

**Committee Name:**  
**Joint Committee – Finance**  
**(JC–Fi)**

**Appointments**

99hr\_JC–Fi\_Appt\_pt00

**Committee Hearings**

99hr\_JC–Fi\_CH\_pt00

**Committee Reports**

99hr\_JC–Fi\_CR\_pt00

**Clearinghouse Rules**

99hr\_JC–Fi\_CRule\_99–

**Executive Sessions**

99hr\_JC–Fi\_ES\_pt00

**Hearing Records**

99hr\_ab0000

99hr\_sb0000

**Misc.**

99hr\_JC–Fi\_\_Misc\_\_s.13.10\_pt10b2

**Record of Committee Proceedings**

99hr\_JC–Fi\_RCP\_pt00

**ATTACHMENT 1**

**ACTUARIAL DATA TO BE COLLECTED**

## ACTUARIAL DATA TO BE COLLECTED

The following is an example of the data items that should be reported to the Wisconsin Department of Corrections for actuarial analysis. Claims data should be based on date of service and submitted on a monthly basis. Standardized reporting packages would be preferred.

**Inpatient Hospital Services:** those services billed by and paid to a facility for which the patient required an admission.

- Inpatient Service Category
- Number of Admits
- Number of Days
- Total Billed Charges
- Total Paid to Hospitals
- Total Paid by Inmates

**Outpatient Hospital Services:** all other services billed by and paid to a facility for which the patient did not require an admission.

- Outpatient Service Category
- Number of Units of Service
- Service Unit Definition
- Total Billed Charges
- Total Paid to Hospitals
- Total Paid by Inmates

**Physician Services:** services billed by and paid to a physician or other medical professional

- Physician Service Category
- Number of Units of Service
- Service Unit Definition
- Total Billed Charges
- Total Paid to Physician/Professional
- Total Paid by Inmates

**Prescription Drugs:** prescriptions billed by and paid to a pharmaceutical vendor

- Number of Generic Prescriptions
- Number of Brand Name Prescriptions
- Total of Average Wholesale Prices
- Total Paid to Pharmaceutical Vendor
- Total Paid by Inmates

**Other Services:** all other services

- Service Category
- Number of Units of Service
- Service Unit Definition
- Total Billed Charges
- Total Paid
- Total Paid by Inmates

**Inmate Information:**

- Total number of eligible inmates
- Ability to provide detailed claims data by inmate on an ad hoc basis

**Other Information:**

- Estimate of Incurred But Not Reported (IBNR)
- Claims in Course of Settlement
- Other information required on an ad hoc basis

**ATTACHMENT 2**

**LIQUIDATED DAMAGES CALCULATION  
FORMULA**

## LIQUIDATED DAMAGES CALCULATION FORMULA

Liquidated damages for each day of a breach will be calculated as follows:

$$V \times B \times \$50.00 \text{ when}$$

V = Relative value of Service Area

B = Relative value of the Breach

Service Area 1: Value = 5: Security and Control, Access to Court, Inmate Discipline, Medical/Dental, Use of Force, Escapes, Access by Department Staff, Complete and Accurate Information When Requested, Counseling/Mental Health.

<b>Contractor Breach</b>	<b>B</b>
Failure to Staff	5
Failure to Document	4
Failure to Report	5
Failure to Comply with Other Applicable Requirements	2

Service Area 2: Value = 4: Food Service, Mail, Religion, Grievance, Visitation, Inmate Welfare, Fund/Trust Accounts, Food Service, Inmate Records and Reports, Treatment Programming, Policies/Procedures/Post Orders, Educational and Vocational Programming.

<b>Contractor Breach</b>	<b>B</b>
Failure to Staff	4
Failure to Document	2
Failure to Report	1
Failure to Comply with Other Applicable Requirements	4

Service Area 3: Value = 3: Transportation, Maintenance, Facility Repairs and Replacements, Inmate Work, Inmate Drug Testing, Recreation, Sentence Computation Data, Classification Data, Commissary.

<b>Contractor Breach</b>	<b>B</b>
Failure to Staff	3
Failure to Document	1
Failure to Report	1
Failure to Comply with Other Applicable Requirements	3

Service Area 4: Value = 2: Sanitation and Hygiene, Laundry and Inmate Clothing, Telecommunications, Supplies/Perishables, Inmate Property.

<b>Contractor Breach</b>	<b>B</b>
Failure to Staff	3
Failure to Document	1
Failure to Report	1
Failure to Comply with Other Applicable Requirements	3

**ATTACHMENT 3**

**WISC. STATUE, CONFIDENTIALITY OF  
PATIENT HEALTH CARE RECORDS**

WSA 146.82, Confidentiality of patient health care records

\*25299 W.S.A. 146.82

accreditation.

WEST'S WISCONSIN STATUTES  
ANNOTATED  
HEALTH  
CHAPTER 146. MISCELLANEOUS  
HEALTH PROVISIONS

Current through 1997 Act 67,  
published 4/16/98

- 146.82. Confidentiality of  
patient health care records

(1) Confidentiality. All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient. This subsection does not prohibit reports made in compliance with s. 146.995 or testimony authorized under s. 905.04(4)(h).

(2) Access without informed consent. (a) Notwithstanding sub. (1), patient health care records shall be released upon request without informed consent in the following circumstances:

1. To health care facility staff — committees, or accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews or

2. To the extent that performance of their duties requires access to the records, to a health care provider or any person acting under the supervision of a health care provider or to a person licensed under s. 146.50, including but not limited to medical staff members, employes or persons serving in training programs or participating in volunteer programs and affiliated with the health care provider, if:

a. The person is rendering assistance to the patient;

b. The person is being consulted regarding the health of the patient; or

c. The life or health of the patient appears to be in danger and the information contained in the patient health care records may aid the person in rendering assistance.

d. The person prepares or stores records, for the purposes of the preparation or storage of those records.

3. To the extent that the records are needed for billing, collection or payment of claims.

4. Under a lawful order of a court of record.

5. In response to a written request by any federal or state governmental agency to



perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification or individual licensure or certification. The private pay patient, except if a resident of a nursing home, may deny access granted under this subdivision by annually submitting to a health care provider, other than a nursing home, a signed, written request on a form provided by the department. The provider, if a hospital, shall submit a copy of the signed form to the patient's physician.

