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**ADMINISTRATIVE REGULATION
NUMBER 703**

OPR: HEALTH SERVICES

INMATE CO-PAYMENT FOR HEALTH SERVICES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the assessment and charge of a co-payment (co-pay) fee to an inmate's ITF account for a qualifying health service.

II. POLICY

- A. It is the policy of the ADOC for all inmates to have access to health care regardless of their ability to pay. No inmate shall be denied health care because of a record of non-payment or current inability to pay for health services. It is understood that this policy is not designed to deny or impede an inmate's access to health care.
- B. Inmates do not have the right to specify which health personnel they see. ADOC is not required to provide health care to an inmate free of charge when such care would not be free outside the correctional setting and when an inmate has the means to pay. Though the law requires that inmates' serious medical needs be met, it does not guarantee free medical care when inmates have the ability to pay.
- C. It is, therefore, a legitimate exercise of ADOC's authority to impose medical co-pay designed to reduce malingering among inmates and to deter the abuse of inmate sick call. Requiring inmates with adequate resources to pay for a small portion of their medical care in the form of co-pays also furthers the goal of instilling inmate responsibility by having them make resource allocation decisions.

III. DEFINITIONS AND ACRONYMS

- A. **Acute**: Usually referred to in connection with an illness; sudden, brief, and severe.
- B. **Chronic Care**: Care for illnesses that are either ongoing or recurring and are being monitored closely to maintain the patient's health status or to slow the progression of disease. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.
- C. **Chronic Care Clinic**: Provider-ordered chronic care clinic visits that are regularly scheduled with a Provider, or other qualified health care professional, for the purpose of periodic chronic illness/disease assessment, treatment, and on-going management. Patients are pre-scheduled by health services for their routine visits to ensure they receive needed care.
- D. **Co-Payment (Co-Pay)**: An administrative fee set by the ADOC Office of Health Services (OHS) that is assessed and charged against an inmate's ITF account subsequent to a qualifying health service.
- E. **Emergency Health Care**: Care (medical, dental, and mental health) for an acute illness or an unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.
- F. **Facility**: An ADOC prison, work release, work camp, or other designated housing unit where ADOC inmates are assigned.
- G. **Health Care**: The sum of all actions taken, preventative and therapeutic, to provide for the physical and mental well-being of the inmate population. This includes medical and dental services, mental health services, nursing, personal hygiene, dietary services, and environmental conditions.
- H. **Health Services Administrator (HSA)**: A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of health care and ensuring quality and accessible health services for inmates at designated facilities.
- I. **Health Services Vendor**: A qualified entity by virtue of practice and experience that is contracted by the ADOC to provide health services to the inmate population.
- J. **Inadequate Funds**: A situation where an inmate's current ITF balance is insufficient to cover the amount of the co-pay. The unpaid balance will remain "payable" until sufficient funds are received to satisfy the co-pay obligation.

- K. **Indigent**: An inmate who is found to be financially unable to pay the co-pay. For the assessment of medical co-pay charges, an inmate who maintains less than a twenty-dollar (\$20.00) balance of his/her ITF account for the prior ninety (90) days will be considered “indigent.”
- L. **Initial Intake Screening Assessment**: A process of structured inquiry and observation by qualified health care professionals designed to obtain immediate treatment for those in need of emergency health care, to identify and meet ongoing current health needs, and to isolate those with communicable disease.
- M. **Inmate**: An individual sentenced to serve a term of incarceration in the custody and control of the ADOC.
- N. **Inmate-Initiated**: Health services requested by an inmate, typically through a sick call request submission.
- O. **Inmate Trust Fund (ITF) Account**: Funds belonging to an inmate during the term of incarceration.
- P. **Over-the-Counter (OTC) Medication**: Medicines or remedies that may be sold directly to a consumer without a prescription from a health care professional as compared to prescription drugs, which may be sold only to consumers possessing a valid prescription.
- Q. **Provider**: A licensed physician, nurse practitioner, physician assistant, dentist, or mental health clinician.
- R. **Specialist**: A provider or health care professional with training or expertise that exceeds that of the primary care provider or health care professional such as wound care specialist, nephrologists, oral surgeon, physical therapist, ophthalmologist, maternity, gynecological services, oncologist, radiology, mammography, and diagnostics.

