

10A:16-1.2 Scope

This chapter shall be applicable to all correctional facilities within the Department of Corrections unless the context clearly indicates otherwise.

10A:16-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

“Advance directive” means a document that declares the wishes of a person to prolong or not prolong life under certain conditions if that person faces certain death from illness or injury and can only survive with the use of extraordinary or extensive medical means.

“Co-payment” means a nominal fee paid by an inmate.

“Department of Human Services” means the New Jersey Department of Human Services.

“Electronic medical record” hereafter referred to as “EMR” means the primary healthcare record of an inmate in an electronic format that contains recorded information concerning the medical, dental and mental health history and related health activities of the inmate.

“Executive clemency” means the exclusive power of the Governor to commute the sentence of an inmate making the inmate eligible for parole consideration.

“Forensic psychiatric hospital” means the forensic psychiatric hospital that is administered by the New Jersey Department of Human Services.

“Health care provider” means the entity which is providing the medical, dental and/or mental health services to inmates.

“Health Services Unit” means the unit administered by the Assistant Commissioner, Division of Operations, responsible for managing the provision of medical, dental and mental health services to inmates under the jurisdiction of the Department of Corrections.

“Medical reference file” hereafter referred to as “MRF” means the paper, written or printed record that contains information concerning the medical, dental and mental health history and related health activities of an inmate.

“Responsible health authority” means a designated person within a correctional facility who shall be a physician or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical/ clinical judgments rest with a designated licensed responsible physician.

“Screening service” means a public or private ambulatory service which provides mental health services including assessment, emergency and referral services to mentally ill

persons in a specified geographic area (see N.J.S.A. 30:4-27.2).

“St. Francis Unit” means a unit within the St. Francis Hospital that is designated for the treatment of inmates who need hospitalization.

Amended by R.2001 d.292, effective August 20, 2001.

See: 33 N.J.R. 1494(a), 33 N.J.R. 2814(a).

Rewrote “Constant observation”.

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Deleted “Close observation”, “Constant observation” and “Suicide watch”; added “Electronic medical record” and “Medical reference file”.

Amended by R.2006 d.151, effective May 1, 2006.

See: 38 N.J.R. 96(a), 38 N.J.R. 1836(a).

In the introductory paragraph, added “unless the context clearly indicates otherwise”; and deleted the definition of “Staff”.

10A:16-1.4 Forms

(a) The following forms referenced in this chapter are related to, and available through, Medical and Health Services:

1. EMR Dental Intake Encounter form;
2. EMR MH Suicide Watch Notice form;
3. EMR MH Daily Suicide Monitoring form;
4. EMR MH Suicide Status Change form;
5. MR-013 Daily Correction Officer Suicide Watch Report;
6. EMR MH Suicide Release form; and
7. EMR Consent for Treatment form.

(b) The following forms related to Medical and Health Services shall be reproduced by each correctional facility from originals that are available by contacting the Administrative Rules Unit:

1. 520-I Inmate Therapist Confidentiality; and
2. 980-I Research Project Request.

(c) The following form related to executive clemency is printed by the New Jersey State Parole Board and is available by contacting the State Parole Board:

1. Petition For Executive Clemency.

(d) The following forms related to psychiatric transfers shall be reproduced by each correctional facility from originals that are available by contacting the New Jersey Department of Human Services, Division of Mental Health and Hospitals, or the Division of Operations, Health Services Unit, New Jersey Department of Corrections.

1. DHS-C4 Application for Temporary Commitment;
2. Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults; and

3. Temporary Order for Commitment.

(e) Except as otherwise agreed to by the Department of Corrections and its health care provider, no forms other than those set forth in this section shall be used for documentation of health care.

Administrative change.

See: 35 N.J.R. 1137(a).

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Rewrote (a); in (e), substituted "for documentation of health care" for "in an inmate's Medical Dental Record".

10A:16-1.5 Medical co-payment

(a) Pursuant to N.J.S.A. 30:7E-1 et seq., inmates shall be liable for the cost of, and charged a nominal co-payment as determined by the State Treasurer for health care to include surgery, dental care, hospitalization or treatment; and medication to include prescription or nonprescription drugs, medicine or dietary supplements. The medical co-payment shall be \$5.00 and the medication co-payment shall be \$1.00. If fees for inmate co-payment change in accordance with N.J.S.A. 30:7E-1 et seq., these changes shall be published as a notice of administrative change in the New Jersey Register.

(b) No inmate shall be denied medical services, surgery, dental services, hospitalization, medication or treatment due to an inmate's inability to pay the co-payment fee.

(c) Payment for health services and medication shall be deducted from the inmate's account in accordance with N.J.A.C. 10A:2-2.2.

(d) The following services are excluded from the co-payment requirement:

1. Initial assessments during the reception and classification process, classification physicals and transfer evaluations and discharge physical examinations;
2. Prescribed laboratory work to include inmate requests for HIV testing;
3. Prescribed x-rays;
4. Immunizations and other treatments mandated for public health reasons such as, but not limited to, tuberculosis (TB) testing and hepatitis B vaccine;
5. Psychiatric, psychological, substance abuse and social work treatment including medication prescribed by the psychiatrist for mental health purposes;
6. Treatment that is prescribed over the course of several days or weeks, such as, electrocardiograms, dressing changes, and other ongoing treatments ordered by health care staff;
7. Medical visits initiated by medical/mental health staff to comply with internal management procedures;

8. Follow-up visits scheduled by the health care provider;

9. Written referrals from one provider to another;

10. Dental referrals made by health care staff;

11. Infirmity care; and

12. Medication provided immediately during a medical visit.

(e) All medications shall be ordered by qualified health care professionals in the largest quantities and longest durations that are medically appropriate and in accordance with all applicable laws and pharmaceutical regulations. The inmate is charged for a prescription when a health care professional writes an initial order and is then required to rewrite the medication order; therefore, for maintenance medications, prescriptions shall be written for as long a period of time as is medically acceptable.

(f) New and amended regulations regarding medical co-payment shall be posted in each housing area, other appropriate areas of the correctional facility and incorporated into the next revision of the correctional facility Inmate Handbook.

10A:16-1.6 Quality Assurance Program

(a) The Department of Corrections shall maintain a Quality Assurance Program related to the provision of health services to include medical, dental and mental health services.

(b) The purpose of the Quality Assurance Program shall be to analyze and evaluate the adequacy of health services provided to inmates and to identify any deficiencies in the provision of health services that require improvement or resolution.

(c) Quality Assurance Program staff shall be responsible for the physical inspection and evaluation of all areas related to the provision of health services, which shall include, but not be limited to:

1. Conducting formal audits of internal management procedures related to the provision of health services to inmates;
2. Monitoring inmate complaints related to the provision of health services;
3. Reviewing EMRs, MRFs, and all reports and documents related to the provision of health services;
4. Acting as liaison between the responsible health authority, staff of the Health Services Unit, health care providers and other Departmental staff as defined in N.J.A.C. 10A:16-1.3; and