

<p style="text-align: center;"><b>STATE OF IOWA</b> <b>DEPARTMENT OF CORRECTIONS</b></p> <p style="text-align: center;"><b>POLICY</b> <b>AND PROCEDURES</b></p>		Policy Number	Applicability
		HSP-505	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> CBC
		Policy Code	Iowa Code Reference
		Public Access	904.702
Chapter 6	Sub Chapter	Related DOC Policies	Administrative Code Reference
HEALTH SERVICES	HEALTH SCREENING & APPRAISALS	HSP-506, HSP-403, HSF-505, HSF-505A	N/A
Subject		ACA Standards	Responsibility
HEALTH CLINIC		5-ACI-6A-01, 5-ACI-6A-02, 5-ACI-6A-03	Dr. Jerome Greenfield
		Effective Date	Authority
		July 2020	Beth Skinner Director Signature on file at Iowa DOC

**I. PURPOSE**

To develop a system of patient notification regarding access to health services.

**II. POLICY**

It is the IDOC's policy to ensure patients have unimpeded access to a continuum of health care so that their health care needs, including prevention and health education, are met in a timely and efficient manner.

**III. DEFINITIONS** – See IDOC Policy **AD-GA-16** for Definitions.

**IV. PROCEDURES**

A. Access to Health Services

1. Specific policies and procedures as to how these clinics function, e.g., times, days of the week, etc., will be included in each institution's Health Services Manual.
2. A system of patient notification regarding access to health services will be developed, i.e., posting in living units, Patient Handbook, orientation, etc.
3. All patients (including those in segregation) have the opportunity to request healthcare.
  - a. Health Service Requests/KIOSKS are triaged by a member of the nursing staff. Those that require consultation will be seen that clinical day with an appropriate referral if necessary.
  - b. Absent an emergency condition, most health issues requiring additional attention beyond routine nursing intervention may be addressed consistent with two levels of priority. Health issues of the lowest level of priority would be addressed by a nurse-authored plan. The highest priority relates to those health conditions which require prompt medical practitioner intervention. Under these circumstances, a medical practitioner shall be contacted and an intervention/ order must be documented.
  - c. Patients who become ill after normal sick call hours may have correctional staff contact a nurse on duty.
  - d. Any patient with a request suggesting a possible medical emergency shall receive prompt attention 24 hours a day.
4. Patients may request health services by entering relevant information on the IDOC *Health Services Request form*, **HSP-505**, or by the use of the Kiosk system.
5. Every request will not necessarily result in a visit to the Health Clinic. Some individual's problems may be handled by health services personnel without requiring the patient's presence in the health services area. For example, a review of the medical record may be sufficient; in other cases, more objective data may be required prior to the visit. A decision to defer a patient visit to health clinic will be documented. A progress note substantiating the deferral must be entered in the health record and electronic notification sent to the patient.
6. Patients who request health services and are unable to present at Health/Sick Call Clinic will be assessed by a member of the health

services staff. A medical practitioner will, at the request of other members of the health services staff, provide medical consultation to patients.

B. Co-Pays

1. Upon admission into the IDOC, Reception facilities shall provide all patients information as to the applicability of a co-pay fee of \$3.00 for designated health services he/she may receive while incarcerated in the DOC. Each patient receives a copy of the *Patient Co-Pay Notice, HSF-505A*.
  - a. Upon initial intake in IDOC, all patients are provided information as to the applicability of a co-pay fee of \$3.00 for certain designated health services he/she may request while incarcerated in the IDOC. Each patient receives a copy of the *Patient Co-Pay Notice, HSF-505A*, with signature verification of receipt.
  - b. Every request will not necessarily result in a visit to the Health Clinic. Some individual's problems may be handled by health services personnel without requiring the patient's presence in the health services area. For example, a review of the medical record may be sufficient; in other cases, more objective data may be required prior to the visit. A decision to defer a patient visit to Health Clinic will be documented by use of a Health Clinic Deferral and a copy is sent to the patient. A progress note substantiating the deferral must also be entered in the health record.
2. Patient handbooks for each prison location additionally address health services.
3. Correctional officers and non-medical staff shall not approve or disapprove patient's request for health care services.
4. Patients will be assessed a fee of \$3.00 for:
  - a. Medical services requested in response to self-initiated non-emergency requests for health services.
  - b. Whenever health services are provided for the treatment of injuries inflicted by the patient upon himself/herself or others unrelated to mental health issues, (i.e., tattooing, altercations, etc.).

- c. Injury/accidents related to negligence on the part of the patient.
  - d. Failure of a patient to follow institutional procedure pertaining to access and availability of health services does not relieve them of the co-pay obligation, i.e., not completing **HSF-505**.
5. No fee is assessed for:
- a. Nursing, medical, dental and mental health screening completed upon reception into the prison system.
  - b. Health screening associated with facility transfers.
  - c. Regularly scheduled periodic health reappraisal and associated examinations, testing, i.e., physical examinations, eye examinations.
  - d. Request for renewal of medications for current medical conditions with a previous practitioner order.
  - e. Follow-up visits scheduled by health services staff.
  - f. Health Services staff-initiated continuing care for management/treatment of major health conditions such as hypertension, diabetes, and mental illness, or patient is civilly committed.
  - g. Victims of sexual abuse for emergency care, forensic medical examinations, and sexually transmitted infections testing and prophylaxis in accordance with professionally accepted standards of care.
  - h. Skilled care.
  - i. Other matters including exposure to chemical agents or work related injuries not associated with patient negligence.
  - j. Emergencies (as determined by health services staff).
6. Health services staff use an electronically generated co-pay report to notify business office staff of a fee(s) the patient has been assessed for services provided.

No patient may be denied health services because of inability to pay an applicable fee. Nevertheless, the patient's account will reflect a negative balance until applicable fees are paid.

C. Electronic Medical Record System

1. The Iowa Department of Corrections utilizes an Electronic Medical Record System in the delivery of health services.
2. All health services staff must document health services provided. Each time a practitioner sees a patient regarding a health problem, or is consulted regarding a patient's health status, an appropriate entry is completed.
3. Practitioner-authored encounters must reflect data, which supports the use of prescribed medications. Documentation will provide rationale for use of medication (see **HSP-403**, *Prescribing Standards*).

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