



## SCDC POLICY

**NUMBER:** HS-18.17

**TITLE:** MEDICAL CO-PAYMENT

**ISSUE DATE:** May 24, 2023

**RESPONSIBLE AUTHORITY:** DIRECTOR OF *MEDICAL* SERVICES

**POLICY MANUAL:** *MEDICAL* SERVICES

**SUPERSEDES:** HS-18.17 (June 1, 2007); (March 1, 2004)

**RELEVANT SCDC FORMS/SUPPLIES:** *19-29*

**ACA/CAC STANDARDS:** 4-ACRS-4C-01, 4-ACRS-4C-06, 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10, 4-ACRS-4C-15, 4-ACRS-5A-02, 4-4344, 4-4345

**STATE/FEDERAL STATUTES:** South Carolina Proviso 37.16 authorized under Part 1B of the 2005-2006 South Carolina Appropriations Act;

**SCDC *HEALTH SERVICES PROCEDURES: 100.20, 300.31***

**NOTE:** This policy is not to be confused with SCDC Policy ADM-15.01, "Repayment of Costs by Inmates," which requires charging medical and other expenses to an inmate when that inmate inflicts injuries on himself/herself or others.

**PURPOSE:** To provide guidelines for the establishment, management, and implementation of an inmate co-payment system for eligible medical care and consultation services initiated or requested by inmates, while at the same time ensuring that all inmates are provided the opportunity to receive necessary health care services regardless of their ability to pay.

**POLICY STATEMENT:** SCDC is authorized to charge inmates a co-payment fee for any routine or emergency medical care, medications, and consultation service initiated or requested by the inmate. Co-payment fees will not be charged for mental health or psychological care or consultation whether initiated or requested by the inmate or agency staff. SCDC recognizes that the establishment of a co-payment system does not diminish its responsibility to provide inmates the opportunity to access necessary health care services regardless of their inability to pay.

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### **SPECIFIC PROCEDURES:**

#### **1. ESTABLISHMENT OF CO-PAYMENT FEES AND NOTIFICATIONS:**

**1.1 Responsibilities:** The Director of *Medical* Services will be responsible for recommending a co-payment fee to the Agency Director that conforms with average national trends. The Agency Director will have final approval of the co-payment fee to be established for designated medical care and consultation services. The Agency Director reserves the right to adjust the established co-payment fee at any time to conform with changes in national trends, or in state or federal statutes or legislation, or other applicable requirements. Changes to the established co-payment fee will be posted at least 30 days prior to the effective date.

#### **1.2 Notification: Inmates will be notified of the established co-payment fee as follows:**

**1.2.1** Written notices will be posted in conspicuous locations throughout each SCDC facility. The notice will state the established co-payment fee and will explain the applicability of the fee to the inmate. The Director of *Medical* Services will be responsible for the development and distribution of such notices. (4-ACRS-4C-01, 4-4345)

**1.2.2** Inmates will be informed of the procedures necessary to be followed to access health care services and of co-payment fees during inmate orientation provided during the reception and evaluation process. Institutions will provide the same information to inmates during institutional orientation.

#### **2. APPLICABILITY OF CO-PAYMENT FEES:**

**2.1** Established co-payment fees will be applicable to all inmates incarcerated in any SCDC facility regardless of his/her indigent status. Inmates who initiate visits to medical to include routine and emergency care, medications, and consultation services are considered by the Agency to have given implied consent for the assessment of the co-payment fee. See Paragraph 3., below, for a list of services for which the inmate will be charged a co-payment fee.

**2.2** Inmates **should not be** denied or refused access to health care services because s/he has insufficient funds to pay the medical co-payment fee. (4-ACRS-4C-01, 4-4435)

#### **3. LIST OF MEDICAL SERVICES FOR WHICH THE INMATE WILL BE CHARGED A MEDICAL CO-PAYMENT FEE(S):**

**3.1 Dental Services:** Co-payment fees will be charged for any dental treatment initiated or requested by an inmate to include, but not limited to, each restoration, extraction, examination (*even if referred by sick call*), cleaning, surgical removal of an extracted tooth, *radiographs, each of the four steps in denture making (initial impression, wax rim, try-in, and final insertion)*, other minor surgery, and adjunctive procedure(s) such as occlusal adjustments, denture adjustments, or in-house denture repair/alignment. Inmates will be charged a co-payment fee for any medications prescribed by the dentist.

**3.2 Medical Services/Consultation:** Co-payment fees will be charged in any instance in which the inmate initiates or requests any routine or emergency medical care or consultation, to include, but not limited to sick call requests (*optometry and evaluation for dental referrals are included*).

**3.3 Prescribed Medication:** All inmates incarcerated in any SCDC facility will be charged a co-payment fee for prescribed medications. (See Paragraph 4.11 for an exception to medication co-payment charges.) The approval for the initiation of a prescription co-pay was granted during the 2003 legislative session of the South Carolina General Assembly. The South Carolina Department of Corrections recognizes that the implementation of a prescription co-pay will not diminish the Agency's responsibility to provide inmates necessary medication. The

Agency will continue to provide all chronic medications regardless of the inmate's financial ability. Under no circumstances will an inmate who does not have sufficient funds to pay the co-payment be denied medications, but the inmate's account will be debited.