IV. **RESPONSIBILITIES**

- A. The Deputy Commissioner of Health Services is responsible for:
 - 1. Developing and implementing an inmate co-pay system for health care services provided.
 - 2. Ensuring that all designated staff strictly adhere to the provisions of this AR.
 - 3. Ensuring that only those qualifying health care services initiated at the request of an inmate and/or an inmate’s failure to appear for scheduled health services are subject to a co-pay fee.

- B. The Warden is responsible for:
1. Developing facility security procedures, as necessary, for the implementation of this AR.
 2. Ensuring designated ADOC personnel strictly adhere to the provisions of this AR.
- C. The Health Services Administrator (HSA) or designee is responsible for:
1. Ensuring that the ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* is completed.
 2. Assessing and approving inmate co-pay fees for covered services.
 3. Submitting the completed ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* to the facility Business Office.
 4. Investigating inmate complaints, inquiries, grievances, or grievance appeals about inmate co-pay fees assessed.
 5. Notifying the facility Business Office when a previously submitted co-pay fee is to be reversed.
 6. Verbally reporting issues of non-adherence to this AR and issues of access to care impediment immediately to the Deputy Commissioner of Health Services and to the facility Warden. Submitting a follow-up written notification report to the Deputy Commissioner of Health Services.
- D. The facility Business Office is responsible for:
1. Recording ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* in the inmate's ITF account.
 2. Retaining ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* on file in accordance with established accounting procedures and ADOC policy.

V. PROCEDURES

- A. No Co-Pay Fees: The ADOC shall not charge a co-pay fee for an inmate encounter with a facility provider for the following:
1. Initial intake screening assessment (medical, dental, or mental health).
 2. Facility-provider-ordered follow-up appointments.

3. Prescheduled periodic health assessments, physical exams, dental cleanings, or treatment afforded by a provider as required by ADOC policy.
4. Non-self-inflicted emergency health care or trauma care rendered on-site by a qualified health care professional.
5. Professional treatment rendered or ordered for emergency/acute dental care.
6. Mental health care and/or treatment within the facility.
7. Care and/or treatment for drug abuse, substance abuse, or addiction counseling within the facility or as so ordered by facility qualified health care staff.
8. Pregnancy/post-partum care or treatment.
9. Dialysis treatment.
10. Facility-provider-ordered appointments for community health care.
11. Facility-provider-ordered on-site laboratory, x-ray, or other diagnostic services.
12. Provider visits with patients who are clinically ordered to remain in the facility health care unit and assigned to an infirmary bed.
13. Facility-provider-ordered chronic care clinic referral, follow-up appointments, and chronic care medication re-order.
14. Care afforded to an inmate by a facility health care professional due to an injury or illness of an inmate arising from a work assignment (which is not subject to workers compensation or private employment job insurance and/or case management facilitation).
15. Acute or emergency care cases that are directly referred to a provider by a licensed facility health care professional.
16. Evaluation, diagnosis, and/or treatment for contagious disease, such as: sexually transmitted diseases, blood borne pathogen exposure, open or draining wounds, skin infections, methicillin-resistant staphylococcus aureus (MRSA), tuberculosis, or ectoparasites such as pediculosis and scabies.

17. Evaluation by a facility health care professional as requested by the Commissioner, Deputy Commissioner, or Office of Health Services clinical staff.
 18. If an inmate chooses to refuse a provider referral to a specialist appointment and their refusal is communicated in writing prior to the scheduled on-site visit or transport from the facility to a community provider.
 19. If an inmate has reviewed the risk indicators and/or subsequent outcomes of non-treatment for an invasive procedure and the inmate declines health treatment.
 20. If an inmate was prevented from attending his/her appointment with health services due to:
 - a. The reasonably related needs of the facility.
 - b. A failure to timely notify an inmate of the appointment.
 - c. An inmate's absence from the facility.
- B. Co-Pay Fees: The ADOC shall charge a four-dollar (\$4.00) co-pay fee for an inmate encounter with a health care professional (unless such encounter falls within the exceptions included in Section V.A. above) for the following:
1. Encounters resulting in provider orders or the use of nursing protocols.
 2. Receiving OTC medications through health services that are available for inmate purchase either through the facility commissary or off-site by those inmates allowed access to community store visits. Each OTC medication is subject to its own co-pay fee in addition to the encounter co-pay fee. However, an inmate admitted to the facility infirmary or whose security status prevents him/her from accessing the facility commissary are not subject to this co-pay fee.
 3. Optical device replacement within 24 months of the previous issue for any reason other than an order from a facility provider stating that a change in the current prescription level is required.
 4. Denture replacement within five (5) years of original issue unless exempted by the facility dental provider.
 5. Repair or replacement of a medical device because of damage intentionally caused by the inmate. (Normal wear and tear is expected).

