

 ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.15	Page 1 of 7
	Effective Date: January 1, 2020	
	Distribution: A	
	Supersedes: 113.15 (12/1/15)	
Approved by: Tony Parker		
Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-21-237.
- 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, Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Health Administrators, Dentists, dental care staff, medical contractors, privately managed institutions, 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.(H)(3) regarding chargeable visits]
 - B. Co-payment: A fixed fee for medical care paid by inmates for health care designated as chargeable services.
 - C. Fee Designee: Any member of the healthcare team, that does not possess any type of medical license or certification from a Tennessee licensure board or function in a clinical role and are employed by the Tennessee Department of Correction (TDOC) or privately managed facility staff through TDOC policy designated by the Associate Warden of Treatment (AWT) to collect fees associated with this policy.
 - D. 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.
 - E. 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.(H)(2) regarding non-chargeable visits]
 - F. Self-Induced Illness/Injury: An illness or injury sustained from characterized illicit substance use, self-injurious behavior.
- V. POLICY: The Department shall provide health care treatment to inmates at minimal charge without regard to an inmate's ability to pay.

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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)
- B. Sick Call:
 1. If an encounter is not chargeable, due to documented follow-up or staff initiated care documented in the inmate health record, the health care provider shall document such on the institution's encounter log.
 2. Prior to assessment/treatment for any chargeable encounters a Trust Fund Account Personal Withdrawal Request, CR-2727, all be completed in accordance with Section (I) of this policy.
- C. 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 in Section (I) of this policy. 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 behavioral health reasons.
- D. Inmates will be charged for DNA testing per Policy #113.92.
- E. 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/Accountant/designee in writing and the amount shall be credited to the inmate's trust fund account.
- F. The health administrator, or designee, shall periodically audit documentation by cross referencing the CR-2727 with documentation in the health record 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. The health administrator shall maintain documentation of this audit.
- G. 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 behavioral health units at DSNF and TPFW

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2. Inmates housed in the Health Care Center at DSNF
3. Inmates housed in any institutional infirmary per medical
4. Inmates participating in the step up/step down programming at SCCF
5. Inmates housed in the basic skills unit at DSNF

H. 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, 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 Chief Medical Officer/designee 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/Behavioral Health Screening
- (10) Chronic care visits initiated by health care staff
- (11) Infirmary care
- (12) Vaccinations including flu shots (per 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.

c. Behavioral Health and Substance Use Services:

Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES

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

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/Superintendent.

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) Nurse sick call visit to inmate in segregation who requests to be seen
- (3) The copayment charge for emergency encounters initiated by staff (e.g., a declared Code 4) shall continue to be \$3.00.
- (4) 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.
- (5) Health assessment/treatment provided due to self-induced illness or injury
- (6) 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.

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- (7) Dental services requested by an inmate through sick call shall be charged co-payment on the day the inmate is seen on sick call.
 - (8) Optometry services, excluding those provided at intake and the during periodic health appraisal.
 - (9) 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.
 - (10) 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. Any 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 services/appointments with the inmate as described in Policies #113.12 and #113.51.
 - (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.
 - (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.
- d. 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.(G)(1) of this policy upon clinical determination by a psychiatrist and/or psychologist.

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I. Collection of Co-payment fees: All Trust Fund Account Personal Withdrawal Requests, CR-2727, shall be completed by the fee designee, as listed below:

1. Prior to treatment of chargeable services or a refusal of specialty services outlined in this policy, a CR-2727 shall be completed and the inmate asked to sign.
2. If the inmate requests treatment but refuses to sign the CR-2727, the fee designee 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.
3. The CR-2727 shall then be signed by the fee designee, and sent to the health administrator.
4. Upon receipt of the CR-2727, the health services administrator shall review It for appropriateness and then forward it to the institution's trust fund custodian.

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

VIII. EXPIRATION DATE: January 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: _____ TDOC ID: _____

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: _____

Printed Name of Witness

Signature of Witness

Health Service Provider's Report

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Date of Treatment

Time

Signature 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

Workers Compensation Claim #: _____



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

TDOC ID

Building:

Room #:

WITNESSED:

APPROVED: ☐ YES ☐ NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE

CR-2727 (Rev. 9-19)

Duplicate As Needed



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

TDOC ID

Building:

Room #:

WITNESSED:

APPROVED: ☐ YES ☐ NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE

DATE

CR-2727 (Rev. 9-19)

Duplicate As Needed

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	Distribution: A	
	Supersedes: N/A	
Approved by: Lisa Helton		
Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

POLICY CHANGE NOTICE 22-34

INSTRUCTIONS:

Please change Section VII. to read as follows:

“VII. ACA STANDARDS: 5-ACI-6A-02 and 5-ACI-6A-40.”

Please strikethrough CR-2592 on page 7 and insert the attached page 8. Renumber all policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: _____

TDOC ID: _____

Name: _____ 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: _____

Printed Name of Witness

Signature of Witness

Health Service Provider's Report: (Use page 2 for additional documentation if needed)

Subjective: _____

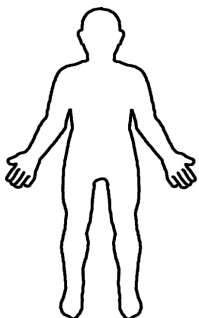
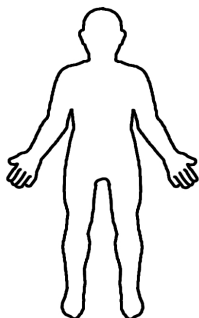
Objective: _____

Assessment: _____

Plan: _____

Front

Back



Date of Treatment

Time

Signature of Health Service Provider

Disposition:

☐ Treated by Institutional Health Service Staff

☐ Transported to Community Facility for Outpatient Care: _____

☐ Transported to Community Hospital for Inpatient Care: _____

☐ Other, explain: _____

Facility

Hospital

Did death result?

☐ Yes

☐ No

Relatives notified:

☐ Yes

☐ No

Workers Compensation Claim #: _____



****Signature required below if page 2 used**

Signature of Health Service Provider