

Implementing Order



Implementing Order No.: IO 4-98

Title: SCHEDULE OF FEES FOR ROUTINE MEDICAL SERVICE RENDERED TO INCARCERATED INMATES

Ordered: 9/28/17

Effective: 10/9/17

AUTHORITY:

The Miami-Dade County Home Rule Amendment and Charter, including among others, Sections 1.01 and 2.02A and Florida Statutes 901.35 and 951.032. The fees to be derived will assist in defraying the cost of routine medical services.

SUPERSEDES:

This Implementing Order supersedes previous Administrative Order 4-98, ordered September 18, 2014 and effective October 1, 2014.

POLICY:

This Implementing Order establishes a fee schedule for routine medical services rendered to inmates incarcerated in facilities operated by the Miami-Dade County Corrections and Rehabilitation Department.

The Miami-Dade Department of Corrections and Rehabilitation will provide each inmate the opportunity for medical, dental, and mental health services. A reimbursement for medical services, medication, and transportation provided to inmates may be levied against the inmate's personal account. Mental Health Services will not require a reimbursement.

All inmates will receive the same level of medical, dental, and mental health care regardless of their ability to pay. If the inmate has sufficient funds to cover the reimbursement, it will be deducted from his/her account. If the inmate does not have the funds to cover the reimbursement, his/her account will be debited as monies are placed into the inmate's account. Inmates with an inmate account balance of two (\$2) dollars or less will be considered indigent.

Over-the-counter (OTC) medication will be available through inmate commissary as approved by Corrections Health Services. At no time will any inmate be denied access to medical services due to lack of funds.

APPLICABILITY:

The provisions of this procedure are applicable to all inmates incarcerated in facilities operated by Miami-Dade Corrections and Rehabilitation Department.

POLICIES AND PROCEDURES:

The administration of this Implementing Order is delegated to the Director, Miami-Dade Corrections and Rehabilitation Department, who shall be responsible for the collection of fees and the delivery of required medical services to inmates.

The inmate will be advised of a fee schedule and policy during the orientation process and a copy will be posted in each housing unit as well as the inmate handbook.

A. Sick Call

1. Fees for inmate requested healthcare services (Sick Call) will be assessed in accordance with the fee schedule in Section G herein.

B. Medications

1. No fee will be assessed for Psychotropic Medications.
2. Prescription medications will be assessed at the scheduled handling fee.
3. There will be no charge for refills for a period of twenty-eight (28) days from Date of initial prescription.
4. Over-the-counter (OTC) medications will be available through Inmate Commissary.
5. Inmates housed with Miami-Dade Corrections and Rehabilitation will not be denied medication due to lack of funds in their account.

C. Diagnostic Services

1. Fees for diagnostic services will be provided at the established scheduled Handling fee.
2. Excluded from a fee assessment are diagnostic services offered by the Staff Psychiatrist, as well as those fees included in Section D herein.

D. There will be no fee for the following services:

1. Initial Screening
2. Physical Assessment
3. VDRL (Syphilis)/TB (Tuberculosis) Testing
4. STD (Sexually Transmitted Disease) Treatment
5. Mental Health Services
6. HIV medical care, medications specific to HIV, and lab work.
7. Tests ordered by the healthcare provider within sixty 60 days of the health appraisal.
8. Medical treatments for emergencies as determined by Corrections Health Services.
9. Follow-up visits with healthcare providers for same condition within 60 days.
10. Medical treatments for communicable diseases and infestations, including lice and scabies.
11. Medical treatments for injuries relating to response to resistance, inmate confrontations, and restraint checks.

E. Medical Transportation

1. The transportation of an inmate for the purpose of examination by their own private physician/dentist will be at the scheduled fee. The examination must be court ordered and with the approval of the medical staff.

2. Transportation will be coordinated through Corrections Health Services by the Special Transportation Unit.

F. Billing Procedures

1. A three-part billing form will be used. When services are provided, medical/dental staff members will annotate the charges on the billing form and distribute, as follows:
 - a. Original - Inmate Finance Unit
 - b. Copy - filed in inmate's medical record
 - c. Copy - given to inmate
2. The department will deduct the amount indicated on the billing form from the inmate's account. If the inmate's account shows less than a two (2) dollars balance, the amount shown on the billing form will be debited against the account and the fees will be deducted as monies are placed into the account.

G. Fee Schedule

Doctor's Sick Call	\$15.00
Nurse's Sick Call	\$10.00
Dentist's Sick Call	\$15.00
Dental Assistant Sick Call	\$10.00
Prescription Fee	\$7.00
Diagnostic Services	\$3.00
Medical Transportation (own physician)	\$150.00

H. Due Process

Under no circumstances will an inmate be denied health care services due to their inability to pay. If an inmate disputes any charge against his/her inmate account, he/she may utilize the inmate grievance process.

This Implementing Order is hereby submitted to the Board of County Commissioners of Miami Dade County.

Approved by the County Attorney as
to form and legal sufficiency.