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Title: Healthcare Copay	**Directive Number:** OPS.245.0002
Related Statute and Regulations: Correctional Services Article, § 2-118, Annotated Code of Maryland. Correctional Services Article, § 3-609, Annotated Code of Maryland	**Supersedes:** CRDET-245-0008
Related ACA and MCCS Standards: 5-ACI-4C-01 NCCHC J-A-10	**Responsible Authority:** **Oluwatoyin Bakare** Chief Financial Officer
Related Directives: N/A	**Effective Date: August 25, 2025**
Variance: N/A	**Number of Pages:** 8

.01 Purpose.

This directive establishes procedures for assessing and collecting healthcare copayments from incarcerated individuals in accordance with Correctional Services Article, § 2-118, Annotated Code of Maryland.

.02 Scope.

This directive applies to each correctional facility operated by the Department.

.03 Policy.

A. The Department shall assess and collect a $2.00 healthcare copay from each incarcerated individual who receives an applicable healthcare service, in accordance with Correctional Services Article, § 2-118, Annotated Code of Maryland.

B. The Department may not deny access to healthcare services based on an incarcerated individual's inability to pay an assessed healthcare copay.

C. An incarcerated individual may submit a grievance through the Department's established process if they believe a healthcare copay was assessed in error.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Correctional facility" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: 'Correctional facility' means a facility that is operated for the purpose of detaining or confining adults who are charged with or found guilty of a crime.

(2) "Healthcare copay" means a fixed fee assessed to an incarcerated individual for applicable healthcare services, as authorized under Correctional Services Article, § 2-118, Annotated Code of Maryland.

(3) "Healthcare services" means medical, dental, optometry, and mental health care provided to an incarcerated individual by licensed or certified personnel in a correctional facility or by referral.

(4) "Healthcare vendor (vendor)" means vendors contracted by the Department to provide medical, mental health, and dental services to incarcerated individuals.

(5) "Incarcerated individual" has the meaning stated in Correctional Services Article, § 1-101, Annotated Code of Maryland.

(6) "Indigent" means an incarcerated individual who has insufficient funds in their financial account as determined by the Department's current indigence threshold criteria, and is therefore exempt from healthcare copay deductions.

(7) "Medical referral" means a recommendation for services made by a qualified healthcare professional that authorizes further evaluation or treatment and may exempt the resulting healthcare services from copay.

(8) "Reserve account" means an incarcerated individual's encumbered financial account.

(9) "Spending account" means an incarcerated individual's unencumbered financial account with funds available for use.

.05 Responsibilities.

A. The Secretary shall:

(1) Adopt regulations and establish procedures to assess and collect a $2.00 healthcare copay for each visit by an incarcerated individual to a medical unit, physician, dentist, or optometrist; and

(2) Ensure that no incarcerated individual is denied access to necessary healthcare services due to their inability to pay.

B. The Secretary may not assess a healthcare copay for services that are:

(1) Required as part of the intake process;

(2) Required for an initial physical examination;

(3) Due to a referral by a nurse or physician's assistant;

(4) Provided during a follow-up visit that is initiated by a medical professional from the correctional facility;

(5) Required for necessary treatment; or

(6) Initiated by a medical or mental health staff member of the correctional facility.

C. The Commissioner or Director shall:

(1) Ensure that each correctional facility maintains a reserve account and a spending account for each incarcerated individual in accordance with Correctional Services Article, § 3-609, Annotated Code of Maryland; and

(2) Ensure that the incarcerated individual's designated financial accounts are charged for healthcare copay fees as authorized.

D. The healthcare vendor shall:

(1) Collect completed *OPS.130-5aR Sick Call Request/Encounter forms ("sick call slip")* (Appendix A) from all sick call boxes in each correctional facility daily as directed under § IV.A of OPS.130.0005 – Sick Call Manual;

(2) Determine if the requested healthcare service is subject to a healthcare copay;

(3) Document the incarcerated individual's SID# under the "SID#" heading on the *Sick Call Triage Copay form* (Appendix B);

(4) Document the incarcerated individual's first and last name under the "Incarcerated Individual's Printed Name" heading on the *Sick Call Triage Copay form* (Appendix B);

(5) Indicate the determination of a healthcare copay by documenting "yes" or "no" under the "Apply Copay" heading on the *Sick Call Triage Copay form* (Appendix B);

(6) Obtain the incarcerated individual's signature authorizing the healthcare copay under the "Incarcerated Individual's Signature" heading on the *Sick Call Triage Copay form* (Appendix B);

(7) Document the appropriate status code under the "Status" heading on the Sick Call Triage Copay form (Appendix B);

(8) Complete the initial triage and sick call encounter for the collected sick call slip as directed under §IV of OPS.130.0005 – Sick Call Manual; and

(9) Forward the *Sick Call Triage Copay form* (Appendix B) to the Regional Finance Office assigned to the correctional facility.

