POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-01	TOTAL PAGES 4 ATTACHMENTS none
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-E-01 (essential), J-E-01 (essential), MH-E-01 (essential) ACA: 5-ACI-6A-01 (Mandatory), 5-ACI-6A-02, 5-ALDF-4C-01 (Mandatory), 5-ALDF-4C-02	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: INFORMATION ON HEALTH SERVICES**	
APPROVED BY THE BUREAU CHIEF: Bureau Chief Michael Records (signature on file with BHSAMH)		
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: Commissioner Terra Taylor, August 21, 2026 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: Information about healthcare services is fundamental to the provision of care in a correctional setting. Therefore, all patients/incarcerated individuals (individual) arriving at a facility must receive information about accessing all healthcare services and the Fee-for-Service (Co-Pay) Program.

III. APPLICABILITY: All Delaware Department of Correction (DOC) staff and contract provider staff, individuals, and any outside healthcare provider servicing DOC individuals.

IV. DEFINITIONS: See Glossary

V. POLICY: It is the policy of the DOC that upon arrival at a facility, individuals are informed of healthcare services and how to access them.

Compliance Indicators for Health Services in Prisons and Jails

A. A visible sign explaining how to access health services is posted in the intake/processing area.

B. Within 24 hours of their arrival, incarcerated individuals are provided with written, electronic, or video information about the following:

1. How to access emergency and routine medical, dental, and mental health services.

2. The fee-for-service program, if one exists.

3. The grievance process for health care-related complaints, including submission and response timelines.

C. Procedures are in place to assist individuals who have difficulty communicating or understanding how to access health services (for example, individuals who are non-English-speaking, intellectually or developmentally disabled, illiterate, mentally ill, visually impaired, or deaf).

D. All aspects of the standard are addressed by written policy and defined procedures.

Compliance Indicators for Mental Health Services in Corrections

A. A visible sign explaining how to access mental health services is posted in the intake/processing area.

B. Within 24 hours of their arrival, incarcerated individuals are provided with written, electronic, or video information about the following:

1. How to access emergency and routine mental health services.

2. The fee-for-service program, if one exists.

3. The grievance process for health care-related complaints, including submission and response timelines.

C. Procedures are in place to assist individuals who have difficulty communicating or understanding how to access health services (for example, individuals who are non-English-speaking, intellectually or developmentally disabled, illiterate, mentally ill, visually impaired, or deaf).

D. All aspects of the standard are addressed by written policy and defined procedures.

II. PROCEDURES: It is the policy of the DOC that upon admission at a DOC facility, all individuals are informed both verbally and in writing of the availability of healthcare services and how to access those services. All written material must be conveyed in language that is easily understood by each individual. This will be accomplished in the following ways:

A. A sign explaining how to access health services is posted in the intake/receiving room area.

B. All individuals will be advised, in writing, at the time of admission to a DOC facility, information about the following:

   1. How to access emergency and routine medical, dental, and behavioral health services (including mental health, substance use treatment, medication-assisted withdrawal (MAW), and medication-assisted treatment (MAT) services).

   2. The fee for service (co-pay) program.

   3. The grievance process for healthcare complaints, including submission and response timelines.

C. Procedures are in place to ensure that individuals who have difficulty communicating (e.g., non-English speaking, intellectually or developmentally disabled, illiterate, mentally ill, visually impaired, hearing impaired, etc.) understand how to access healthcare services.

   1. The use of interpreters or assistive devices is recommended and should take into account the specific individual's needs and abilities.

   2. Individuals and security staff should not be used as interpreters except in an emergency.

D. It is the policy of the DOC that there will be a co-pay program in place for individuals accessing healthcare services at DOC facilities.
   1. Co-pay charges for healthcare services are as follows:

      a. $4.00 for an individual-initiated sick call request.

      b. $2.00 for each prescription.

      c. First pair of eyeglasses is free – replacements are $2.00.

      d. $4.00 for dentures, when seen at first appointment.

      e. $4.00 for replacement/repair when needed.

   2. All individuals will be advised, in writing, at the time of admission to a DOC facility of the guidelines of the co-pay program.

   3. Individuals will not be denied care due to lack of available funds.

4. Co-pays will not be charged when appointments or services, including follow-up appointments, are initiated by medical, behavioral health, or security staff.

5. Services excluded from the co-pay program include:

    a. Initial health assessments.

    b. Health assessments required by policy.

    c. Any chronic care clinic, including any behavioral health services, which also includes ordered medications to maintain health.

    d. Emergency care.

    e. Infirmary care.

    f. Behavioral health services.

    g. Ordered laboratory and diagnostic services.

    h. Diagnostic and treatment of contagious/communicable diseases.

6. Co-pays will not be charged when seen by one or more providers for the same problem three times in a seven-day period.

7. Healthcare staff will not collect co-pays.

    a. Healthcare staff will apply the co-pay fee in the electronic health record during the encounter when applicable.

8. Grievances and other relevant data are reviewed by the facility Health Services Administrator (HSA) to ensure that the co-pay program is not impeding individual access to healthcare services.

E. The Contracted Provider(s) shall develop, within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BCHS.

4/13/2009, 9/09/2011, 1/24/2019, 12/18/2019, 11/09/2020, Revised 10/20/2021