointments with the inmate as described in Policy #113.12.
 - (2) If it is documented in the health record that the inmate affirmed that he/she would go to the scheduled appointment and subsequently refuses on the day of transfer, the inmate shall be charged \$10.00.

Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES

- (3) The inmate may also be charged if he/she has been transferred for a specialty consult/appointment and either refuses or is unable to complete the appointment as scheduled.
- (4) Any refusal shall be documented on the Problem Oriented Progress Record, CR-1884, and include a statement that the inmate was informed of the consequential \$10.00 charge for the refusal.

VII. ACA STANDARDS: 4-4345 and 4-4375.

VIII. EXPIRATION DATE: June 1, 2014.



**TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT**

INSTITUTION

Name: _____ Number: _____ Date of Birth: _____
Last First Middle

Employee Inmate Visitor Other _____

Location (of occurrence) _____ Date (of occurrence) _____ Time (of occurrence) _____

Type of Injury / Incident: Work-related Sports Violence
 Use of Force Other: _____

Weapon, Property, Equipment, Machinery Involvement (Specify): _____

Subject's Version (how situation occurred): _____

Signature of Subject

Witness' Version: _____

Signature of Witness

Health Service Provider's Report

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Date of Treatment Time Signature of of Health Service Provider

Disposition: Treated by Institutional Health Service Staff
 Transported to Community Facility for Outpatient Care: _____
Facility
 Transported to Community Hospital for Inpatient Care: _____
Hospital
 Other, explain: _____

Did death result? Yes No Relatives notified: Yes No



TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$ _____

DATE: _____

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

_____ DOLLARS

THIS CHECK IS TO BE MAILED TO:

_____ NAME
STREET ADDRESS
CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

INMATE SIGNATURE

INMATE #

Building: _____

Room #: _____

WITNESSED: _____

APPROVED: YES NO

REASON FOR DENIAL: _____

WARDEN / DIRECTOR DESIGNEE

DATE

CR-2727 (Rev. 6-02)

White-Inmate

Canary-Trust Fund Office



TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$ _____

DATE: _____

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

_____ DOLLARS

THIS CHECK IS TO BE MAILED TO:

_____ NAME
STREET ADDRESS
CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

INMATE SIGNATURE

INMATE #

Building: _____

Room #: _____

WITNESSED: _____

APPROVED: YES NO

REASON FOR DENIAL: _____

WARDEN / DIRECTOR DESIGNEE

DATE

CR-2727 (Rev. 6-02)

White-Inmate

Canary-Trust Fund Office