


**HOWARD COUNTY DEPARTMENT OF CORRECTIONS  
POLICY & PROCEDURE**

	<b>SUBJECT:</b>	Medical Services
	<b>P &amp; P #:</b>	I-814
	<b>TITLE:</b>	Inmate Medical Fee
	<b>EFFECTIVE DATE:</b>	September 10, 2019
	<b>REVIEWED BY:</b>	<i>Liane West</i> Liane West, Health Services Administrator
	<b>REVIEWED BY:</b>	<i>Andrea King-Wessels</i> Andrea King-Wessels Deputy Director
	<b>AUTHORITY:</b>	<i>Jack Kavanagh</i> Jack Kavanagh, Director

**POLICY:** It is the policy of the Howard County Department of Corrections to assess an inmate co-pay fee for applicable medical services to promote and encourage responsibility and accountability for inmates in the participation and management of their personal health care. This fee system shall act as a model for the inmate to assist in adjustment for re-entry to community life. This fee is assessed in accordance with the Annotated Code of Maryland. The Howard County Department of Corrections shall **NOT** deny access to medical care based on ability to pay.

**REFERENCES:** 2013 Maryland Code Correctional Services §11.203 Health and Welfare of Inmates, and HCDC Policy I-804 Treatment.

**DEFINITIONS:**

Emergency Medical Services – As determined by medical staff, includes:

1. Treatment for an acute illness or unexpected health problem that can not be medically deferred until the next scheduled sick call or clinic; and
2. Transfer to a dispensary or outside medical facility for required immediate medical services or observation that cannot be performed at the Howard County Detention Center (HCDC).

Exempt Health Care Visit - Health care visit for which no fee is deducted, including:

1. All ICE and U.S. Marshal Detainee visits;
2. Emergency Medical Services;
3. Required Inmate Health Assessment;
4. Any referrals from Qualified Health Care Professional (QHCP); and
5. Suspected Methicillin-Resistant Staphylococcus Aureus (MRSA).

Health Care Visit - Any visit by an inmate to an institutional medical unit or to a non-institutional physician.

Qualified Health Care Professional (QHCP) - is a staff member of the medical contractor to include but not limited to doctors, nurses, or physician's assistants, performing duties consistent with his/her training and licensure.

Required Inmate/Detainee Health Assessment and Care - Health care that is not requested by the inmate/detainee and/or is required by HCDC or other authority including but is not limited to:

1. Initial intake screening;
2. Screening for medical, dental and/or mental health as required by HCDC. (i.e. - inmate workers, periodic assessments, discharge screening);
3. Continued care required by medical provider after an initial visit;
4. All medical housing inmates;
5. Continued care for a chronic condition as diagnosed by a medical provider; and/or
6. Secondary care services (i.e. care provided outside of HCDC as ordered by the Health Care Provider).

## **PROCEDURES:**

### **I. Requests for Medical Care**

Routine sick call shall be conducted Monday through Friday, except for holidays, in accordance with existing HCDC Policy I-804.

### **II. Medical Assessment and/or Triage**

A. A QHCP shall retrieve the Health Services Request form from the secured metal box in the vestibule of each inmate/detainee housing unit or by Kiosk for Sick Call. The medical department shall provide security staff with names of inmates/detainees to be seen.

1. The medical department shall be responsible for triaging inmates/detainees according to respective medical issues.
2. Medical and health assessments for newly committed inmates/detainees with serious conditions shall receive priority treatment in all cases at the sole discretion and judgement of the QHCP.
3. Inmates/detainees designated for sick call, by the medical department, shall be delivered to the medical section by security staff.
4. At NO TIME shall security staff interfere with, tamper with, alter or in any way hinder medical services provided for inmates/detainees.

B. The medical department shall determine the reason for each health care visit.

1. Each inmate/detainee brought to the medical unit who has requested to be seen at sick call is required to complete and sign a Health Services Request HCDC Form I-804a.
2. Each inmate/detainee participating in sick call shall be required to sign-in on the Sick Call Sign-In Log HCDC Form I-814a attached as Appendix 1.
  - a. Medical staff shall verify the inmate's/detainee's identification and signature.
  - b. Refusal to sign shall be documented by medical staff.
3. The QHCP shall complete the remainder of the Request for Sick Call form and retain a copy in the inmate's/detainee's medical files.
4. The QHCP shall determine whether the visit is exempt or non-exempt and make the appropriate indication on the Sick Call Sign-In Log.
5. The original of the Sick Call Sign-In Log shall be retained by the medical department.
6. The copy of the Sick Call Sign-In Log shall be forwarded to the Intake Money Officer for billing purposes.

### III. Fee Deductions

- A. The officer in charge of intake shall ensure the intake money officer bills the inmates for visits to the medical department.
  1. A fee of four dollars (\$4.00) shall be charged for each visit identified as non-exempt healthcare visit by the medical department.
  2. There shall be no fee charged if the visit is identified as an exempt health care visit by the medical department.
- B. The intake money officer shall make the appropriate deductions from the inmate's account.
  1. If sufficient funds are available, the officer shall make the appropriate deduction.
  2. If sufficient funds are NOT available, the officer shall indicate the amount currently in the inmate's account and a "flag" shall be placed against the inmate's account in the computer system.
- C. The intake money officer shall complete a Request for Check to be Written, HCDC Form H-725c and forward it, and the Sick Call Sign-In Log(s), to the Shift Leader.
  1. The charge for the inmate(s) with insufficient funds shall NOT be included on the Request for Check to be Written during this time.

2. On the next occasion that the inmate receives funds, the officer making the addition shall make the appropriate deduction, remove the flag from the computer system, and provide the Shift Leader with a Request for Check to be Written.
- D. Upon receipt of the Request for Check to be Written the Shift Leader shall review all forms for accuracy.
1. The Shift Leader shall then write a check from the Inmates Account check book to the Howard County Director of Finance.
  2. The Shift Leader shall forward the check, and all appropriate attachments, to the Fiscal Specialist administration office for proper disposition.

IV. Hospital Care

- A. Sick, injured or disabled inmates may be responsible for reimbursing the county for payment of all medical care, if insurance is active.
- B. At the time of admission to this facility, all inmates are required to provide the following:
1. Existence of any health insurance;
  2. Eligibility for benefits under the Maryland Medical Assistance Program; and
  3. The name and address of the third-party payor and Policy or identifying number(s).
- C. The above information shall be obtained at the time of intake by the QHCP performing that process in accordance with existing HCDC Policy C-200. Insurance information is to be included on the inmate's medical receiving screening form, and maintained in the inmate's medical folder.

V. Health Insurance

- A. Inmates shall have access to enroll in Health Insurance, if he/she does not have health insurance or is not currently enrolled.
- B. A Certified Health Services Navigator shall assist all uninsured inmates with the enrollment process through the **Maryland, Howard County Health Department, Medical Care/Health Program.**

VI. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the changes are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

**ATTACHMENTS:** Appendix 1, HCDC Form I-814a Sign in Log.

**RESCISSIONS:** HCDC Policy I-814 Inmate Medical Fee, effective **October 13, 2018.**

**Howard County Department of Corrections**

**Sick Call Sign-In Log**

**Clinic**

<b>Date</b>	<b>Time</b>	<b>ID #</b>	<b>Inmate Name</b>	<b>Inmate Signature</b>	<b>Signature Verification</b>	<b>(E) Exempt (N) Non-Exempt</b>

**\*\* My signature acknowledges that I shall be charged a \$4.00 co-pay for this medical service if it was at my request. I also acknowledge that if the funds are not available at the time of service, a freeze shall be placed on my spending account**