
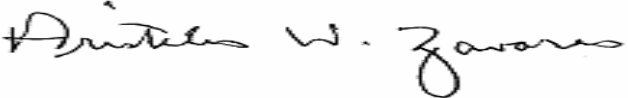


<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 700-30	PAGE NUMBER 1 OF 6
		CHAPTER: Offender Health Services	
COLORADO DEPARTMENT OF CORRECTIONS		SUBJECT: Offender Health Care Co-Payment Program	
RELATED STANDARDS: ACA Standards 4-4345		EFFECTIVE DATE: November 1, 2009	
		SUPERSESION: 09/19/08	
		 Aristedes W. Zavaras Executive Director	
OPR: OCS	REVIEW MONTH: August		

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to provide necessary medical, dental, and behavioral health care to Colorado offenders. **All offenders will have access to health care, regardless of their ability to pay. [4-4345]**

II. PURPOSE

The purpose of this administrative regulation (AR) is to provide guidelines for the implementation and administration of an offender co-payment program.

III. DEFINITIONS

- A. Appointment: Scheduled visit following the submission of a “Request for Sick Call” (kite).
- B. Contract Worker: Any person employed under contractual arrangement to provide services to the DOC; any person employed by private or public sector agencies who is serving under DOC special assignment to provide services or support to DOC programs. The employee/employer relationship lies with the contractor. All Department agreements are for a specified period and are renewable.
- C. Co-Pay Fee: A fee from a health care professional for health care services requested by an offender.
- D. Disabled Offender: An offender who is considered disabled, pursuant to AR 750-04, *Americans with Disabilities/Rehab Act Offenders with Disabilities and Request for Accommodations*.
- E. DOC Employee: Someone who occupies a classified, full or part-time, position in the State Personnel System in which the Department has affect over pay, tenure, and status.
- F. Follow-Up Appointment: Any request or appointment made by health care DOC employees or contract workers to provide subsequent health care services following the original precipitating complaint.
- G. Health Care Provider: A licensed health care professional including, but not limited to: physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, certified nursing assistants, dentists, dental assistants, optometrists, physical therapists, professional counselors, psychologists, psychiatrists, social workers, and X-ray technicians.

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- H. Health Care Refusal: Refusal of an appointment, procedure, scheduled pre-op/post-op visit, hospitalization, testing, x-ray, follow-up, etc.
- I. Medical/Mental Health Emergency: An acute condition for which evaluation, treatment, or therapy, as determined by a health care professional, is immediately necessary to prevent death, severe or permanent disability, uncontrolled bleeding, maintain an airway and respiration, or prevent the rapid decompensation of an offender's mental illness.
- J. Misuse of Clinical Services: Pursuant to administrative regulation 150-01, *Code of Penal Discipline*, an offender commits this offense when he/she causes the use, or expense, of medical, dental, or mental health care without good reason, or fails to cooperate with the care without good reason.
- K. No-Show: Failure by an offender to attend or properly cancel a scheduled appointment with either DOC employees/contract workers or non-DOC health care staff.
- L. Offender Initiated Request: A request for sick call form or other form of communication that initiates a process by which an offender accesses health care services.
- M. Telemedicine Services: Medical or mental health services provided via a videoconferencing system.
- N. Work Related Injury - Offender: A visible or traumatic injury that occurred while an offender is performing his/her job duties and has been reported to his/her supervisor, within 48 hours of the time of injury.