6. Health care rendered to an inmate found responsible (through the Disciplinary Hearing process) for injuries to self or another inmate. The inmate found responsible will be assessed a health services encounter co-pay fee for both himself/herself and each victim.
 7. Health care services initiated at the request of an inmate.
 8. Inmate's failure to appear, or refusal, for scheduled health services, in accordance with Section V. C.
 9. A qualifying inmate health care assessment that is referred to a higher-level practitioner shall only incur one (1) co-pay fee.
- C. ADOC shall charge a co-pay fee to an inmate failing or refusing to attend scheduled on-site or off-site health services as follows. The HSA has the discretion to waive these co-pay fees for just cause.

	<u>Co-Pay Fee</u>
1. Failing or refusing to attend sick-call or scheduled medical or dental appointments with the health care professional (including chronic care appointments, physicals, exams, etc.).	\$4.00
2. Failing or refusing to attend an on-site appointment with a provider specialist.	\$8.00
3. Refusing to attend an off-site scheduled appointment at a community health services facility.	\$12.00
4. Attending an off-site scheduled appointment at a community health services facility but then refusing to see the provider or designated staff.	\$20.00

- D. If an inmate refuses to be seen by health care staff for which he/she is called, the inmate will be escorted to the health services unit. The medical contract vendor's form for refusal for health services or refusal of clinical services should be completed and signed by the inmate. This form will be filed in the inmate's health record.
- E. Inmates shall be informed of the details of the health care co-pay policy by the ADOC intake health and security staff upon admission during initial inmate orientation. Inmates who are already incarcerated shall be informed of the details of the health care co-pay policy through other appropriate means.
- F. Assessment of Co-Pay Fees:

1. The assessment of a co-pay fee will be determined by the HSA/designee and documented on ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* with the appropriate co-pay assessment code as identified on the Form.
 2. The HSA/designee shall initiate ADOC Form 703-A, *Inmate Treatment/Co-Pay Report* which shall include:
 - a. Date, inmate's name, AIS number, and ID card verification.
 - b. Health encounter scheduled, service provided, or co-pay charged due to inmate failure to report for appointment (No Show).
 - c. Co-pay assessment code and inmate signature (unless absent).
 - d. Co-pay amounts due.
 - e. Stated reason co-pay assessed greater than four dollars (\$4.00).
 - f. Co-pay Review Requested: date of service and amount of co-pay credit due.
 - g. HSA/designee signature and date.
 3. An inmate will be provided a copy of the inmate-initiated sick call request.
 4. If an inmate being assessed a co-pay fee disagrees with such assessment, the inmate shall have five (5) days from the date of the assessment to respond in writing to the HSA/designee setting forth any reasons why the co-pay fee should not be assessed.
 5. Thereafter, the HSA/designee shall determine whether payment of a co-pay fee is required and assess all such charges against the inmate's ITF account.
 6. The completed ADOC Form 703-A, *Inmate Treatment/Co-Pay Report*, including the assessment of the HSA/designee, shall be forwarded to the facility Business Office on a weekly basis.
 7. The Facility Business Manager/designee shall ensure that the appropriate co-pay fees are deducted, or a debt is accrued until such time as the funds are available, from the non-indigent inmate's ITF account in accordance with ADOC accounting procedures and policies.
- G. Charges shall not be compounded for an inmate visit when an inmate is referred by one health care provider to another health care provider.

- H. The facility health services vendor shall have a grievance system in place that accurately tracks complaints received regarding co-pay.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the OHS Policy and Procedure Manual for Health Records Disposition and the Departmental Records Disposition Authority (RDA).

VII. FORMS

ADOC Form 703-A *Inmate Treatment/Co-Pay Report*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 703, *Inmate Co-Payment for Health Services*, dated June 1, 2013, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, POSITION STATEMENT (August 2022).
- C. AMERICAN CORRECTIONAL ASSOCIATION, PERFORMANCE-BASED STANDARDS AND EXPECTED PRACTICES FOR ADULT CORRECTIONAL INSTITUTIONS §§ 5-ACI-6A-02, 5-ACI-6A-40 (5th ed. 2021).



John Q. Hamm
Commissioner

