.01 Purpose.

This directive updates existing policy and guidelines for collecting fees for medical services provided to an individual physically in the custody of the Department of Public Safety and Correctional Services (Department).

.02 Scope.

This directive applies to all units of the Department responsible for providing medical services to an individual in the physical custody of the Department.

.03 Policy.

A. The Department shall provide health care services to individuals in the physical custody of the Department.

B. The Department, where appropriate, shall collect fees for medical services provided to an individual in the physical custody of the Department as provided by statute and regulation.

C. The Department may not deny medical services to an individual in the physical custody of the Department due to the individual’s inability to pay authorized fees for medical services.

.04 Definitions.

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

B. Terms Defined.

(1) Inmate.

(a) “Inmate” means an individual physically in the custody of the Department in a State correctional facility.
(b) “Inmate” includes an individual in the physical custody of the Department referred to as a detainee or resident.

(2) “Medical co-pay” means compensation collected from an inmate in a State Correctional facility for medical services provided to the inmate.

.05 Responsibility/Procedure.

A. Except for provisions under §B of this directive, the Department may assess a reasonable fee (medical co-pay) for each visit by an inmate to a medical unit, licensed medical or mental health care provider, dentist, or optometrist for the purpose of receiving health care services.

(1) Correctional Services Article, §2-118, Annotated Code of Maryland permits a maximum of $4 (U.S. currency) to be assessed for this purpose.

(2) The Department currently assesses $2.00 (U.S. Currency) for this purpose.

B. An inmate may not be assessed a medical co-pay for health care services that are:

(1) Required as part of the process when an inmate is received at a correctional facility;

(2) Health assessments or screening conducted as part of the process for:

(a) Receiving an inmate at a correctional facility;

(b) Inmate transfers;

(c) Periodic health status updates;

(d) Fitness to perform work assignments; or

(e) Release from the facility;

(3) Due to a referral made by a nurse or physician’s assistant employed by or under contract to the Department to provide medical services to an inmate;

(4) Provided as follow-up or continuing care related to a previous service initiated by a licensed health care professional employed by or under contract to the Department;

(5) Required in connection with necessary treatment, such as emergency services;

(6) For care requiring admission to a Department infirmary;

(7) For chronic care as established under the Department’s chronic care protocols;

(8) Medical services provided by a hospital;

(9) Secondary services such as diagnostic tests;
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(10) Provided at the direction of a licensed medical or mental health care professional employed by or under contract to the Department; or

(11) Provided in connection with an investigation of sexual abuse as defined under the federal standards authorized by the Prison Rape Elimination Act (PREA).

C. Documenting and Collecting Inmate Medical Co-Pay.

(1) Each week the health care representative responsible for maintaining an inmate’s health record shall:

   (a) For each inmate receiving health care services during the preceding week, identify health care services received by the inmate that are eligible for medical co-pay;

   (b) Complete a list for each inmate recording each service that is eligible for medical co-payment received by the inmate;

   (c) After completing the list of services under §.05C(1)(b) of this directive, verify that the inmate named on the list is the inmate who received the listed services;

   (d) Present or have the list presented to the named inmate and request the inmate sign the list indicating that the services were received;

   (e) If the inmate refuses to sign the list, the individual presenting the list for signature shall record “Refused to Sign” in the space for the inmate’s signature and sign and date the list; and

   (f) Once the list is signed, either by the inmate or individual presenting the list for signature because the inmate refused to sign, the list shall be distributed as follows:

      (i) Original — Facility fiscal officer;

      (ii) Copy — Health care contractor; and

      (iii) Copy — Director, Contract Administrator.

(2) Upon receipt of a list of medical services eligible for medical co-pay under §.05C(1)(f) of this directive, the facility fiscal officer shall:

   (a) Verify the list accurately reflects medical services eligible for medical co-pay;

   (b) If errors are noted on the list:

      (i) Work with the medical contractor to amend the list;

      (ii) Have an amended list verified by signature as required under §.05C(1)(d) or (e) of this directive; and

      (iii) Distribute the amended list as required under §.05C(1)(f) of this directive;
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(c) If no errors are identified, arrange, based on Department fiscal procedures, for the medical co-pay to be deducted from the inmate’s spending account and deposited in the appropriate Department account; and

(d) Provide the affected inmate with a written record of the transaction.

.06 Attachment(s).

There are no attachments to this directive.

.07 History.

A. This directive supersedes and rescinds DPSCS.130.0001, Fees for Inmate Medical Services (Formerly SD 07-1994) dated 12/12/94 by updating style and format and changes.

B. This directive supersedes provisions of any other prior existing Department communication with which it may be in conflict.

.08 Correctional Facility Distribution Code.

A
L
S — Medical and Finance staff