#### IV. PROCEDURES

##### A. Co-Payment for Services

1. ***All offenders are provided written co-payment guidelines through the "Clinical Services' Patient Handbook" (Attachment "A") at the time of admission to the Department. [4-4345]***
2. A co-pay will be charged for health care services requested by an offender. These services include mental health treatment, medical treatment, dental treatment, and optometry services. A co-pay charge will not be charged for external specialty health care services.
3. Scheduling an appointment: Upon receipt of a request for health care services from an offender, i.e. a kite, designated DOC employees, contract workers, or health care professionals at each facility clinic will review the offender initiated request for health care. Based upon the health care needs of the offender requesting the appointment, DOC employees or contract workers shall schedule a time for the offender to be seen by the health care professional. Per the facility's notification process, the facility clinic DOC employee or contract worker shall notify the offender and the offender's living unit of the time the appointment has been scheduled. Offenders are responsible for reviewing the posted appointment list and attending the appointment.
4. No-Show for an Appointment: Failure by an offender to attend or properly cancel a previously scheduled appointment shall result in a \$3.00 charge for the no-show.
5. Cancellation of Appointment: If an offender requests to see a health care professional and is scheduled for an appointment, the offender must notify the clinic no later than one hour prior to the time of the scheduled appointment. Failure by the offender to properly cancel the appointment shall result in a no-show charge of \$3.00. If the offender still needs the health care, the offender shall be re-scheduled and charged accordingly.
6. Refusal of Health Care Treatment: Should an offender refuse treatment, the offender must sign the refusal form. The health care professional shall discuss with the offender the ramifications of the offender's decision. If the offender still refuses the treatment, the offender shall sign and date the refusal form. If treatment is delivered, any applicable co-payment will be charged.

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7. Refusal of Health Care Appointment: An offender may refuse the health care appointment for any reason. If an offender refuses an appointment for any reason, the \$3.00 co-pay will apply.
8. Emergency: Offenders seeking **any health services** outside the appointment scheduling system as an emergency shall be charged a \$5.00 co-payment.
9. Disabled Offenders: All medical co-pays will be waived for any medical treatment related to a vision, hearing, or lower extremity mobility disability, and for medical treatment related to diabetes. Offenders will be charged a co-pay for services not related to one of the above listed disability categories. Health care professionals are required to verify the disability status of the offender and the clinical issue presented prior to charging for the service rendered.

B. General Exclusions to the Medical Co-Payment Fee: ***A co-payment fee will not be charged for*** the following services:

1. Intake health examinations or screenings.
2. Intake mental health screenings.
3. Dialysis.
4. Routine treatment orders, including but not limited to: diabetic finger sticks to check blood sugar levels, blood pressure checks, breathing and/or wound treatments, dressing changes, medication administration, or any other routine treatment orders written by a health care practitioner that are necessary to maintain an offender's health.
5. Lab work and x-rays.
6. Work related injuries.
7. Health related educational sessions.
8. Departmental initiated health measures necessary to prevent the spread of infectious or contagious diseases.
9. Pregnancy related visits.
10. ***Follow-up appointments initiated/scheduled by a health care professional. [4-4345]***
11. Sexual assault examinations, including mental health services necessary to treat the offender.
12. Subsequent appointments (not initial) as a result of admission to a DOC special needs unit.
13. Screening completed to determine an offender's disability status, pursuant to the Americans with Disabilities Act.
14. Disability evaluations conducted as part of the Romanoff process.
15. Referrals to specialists/sub-specialists or x-ray.
16. ***Any request or appointment initiated/scheduled by medical DOC employees or contract workers. [4-4345]***

C. Medical Co-Payment Fees

1. General Medical Appointments: For every offender initiated health care request that results in an appointment, a co-pay fee of \$3.00 shall be applied to the offender's account.

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2. **Pregnancy Related Condition:** An offender who initiates a kite because she believes she is pregnant, shall be charged the \$3.00 co-pay for the initial visit to the professional for the pregnancy test. If the pregnancy is confirmed, all subsequent visits will be considered as follow-up visits and there will be no charge for the prenatal care.

Any procedures for determining the gender of the fetus and non-therapeutic sterilizations/abortions are not covered services.

