

**DAI 316.00.01 – Inmate Co-Payment for Health Services
Attachment – Copayment Table | Effective: 11-01-17**

MEDICAL		
Category	Copayment	No Copayment
Inpatient Setting – Infirmary		<ul style="list-style-type: none"> Any healthcare when an inmate patient resides in an inpatient setting.
Emergencies	<ul style="list-style-type: none"> Appointment is scheduled at the inmate patient's insistence even though telephone assessment triage does not indicate the concern is emergent. An inmate patient bringing their complaint to a staff member rather than submitting a request in writing. This is not a way around the copayment system. If an inmate patient goes to a staff member with a problem they are still requesting healthcare and a copayment is appropriate. Injuries including those injuries incurred while participating in recreation regardless of whether care is provided on or off site. 	<ul style="list-style-type: none"> Treatment for an actual medical or dental emergency as determined by a physician, dentist or registered nurse.
Additional issues raised during a prescheduled appointment (HSU staff scheduled) or during a sick call visit (inmate patient initiated)	<ul style="list-style-type: none"> Any additional issues brought forth by the inmate patient unrelated to the reason they are being seen is subject to copay. 	
Health related follow-up	<ul style="list-style-type: none"> If an inmate patient has been treated for a specific medical condition in the past, it does not mean they have unlimited visits for that problem in the future. 	<ul style="list-style-type: none"> Medical staff member scheduled appointments. Medical staff member scheduled chronic condition follow-up according to the chronic disease guidelines. A written referral from a PREA Risk Assessment Screener.
Work related injuries		<ul style="list-style-type: none"> The work site must be aware of the injury and an injury/accident /incident report shall be filed. Work related injury occurred while in pay status while on the job (e.g., washing dishes and slipped on water and hurt self or a splash into the eye of cleaning solution, cut). The inmate patient was sent from the work site by staff to the HSU.
Infection control		<ul style="list-style-type: none"> Requested immunizations that should have been scheduled but were overdue or those directed by Bureau of Health Services (BHS) such as influenza, pneumonia vaccine, HBV, HAV or tetanus boosters. Annual Health Maintenance including Tuberculin Skin Test (TST) annual review of signs and symptoms. HIV test may be requested by inmate patients every six months. Copayments may be suspended for defined period of time as determined by HSU Mgr/designee for surveillance and screening to control the spread of communicable/infectious diseases at facilities with a confirmed outbreak. There shall be a specific start and stop date identified. Copayment waiver during defined outbreak is only related to specific symptoms identified at the time of the outbreak.
On-Call situations	<ul style="list-style-type: none"> Copayment is charged when telephone triage results in a face to face visit with a health care provider and meets other copayment requirements. 	<ul style="list-style-type: none"> No copayment for telephone triage.
Facility Movement Medical Restriction/Special Needs-Intake or Transfer	<ul style="list-style-type: none"> Repair or replacement of special needs items that have been lost or misused. 	<ul style="list-style-type: none"> Medical Restriction/Restrictions Special medical needs are to remain in effect until reviewed by the HSU/Special Needs Committee. That Committee may continue a Medical Restriction/Special Need without seeing the inmate patient based on the criteria in policy/procedure. If the Medical Restriction/ Special Need does not fall into the established criteria, the inmate patient shall be reevaluated by the HSU/Special Needs Committee. Repair or replacement of medical equipment and special needs items as deemed necessary through normal use or through recommended replacement schedules.

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OPTICAL		
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Optical	<ul style="list-style-type: none"> Request for exams according to the optical guidelines in DAI Policy 500.30.35. Any refraction exam except immediately following cataract surgery. Repair for broken glasses. Replacement of lost glasses. 	<ul style="list-style-type: none"> Referrals from health care providers according to chronic disease guidelines [e.g., Dilated Fundus Exam (DFE) annually for diabetics]. The DFE is not charged, however if the inmate patient also desires a refraction and new glasses, a copayment is charged for these services. Adjustments and missing screws. An inmate patient request within 30 days of getting new glasses and has problems with the new prescription. A refraction within 60 days of cataract surgery.

MENTAL HEALTH		
Category	Copayment	No Copayment
Mental Health	<ul style="list-style-type: none"> Psychologist/Psychiatrist, after review of the HSR or Psychological Service Request (PSR), decides it is not necessary, but the inmate patient still requests to be seen by the psychiatrist. 	<ul style="list-style-type: none"> A written referral by psychologist or health services staff. Scheduled follow-up visits. A written referral from a PREA Risk Assessment Screener Crisis intervention evaluation and treatment related to sexual abuse in confinement.

DENTAL		
Category	Copayment	No Copayment
Inmate patient initiated request	<ul style="list-style-type: none"> Each inmate patient requested dental appointment during which a single dental treatment, prescription or x-ray is provided. 	<ul style="list-style-type: none"> An inmate patient requested dental appointment where no treatment is provided.
Multiple visits for one procedure	<ul style="list-style-type: none"> A single dental treatment procedure requiring more than one visit to complete is charged a single copayment only: <ul style="list-style-type: none"> ✓ Root canal ✓ Dentures ✓ Scaling and root planning 	
Follow-up appointments		<ul style="list-style-type: none"> Appointments at the request of the dentist as a follow-up to a dental procedure already completed: <ul style="list-style-type: none"> ✓ Post-op check on an oral surgery procedure. ✓ Occlusion adjustment on a restoration adjustment less than six months old.
Diagnostic	<ul style="list-style-type: none"> Periodic exams and x-rays not related to a hygiene appointment. 	<ul style="list-style-type: none"> Intake dental examinations and x-rays. Periodic exams and x-rays for the purpose of scheduling a hygiene appointment.
Preventive	<ul style="list-style-type: none"> Copayment is charged when inmate patient requests a prophylaxis (teeth cleaning) appointment or treatment. 	
Off-site dental referral appointments		Referrals for dental care done off site.
Centers and Jails	<ul style="list-style-type: none"> Dental appointments requested by DOC inmate patients housed in Centers, regardless of whether the dental care is provided by DOC or another dental provider. Appointments requested by DOC inmate patients housed in Jails when care is provided at a DOC facility. 	
Reclassification Committee (RC) required movement		<ul style="list-style-type: none"> Dental treatments necessary to improve a dental classification in order to expedite inmate movement at the request of RC.
Multiple issues on one Dental Service Request (DSR)	<ul style="list-style-type: none"> Copayment is charged per contact. Multiple appointments to treat multiple procedures each have a separate copayment. Address the listed dental problems in order of clinical priority. If all requested care cannot be provided in one visit, or if the dentist determines it is necessary to proceed with additional procedures not provided at the appointment, have the inmate patient complete a new DSR requesting additional chair time while he/she is still in the dental chair. Additional appointments require additional copayments. 	