E. The Regional Finance Office shall:

(1) Determine the incarcerated individual's eligibility for a healthcare copay based on the current indigent threshold;

(2) Adjust the incarcerated individual's spending account accordingly, in compliance with established fiscal procedures;

(3) Document the incarcerated individual's eligibility code (EC) in the "EC" column of the *Sick Call Triage Copay form* (Appendix B); and

(4) Forward the completed *Sick Call Triage Copay form* (Appendix B) to the assigned facility managing official.

F. The facility managing official shall maintain each completed Sick Call Triage Copay form (Appendix B) in accordance with the Division's retention schedule.

.06 Appendix.

A. OPS.130-5aR, Sick Call Request Encounter form.

B. OPS.245-2bR Sick Call Triage Copay form.

.07 History.

A. This directive rescinds and replaces CRDET-245-0008 titled Medical Co-pay, issued on November 1, 2013.

B. CRDET-245-0008 titled Medical Co-pay, issued on November 1, 2013 had previously rescinded and replaced DPDS-245-0008 titled Medical Co-pay, issued on August 31, 2007.

C. This directive supersedes any provisions of existing Department communications with which it may be in conflict.

.08 Distribution.

A
D
L
S – Correctional Facility Administrators, Healthcare vendor

Department of Public Safety & Correctional Services
Sick Call Request/Encounter Form

Date/Time Stamp	Medical Triage: (E) (U) (R) Apply Copay: ☐ Yes ☐ No
Directions: • **Section I: To be completed by incarcerated individual.** • **Section II: To be completed by clinician.** Incarcerated individual must state specific reason for requesting Medical/Dental/Mental Health services.	Signature _____ Date/Time _____ Verification Signature _____ Date/Time _____

Section I: To Be Completed By Incarcerated Individual

Name:	DOB:	SID#:	Cell#:	Facility:
Allergies:			Date:	

Sick Call Request

State your problem. How can we help you? (Please be specific) ☐ Medication not received

_____

_____

_____

A. Where does it hurt?

B. When did it start?

C. Has it happened before? How often?

Non–Sick Call – Healthcare Issues

☐ Medical Records Request ☐ Work Clearance Request ☐ Dental Exam/Filling/Denture Request

☐ Medication Refill ☐ Eye Glass Repair Request ☐ Other: _____

Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here

Section II: To Be Completed By Healthcare Personnel

Healthcare Encounter Documented in EPHR: (Comments)

_____ Provider

_____ Date / Time

Sick Call Request / Encounter **(E)** **(U)** **(R)**

Form Forwarded To:

☐ Dental

☐ Mental Health

☐ Medical Records

☐ Other: _____

Date/Time Sent	Date / Time Received
Signature	Signature

Response to the Incarcerated Individual: _____

Department of Public Safety & Correctional Services
Sick Call Copay Triage Form

Date: _____ Facility: _____

Incarcerated Individual's SID #	Incarcerated Individual's Printed Name	Apply Copay	Incarcerated Individual's Signature *	Status **	E.C. ***

* When a healthcare copay is applicable, the incarcerated individual must sign above prior to receiving healthcare services. The incarcerated individual's signature indicates awareness that a copay of $2.00 will be deducted from their spending account

** Status: 1 – No further TX 2 – Refer to Dispensary 3 – Refer to MD/APP

_____ _____
Signature of Healthcare Provider Date
(See instructions on page 2)

*** E.C.: I NB C

_____ _____
Signature of Finance Staff Date Processed
(See instructions on page 2)

_____
Date Forwarded to Facility Managing Official

Department of Public Safety & Correctional Services
Sick Call Copay Triage Form

Instructions for eligible and exempt healthcare copay charges, eligibility codes, and form completion.

The healthcare vendor is required to:

(1) Complete all portions of this form as directed under § .05D of OPS.245.0002 except:

(a) Incarcerated individual signature;

(b) E.C. column; and

(c) Finance staff signature; and

(2) Forward completed Sick Call Copay Triage form to the regional finance office assigned to the correctional facility.

The regional finance office shall complete all portions of this form as directed under § .05E of OPS.245.0002.

Services eligible for healthcare copay include:

- The first visit for sick call service.
- Each initial sick call visit, self-referred, and services unrelated to any continuing medical problem.

Services exempt from healthcare copay include:

- Any service determined by the healthcare vendor as having been provided on an emergency basis, treatment for an acute illness, or unexpected health problem that cannot be medically deferred until the next scheduled sick call clinic.
- Any service when an incarcerated individual must be maintained in a dispensary for observation, transferred to a regional infirmary, or otherwise immediately transported off-site for medical service.
- Any continuing care visit required after an initial sick call.
- All infirmary care.
- All chronic care.
- All secondary care.

Eligibility Codes

- I – Indigent
- NB – No Balance
- C – Copay Charged