D. Mental Health Co-Payment

1. **General Mental Health Services:** Offenders with general mental health needs shall be charged a standard fee of \$1.00 for each offender initiated contact with a psychiatrist, psychologist, or social worker/counselor. This co-pay will be charged, regardless if the service is provided on-site or via teleconferencing.
2. **Exclusions:** ***There will not be a co-payment fee for follow-up appointments: i.e., any request or appointment initiated/scheduled by mental health DOC employees or contract workers [4-4345]*** to provide subsequent mental health services following the original precipitating complaint.
3. **No-Show for an Appointment:** If an offender chooses not to attend an appointment with his/her mental health therapist, the offender will be charged a \$3.00 no-show charge.
4. Should the offender choose to cancel his/her appointment without prior notice, the general no-show fee shall apply.

E. Dental Co-Payments

1. For Services Rendered
  - a. A \$3.00 co-payment shall be charged for each dental visit that is offender initiated.
  - b. Offenders seeking **any dental services** outside the sick call by appointment system as an emergency shall be charged a \$5.00 co-payment.
  - c. **Dental Prosthetics:** Offenders who need dentures will be charged \$5.00 per plate. Relines, repairs, and adjustments, during the first 90 days following the delivery of a new denture **will not** incur a co-payment. After 90 days a co-payment **will** apply for these services. If an offender is determined not to be eligible for prosthesis, then there will not be a fee for the evaluation.
2. **Exclusions:** ***There will not be a co-payment fee for follow-up appointments: i.e., any request or appointment initiated/scheduled by dental DOC employees or contract workers [4-4345]*** to provide subsequent dental services following the original precipitating complaint.

F. Optometry Co-Payment

1. For Services Rendered:
  - a. Offenders shall be charged a \$3.00 co-payment for a course of optometry treatment. This shall include the initial examination, one pair of glasses, and the fitting appointment. Visits made in addition to the above course of optometry treatment shall be charged an additional \$3.00 for each new course of treatment.
  - b. State issued glasses will be provided in accordance with AR 700-05, *Optometry Scope of Service*.
2. **Exclusions:** Emergency and medically recommended eye examinations may be ordered by a physician, physician assistant, or nurse practitioner and shall be done anytime the need is determined, at no charge to the offender.

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3. No-Show for an Appointment: If an offender fails to show for a previously scheduled optometry appointment, the standard \$3.00 no-show charge will apply.

G. Electronic Debit Process: Clinical Services' DOC employees or contract workers are required to use the electronic encounter screen, unless otherwise approved by the deputy director of Prisons, Clinical Services. Encounters that cannot be recorded on the electronic medical record shall be recorded on the "Clinical Services' Facility Daily Co-Payment Log" (Attachment "B"). The co-payment log shall be forwarded monthly to the Division of Clinical Services at Central Office.

1. The following is a list of health care services that will incur co-pay charges: appointment ("kite"), no-show for an appointment, refusals for health care appointments, infirmary/SNU admissions, and emergencies.
2. At approximately 2330 hours each day, an automatic electronic co-payment table is generated and debited in offender accounts.

H. Co-Payment Credit

1. If an offender believes he or she has been charged incorrectly for a health care service, the offender shall complete a request for sick call form and send the form to the Health Services' administrator, or designee, at the facility health care clinic. The request for sick call form shall clearly state that the offender is questioning a co-pay charge. The clinic responsible for completing the kite log shall enter the request as a request for co-pay refund.
2. Upon receipt of the request for sick call form, the Health Services' administrator, or designee, shall meet with the offender within five business days to resolve the dispute over the charge.
3. If the charge was correct, the Health Services' administrator, or designee, shall close the kite in the Encounter System showing that the request for credit was denied. If the responding DOC employee or contract worker grants remedy in the form of a credit to the offender's account, the completed co-pay credit request kite should be faxed or mailed, via inter-office mail, to the Division of Clinical Services at Central Office for logging and routing. Only a Division of Clinical Services Central Office DOC employee or contract worker is authorized to request a credit from Inmate Accounts at CTCF.
4. Offenders with a vision, hearing, or lower extremity mobility disability, and those with diabetes, who believe they have been charged incorrectly for health care services related specifically to their disabling condition, may file a request for co-pay credit directly to the Office of the ADA Inmate Coordinator (AIC).
5. If an offender disagrees with the decision regarding a denial of the co-pay credit request and has tried all avenues of relief without avail, the offender may grieve the decision to deny a co-pay credit, pursuant to 850-04, *Offender Grievance System*.

