

MODEL PLAN
FOR
JAIL PRISONER MEDICAL TREATMENT
PROGRAMS

COMMONWEALTH OF VIRGINIA
BOARD OF CORRECTIONS

March 2003

Rev. 5/09

Introduction

The 1994 session of the Virginia General Assembly passed Senate Bill 527 which became law effective July 1, 1994. This legislation amended the Code of Virginia by adding a section numbered 53.1-133.1 as follows:

Any sheriff or superintendent may establish a medical treatment program for prisoners in which prisoners participate and pay towards a portion of the costs thereof. The Board of Corrections shall develop a model plan and promulgate regulations for such program, and shall provide assistance, if requested, to the sheriff or superintendent in the implementation of a program.

In compliance with the requirement of Senate Bill 527 that the Board of Corrections develop a model plan for such a program, a committee of Sheriffs, Jail Administrators, Board of Corrections members and Department of Corrections staff was organized. A literature review and interviews with administrators of similar programs throughout the nation were conducted. The first fee charging medical treatment program was developed by the Mobile County, Alabama Metro Jail in 1991. Through 1992, sick calls at the jail were reduced by 1,010 calls over 1991 and a savings of over \$20,000.00 was realized in fewer clinic visits in this time period. To date some 26 states and over 240 corrections agencies maintain medical treatment programs in which prisoners are charged for services. Fee charges for medical services have also been upheld in court in response to prisoner litigation in the State of Nevada [Scott v. Angelone, 771 F. Sup. 1064 (D. Nev. 1991)].

The result of this research has been development of a model plan to help guide Virginia Sheriffs or Superintendents in developing medical services programs in which inmates may be charged fees. The intent of the plan is to assist those Sheriffs or Superintendents who elect to establish programs in their jails.

Program Components

Based upon a review of existing programs in the nation, the following components are considered essential for successful implementation of fee charging medical service programs:

1. Written policy and procedure which addresses items such as fee amounts, prisoner orientation, payment procedures, prisoner indecency, and accounting procedures;
2. Determination of medical services which are provided at no cost and those for which fees are charged;
3. Development of administrative forms; and
4. Staff training for medical, security and administrative personnel.

Model Plan

Upon the commitment of a prisoner to jail, an initial medical screening will be performed to determine any immediate needs for treatment and notation of pre-existing conditions. Intake processing should include the issuance of an inmate handbook which informs the inmate of the fees for medical services and method of payment. Orientation should include all pertinent information on fees, services and program areas (See attached sample memoranda).

At any time following commitment, an inmate may request sick call by completing a "Request for Sick Call" form. The form should include at a minimum the inmate's name, jail number, date, statement of complaint and signature. The distribution of forms should be a daily routine and given only to those inmates requesting them. This can be performed by either medical or security staff. In either case, upon completion, the requests should be delivered immediately to the responsible medical personnel. Medical personnel should then evaluate and prioritize the requests according to need and develop an "inmate sick call list".

Designated staff using the "inmates sick call list" should announce sick call and escort those listed to an appropriate examination area. Upon examination by medical personnel appropriate treatment and/or referral to a physician is initiated. Should referral be deemed advisable, the inmate will be taken to the physician or hospital or the name placed on a list to be seen by the physician during their scheduled visits.

At the conclusion of each sick call visit, medical personnel conducting the examination should complete a "Charge Slip" form (See attached sample form). This form should include at a minimum the inmate's full name, jail number, date, nature of treatment, fee charge and inmate and responsible medical personnel signatures. Should the inmate refuse to sign, simply note and have a witness sign. This same "Charge Slip" procedure should be completed for in-house physician and dental services rendered. Should prescription medications be required, the inmate should be charged a fee upon delivery of such medications using the same or similar "Charge Slip". Treatment of pre-existing conditions as determined by policy (e.g. high blood pressure, diabetes, pregnancies) can require fees.

Whenever an inmate has been charged a fee, at least two copies of the "Charge Slip" should be generated. One copy should be submitted to the jail's canteen clerk to be deducted from the inmate's canteen account. Should the inmate have no funds, then the account may be debited until funds are available. The second copy should be retained by the medical office and placed in the inmate's medical record.

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Applicable Medical Services and Suggested Fees

Medical services which should be provided at no charge to inmates are as follows:

1. Initial medical screening
2. Initial dental screening
3. Mental health screening
4. Follow-up visits requested by medical staff

Medical services for which fees may be charged are as follows:

1. Nurse Appointment- \$10.00
2. Doctor Appointment- \$25.00
3. Dentist Appointment -\$25.00
4. Specialist Appointment- \$35.00
5. Emergency Room Visit- \$100.00
6. Emergency Medical Transport \$100.00
7. Hospital Admission-\$200.00 per day
8. Prescriptions and /or Medical Supplies \$5.00-\$20.00 not to exceed the actual cost of the medication or supplies.

Inmates may be required to pay 100% of expenses for pre-existing medical conditions, injuries or illnesses that are self inflicted, caused by mutual combat or as a result of justifiable use of force by staff.

Board of Corrections Minimum Standards for Local Jails and Lockups

Article 7

Medical Treatment Programs in which Prisoners Pay A Portion of the Costs

The following Standards apply only to those jails which have established a medical treatment program in which prisoners pay a portion of the costs per Section 53.1-133.1 of the Code of Virginia as amended by the 1994 General Assembly.

- 6VAC-15-40-460 Jail medical treatment programs wherein inmates pay a portion of the costs for medical services shall be governed by written policy and procedure.
- 6VAC-15-40-470 Inmate payment for medical services shall be in accordance which set fees based upon only a portion of the costs of these services.
- 6VAC-15-40-480 Written policy and procedure shall specify, at a minimum, the following information:
- A. Medical services which are subject to fees;
 - B. Fee amounts;
 - C. Payment procedures;
 - D. Medical services which are provided at no cost;
 - E. Fee application to medical emergencies, chronic care and pre-existing conditions; and
 - F. Written notification to inmates of proposed fee changes.
- 6VAC-15-40-490 Inmates shall be advised of medical service fees and payment procedures at the time of admission/orientation.
- 6VAC-15-40-500 Written policy, procedure and practice shall provide that no inmate will be denied access to medical services based upon ability to pay.
- 6VAC-15-40-510 Medical service fee debits to inmate accounts shall be acknowledged by the inmate in writing.
- 6VAC-15-40-520 A separate bank account, or accounting process, shall be established and used exclusively for the deposit and dispersal of medical service fees. Fee collections and disbursements shall be governed by General Accepted Accounting Principles.