\*25300 6. For purposes of research if the researcher is affiliated with the health care provider and provides written assurances to the custodian of the patient ~~health care records that the~~ information will be used only for the purposes for which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify the patient whose records are being released under this paragraph without the informed consent of the patient. The private pay patient may deny access granted under this subdivision by annually submitting to the health care provider a signed, written request on a form provided by the department.

7. To a county agency designated under s. 46.90(2) or other investigating agency

under s. 46.90 for purposes of s. 46.90(4)(a) and (5) or to the county protective services agency designated under s. 55.02 for purposes of s. 55.043. The health care provider may release information by initiating contact with the county agency or county protective services agency without receiving a request for release of the information from the county agency or county protective services agency.

8. To the department under s. 255.04. The release of a patient health care record under this subdivision shall be limited to the information prescribed by the department under s. 255.04(2).

9. a. In this subdivision, "abuse" has the meaning given in s. 51.62(1)(ag); "neglect" has the meaning given in s. 51.62(1)(br); and "parent" has the meaning given in s. 48.02(13), except that "parent" does not include the parent of a minor whose custody is transferred to a legal custodian, as defined in s. 48.02(11), or for whom a guardian is appointed under s. 880.33:

b. Except as provided in subd. 9.c. and d., to staff members of the protection and advocacy agency designated under s. 51.62(2) or to staff members of the private, nonprofit corporation with which the agency has contracted under s. 51.62(3)(a)3., if any, for the purpose of protecting and advocating the rights of a person with developmental disabilities, as defined under s. 51.62(1)(am), who resides

in or who is receiving services from an inpatient health care facility, as defined under s. 51.62(1)(b), or a person with mental illness, as defined under s. 51.62(1)(bm).

c. If the patient, regardless of age, has a guardian appointed under s. 880.33, or if the patient is a minor with developmental disability, as defined in s. 51.01(5)(a), who has a parent or has a guardian appointed under s. 48.831 and does not have a guardian appointed under s. 880.33, information concerning the patient that is obtainable by staff members of the agency or nonprofit corporation with which the agency has contracted is limited, except as provided in subd. 9.e., to the nature of an alleged rights violation, if any; the name, birth date and county of residence of the patient; information regarding whether the patient was voluntarily admitted, involuntarily committed or protectively placed and the date and place of admission, placement or commitment; and the name, address and telephone number of the guardian of the patient and the date and place of the guardian's appointment or, if the patient is a minor with developmental disability who has a parent or has a guardian appointed under s. 48.831 and does not have a guardian appointed under s. 880.33, the name, address and telephone number of the parent or guardian appointed under s. 48.831 of the patient.

\*25301 d. Except as

provided in subd. 9.e., any staff member who wishes to obtain additional information about a patient described in subd. 9.c. shall notify the patient's guardian or, if applicable, parent in writing of the request and of the guardian's or parent's right to object. The staff member shall send the notice by mail to the guardian's or, if applicable, parent's address. If the guardian or parent does not object in writing within 15 days after the notice is mailed, the staff member may obtain the additional information. If the guardian or parent objects in writing within 15 days after the notice is mailed, the staff member may not obtain the additional information.

e. The restrictions on information that is obtainable by staff members of the protection and advocacy agency or private, nonprofit corporation that are specified in subd. 9.c. and d. do not apply if the custodian of the record fails to promptly provide the name and address of the parent or guardian; if a complaint is received by the agency or nonprofit corporation about a patient, or if the agency or nonprofit corporation determines that there is probable cause to believe that the health or safety of the patient is in serious and immediate jeopardy, the agency or nonprofit corporation has made a good-faith effort to contact the parent or guardian upon receiving the name and address of the parent or guardian, the agency or nonprofit corporation has either been unable to contact the parent

or guardian or has offered assistance to the parent or guardian to resolve the situation and the parent or guardian has failed or refused to act on behalf of the patient; if a complaint is received by the agency or nonprofit corporation about a patient or there is otherwise probable cause to believe that the patient has been subject to abuse or neglect by a parent or guardian; or if the patient is a minor whose custody has been transferred to a legal custodian, as defined in s. 48.02(11) or for whom a guardian that is an agency of the state or a county has been appointed.

10. To persons as provided under s. 655.17(7)(b), as created by 1985 Wisconsin Act 29, if the patient files a submission of controversy under s. 655.04(1), 1983 stats., on or after July 20, 1985 and before June 14, 1985, for the purposes of s. 655.17(7)(b), as created by 1985 Wisconsin Act 29.

11. To a county department, as defined under s. 48.02(2g), a sheriff or police department or a district attorney for purposes of investigation of threatened or suspected child abuse or neglect or prosecution of alleged child abuse or neglect if the person conducting the investigation or prosecution identifies the subject of the record by name. The health care provider may release information by initiating contact with a county department, sheriff or police department or district attorney without receiving a request for release of the information. A person to whom

a report or record is disclosed under this subdivision may not further disclose it, except to the persons, for the purposes and under the conditions specified in s. 48.981(7).

\*25302 12. To a school district employe or agent, with regard to patient health care records maintained by the school district by which he or she is employed or is an agent, if any of the following apply:

a. The employe or agent has responsibility for preparation or storage of patient health care records.

b. Access to the patient health care records is necessary to comply with a requirement in federal or state law.

~~13. To persons and entities under s. 940.22.~~

14. To a representative of the board on aging and long-term care, in accordance with s. 49.498(5)(e).

15. To the department under s. 48.60(5)(c), 50.02(5) or 51.03(2) or to a sheriff, police department or district attorney for purposes of investigation of a death reported under s. 48.60(5)(a), 50.035(5)(b), 50.04(2t)(b) or 51.64(2).

16. To a designated representative of the long-term care ombudsman under s. 16.009(4), for the purpose of protecting and advocating the rights of an individual 60 years of age or older who

resides in a long-term care facility, as specified in s. 16.009(4)(b).

17. To the department under s. 50.53(2).

(b) Unless authorized by a court of record, the recipient of any information under par. (a) shall keep the information confidential and may not disclose identifying information about the patient whose patient health care records are released.

(c) Notwithstanding sub. (1), patient health care records shall be released to appropriate examiners and facilities in accordance with ss. 971.17(2)(e), (4)(c) and (7)(c), 980.03(4) and 980.08(3). The recipient of any information from the records shall keep the information confidential ~~except as necessary to comply with s. 971.17 or ch. 980.~~

(d) For each release of patient health care records under this subsection, the health care provider shall record the name of the person or agency to which the records were released, the date and time of the release and the identification of the records released.

