

 <p style="text-align: center;">ADMINISTRATIVE REGULATIONS</p> <p style="text-align: center;">STATE OF ARKANSAS</p> <p style="text-align: center;">BOARD OF CORRECTIONS</p>	Section Number:	Page Number:
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	Board Approval Date:	
	8/28/91	
	Supersedes:	Dated:
	Reference:	Effective Date:
		8/29/91
SUBJECT: Inmate Emergency Medical Expenses Incurred While in County Jails		

I. AUTHORITY:

The Board of Correction is vested with the authority to promulgate administrative regulations by Act 50 of 1968, First Extraordinary Session, as amended; and by the Administrative Procedures Act, (Act 434 of 1967 as amended).

Specific pieces of legislation implemented, in part, through this administrative regulation are re Act 309 of 1983; Acts 329, 574, and 1112 of the 1991, Regular Session.

II. PURPOSE:

Establishes the criteria for payment of certain medical expenses, incurred with proper approval, associated with emergent medical needs for eligible felons serving sentences or assigned to designated programs in county jails, and outlines procedures to be followed by counties in submitting such bills for payment.

III. APPLICABILITY:

The staff of Field Services, all convicted felons with signed commitment orders incarcerated in county jails, county sheriffs and supervisors of county detention facilities.

IV. DEFINITIONS:

A. Eligible - those individuals, convicted of felonies, on whom valid commitment orders have been signed and who, pursuant to that commitment order or through a program of the Arkansas Department of Correction, are, at the time of the illness or injury, incarcerated in the county jail (including individuals on work programs, whose residence is in the county jail). Felons newly committed to the Arkansas Department of Correction do not become eligible until 30 days after the signing of the commitment order. Individuals transferred to the county jail contract program as a regular transfer (Act 309) or placed in the county jail by a parole officer are immediately eligible.

- B. Appropriate Approval - approval obtained through the office of the Administrator of Medical Services prior to the rendering of health care. In true emergency situations, care may be rendered without prior approval. The Administrator of Medical services is to be notified of such emergency events within 24 hours and provide approval for any necessary continued care.
- C. Emergent Medical Need - Illness or injury which threatens life or limb, causes undue or avoidable suffering, subjects the individual to further risk, or is likely to cause deterioration of health status if not promptly treated. Health conditions resulting from injuries or illnesses preceding eligibility (defined in section A, above), and chronic conditions do not qualify, unless the condition presents an emergent threat as define above.
- D. Medical Expenses - expenses associated with diagnosis and/or treatment of an emergent injury or illness, as billed by the health care service provider.
- E. Designated Programs - programs established under Section 9 of Act 50 of the First Extraordinary Session of 1968; programs established by Act 309 of 1983; and Acts 329, 574 and 1112 of 1991. Inmates on county jail backup are not participating in a designated program (Act 574) until 30 days after their commitment papers are signed.

V. POLICY:

The Arkansas Department of Correction shall upon legal responsibility, and contingent on appropriation and availability of funds, pay certain medical expenses for eligible felons housed in county jails.

VI. PROCEDURE:

- A. If a convicted felon is known to have a preexisting health condition likely to necessitate treatment or requiring a level of monitoring not available in the county facility, the Administrator of Medical Services should be notified. A determination will be made as to whether the seriousness of the condition and the potent expense to the county warrant bringing the individual into the Department of Correction on the basis of a medical emergency.
- B. Should an individuals with a preexisting condition need treatment on an emergency basis (loosely defined in terms of a situation that would lead a prudent family to take the affected family member to a hospital emergency room), the sheriff or deputy should notify the Administrator of Medical Services as soon as possible.
- C. Routine care for preexisting conditions is the responsibility of the agency having physical custody of the individual. If a convicted felon is on furlough or is otherwise living in the

community, the Department assumes no responsibility for any of the individual's medical expenses.

- D. Illness or injury requiring medical care to an individual in the physical custody of the county shall be reported as promptly as possible to the Administrator of Medical Services, who will approve the treatment to be (being) rendered and/or recommend transfer to the Department of Correction.
- E. As a matter of record, the sheriff shall cause a description of the incident and the types of medical services used to be logged on the "Health Incident Form, " (810-HIF). This form must be signed by the sheriff or deputy attesting that the services received are properly billed. This form shall be sent to the attention of the Administrator of Medical Services.
- F. All bills relating to diagnosis and treatment of a particular illness or injury should be attached to 810-HIF and sent at one time. At the same time, the individual receiving treatment is to be asked to sign a Release of Medical Information form to the primary service provider, in order for medical records to be sent to the Administrator of Medical Services. If the individual refuses to sign for release of information, the other side of the form should be signed, indicating that the individual or some family member accepts responsibility for the bills.
- G. Bills will be handled through the department's Utilization Review mechanism and processed for payment directly to the provider.
- H. Medical costs may be paid only to the limits of legal liability, legislative appropriation and the availability of funds for this purpose. Should either spending authority or fund availability be insufficient for a particular bill, that bill will be returned to the Sheriff with a letter of explanation as to why the Arkansas Department of Correction cannot encumber the cost.
- I. To the maximum extent possible, medical resources available to the department shall be used to keep down the costs of providing medical care to convicted felons. This shall be the case regardless of whether or not the department can reimburse the county.

AR810

HEALTH INFORMATION FORM

810-HIF

This form must be submitted with all medical bills believed to be payable by the Arkansas Department of Correction. Send to: Medical Services Payment, P.O. Box 8707, Pine Bluff, AR 71611.

Inmate _____ Jail _____
D.O.B. ____/____/____ Address _____
SS # ____-____-____ City/Zip _____

Inmate is () new commitment () parole violator () jail contract

Injury or complaint _____

First noted: Time ____:____ Date ____/____/____ by _____
(name of jail staff)

Contact _____ Recommendation given
(name of ADC staff) () Transport to ADC Diagnostic
() Treat locally, bill ADC
Date ____/____ Time ____:____ () Responsibility of the County

If treated locally, have physician complete

Treated at _____
(Name of hospital, clinic, doctor's office)

Treated by _____
Diagnosis _____
Treatment _____

Follow-up needed _____

Consent for release of medical information

I agree to allow copies of my medical records associated with the above mentioned treatment to be sent to the Arkansas Department of Correction to become part of my medical record.

_____/____/____
(signed by inmate)

These bills may be evaluated more quickly if the medical records are attached.