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| <p style="text-align: center;"><b>POLICY OF</b><br/><b>STATE OF DELAWARE</b><br/><b>DEPARTMENT OF CORRECTION</b></p> | <p style="text-align: center;"><b>POLICY NUMBER</b><br/>E-01.1</p>               | <p style="text-align: center;"><b>PAGE NUMBER</b><br/>1 of 2</p> |
| <p><b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b></p>   | <p><b>RELATED NCCHC/ACA STANDARDS:</b><br/>P-A-01, P-E-01/4-4331 (ESSENTIAL)</p> |  |
| <p><b>APPROVED BY THE COMMISSIONER:</b></p>  | <p><b>SUBJECT:</b><br/>FEE FOR SERVICE (CO-PAY) PROGRAM</p>                      |  |
| <p><b>EFFECTIVE DATE: 11/14/07</b></p>   | <p><b>REVISED: 4/13/09</b></p>   |  |
| <p><b>APPROVED FOR PUBLIC RELEASE</b></p>  |  |  |

- I. **AUTHORITY:** Bureau of Correctional Healthcare Services
- II. **PURPOSE:** To define the offender co-pay program that does not restrict offender access to healthcare. Also refer to DOC policy 8.40.
- III. **APPLICABILITY:** All Department of Correction employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. **DEFINITIONS:** See glossary.
- V. **POLICY:**
1. Offenders receive written explanation of the co-pay program at time of admission into facility.
  2. Services excluded from the co-pay program include:
    - admission health screening
    - health assessments required by policy
    - emergency care
    - infirmary care
    - ordered laboratory and diagnostic service
    - diagnostic and treatment of contagious/communicable diseases
    - any chronic care clinic, including any mental health service which also includes ordered medications to maintain health
  3. Health care staff does not collect fees.
  4. Charges are not assessed when seen by one or more providers for the same problem three times in a seven day period.

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| <b>STATE OF DELAWARE</b><br><b>DEPARTMENT OF CORRECTION</b> | <b>POLICY NUMBER</b><br>E-01.1 | <b>PAGE NUMBER</b><br>2 of 2 |
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5. Health care is not denied because of the inability to pay.
6. Charges for health care are \$4.00 for sick call and \$2.00 for medication costs.
7. Offenders have access to the grievance process to lodge complaints regarding the co-pay program.
8. Grievance and other relevant data are reviewed to verify that the co-pay program does not impede access to care.

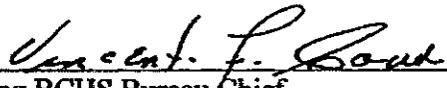
**Reference:**

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-A-01 and P-E-01

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement, 4-4331

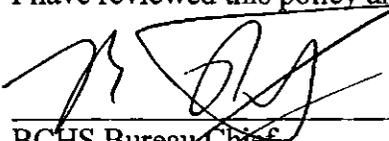
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| <b>STATE OF DELAWARE</b><br><b>DEPARTMENT OF CORRECTION</b> | <b>POLICY NUMBER</b><br>E-01.1 | <b>PAGE NUMBER</b><br>Review Addendum |
| <b>SUBJECT: FEE FOR SERVICE (CO-PAY) PROGRAM</b>            |                                |                                       |

I have reviewed this policy and it is scheduled to be revised.

  
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Acting BCHS Bureau Chief  
Vincent F. Carr, DO, FACP

6/15/15  
Date

I have reviewed this policy and found it to be current.

  
\_\_\_\_\_  
BCHS Bureau Chief  
Marc D. Richman, Ph.D.

4/27/16  
Date