(3) Reports made without informed consent. (a) Notwithstanding sub. (1), a physician who treats a patient whose physical or mental condition in the physician's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the

condition to the department of transportation without the informed consent of the patient.

(b) Notwithstanding sub. (1), an optometrist who examines a patient whose vision in the optometrist's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

\*25303 (c) For each release of patient health care records under this subsection, the health care provider shall record the name of the person or agency to which the records were released, the date and time of the release and the ~~identification of the records released.~~

<<For credits, see Historical Note field.>>

#### HISTORICAL NOTES

#### HISTORICAL AND STATUTORY NOTES

##### 1998 Electronic Update

###### Source:

1997 Act 35, § 334, eff. Dec. 31, 1997.

1997 Legislation:

1997 Act 35 amended subsec. (2)(a)9.b.

##### 1998 Main Volume

###### Source:

L.1979, c. 221, § 649t,

eff. April 30, 1980.  
1983 Act 398, § 6, eff. May 10, 1984.  
1985 Act 29, §§ 1969m to 1969t, eff. July 20, 1985.  
1985 Act 241, § 1, eff. April 24, 1986.  
1985 Act 332, § 167, eff. June 12, 1986.  
1985 Act 340, § 14b, eff. June 14, 1986.  
1987 Act 40, § 2, eff. Sept. 2, 1987.  
1987 Act 70, §§ 31, 31m, eff. Nov. 24, 1987.  
1987 Act 127, § 7, eff. Dec. 8, 1987.  
1987 Act 215, §§ 1, 2, eff. April 19, 1988.  
1987 Act 233, § 1, eff. April 21, 1988.  
1987 Act 380, § 1, eff. May 3, 1988.  
1987 Act 399, § 403e, eff. May 17, 1988.  
1989 Act 31, § 2407r, eff. Aug. 9, 1989.  
1989 Act 31, § 2408.  
~~1989 Act 102, § 61, eff. July 1, 1990.~~  
1989 Act 334, § 3, eff. Jan. 1, 1991.  
1989 Act 336, § 265m, eff. May 11, 1990.  
1991 Act 39, §§ 2667ko, 2667ku, eff. Feb. 1, 1992.  
1993 Act 16, § 2586, eff. Aug. 12, 1993.  
1993 Act 27, § 384, eff. Jan. 1, 1994.  
1993 Act 445, § 55, eff. May 12, 1994.  
1993 Act 479, § 17, eff. June 2, 1994.  
1995 Act 98, § 5, eff. July 1, 1996.  
1995 Act 169, §§ 7 to 9, eff. April 6, 1996.  
1995 Act 417, § 54, eff. June 21, 1996.  
1989 Act 31, §§ 2407r, 2408 amended subsec. (2)(a)9 and created subsec. (2)(a)14.

1989 Act 31, § 3023(13a) provides:

"(13a) Certification. If before October 1, 1990, the federal government changes the general effective date of October 1, 1990, in 42 USC 1396r to a date that is earlier than October 1, 1990, the attorney general shall, within 60 days after the change takes effect, certify that fact to the revisor of statutes."

\*25304 1989 Act 31, § 3203(23)(b) provides:

"(b) Nursing facility requirements. The treatment of sections 16.009(3), 49.498(1), (2)(a) to (d), (e) 2 and 3, (f) and (g), (3) to (13) and (15) to (20), 49.499, 50.04(7), 50.05(1)(dm), (2)(f) and (14)(b), 51.30(4)(b) 22 and 146.82(2)(a) 14 of the ~~statutes takes effect on the~~ earlier of the following:

"1. October 1, 1990.

"2. The first day following the day on which the attorney general makes the certification, if any, under Section 3023(13a) of this act."

1989 Act 102, § 61 amended subsec. (2)(a)2.(intro.).

1989 Act 334, § 3 created subsec. (2)(c).

1989 Act 334, § 7 provides:

"Initial applicability. This act first applies to prosecutions for offenses committed on the effective date [Jan. 1, 1991] of this

Section."

1989 Act 336, § 265m  
created subsec. (2)(a)15.

1991 Act 39 created  
subsecs. (2)(d) and (3)(c).

1993 Act 16 created subsec.  
(2)(a)16.

1993 Act 27 amended subsec.  
(2)(a)8.

1993 Act 445 amended  
subsec. (2)(a)7.

1993 Act 479 amended  
subsec. (2)(c).

1995 Act 98 created subsec.  
(2)(a)17.

1995 Act 169 renumbered  
subsec. (2)(a)9 as (2)(a)9.b  
to d and created subsec.  
(2)(a)9.a and e.

~~1995 Act 417 amended  
subsec. (2)(a)8.~~

#### REFERENCES

#### CROSS REFERENCES

Civil immunity, physicians,  
see § 448.03.  
Civil immunity of  
optometrists, see § 449.20.  
County department of human  
services, exchange of  
information, see § 46.23.  
County department of social  
services in populous counties,  
see § 46.215.  
County social services, see §  
46.22.  
Developmental disabilities  
services, county directors,  
see § 51.437.  
Employer obligations for  
recordkeeping and  
notification, see § 101.055.

Lead poisoning or exposure,  
response of department of  
health and social services,  
see § 254.166.

Operator's license,  
examinations, see § 343.16.

#### \*25305 ADMINISTRATIVE CODE REFERENCES

Claims information,  
confidentiality, see  
section INS 17.275.

Impaired professionals  
procedure, see section RL 7.01  
et seq.

#### LAW REVIEW AND JOURNAL COMMENTARIES

Disclosure of patient  
health care records in  
Wisconsin. Philip Lehner. 57  
Wis.B.Bull. 16 (Aug. 1984).

#### LIBRARY REFERENCES

~~1998 Main Volume~~

Hospitals k3.  
Records k58.  
WESTLAW Topic Nos. 204, 326.  
C.J.S. Hospitals §§ 3 to 11.  
C.J.S. Records §§ 104 to 110.

Comments.  
Inspection of medical  
records, Grenig and  
Harvey, 3 Wisconsin  
Practice, § 410.3(2d  
ed.).

