

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 424.01**

**EFFECTIVE DATE: 08 November 2023**

**SUBJECT: MEDICAL CO-PAYMENTS &  
HEALTH SERVICES  
REQUESTS**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To provide standard procedures for inmates seeking healthcare services and guidelines regarding medical co-payments.

**REFERENCE:**

WV Code §15A-4-13.

**RESPONSIBILITY:**

Superintendents are responsible for enacting Operational Procedures to ensure compliance with this Policy Directive.

**CANCELLATION:**

Any previous written instruction on the subject including DCR Policy Directive 424.01, dated 12 April 2023.

**APPLICABILITY:**

All adult facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution and is to be made available for inmate review upon the effective date.

**DEFINITIONS:**

**Co-Payment:** The fee paid by an inmate for healthcare services provided by the Division of Corrections and Rehabilitation or its contracted medical service provider.

**POLICY:**

- I. The Commissioner is authorized to assess inmates **servicing a sentence** in any Division of Corrections and Rehabilitation (DCR) facility reasonable charges for health care and treatment services provided to them. The charges may be deducted directly from the inmate's trustee account without the inmate's consent. The inmate shall be notified of the amount deducted and the charges to which it has been applied. Services initiated by an inmate **servicing a sentence** shall be assessed a fee, except that no charge may be assessed for the following:
  - A. A specific healthcare service required by state law (e.g., tuberculin (TB) testing);
  - B. An emergency service following a traumatic injury other than a self-induced injury;
  - C. Diagnosis and treatment of communicable diseases (e.g., COVID-19, tuberculosis, hepatitis, etc.);
  - D. Treatment of diagnosed severe mental illness;
  - E. Treatment of specific chronic conditions (e.g., heart disease, diabetes, etc.);
  - F. Staff-initiated care, including follow-up and referral visits;
  - G. Preventative services provided or made available to all inmates, including services related to disease prevention and promotion of proper health habits (e.g., COVID-19 vaccines and boosters); or
  - H. Other services as may be exempted by rule of the Commissioner.
- II. No inmate may be denied any necessary billable medical service because of inability to pay.
- III. An inmate who intentionally ingests, inhales, injects, absorbs, applies, or otherwise exposes himself or herself to, in any manner whatsoever not otherwise specified herein, an illegal drug, a drug not legally prescribed to him or her, a drug in quantities above that recommended by a prescribing physician, a synthetic intoxicant, or any substance for the purpose of causing an excited, euphoric, or stupefied state, or altered perception, including hallucinations or delusions, and the inmate requires medical treatment due to the ingestion, inhalation, injection, absorption, application, or exposure shall reimburse the cost of the medical treatment to the Division.
- IV. Inmates shall be informed of the facility's procedures for requesting healthcare services immediately upon their arrival at the facility. Inmates will also be informed of the fee schedule and which services are billable or exempt.

- A. Inmates requesting healthcare services will complete Part A of the Inmate Health Services Request Form (**Attachment #1**) and submit to the medical department in accordance with facility procedures.
  - B. Upon completion of the form by healthcare staff, a copy will be provided to the inmate.
  - C. Part B will then be detached by healthcare staff and forwarded to the designated fiscal staff member for processing.
  - D. For inmates **servicing a sentence** who have billable fees for services provided, the fiscal staff member will deduct the fee from the inmate's trustee account and scan a copy into the inmate's account/transaction in the trustee system.
  - E. Unpaid financial obligations for medical co-payments will be handled in accordance with DCR Policy Directive 111.06.
- V. Chargeable services and charged amounts for inmates **servicing a sentence** in a DCR facility are:
- A. Nurse sick call – \$3.00
  - B. Nurse sick call with a referral to a doctor – \$3.00
  - C. Nurse sick call (\$3.00) with an inmate requested referral to a doctor (\$2.00) – Total \$5.00
  - D. Non-emergency visit for treatment by a nurse - \$3.00
  - E. Self-inflicted or self-induced injury or illness requiring a nurse - \$3.00
  - F. Self-inflicted or self-induced injury or illness requiring a doctor - \$5.00
  - G. Missed, non-excused scheduled medical appointment - \$3.00
  - H. A new complaint presented at an appointment that is not related to the original appointment - \$3.00
  - I. Scheduled, non-referred doctor or optometrist call - \$5.00 (Healthcare staff set up scheduled appointment for doctor or optometrist because an inmate requested the service.)
  - J. Non-emergency scheduled dental visit - \$5.00
  - K. Prescription fees per prescription (excluding chronic care prescriptions for chronic care patients) - \$2.00

L. Over the counter (OTC) medications – No charge.

**ATTACHMENT(S):**

#1 Inmate Health Services Request Form

APPROVED SIGNATURE: William K. Marshall III Mar 8<sup>th</sup> 2023  
William K. Marshall III, Commissioner Date

**INMATE HEALTH SERVICES REQUEST FORM**  
 (Inmate to fill out Part A)

**PART A:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 OID# \_\_\_\_\_ HOUSING ASSIGNMENT \_\_\_\_\_

**NATURE OF PROBLEM OR REQUEST:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I consent to be treated by healthcare staff for the condition described and understand there may be a charge for medical services. If I am a sentenced offender my trustee account will be charged as indicated below.

\_\_\_\_\_  
 Inmate's Signature

**RESPONSE – To be completed by healthcare staff. Date and time required.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Healthcare Staff Signature Date & Time

\*\*\*\*\*DETACH HERE\*\*\*\*\*

**PART B:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 OID# \_\_\_\_\_ HOUSING ASSIGNMENT \_\_\_\_\_

- |                          |  |   |        |
|--------------------------|--|---|--------|
| <input type="checkbox"/> | 1. Nurse Sick Call   | @ | \$3.00 |
| <input type="checkbox"/> | 2. Nurse Sick Call with a Referral to a Doctor   | @ | \$3.00 |
| <input type="checkbox"/> | 3. Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00)   | @ | \$5.00 |
| <input type="checkbox"/> | 4. Non-Emergency Visit for Treatment by a Nurse  | @ | \$3.00 |
| <input type="checkbox"/> | 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse  | @ | \$3.00 |
| <input type="checkbox"/> | 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor   | @ | \$5.00 |
| <input type="checkbox"/> | 7. Missed, Non-Excused Scheduled Medical Appointment   | @ | \$3.00 |
| <input type="checkbox"/> | 8. New Complaint Presented at an Appointment Not Related to the Original Appointment   | @ | \$3.00 |
| <input type="checkbox"/> | 9. Scheduled, Non-Referral Doctor or Optometrist Call<br>(Healthcare staff sets up scheduled appointment for doctor or optometrist because an inmate requested the service.) | @ | \$5.00 |
| <input type="checkbox"/> | 10. Non-Emergency Scheduled Dental Visit   | @ | \$5.00 |
| <input type="checkbox"/> | 11. Prescription Fees Per Prescription (excluding chronic care prescriptions for chronic care patients)  | @ | \$2.00 |
| <input type="checkbox"/> | 12. Over the Counter Medications – No Charge   |   |        |
| <input type="checkbox"/> | 13. No Charge  |   |        |

\_\_\_\_\_  
 Healthcare Staff Signature Date