I. Misuse of Clinical Services

1. If the professional determines that the emergency by the offender meets the criteria for misuse of Clinical Services, abuse of medication, dangerous drug possession, or any other infraction of AR 150-01, *Code of Penal Discipline*, the professional shall document the information, initiate, and file the paperwork for a Code of Penal Discipline charge.
2. DOC employees or contract workers are expected to cooperate during any hearing process held under the provisions of AR 150-01, *Code of Penal Discipline*. Cooperation includes preparing the paperwork, initiating the charges, testifying at the hearing, and maintaining all appropriate records related to the incident in question.

J. DOC Employee and Contract Worker Accountability

1. Disciplinary and/or corrective action may be taken against departmental DOC employees who fail to properly assess the co-payment.

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2. The Division of Clinical Services will conduct quarterly audits of the clinical professionals to ensure that co-payments are being charged appropriately.

V. RESPONSIBILITY

It will be the responsibility of the deputy director of Prisons, Clinical Services, to ensure that:

- A. Offenders receive unimpeded access to necessary medical, dental, and behavioral health care services.
- B. Co-payments are being monitored to ensure that they are being assessed consistently to all offenders.

VI. AUTHORITY

CRS 17-1-113. Medical visits – charge to inmates – legislative declaration.

VII. HISTORY

November 15, 2007  
November 15, 2006  
April 15, 2006  
November 1, 2005  
February 1, 2005

- ATTACHMENTS:
- A. AR Form 700-30A, Clinical Services' Patient Handbook
  - B. AR Form 700-30B, Clinical Services' Facility Daily Co-Payment Log
  - C. AR Form 100-01A, Administrative Regulation Implementation/Adjustments

# State of Colorado Department of Corrections



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## CLINICAL SERVICES PATIENT HANDBOOK

July 26, 2004  
February 1, 2005  
April 15, 2006  
November 15, 2006  
Revised: July 14, 2009

The Colorado Department of Corrections (DOC) will provide medically necessary health care services to you during your incarceration. Here are some important things you must remember:

## **SICKLINE**

The most commonly used method to access routine health care from DOC is the “sick line.” Requesting health care services is a self-referral process by the patient, done by completing the “Request for Sick Call Form,” commonly known as a “kite.” Patients will access routine health care in the following manner:

1) Obtain a “Request for Sick Call Form” (kite), fill it out and return it to the area directed by each facility. The form includes your name, DOC identification number, and the type of health problem you are having. Check **only one** health care area or provider per request. Upon receiving the “Request for Sick Call Form,” the health care provider will review it to determine an appropriate response.

2) Each facility has designated days and times for sick line, (i.e., appointment times). Requests will be prioritized by the health care provider according to clinical significance. After the health care provider reviews your request, a response will be returned to you with either a response to your request and/or placement on a sick call/appointment list. An appointment will be scheduled when medically necessary, not all requests will result in an appointment. A sick call or appointment list is posted regularly in specific areas throughout your facility.

3) After you have identified your name on the sick call/appointment list you should promptly report at the time and location designated (in accordance with security policies and procedures). Reporting late to a scheduled appointment may be deemed as a no-show and/or result in having to submit another “Request for Sick Call Form.”

## **CO-PAYMENTS**

The Colorado Department of Corrections (DOC) is required by law (CRS 17-1-113) to charge a mandatory co-pay for health care services provided to offenders. It is important to remember that:

***NO ONE WILL BE DENIED HEALTH CARE BECAUSE OF INABILITY TO PAY!***

**Each patient is responsible for all applicable co-payments and/or fees after receiving health care services. Co-payments will be charged to your institutional account.**

## **MEDICAL CO-PAY FOR SERVICES**

\$3.00 co-pay for each health care appointment that you initiate. There is no charge for submitting a “kite.”