#### ANNOTATIONS

#### NOTES OF DECISIONS

Billing records 2  
Blood alcohol tests 1  
Municipal court proceedings 3  
  
1. Blood alcohol tests

## 2. Billing records

Alcohol content blood test, obtained for diagnostic reasons, can be made available for purposes of prosecuting defendant for operating motor vehicle while under influence of intoxicant and operating motor vehicle with blood content in excess of .10%. W.S.A. 146.82, 346.63(1)(a, b), 905.04, 905.04(4)(f). City of Muskego v. Godec (1992) 432 N.W.2d 79, 167 Wis.2d 536.

Statute concerning confidentiality of patient health care records does not preclude the use in a criminal prosecution of alcohol content blood test obtained for diagnostic reasons. City of Muskego v. Godec (1992) 482 N.W.2d 79, 167 Wis.2d 536.

Results of blood alcohol test taken in conformity with implied consent law (§ 343.305) were not suppressible where motorist orally consented but did not sign a medical informed consent disclosure form, and failure to sign the consent form did not require exclusion under the doctor-patient privilege. State v. Henry (App. 1983) 332 N.W.2d 88, 111 Wis.2d 650.

Even though release of defendant's patient care billing records was not authorized by any exception in statute governing privilege pertaining to communications between patient and health care provider, release of such records was specifically authorized by exception in statute governing access to patient health care records to extent records are needed for billing, collection, or payment of claims, and thus, records were admissible in prosecution for public assistance fraud. State v. Allen (App. 1996) 546 N.W.2d 517, 200 Wis.2d 301, review denied 555 N.W.2d 124, 204 Wis.2d 319.

## \*25306 3. Municipal court proceedings

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A party is not prohibited from obtaining patient health care records for use in municipal court, as long as order for their production is obtained from circuit court by filing request for ex parte order. City of Muskego v. Godec (1992) 482 N.W.2d 79, 167 Wis.2d 536.

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Alcohol content blood test, obtained for diagnostic reasons, can be made available for purposes of prosecuting defendant for operating motor vehicle while under influence of intoxicant and operating motor vehicle with blood content in excess of .10%. W.S.A. 146.82, 346.63(1)(a, b), 905.04, 905.04(4)(f). City of Muskego v. Godec (1992) 482 N.W.2d 79, 167 Wis.2d 536.

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**ATTACHMENT 4**

**CHAPTER DOC 316, MEDICAL, DENTAL,  
AND NURSING COPAYMENT CHARGE**

## Chapter DOC 316

## MEDICAL, DENTAL AND NURSING COPAYMENT CHARGE

DOC 316.01	Applicability, purpose and authority
DOC 316.02	Definitions
DOC 316.03	Provision of medical, dental and nursing services
DOC 316.04	Copayment

DOC 316.05	Copayment exclusions
DOC 316.06	Copayment deduction from the inmate's or juvenile's general or trust account

**DOC 316.01 Applicability, purpose, authority.** This chapter applies to the department of corrections and inmates who reside in a s. 302.01, Stats., prison or juveniles who reside in a s. 48.02 (15m), Stats., secured correctional facility and who earn wages during residency and who receives medical, dental or nursing services from the department's health services staff. This chapter does not apply to inmates in a s. 301.046 (1), Stats., institution or in a s. 301.048, Stats., institution unless the inmate is housed in a s. 302.01, Stats., prison. This chapter is promulgated pursuant to authority under ss. 227.11 (2) (a), 302.386 (3) and 302.386 (4), Stats. and interprets ss. 302.386 (3) and (4), Stats.

History: Cr. Register, October, 1995, No. 478, eff. 11-1-95.

**DOC 316.02 Definitions.** In this chapter:

- (1) "Copayment" means the amount charged an inmate or a juvenile who earns wages for a self-initiated face-to-face contact with a member of the health services staff who provides services within the health care provider's area of practice as the result of the inmate's request.
- (2) "Dental services" includes any practice permitted under ch. 447, Stats.
- (3) "Department" means the department of corrections.
- (4) "General or trust account" means an account established by an institution to receive all funds for the benefit of an inmate or juvenile.
- (5) "Health care provider" means a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, nursing assistant, dentist, dental assistant, dental hygienist, physical therapist, optometrist, phlebotomist, radiologist technician, program assistant who is employed by the department to provide health related services or other ancillary services, or any other health care provider.
- (6) "Health services staff" includes health care providers employed by the department or independent contractors hired by the department to provide medical, dental or nursing services.
- (7) "Medical services" includes any practice permitted under chs. 448 and 449, Stats.
- (8) "Nursing services" includes any practice permitted under ch. 441, Stats.
- (9) "Request" means an application by an inmate or a juvenile through a health services request or other means as determined by the department for a face-to-face contact with a health care provider.
- (10) "Wages" includes wages under ss. 301.30, 301.31, 303.01 (4), and 303.065, Stats.

Note: DOC 316.02. In sub. (1), "copayment" is defined so as to cover situations when an inmate requests to see one kind of health care provider but is seen by another kind of health care provider. For example, an inmate requests to see a physician but is seen by a nurse who evaluates the inmate's need to see a physician. The inmate will be charged a copayment even though the inmate was evaluated by a nurse instead of a physician.

"Dental services" as defined in sub. (2) includes any practice permitted by a dentist and dental hygienist under ch. 447, Stats.

"Medical services" as defined in sub. (7) includes any practice permitted by a physician, physician assistant, and physical therapist under ch. 448, Stats., and any practice by an optometrist under ch. 449, Stats. "Medical services" include services provided by a psychiatrist.

"Nursing services" as defined in sub. (8) includes any practice permitted by a registered nurse, nurse practitioner, and licensed practical nurse under ch. 441, Stats.  
History: Cr. Register, October, 1995, No. 478, eff. 11-1-95.

**DOC 316.03 Provision of medical, dental and nursing services.** Health services staff shall provide necessary medical, dental or nursing services to an inmate or a juvenile. Health services staff shall determine the level of access to medical, dental or nursing services and the need to provide medical, dental or nursing services on-site or off-site. Health services staff may not deny an inmate or a juvenile medical, dental or nursing services based only on the inmate's or the juvenile's inability to pay a copayment. An inmate or a juvenile may be subject to a copayment under s. DOC 316.04.

Note: DOC 316.03. DOC 316.03 provides that health services staff shall determine the level of access to medical, dental or nursing services and the need to provide medical, dental or nursing services on-site or off-site. DOC 316.03 recognizes the responsibility of the health services staff to make the determination. Availability of resources may require some services to be provided off-site instead of on-site. Inmates have no right to see a health care provider of their choice.  
History: Cr. Register, October, 1995, No. 478, eff. 11-1-95.

