

FLOYD COUNTY RESOLUTION 1994-X

A RESOLUTION APPROVING RULES FORMULATED BY THE FLOYD COUNTY SHERIFF FOR MEDICAL CO-PAYMENTS BY PERSONS CONFINED IN THE FLOYD COUNTY JAIL

WHEREAS, pursuant to the provisions of I.C. 11-12-5-5, the Floyd County Sheriff has formulated certain rules pertaining to the collection of co-payments from persons confined in the Floyd County Jail and in need of certain medical services, a copy of which rules are appended to this resolution and made a part hereof; and

WHEREAS, the provisions of I.C. 11-12-5-5 (e) require the approval of such rules by the county legislative body prior to the implementation thereof; and

WHEREAS, the Board of Commissioners of the County of Floyd, being the legislative body of Floyd County, Indiana, is desirous of approving the rules formulated by the Sheriff for the collection and administration of medical co-payments for jail inmates.


NOW THEREFORE:

BE IT RESOLVED, that the rules appended hereto and made a part hereof be and they hereby are approved as required by the provisions of I.C. 11-12-5-5 (e).

BE IT FURTHER RESOLVED, that in the event of a conflict between said rules and the provisions of said statute, the provisions of I.C. 11-12-5-5 shall be deemed controlling.

DATED this 5th day of April, 1994.

BOARD OF COMMISSIONERS
OF THE COUNTY OF FLOYD


MEMBER


MEMBER


MEMBER

ATTEST:


FLOYD COUNTY AUDITOR

FOR INMATE MANUAL

MEDICAL SERVICES:

IF YOU OR ANOTHER INMATE IS IN NEED OF EMERGENCY TREATMENT NOTIFY, A JAIL OFFICER IMMEDIATELY. EMERGENCY MEDICAL TREATMENT IS AVAILABLE AT ALL TIMES.

ROUTINE MEDICAL SERVICES ARE AVAILABLE AT THE JAIL. INMATE MEDICAL REQUEST FORMS MAY BE OBTAINED FROM THE JAIL OFFICERS DURING MEDICINE DISTRIBUTION. INMATE MEDICAL TREATMENT REQUEST FORMS MUST BE FILLED OUT COMPLETELY WITH SPECIAL EMPHASIS GIVEN TO THE "REASON FOR REQUEST AND SYMPTOM" SECTION. THE JAIL PHYSICIAN VISITS THE FACILITY TUESDAY AND THURSDAY. MEDICAL TREATMENT REQUEST FORMS MUST BE TURNED IN PRIOR TO THE PHYSICIANS ARRIVAL.

JAIL MEDICAL PERSONNEL WILL SCREEN THE REQUESTS AND MONITOR MEDICATION DISTRIBUTION AND REFILLS, THE MEDICAL PERSONNEL WILL PERFORM OTHER DUTIES AS DIRECTED BY THE JAIL PHYSICIAN.

ONLY EMERGENCY DENTAL CARE WILL BE PROVIDED. TREATMENT WILL BE LIMITED TO PAIN AND INFECTION CONTROL. CLEANING AND OTHER ROUTINE PROCEDURES ARE NOT AVAILABLE. MEDICAL TREATMENT REQUEST FORMS FOR DENTAL WORK SHOULD BE ADDRESSED TO THE DENTIST.

EMERGENCY EYE CARE WILL BE PROVIDED BY THE JAIL PHYSICIAN, EMERGENCY ROOM OR A SPECIALIST. EYE EXAMINATIONS AND GLASSES FOR PERSONS NOT FORMALLY WEARING GLASSES WILL BE PROVIDED ONLY AT THE REQUEST OF THE JAIL PHYSICIAN. IT IS RECOMMENDED THAT INMATES SEND GLASSES OUT FOR REPAIR WITH A VISITOR. CHARGES FOR REPAIRS MADE BY THE JAIL OPTOMETRIST WILL BE DEDUCTED FROM THE INMATES COMMISSARY ACCOUNT. INDIGENT INMATES WILL NOT BE CHARGED FOR REPAIRS.

PAYMENT FOR INMATE MEDICAL SERVICES:

THE FOLLOWING MEDICAL SERVICES SO NOT REQUIRE CO-PAYMENTS:

MEDICAL EMERGENCIES (AS DETERMINED BY MEDICAL STAFF)
MENTAL HEALTH SERVICES
DRESSING CHANGES
TREATMENT INITIATED BY JAIL STAFF
TREATMENT FOR DOC INMATES(5 DAYS AFTER SENTENCING)
TREATMENT FOR "INDIGENT" INMATES

THE FOLLOWING MEDICAL SERVICES WILL REQUIRE A CO-PAYMENT:

DOCTORS VISIT	\$10.00 CO-PAYMENT
DENTIST VISIT	\$10.00 CO-PAYMENT
OPTOMETRIST VISIT	\$10.00 CO-PAYMENT
PRESCRIPTION HANDLING FEE	\$10.00 CO-PAYMENT

CO-PAYMENTS WILL BE DEDUCTED FROM AN INMATES COMMISSARY ACCOUNT. INMATES WILL NEVER BE REFUSED MEDICAL TREATMENT BECAUSE OF THEIR INABILITY TO PAY. IF AN INMATE HAS A "ZERO" BALANCE IN THEIR ACCOUNT, A NEGATIVE BALANCE WILL BE PLACED ON THEIR ACCOUNT FOR THIRTY DAYS FROM THE DATE THE SERVICE WAS PROVIDED. (IF YOU DO NOT HAVE ENOUGH MONEY IN YOUR ACCOUNT TO PAY THE CO-PAYMENT AND YOU RECEIVE MONEY WITHIN 30 DAYS, THE CO-PAYMENT WILL THEN BE DEDUCTED FROM YOUR ACCOUNT.)

PRESCRIPTION REFILLS WILL NOT REQUIRE A CO-PAYMENT FOR 30 DAYS OR UNTIL THE NUMBER OF REFILLS PROVIDED ON THE ORIGINAL PRESCRIPTION HAVE BEEN FILLED.

FOLLOW-UP VISITS FOR THE SAME ILLNESS OR INJURY WILL NOT REQUIRE A CO-PAYMENT FOR THIRTY DAYS IF INITIATED BY MEDICAL STAFF OR OUTSIDE MEDICAL PROVIDERS.

REFERRAL TO A SPECIALIST BY THE JAIL PHYSICIAN WILL NOT COUNT AS TWO VISITS AND THE VISIT TO THE SPECIALIST WILL NOT REQUIRE A CO-PAYMENT.

MEDICAL CO-PAYMENTS WILL BE SUBTRACTED FROM YOUR ACCOUNT BEFORE COMMISSARY IS RECEIVED OR YOU ARE RELEASED FROM THIS FACILITY.

CO-PAYMENTS WILL BE DEPOSITED IN THE COUNTY INMATE MEDICAL SERVICES ACCOUNT.

INMATES WITH PRIVATE INSURANCE ARE REQUIRED TO PROVIDE THE JAIL STAFF WITH THE NECESSARY INFORMATION FOR PROCESSING CLAIMS WITH THEIR INSURANCE COMPANY.