**3.4 *Security-Initiated:*** A co-payment fee will be charged for security-initiated visits as a result of inmate-initiated behavior. *This will include evaluation after placement in restraint chair, post-use-of-force and post-altercation evaluations, even if the inmate refuses treatment.*

#### **4. LIST OF MEDICAL SERVICES FOR WHICH THE INMATE WILL NOT BE CHARGED A MEDICAL CO-PAYMENT FEE(S):**

**4.1** Initial assessments during the reception and evaluation process, classification physicals, and transfer evaluations; (4-ACRS-4C-06, 4-4344)

**4.2** Diagnostic tests and dressing changes;

**4.3** Immunizations, tuberculosis (TB) testing, and other selected treatments instituted/initiated by SCDC for public health reasons; (4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10)

**4.4** Infirmary care (*The inmate will incur a co-payment for medication taken in the infirmary setting*);

**4.5** Psychological, mental health, and social work services, to include referrals to psychiatrists; (4-ACRS-4C-15, 4-ACRS-5A-01, 4-4345)

**4.6** Lab work and x-rays;

**4.7** Written referrals from one qualified health care provider to another related to the initial medical problem, *such as when a nurse refers an inmate to a physician, when a physician orders specified follow-up care by the nurse, or when a physician refers an inmate to a specialist*; (Note: In these cases, the co-payment will only be charged for the inmate's first initiated or requested medical visit.) *An inmate who requests to be seen in Medical for a dental problem will be charged for a dental encounter when seen by dental for treatment of the same problem;*

**4.8** Any clinical visits, to include chronic/*infectious disease* clinics, initiated by the SCDC to monitor the *applicable* disease process on a routine basis as outlined in the *relevant SCDC Health Services Procedures for each respective condition*;

**4.9** Hospice care;

**4.10** When an inmate is sent to medical by his/her supervisor (*or an inmate arrives with SCDC Form 19-29, "Incident Report"*) as the result of an injury sustained on the job (e.g., institutional job, Prison Industries, etc.). This includes all follow up visits requested by Medical *for the same problem*;

**4.11** No co-payment will be charged for certain medications. (*Medications prescribed for work-related injuries will incur a co-payment that will subsequently be refunded.*) A list of these medications will be developed and maintained by the Division of *Medical* Services and will include:

- ***340B-eligible medications***
- medications used exclusively for the treatment of mental disorders unless the inmate fills the prescription and then refuses to take the medication;
- selected medications which in SCDC are more frequently used to treat mental health disorders;
- medications/agents used in the treatment of Tuberculosis (TB-active or latent) (however, co-payments will be charged for medications used in the treatment of secondary illnesses/infections that may arise during the treatment of TB); and
- over the counter medications issued from the living units, *and*;

**4.12 During a known public health disease outbreak (influenza, GI, etc.), when an inmate requests evaluation for symptoms of that disease.**

**5. ENCOUNTER/PRESCRIPTION CO-PAYMENTS:** When the medical provider enters information into the automated system Encounter Screen, the entry will automatically assess a medical co-payment charge for the inmate based upon the code entered for the Type of Encounter. SCDC charges non-work release inmates \$5.00 per medical encounter and \$5.00 per filled prescription. Work Release inmates are charged \$12.00 per medical encounter and \$12.00 per filled prescription, except as noted in paragraph 4 above. However, inmates will not be charged for more than three (3) prescriptions in any calendar month. Inmates who do not have sufficient funds to pay for their co-payment fees will have their inmate account debited.

**6. CO-PAYMENT GRIEVANCES:** The only medical co-payment issues that will be considered grievable are:

**6.1** An allegation that the inmate was improperly assessed a medical co-payment for a medical service or medication described in Paragraph 4., "List of Medical Services for Which the Inmate Will Not be Charged a Medical Co-Payment Fee(s)."; or

**6.2** An allegation that the inmate was denied access to health care or medication due to his/her inability to pay for services.

**7. DEFINITIONS:**

**Chronic Clinics** *refers to* any clinical visit initiated by the SCDC to monitor the stated disease process on a routine basis as outlined in the medical directives.

**Co-payment Fee** refers to a uniform fee approved by the Agency Director and charged to an inmate for routine and emergency medical care, medications, and consultation services either initiated or requested by the inmate.

**Implied Consent** refers to inmate-initiated visits to medical to include routine and emergency care, medications, and consultation services.

**Medical Care and/or Consultation** refers to medical services initiated or requested by an inmate and provided to the inmate by a qualified health care provider.

**Qualified Health Care Provider** refers to any SCDC employed or contracted physician, physician's extender or assistant, dentist, nurse practitioner, registered nurse (RN), licensed practical nurse (LPN), and optometrist. For the purposes of this policy, mental health, psychological, and social work providers are excluded from this definition.

**SIGNATURE ON FILE**

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**s/Bryan P. Stirling, Director**

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**Date of Signature**

**ORIGINAL SIGNED COPY MAINTAINED IN THE *OFFICE* OF POLICY DEVELOPMENT.**