**DOC 316.04 Copayment.** (1) Except for the exclusions listed under s. DOC 316.05, an inmate or a juvenile who earns wages shall be charged a copayment for medical, dental or nursing services received at the request of the inmate or juvenile, including any face-to-face contact wherein the inmate or juvenile refuses to consent to a service offered in response to the inmate's or juvenile's request.

(2) (a) During the assessment and evaluation process, the inmate and juvenile shall sign a notice form acknowledging that the inmate and juvenile who earn wages shall be charged a copayment for non-emergency medical, dental or nursing services received at the request of the inmate or juvenile.

(b) The notice form shall include a statement identifying the medical, dental or nursing services for which the inmate or juvenile who earns wages will and will not be charged a copayment.

(c) If the inmate or juvenile refuses to sign the notice form, the health care provider shall make a notation that the inmate or juvenile refused to sign the notice form and the health care provider shall sign the notation.

(3) Staff shall charge a \$2.50 copayment for each face-to-face contact for medical, dental or nursing services regardless of the number of services provided during the face-to-face contact. At the time of the face-to-face contact for medical, dental or nursing services, the inmate or juvenile shall sign a disbursement form acknowledging the receipt of health services. If the inmate or juvenile refuses to sign the disbursement form, the health care provider shall make a notation that the inmate or juvenile refused to sign the disbursement form and the health care provider shall sign the notation.

History: Cr. Register, October, 1995, No. 478, eff. 11-1-95.

**DOC 316.05 Copayment exclusions.** Health services staff shall not charge an inmate or a juvenile who earns wages a copayment for any of the following:

- (1) A medical, dental or nurse screening provided during the assessment and evaluation process.

**ATTACHMENT 5**

**DOC 316 IMP #1; INMATE CO-PAY FOR  
HEALTH SERVICES**

# INTERNAL MANAGEMENT PROCEDURES

PROCEDURE NUMBER:

DOC 316, I.M.P. #1

ORIGINAL EFFECTIVE DATE:

11/1/95

NEW EFFECTIVE DATE:

1-15-98

SUPERSEDES NUMBER:

DOC 316, I.M.P. #1

DATED:

Dated 2-1-97

CROSS REFERENCE:

ADMINISTRATIVE RULE: DOC 316

OTHER: 302.386(4); 227.11(2)(a) Wis. Stats.

ACA: \_\_\_\_\_

State of Wisconsin  
Department of Corrections  
Division of Adult Institutions

**SUBJECT: INMATE CO-PAY FOR HEALTH SERVICES**

Signed Dick Verhagen, 12-12-97

## Objective:

To increase inmate responsibility for making health care decisions as to need for health care provider intervention by instituting a co-payment system. Also, to create a mechanism for collecting the inmate medical co-payment charge.

## Policy:

Inmates will be charged a co-payment fee for inmate initiated requests for health services.

## Definitions:

Health Services Request: A form used by inmates to request services from Health Services.

Injury: Mental or physical harm to an employee caused by accident or disease, and also means damage to or destruction of artificial member, dental appliances, teeth, hearing aids, and eye glasses.

Medical Emergency: An incident which is life threatening and/or needs immediate medical attention per the decision of the health care provider.

## Procedure:

### A. Health Services Requests

1. Inmates who earn wages during residency will be charged \$2.50 for each inmate initiated Health Services Request resulting in a face-to-face contact with a health care provider. Services requested may be provided by a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, nursing assistant, dentist, dental assistant, dental hygienist, program assistant who provides health-related services, physical therapist, optometrist, phlebotomist or radiologist or any other health care provider.

# INTERNAL MANAGEMENT PROCEDURES

State of Wisconsin  
Department of Corrections  
Division of Adult Institutions

PROCEDURE NUMBER:  
DOC 316, I.M.P. #1

ORIGINAL EFFECTIVE DATE:  
11/1/95

NEW EFFECTIVE DATE:  
1-15-98

SUPERSEDES NUMBER:

DATED:

DOC 316, I.M.P. #1

Dated 2-1-97

CROSS REFERENCE:

ADMINISTRATIVE RULE: DOC 316

OTHER: 302.386(4); 227.11(2)(a), Wis.  
Stats.

ACA: \_\_\_\_\_

**SUBJECT: INMATE CO-PAY FOR HEALTH SERVICES**

Signed Dick Verhagen, 12-12-97

2. Inmates will not be charged for appointments initiated by health care providers, medical emergencies, for work related injuries, scheduled follow-up visits, or written referrals from one provider to another.
3. Inmates requesting health care services must complete and submit a Health Services Request (DOC-3035, Rev. 5/90). After the inmate is seen by a health care provider, health services staff will enter information from this form to the inmate's record. This form will then be processed in accordance with Health Services records procedures.  
  
Inmates will also be required to complete a Disbursement Request (DOC-184) and submit the two forms to the Health Services provider at the same time. The Health Services provider will sign the form in the disbursement approval area and give the pink copy to the inmate. All remaining copies should be forwarded to the Business Office at least weekly for processing. If the inmate refuses to complete a Disbursement Request form, the Health Services provider will complete the form for the inmate and write, "Refused to sign" in the inmate signature section and sign the form in the disbursement approval area. Inmates will be charged for the amount stated on the Disbursement Request form.
4. The co-payment charge will be deducted from the inmate's (general) trust account. For inmates with no funds, the inmate's trust account will be charged and a loan balance due will be established and will remain until repaid as funds become available.
5. No inmate will be denied medical, dental, or nursing services based only upon the inmate's inability to pay a co-payment charge.
6. There will be no co-payment charge for the Assessment and Evaluation process. During the assessment and evaluation process, inmates will be required to sign a form acknowledging that the inmate will be charged a co-payment charge for each inmate initiated Health Services request resulting in a face-to-face contact with a health care provider. An inmate's refusal to sign the form will not avoid co-payment charges.
7. Questions concerning a disputed co-payment charge should be directed to Health Services staff.

