Facility Directive



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	Title:	Facility Directive Number:						
	Medical Co-Pay	CRDET-245-0008						
	Related MD Statute/Regulations:	Supersedes:						
	Article 27, § 678B, ACM	PDSD 245-8 titled, Medical Co-						
		Pay and issued on August 31,						
		2007.						
Ì	Related ACA Standards:	Responsible Authority/						
	4-ALDF-4C-01	Jauly Darigg						
	(BCBIC-Vail Administrator						
other state of the		BCDQ- Jail Administrator						
	Related MCCS Standards:	Effective Date:						
	.02F	November 1, 2013						
ı								
		Number of Pages: 3						
	Related DPSCS Publication: DPSCS Financial Operations Manual							

Wendell M. France Regional Executive Director

Carolyn A. Atkins
Director of Detention

.01 Purpose.

This directive establishes procedures governing the assessment and collection of inmate medical co-pays.

.02 Scope.

This directive is applicable to the Central Region Detention Facilities, excluding Chesapeake Detention Facility and Community Supervision:

- (1) Baltimore Central Booking and Intake Center; and
- (2) Baltimore City Detention Center.

.03 Policy.

It is the policy of the Central Region Detention Facilities that a co-pay is assessed for:

- (1) Applicable medical services in order to promote and encourage responsibility;
- (2) Accountability among inmates in the participation and management of the inmates' personal health and to model that responsibility to assist adjustment in re-entry to community life; and
- (3) However, the Department shall not deny access to medical care based on the ability to pay.

.04 Definitions.

- A. In this directive, the following terms have the meanings indicated.
- B. Terms Defined.
 - (1) "Health Care Services" means a task or care defined under the medical services contract of the Department of Public Safety and Correctional Services.
 - (2) "Indigent Rate" means an inmate eligibility guideline determined by the current price of one (1) indigent kit from the CRDET Commissary.

.05 Responsibility.

- A. The medical provider, on a daily basis is responsible for:
 - (1) Complete the Sick Call and Triage form (Appendix A) as follows:
 - (a) Enter the current date;
 - (b) Indicate the appropriate facility;
 - (c) Referring to the inmate's identification card for information:
 - (i) Enter the nine (9) digit number for each inmate; and
 - (ii) Print the inmate's name.
 - (d) Make a determination that the medical service to be provided is or is not subject to a co-pay, per established guidelines, (Appendix A cont.);
 - (e) Enter "Yes" or "No" under the column heading, "Apply Co-pay" to indicate the determination;
 - (f) Obtain the inmate's signature at the appropriate line or column to authorize processing of the co-payment, if the inmate refuses to sign and document this refusal at the same line or column.

Facility Directive Number CRDET-245-0008

- (2) Provide copies of the completed Sick Call Triage form to the health care provider; and
- (3) Forward the original Sick Call Triage form to the Finance Director for CRDET.
- B. The Director of Finance, or designee, is responsible to process the properly assessed and authorized co-payments as follows:
 - (1) Determine eligibility for charges based on application of the current indigent rate to the balance in the inmate's spending account;
 - (2) Adjust the inmate account accordingly and in compliance with established protocol; and
 - (3) Note the inmate's eligibility code in the "E/C" column of the Sick Call Triage form.

.06 Attachment(s).

Appendix A - Sick Call Triage form.

.07 History.

- A. This directive replaces DPDS 245-8 titled Medical Co-pay and issued on August 31, 2007.
- B. This directive supersedes provisions of existing Division communication with which it might be in conflict with.

.08 Distribution.

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CENTRAL REGION DETENTION FACILITES SICK CALL/TRIAGE

SEEN: Facili						Facilit	ty:BCBICWDC						MDCJI					
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Signature of Finance Staff:							Date Processed:											
Date fo	rward	ed to	Assis	tant Ja	ail Adn	ninistra	tor for C	orrection	n:									

Instructions to Health Care Provider for Eligible and Exempt Medical Co-Pay Charges And Form Completion

The HEALTH CARE PROVIDER is required to:

- (1) COMPLETE ALL PROTIONS OF THIS FORM except: Inmate signature; E.C. column and Finance staff signature.
- (2) ON A DAILY BASIS FORWARD ORGINAL FORMS to CRDET Finance Unit, JI Bldg.

SERVICES ELGIBLE for co-pay include:

- The first visit for sick call service
- Sick call for special confinement (same procedures for general population medical services); and
- Each initial sick call visit, self-referred, and unrelated to any continuing medical problem.

SERVICES EXEMPT from co-pay include:

- Any service, defined by the medical contractor, as having been provided on an emergency basis, to include treatment for an acute illness or unexpected health problem that cannot be medically deferred until the next schedule sick call or clinic, as determined by the medical contractor.
- Or when a resident must be maintained in a dispensary for observation; transferred to a regional infirmary; and/or otherwise immediately transported outside the institution for a medical service;
- Any continuing care visit required after an initial sick call;
- All infirmary care;
- All chronic care; and
- All secondary care service.