I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish consistent procedures and guidelines for the Bureau of Medical Services co-payment program in accordance with ORC section 5120.56 (Health Care Co-Payment).

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Department of Rehabilitation and Correction who may be involved in the Bureau of Medical Services co-pay system and inmates who may be required to pay such a co-pay.

IV. DEFINITIONS

**Health Care Co-Payment Charge** - Co-pay fee charged to inmates who receive defined health care services.

**Indigent Inmate** - An inmate is considered indigent if during the 30 days immediately preceding the request the inmate has earned or received less than $12.00; and, if the inmate’s account balance has not exceeded $12.00 at any time during the 30 days immediately preceding the request.

**Medical Emergency** - For the purposes of this policy, a medical emergency requires an emergency trip outside of the institution or an admission to the infirmary.

**Refill** - A current, active prescription with remaining doses of medication available; to fill a prescription a second or subsequent time.
V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that inmates with medical needs will have appropriate and reasonable access to health care services while instilling inmate accountability and responsibility through the implementation of a medical co-pay system.

VI. PROCEDURES

A. Inmate Notification of Co-Pay Procedures

1. During the reception process, all inmates will be advised in writing of the co-pay guidelines.
2. Each institution’s inmate handbook will include co-pay guideline information.
3. Each institution’s inmate library will maintain current copies of AR 5120-5-13, Correctional Healthcare Services Co-Payment, and this policy.

B. Co-Pay Charges

1. All medical services initiated by an inmate through a Health Services Request form (DRC5373) will carry a $2.00 co-pay charge.
2. All medical services initiated by an inmate through emergency procedures will be free if an actual emergency exists.
   a. A $3.00 co-pay charge will be administered if it is determined that no emergency existed.
   b. The medical staff will determine if the situation was an actual emergency or non-emergency.

C. Exemptions

1. Inmates who are indigent, as defined by this policy, will not be charged a co-pay fee. All inmates will receive appropriate health care based on their present medical needs without regard to financial status. No inmate will be denied needed health care or treatment because of inability to pay.
2. Inmates will not be charged a co-pay for medication refills, regardless of an inmate-initiated Health Services Request form (DRC5373). If a Health Services Request form (DRC5373) for a refill also contains requests for other non-exempted services, the appropriate fee will be charged.
3. Inmates will not be charged a co-pay for medical services provided in an in-patient setting including, but not limited to, Apple Glen, Frazier Health Center, CMC long-term and short-term units, RTUs, OCF psychiatric patients, and institutional infirmaries.
4. Inmates will not be charged a co-pay for dental services.
5. Inmates will not be charged a co-pay for medical services initiated by policy-defined staff reporting requirements such as, but not limited to, sexual assaults, use of force, and accident reports.

D. Health Care Debit Process

1. At the close of the business day, medical staff will designate on the Nurses Screening form (DRC5069) whether or not an inmate is to be charged a co-pay for the medical services they received.

2. The medical staff will utilize the information on the Nurses Screening form (DRC5069) to complete the Healthcare Debit Form (DRC5203).
   a. The original white copy of the Healthcare Debit form (DRC5203) will be forwarded to the Cashier’s Office the next business day.
   b. The canary copy of the Healthcare Debit form (DRC5203) will be retained in the inmate medical file.
   c. The pink copy of the Healthcare Debit form (DRC5203) will be mailed to the inmate through institutional mail.

3. The Cashier’s Office will determine if any reported inmates are eligible for a co-pay waiver due to indigent status.
   a. If this is the case, the Cashier’s Office will note that the inmate is indigent on the Healthcare Debit form (DRC5203).
   b. The Cashier’s Office will mail a copy of the completed Healthcare Debit form (DRC5203) through the institutional mail to the inmate as written notice that they were determined indigent and the assessed co-pay was not deducted.

4. If there are insufficient funds available in the inmate’s account and the reported inmate is not determined indigent, the Cashier’s Office will charge the account of the inmate for the appropriate co-pay fee.

5. The Cashier’s Office will complete the Medical Services Co-Payment report (DRC5204) and forward it to Central Office by the 10th of the following month with a check from the Inmate Trust Fund account for the fees collected.

E. Co-Pay Grievance Procedures

1. Inmates may contest a co-pay charge by utilizing the inmate grievance procedures as provided in Administrative Rule 5120-9-31, Inmate Grievance Procedure. Pursuant to this rule, the inmate’s first step is to send an Informal Complaint (DRC4151) to the appropriate Health Care Administrator (HCA).

F. Co-Pay Refund Process

1. If it is determined that a co-pay charge was inappropriate, the HCA or the Inspector of Institutional Services will initiate the refund process.
a. The HCA or Inspector will fill out the refund section of the Healthcare Debit Form (DRC5203) and forward it to the Cashier’s Office.

b. The Cashier’s Office will complete the refund section of the Healthcare Debit Form (DRC5203) and appropriately credit the inmate’s account.

c. The Cashier’s Office will keep the original copy of the amended Healthcare Debit Form (DRC5203) for their records and make two copies, forwarding one copy to the HCA for placement in the medical file and forwarding one copy to the inmate through institutional mail as written notice that the assessed co-pay was refunded to the inmate’s account.

Related Department Forms:

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<thead>
<tr>
<th>Informal Complaint</th>
<th>DRC4151</th>
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