# INTERNAL MANAGEMENT PROCEDURES

PROCEDURE NUMBER: DOC 316, I.M.P. #1	
ORIGINAL EFFECTIVE DATE: 11/1/95	NEW EFFECTIVE DATE: 1-15-98
SUPERSEDES NUMBER: DOC 316, I.M.P. #1	DATED: Dated 2-1-97
CROSS REFERENCE: ADMINISTRATIVE RULE: <u>DOC 316</u> OTHER: <u>302.386(4); 227.11(2)(a), Wis. Stats.</u> ACA: _____	

State of Wisconsin  
Department of Corrections  
Division of Adult Institutions

**SUBJECT: INMATE CO-PAY FOR HEALTH SERVICES**

Signed Dick Verhagen, 12-12-97

Questions concerning accounting deductions to the inmate's account should be directed to institution business office staff. Inmates may file an inmate complaint concerning disputed co-payment charges or deductions.

## DENTAL COPAYMENT

1. There will be no charge for initial evaluation at either Dodge Correctional Institution, another correctional institution, or correctional center.
2. At the time of evaluation, the inmate will be given an oral diagnostic list of what needs to be done dental and how urgent the tooth specific procedures or condition i.e. should be done within the next month. ect. and how many appointments it will take to complete each procedure or condition.
3. The inmate is then responsible for initiating a Health Service Request (HSR) asking for tooth specific procedure or condition to be treated. Copay will be charged unless the condition was life threatening.
4. If the tooth specific procedure or condition requires more then one visit, the first visit is charges for and the other are dental appointments made by the practitioner at no additional charge. One copayment per procedure or condition treated, even if more then one appointment is scheduled by the dental staff.
5. If after the procedures or treatment for the condition is given, the inmate is concerned and requests further evaluation and submits another HSU to be seen, copayment is charged unless the situation is life threatening as determined by the unit dentist.
6. A dentist will also do routine care, annual examinations, or prescribe treatment by the dental hygienist by making appointments for inmates without their request but with their consent. There will be no copayment charged for there appointments and procedures.
7. Dental treatment initiated and scheduled by BHS staff to expedite an offender's Dental Classification Report (DOC 3052) to classification / treatment status #10 will not be charged a copayment.

**ATTACHMENT 6**

**DOC, BHS POLICY/PROCEDURE 100:09;  
INMATE COPAY FOR HEALTH SERVICES**

**WISCONSIN**  
**Department of Corrections**  
 Division of Adult Institutions  
 Bureau of Health Services  
**POLICY/PROCEDURE**

EFFECTIVE DATE

January 15, 1998

NUMBER

100:09

UNITS AFFECTED

All Health Service Units  
 and Correctional Centers

SUPERSEDES NO:

100:09 11-1-95

DATE REVISED:

SUBJECT  
 INMATE COPAY FOR HEALTH SERVICES

PAGE 1 OF 6

**Objective:** To increase inmate responsibility for making health care decisions as to needing health care provider intervention by instituting a copayment system for inmate generated Health Services Requests.

**Policy:** Inmates will be charged for inmate initiated requests for health services.

**Forms/Equipment:**

Health Services Request (DOC 3035 5/90)

Disbursement Request (DOC 184 6/90)

Acknowledgment of Copayment Charge (DOC 1557 9/95)

BHS Copay Log

**Definitions:**

Health Services Request:

A form used by inmates to request services from the Health Services Units or other health care providers.

Injury:

Mental or physical harm to an employee caused by accident or disease, and also means damage to or destruction of artificial member, dental appliances, teeth, hearing aids, and eye glasses.

Medical Emergency:

An incident which is life threatening and/or needs immediate medical attention per the decision of the health care provider.



**Procedure:**StepsKey Points

- |  |  |
|--|--|
| <p>1. Inmates who earn wages during residency will be charged for each Health Services Request submitted by the inmate requesting health services, resulting in a face to face contact with a health care provider. Services requested may be provided by a physician, physician assistant, nurse practitioner, registered nurse, nursing assistant, dentist, dental assistant, dental hygienist, diagnostic radiologic technician, phlebotomist, physical therapist, optometrist, program assistant, or any other health care provider.</p> | <p>1a. Health Services staff need not determine wage status when charging copay. This will be done by the Business Office staff.</p> <p>1b. Review of medical records by inmates will not generate a copay charge. Charges will be made for copies of records as usual.</p> <p>1c. Copay charge will be generated for face to face contacts only. Written responses or medication refills will not be charged for.</p> |
| <p>2. Inmates will not be charged for appointments initiated by health care providers, for emergency care, <u>for work related injuries</u>, for scheduled follow-up visits related to the initial problem, or written referrals from one provider to another.</p>   |  |
| <p>3. No inmate will be refused health care for financial reasons. For inmates with no funds, the inmate's trust account will be charged and a loan balance due will be established and will remain until repaid as funds become available.</p>  |  |
| <p>4. Inmates will fill out a Reimbursement Request (DOC 184) with the Health Services Request (DOC 3035) and submit the forms to Health Services. When the face to face encounter occurs, the Health Care Provider will sign the form in the disbursement approval area and give the</p>  | <p>4a. Charge for each contact is \$2.50.</p> <p>4b. See attached Disbursement Request for completion instructions.</p>  |

pink copy to the inmate. All remaining copies will be forwarded to the Business Office for at least weekly processing. If the inmate refuses to complete a Disbursement Request form, the Health Services Provider will complete the form for the inmate and write "Refuses to sign" in the inmate signature section and sign the form in the disbursement approval area. Inmates will be charged for the amount stated on the Disbursement Request form.

5. Each Health Services Unit will keep a copy log and submit a copy of the log monthly to Central Office with the Unit Administrative Report.
  6. There will be no copayment for the Assessment and Evaluation process. . . During the Assessment and Evaluation process, inmates will be required to sign a form acknowledging that the inmate will be charged a copayment charge for each inmate initiated Health Services Request resulting in a face to face contact with a health care provider. An inmate's refusal to sign the form will not avoid the copayment charge.
  7. Questions concerning a disputed copayment charge should be directed to Health Services staff. Questions concerning accounting deductions to the inmate's account should be directed to institution Business Office staff. Inmates may file an inmate complaint concerning disputed copayment charges or deductions.
- 6a. DOC-1557 Acknowledgment of Copayment Charge will be completed as part of the DAI admission process.