\$5.00 co-pay will apply for **any health services provided** outside the sick call (“kite”) system as an emergency. An emergency is defined as treatment or assessment that is immediately necessary to prevent death, severe or permanent disability, uncontrolled bleeding, maintain an airway and respiration, and/or prevent the rapid decompensation of an offender’s mental illness.

## **MENTAL HEALTH CO-PAY FOR SERVICES**

Offenders with mental health needs will be charged a standard fee of \$1.00 for each offender initiated contact with a psychiatrist, psychologist, or social worker/counselor. This charge includes telemedicine services.

## **MENTAL HEALTH CO-PAY EXCLUSIONS**

There will not be a co-payment fee for follow-up appointments: i.e., any request or appointment initiated/scheduled by Mental Health DOC employees or contract workers to provide subsequent mental health services following the original presenting problem.

## **DENTAL CO-PAY FOR SERVICES**

A \$3.00 co-pay will be charged for each dental visit that is offender initiated. A root canal and restoration will not be considered a single course of treatment and will be charged a separate \$3.00 co-pay fee.

Offenders seeking **any dental services** outside the sick call by appointment system as an emergency shall be charged a \$5.00 co-payment. This fee will be adjusted to \$3.00 when a condition meets the criteria of an emergency (as defined).

## **DENTAL CO-PAY EXCLUSIONS**

There will not be a co-payment fee for follow-up appointments: i.e., any request or appointment initiated/scheduled by dental DOC employees or contract workers to provide subsequent dental services following the original precipitating complaint. After 90 days a co-payment will apply for these services. If an offender is determined not to be eligible for a prosthesis, then there will not be a fee for the evaluation.

## **OPTOMETRY (VISION) CO-PAY FOR SERVICES**

Offenders will be charged a \$3.00 co-pay for a “course of optometry treatment.” This consists of the initial examination, one pair of glasses and the fitting appointment. Visits made in addition to the above course of optometry treatment will be charged an additional \$3.00 for each new course of treatment. State issue glasses will be provided by the DOC when the prescription changes or every two years if clinically indicated.

## **OPTOMETRY (VISION) CO-PAY EXCLUSIONS**

Emergency and medically recommended eye examinations may be ordered by a physician, physician assistant, or nurse practitioner and shall be done any time the need is determined, at no charge.

## NO CHARGE SERVICES

***A co-payment fee will not be charged for*** the following services:

- 1) Intake health examinations or screenings.
- 2) Intake mental health screenings.
- 3) Dialysis.
- 4) Routine treatment orders including but not limited to, diabetic finger sticks to check blood sugar levels, blood pressure checks, breathing and/or wound treatments, dressing changes, medication administration, or any other routine treatment orders written by a provider that are necessary to maintain an offender's health.
- 5) Lab work and x-rays.
- 6) Work related injuries.
- 7) Health related educational sessions.
- 8) Departmental initiated health measures necessary to prevent the spread of infectious or contagious diseases.
- 9) Pregnancy related visits.
- 10) ***Follow-up appointments initiated/scheduled by a health care provider. [4-4345]***
- 11) Sexual assault examinations, including mental health services necessary to treat the offender.
- 12) Subsequent appointments (not initial) as a result of admission to a DOC special needs unit.
- 13) Screening completed to determine the offender's disability status pursuant to the Americans with Disabilities Act.
- 14) Disability evaluations conducted as part of the Romanoff process.
- 15) Referrals to specialists/sub-specialists or x-ray.
- 16) ***Any request or appointment initiated/scheduled by medical DOC employees or contract workers. [4-4345]***

## REFUSAL OF TREATMENT

You have the right to refuse health care treatment. If you choose to refuse the health care treatment, you must sign the Refusal form. The health care professional will discuss with you what impact your choice to refuse health care may have upon your health condition.

