



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY

**PRISON/RAP/LINCOLN PARK WORK RELEASE
OFFENDER MANUAL**

REVISION DATE

4/30/09

PAGE NUMBER

1 of 6

NUMBER

DOC 600.020

POLICY

TITLE

OFFENDER PAID HEALTH CARE

REVIEW/REVISION HISTORY:

Effective: 5/1/97
Revised: 12/5/02
Revised: 5/4/07
Revised: 4/30/09

SUMMARY OF REVISION/REVIEW:

Adjusted applicability to include Rap/Lincoln Park Work Release
Section II - Removed language for clarification
IV.B. and Attachment 1 - Adjusted that the Health Authority, in consultation with the Chief Medical Officer, will review the request for health care services packet and determine if offender paid health care will be allowed
Added IV.B.3. that the review criteria will include whether the likely benefits outweigh the risks of the service being sought
Added Section V. regarding medications

APPROVED:

Signature on file

G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

3/23/09

Date Signed

Signature on file

KENNETH C. TAYLOR,
Director of Health Services

3/25/09


Date Signed

Signature on file

ELDON VAIL, Secretary
Department of Corrections

3/27/09

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 72.10](#); [WAC 137-91](#); [ACA 4-4398](#); [DOC 340.000 Escorted Leaves and Furloughs for Offenders](#); [DOC 610.010 Offender Consent for Health Care](#); [Offender Health Plan](#)

POLICY:

- I. The Department will provide the opportunity for offenders to purchase health care services not provided in the Offender Health Plan.
- II. [4-4398] All Prisons will provide a process for authorizing offender requests for offender paid medical, mental health, dental care, and medications (i.e., including supplements and Over the Counter medications from outside sources). Services must be provided by a provider of the offender’s choice and the Department will not be responsible for any outcome of any health care received under this policy.

DIRECTIVE:

- I. Offender Paid Health Care Costs
 - A. The Department will incur no costs related to offender paid health care. The offender will:
 1. Be responsible for all costs, including real or potential complications resulting from the offender paid health care.
 2. Be responsible for all related expenses, including, but not limited to, transportation and custody escort.
 3. Have deposits in his/her medical sub account in advance for all proposed offender paid health care, less services covered by insurance or other third party payers, if applicable.
 - a. Services paid by insurance will be allowed only after DOC 05-661 Insurance Verification and all pertinent documents have been executed with the appropriate entities to ensure that the Department incurs no liability or expense of any kind as a result of the offender paid health care. The offender is responsible for paying any deductible or co-payment charge required by his/her insurance or other third party payment.
 4. Have funds equal to 120 percent of the total costs of the health care being sought in his/her medical sub account prior to scheduling the care. This fund will be used to pay for the care, as well as allow for unexpected

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expenses resulting from medical complications and related costs (e.g., additional transportation and custody charges).

5. Be responsible for any costs related to offender paid health care above the amount in the medical sub account.
 - a. If it becomes necessary for the Department to provide medically necessary health care associated with the offender paid health care procedure, the offender will be responsible for paying the costs of any health care provided by the Department.

II. Replacement of Care Covered by the Offender Health Plan

- A. Offender paid health care will not replace care available through Department resources, nor will it relieve the Department of the obligation to provide medical care per the Offender Health Plan.

III. Processing Fee

- A. Facilities will charge a \$50 processing fee to any offender making a formal request for offender paid health care. This fee is non-refundable, even if the request is denied. It does not cover escorting an offender or any other Department expenses incurred in the provision of this care.

IV. Approval/Denial Process

- A. Offenders will follow the procedures listed in the Offender Paid Health Care Request Procedure (Attachment 1) to request health care services.
- B. The Health Authority, in consultation with the Chief Medical Officer, will review the request packet and determine if offender paid health care will be allowed, using the following criteria:
 1. The service(s) is not provided by the Offender Health Plan.
 2. The offender refuses to participate in Department recommended treatment.
 - a. The offender must complete DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment to document refusal per DOC 610.010 Offender Consent for Health Care.
 3. The likely benefits outweigh the risks of the service being sought.



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4. The care will be allowed only for Medium and Minimum custody offenders who do not present a security or custody risk, unless otherwise authorized by the Secretary.
5. The care will not result in undue inconvenience or burden to facility operations.
6. The offender will have sufficient funds credited to his/her medical sub account to pay for the care, future expenses resulting from complications, and custody and transportation charges related to the care.
7. Availability of services is verified by the Health Authority or higher level administrator prior to provision of service.
8. The offender has signed DOC 13-035 Authorization for Disclosure of Health Information for health care related health records from the community provider.
9. The insurance provider has returned a completed DOC 05-661 Insurance Verification.
10. A completed DOC 05-662 Offender Paid Health Care Trip Request Worksheet is available for review.
11. The community provider has returned a completed DOC 05-668 Practitioner Information Sheet.
12. A completed DOC 05-669 Hospital Information Sheet has been returned by the community hospital.
13. A completed DOC 05-667 Supplemental Health Care Cost Summary is available for approval/denial.

V. Medication

- A. Department Pharmacies will not fill prescriptions written by non-Department prescribers.
- B. All medications from outside sources must be approved by the Chief Medical Officer/designee in conjunction with the Director of Pharmacy/designee.
 1. The Chief Medical Officer/designee, in conjunction with the Director of Pharmacy/designee, may prohibit use within a Department facility if use presents an unacceptable risk to facility security or offender health.

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- C. When medication approved through this policy process comes into a facility, a Department prescriber will:
1. Identify the prescription as either issuable or Pill Line, and
 2. Document the order in the offender health record. The medication and a copy of the documentation will then be forwarded to the Pharmacy for identification and security purposes.
- D. The Pharmacy will:
1. Verify the medication against its label and the written Department prescriber order.
 2. Add the approved medication to the patient profile in the Pharmacy software as “ordered by an outside prescriber”.
- E. The Pharmacist will release the medication only after notifying the prescriber and the Department primary care provider of any potential adverse effects or drug interactions related to the medication.
1. Either prescriber may stop the Pharmacist from releasing the medication to the offender.

VI. Injury and Malpractice Liability

- A. All processes in this policy will be followed and all applicable forms will be appropriately completed to preclude Department liability for any costs, damages, causes of action, losses, or injuries that occur during or result from the provision of offender paid health care.

VII. Records

- A. The Health Authority will be responsible for receipt and filing of all health care records from the provider and associated health care facilities for services delivered under offender paid health care.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Offender Health Plan. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:



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[Offender Paid Health Care Request Procedure \(Attachment 1\)](#)

DOC FORMS:

[DOC 05-661 Insurance Verification](#)

[DOC 05-662 Offender Paid Health Care Trip Request Worksheet](#)

[DOC 05-667 Supplemental Health Care Cost Summary](#)

[DOC 05-668 Practitioner Information Sheet](#)

[DOC 05-669 Hospital Information Sheet](#)

[DOC 13-035 Authorization for Disclosure of Health Information](#)

[DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment](#)