DENTAL COPAYMENT

1. There will be no charge for initial evaluation at either Dodge Correctional Institution, another correctional institution, or correctional center.
2. At the time of evaluation, the inmate will be given an oral diagnostic list of what needs to be done dentally and how urgent the tooth specific procedure or condition, i.e., should be done within the next month, etc. and how many appointments it will take to complete each procedure or condition.
3. The inmate is then responsible for initiating a Health Services Request (HSR) asking for the tooth specific procedure or condition to be treated. Copay will be charged unless the condition was life threatening.
4. If the tooth specific procedure or condition requires more than one visit, the first visit is charged for and the others are dental appointments made by the practitioner at no additional charge. One copayment per procedure or condition treated, even if more than one appointment is scheduled by the dental staff.
5. If after the procedure or treatment for the condition is given, the inmate is concerned and requests further evaluation and submits another HSR to be seen, copayment is charged unless the situation is life threatening as determined by the unit dentist.

6. A dentist will also do routine care, annual examinations, or the prescribed treatment by the dental hygienist by making appointments for inmates without their request but with their consent. There will be no copayment charge for these appointments and procedures.
7. Dental treatment initiated and scheduled by BHS staff to expedite an offender's Dental Classification Report (DOC 3052) to classification/treatment status #10 will not be charged a copayment.

References: Wisconsin Administrative Code, Chapter DOC 316, Medical, Dental, and Nursing Copayment Charge.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-01, Access to Care.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-36, Dental Care

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-37, Daily Handling of Non-Emergency Medical Requests.

— National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-38, Sick Call.

Wisconsin State Statutes, Chapter 102, 102.01 Definitions.

Approved:

Sharon K Zunker  
Sharon Zunker, Director  
Bureau of Health Services

12-12-97  
Date

George M Daley, MD  
Dr. George Daley, Medical Director  
Bureau of Health Services

12/12/97  
Date

Annual Review:

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# ACKNOWLEDGMENT OF CO-PAYMENT CHARGE

OFFENDER NAME (Please Print)	DOC NUMBER
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The Department of Corrections requires all offenders housed in a state correctional institution or a correctional center and who earn wages, to pay a co-payment charge of \$2.50 for each occasion of a self-initiated face-to-face contact in which health services are provided by a health care provider. No offender will be denied medical, dental or nursing services based only upon inability to pay a co-payment fee. An offender will not be charged for medical, dental or nursing screenings during the Assessment and Evaluation process, appointments initiated by health care providers, medical emergencies as defined by health care providers, scheduled follow-up visits, written referrals from one provider to another or review of medical records.

My signature below shows:

- (1) I have read or had read to me the above notice of medical, dental and nursing services co-payment charges;
- (2) I agree to pay this co-payment fee for all health services requests that I initiate that result in a face-to-face contact with a health care provider and health services are provided;
- (3) I agree that this amount will be disbursed from my (general) trust account. If I have no funds, available to pay the co-payment amount, I understand and agree I will be loaned the co-payment amount and I will be expected to repay the loan from my general account.

I further understand that if I refuse to sign this form or any disbursement request, I will not avoid these co-payment charges.

OFFENDER SIGNATURE	DATE SIGNED
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I hereby certify that the above information was read by and/or read to and explained by me to the above named offender. If the offender has refused to sign, I have indicated this below.

Offender refused to sign the statement

STAFF NAME (Print)	STAFF SIGNATURE	DATE SIGNED
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Distribution: Original - Social Service File

# DISBURSEMENT REQUEST

**INMATE REQUEST - To be completed by the inmate. Please print or type all items except your signature.**

INMATE NAME JOHN DOE	INMATE NUMBER 11111	INSTITUTION / CENTER (Abbreviate) OSCI	CELL / HOUSING UNIT
PAY TO - NAME BHS	STREET ADDRESS 149 E. WILSON	CITY MADISON	STATE ZIP CODE WI 53707

REQUEST FOR

<input type="checkbox"/> 1 Canteen Card	<input type="checkbox"/> 4 Books or Magazines	<input type="checkbox"/> 7 Money Transmittal
<input type="checkbox"/> 2 Hobby Purchase	<input type="checkbox"/> 5 Savings Bond	<input type="checkbox"/> 8 Special Order
<input type="checkbox"/> 3 Newspaper	<input type="checkbox"/> 6 Savings Account Deposit	<input checked="" type="checkbox"/> 9 Other - Specify: <u>co-pay</u>

REASON FOR REQUEST (Complete Only if you Checked 7,8, or 9 Above)	INDIVIDUAL ITEMS REQUESTED	AMOUNT
health care or dental care or optometric care etc.	<u>contact- 10-11-95</u>	\$ 2.50
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

INMATE SIGNATURE <i>John Doe</i> OR REFUSES TO SIGN	DATE SIGNED 10-11-95	TOTAL AMOUNT REQUESTED \$ 2.50
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**DECISION - To be completed by institution staff only**

DISBURSEMENT APPROVED BY <i>N. Nurse</i>	DATE 10/11/95	FUNDING SOURCE <input type="checkbox"/> General Acct. <input type="checkbox"/> Segregated Acct.	PAID BY CHECK #	DATE PAID
DISBURSEMENT DISAPPROVED BY	DATE	REASON FOR DISAPPROVAL		





<p style="text-align: center;"><b>WISCONSIN</b></p> <p style="text-align: center;">Department of Corrections Division of Adult Institutions Bureau of Health Services</p> <p style="text-align: center;"><b>POLICY/PROCEDURE</b></p>	EFFECTIVE DATE	NUMBER
	January 15, 1998	100:09
	UNITS AFFECTED	SUPERSEDES NO:
All Health Service Units and Correctional Centers	100:09 11-1-95	DATE REVISED:

SUBJECT  
INMATE COPAY FOR HEALTH SERVICES

PAGE 1 OF 6

**Objective:** To increase inmate responsibility for making health care decisions as to needing health care provider intervention by instituting a copayment system for inmate generated Health Services Requests.

**Policy:** Inmates will be charges for inmate initiated requests for health services.

**Forms/Equipment:**

Health Services Request (DOC 3035 5/90)

Disbursement Request (DOC 184 6/90)

Acknowledgment of Copayment Charge (DOC 1557 9/95)

BHS Copay Log

**Definitions:**

**Health Services Request:** A form used by inmates to request services from the Health Services Units or other health care providers.

Injury:

Mental or physical harm to an employee caused by accident or disease, and also means damage to or destruction of artificial member, dental appliances, teeth, hearing aids, and eye glasses.