## REFUSAL OF APPOINTMENT

Sometimes offenders choose to refuse the health care appointment. If you choose to refuse the appointment the clinic has scheduled for you, you need to know that the \$3.00 charge will be taken from your offender account. If after talking to the health care provider you choose to participate in the health care treatment, the appropriate co-pay charge will be assessed against your institutional account.

## **NO-SHOWS**

Sometimes offenders do not appear at the clinic for their appointment. Your failure to notify the clinic one hour before your appointment time that you will not be attending the appointment will cause a charge of \$3.00 to be taken from your offender account.

If you choose not to attend a dental appointment or optometry appointment you will be charged a \$3.00 charge.

## **REQUESTS FOR REFUNDS AND COMPLAINTS ABOUT CO-PAY CHARGES**

If you believe you have been charged incorrectly, you may request a refund of the co-pay charge. To request a refund, you must first complete a request for sick call form and submit this request to the Health Services administrator, or designee, for your facility clinic. Within five business days, the Health Services administrator, or designee, will meet with you to discuss your request. He or she will then make a decision regarding whether you are entitled to receive the refund and will put that decision in writing to you. You will receive the decision within seven business days of the meeting between you and the facility Health Services administrator, or designee.

If you do not agree with the decision of the Health Services administrator, you may file a grievance as described in administrative regulation 850-04, *Grievance Procedure*.

## **ADVANCE DIRECTIVES (LIVING WILLS)**

It is the policy of the Department of Corrections to provide offenders with the opportunity to anticipate medical decisions when they are able to make their intentions known. A living will is a paper prepared before your death or medical helplessness. All offenders are encouraged to complete, in writing, their personal directions regarding future health care - these are called *Advanced Directives*. These forms are available at facility Clinical Services units. As a patient becomes progressively ill in the course of a disease process, it becomes increasingly important to complete the directive to ensure that the medical treatment and services provided do not exceed the level of care desired by the patient. For information regarding living wills, refer to AR 700-27, *Medical Decisions and Advance Directives*.

Question or concerns regarding the co-pay policy may be directed to your facility's Health Services' administrator.

**COLORADO DEPARTMENT OF CORRECTIONS  
CLINICAL SERVICES  
FACILITY DAILY CO-PAYMENT LOG**

Sequence No. \_\_\_\_\_

\_\_\_\_\_ FACILITY DAILY CO-PAYMENT LOG

Authorized by: \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

DOC # \_\_\_\_\_ MH  OPT   
NAME \_\_\_\_\_  
OFFENDER SIGNATURE \_\_\_\_\_  
SIGNATURE CAPTURED ON OTHER FORM  DATE \_\_\_\_\_  
VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_  
EMERGENCY \$5 \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

DOC # \_\_\_\_\_ MH  OPT   
NAME \_\_\_\_\_  
OFFENDER SIGNATURE \_\_\_\_\_  
SIGNATURE CAPTURED ON OTHER FORM  DATE \_\_\_\_\_  
VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

DOC # \_\_\_\_\_ MH  OPT   
NAME \_\_\_\_\_  
OFFENDER SIGNATURE \_\_\_\_\_  
SIGNATURE CAPTURED ON OTHER FORM  DATE \_\_\_\_\_  
VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_  
EMERGENCY \$5 \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

DOC # \_\_\_\_\_ MH  OPT   
NAME \_\_\_\_\_  
OFFENDER SIGNATURE \_\_\_\_\_  
SIGNATURE CAPTURED ON OTHER FORM  DATE \_\_\_\_\_  
VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_

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OFFENDER SIGNATURE \_\_\_\_\_  
SIGNATURE CAPTURED ON OTHER FORM  DATE \_\_\_\_\_  
VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_  
EMERGENCY \$5 \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

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VISIT \$3 \_\_\_\_\_ NO-SHOW \$3 \_\_\_\_\_ REFUSAL \$3 \_\_\_\_\_  
EMERGENCY \$5 \_\_\_\_\_

MEDICAL CO-PAY COLORADO DEPARTMENT OF CORRECTIONS

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