**Medical Emergency:**

An incident which is life threatening and/or needs immediate medical attention per the decision of the health care provider.

POLICY/PROCEDURE	EFFECTIVE DATE January 15, 1998	NUMBER 100:09	PAGE 2 OF 6
			SUPERSEDES NO:  100:09 November 1, 1995

**Procedure:**

Steps

Key Points

- |  |  |
|--|--|
| <p>1. Inmates who earn wages during residency will be charged for each Health Services Request submitted by the inmate requesting health services, resulting in a face to face contact with a health care provider. Services requested may be provided by a physician, physician assistant, nurse practitioner, registered nurse, nursing assistant, dentist, dental assistant, dental hygienist, diagnostic radiologic technician, phlebotomist, physical therapist, optometrist, program assistant, or any other health care provider.</p> | <p>1a. Health Services staff need not determine wage status when charging copay. This will be done by the Business Office staff.</p> <p>1b. Review of medical records by inmates will not generate a copay charge. Charges will be made for copies of records as usual.</p> <p>1c. Copay charge will be generated for face to face contacts only. Written responses or medication refills will not be charged for.</p> |
| <p>2. Inmates will not be charged for appointments initiated by health care providers, for emergency care, for <u>work related injuries</u>, for scheduled follow-up visits related to the initial problem, or written referrals from one provider to another.</p>   |  |
| <p>3. No inmate will be refused health care for financial reasons. For inmates with no funds, the inmate's trust account will be charged and a loan balance due will be established and will remain until repaid as funds become available.</p>  |  |
| <p>4. Inmates will fill out a Reimbursement Request (DOC 184) with the Health Services Request (DOC 3035) and submit the forms to Health Services. When the face to face encounter occurs, the Health Care Provider will sign the form in the disbursement approval area and give the</p>  | <p>4a. Charge for each contact is \$2.50.</p> <p>4b. See attached Disbursement Request for completion instructions.</p>  |

pink copy to the inmate. All remaining copies will be forwarded to the Business Office for at least weekly processing. If the inmate refuses to complete a Disbursement Request form, the Health Services Provider will complete the form for the inmate and write "Refuses to sign" in the inmate signature section and sign the form in the disbursement approval area. Inmates will be charged for the amount stated on the Disbursement Request form.

5. Each Health Services Unit will keep a copay log and submit a copy of the log monthly to Central Office with the Unit Administrative Report.
6. There will be no copayment for the Assessment and Evaluation process. During the Assessment and Evaluation process, inmates will be required to sign a form acknowledging that the inmate will be charged a copayment charge for each inmate initiated Health Services Request resulting in a face to face contact with a health care provider. An inmate's refusal to sign the form will not avoid the copayment charge.
  - 6a. DOC-1557 Acknowledgment of Copayment Charge will be completed as part of the DAI admission process.
7. Questions concerning a disputed copayment charge should be directed to Health Services staff. Questions concerning accounting deductions to the inmate's account should be directed to institution Business Office staff. Inmates may file an inmate complaint concerning disputed copayment charges or deductions.

DENTAL COPAYMENT

1. There will be no charge for initial evaluation at either Dodge Correctional Institution, another correctional institution, or correctional center.
2. At the time of evaluation, the inmate will be given an oral diagnostic list of what needs to be done dentally and how urgent the tooth specific procedure or condition, i.e., should be done within the next month, etc. and how many appointments it will take to complete each procedure or condition.
3. The inmate is then responsible for initiating a Health Services Request (HSR) asking for the tooth specific procedure or condition to be treated. Copay will be charged unless the condition was life threatening.
4. If the tooth specific procedure or condition requires more than one visit, the first visit is charged for and the others are dental appointments made by the practitioner at no additional charge. One copayment per procedure or condition treated, even if more than one appointment is scheduled by the dental staff.
5. If after the procedure or treatment for the condition is given, the inmate is concerned and requests further evaluation and submits another HSR to be seen, copayment is charged unless the situation is life threatening as determined by the unit dentist.

6. A dentist will also do routine care, annual examinations, or the prescribed treatment by the dental hygienist by making appointments for inmates without their request but with their consent. There will be no copayment charge for these appointments and procedures.
7. Dental treatment initiated and scheduled by BHS staff to expedite an offender's Dental Classification Report (DOC 3052) to classification/treatment status #10 will not be charged a copayment.

**References:** Wisconsin Administrative Code, Chapter DOC 316, Medical, Dental, and Nursing Copayment Charge.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-01, Access to Care.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-36, Dental Care

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-37, Daily Handling of Non-Emergency Medical Requests.

National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997, P-38, Sick Call.

Wisconsin State Statutes, Chapter 102, 102.01 Definitions.

Approved:

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Sharon Zunker, Director  
Bureau of Health Services

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Date

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Dr. George Daley, Medical Director  
Bureau of Health Services

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Date

Annual Review:

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**ATTACHMENT 7**

**DOC 309 I.M.P. #5; INMATE COMPENSATION  
PLAN**



INTERNAL MANAGEMENT PROCEDURES

State of Wisconsin  
 Department of Corrections  
 Division of Adult Institutions

DOC 309, I.M.P. #5	
ORIGINAL EFFECTIVE DATE 10/01/82	NEW EFFECTIVE DATE 08/01/95
SUPERSEDES NUMBER: HSS 309, I.M.P. #5	DATED: 09/13/87
CROSS REFERENCE.	
ADMINISTRATIVE RULE:	DOC 309.55
OTHER:	§302.01, §302.02 Wis. Stats
ACA:	1-4407
PAGE NUMBER:	1 OF 1

**SUBJECT: INMATE COMPENSATION PLAN**

Pursuant to DOC 309.55, all compensation shall be computed on an hourly basis as follows:

Range 5	47¢ per hour
Range 4	40¢ per hour
Range 3A (Work Assignment)	33¢ per hour
3B (Program Assignment)	28¢ per hour
Range 2	24¢ per hour
Range 1	17¢ per hour
Involuntarily Unassigned	8¢ per hour

These hourly rates will be increased by 2¢ per hour for weekend and legal holiday work.

Inmates transferred from a state prison, as defined in Sections 302.01 and 302.02, Wis. Stats., to a county jail or house of corrections shall be compensated only at the involuntary unassigned rate as determined under DOC 309.55(7). No compensation may be paid under this section to an inmate who is placed in a segregation status by the county jail or the house of corrections.