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Title <b>REIMBURSEMENT OF COUNTY JAILS</b>
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Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
House Enrolled Act 1006 (2015) House Enrolled Act 1269	01-04-101 01-04-104	

I. PURPOSE:

The purpose of this policy and administrative procedure is to provide specific guidelines for county jails housing Department offenders, Parole violators, Level 6 Felons, and for contracted bed providers.

II. POLICY STATEMENT:

The Department shall establish and maintain a standardized process for receiving and paying invoices for the housing of offenders committed to the Department in the county jails to ensure payment to the counties. The Department shall establish, maintain, and review records and documents to ensure the proper billing and payment for Department offenders being housed in county jails.

III. DEFINITIONS:

For the purposes of this policy and administrative procedure, the following definitions are provided:

- A. **ABSTRACT OF JUDGMENT:** State Form 8466 is used by the sentencing court to provide all relative sentencing information for offenders committed to the Department and is entered in the the INCite database.
- B. **APPROPRIATE SENTENCING DOCUMENTS:** Any relevant documents, to be entered in INCite issued by the sentencing court, including, but not limited to:

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1. Pre-sentence report;
  2. Abstract of Judgment/Sentencing Order, including any and all addendums and attachments;
  3. Medical/Mental Health Records; and,
  4. Jail disciplinary records
- C. **CENTRAL OFFICE ADMINISTRATION-IN BOUND (COA):** The three (3) letter designation used by the Department in its offender information system that refers to an offender who has been sentenced to the Department, is currently housed in a county jail, and is awaiting transport to the Department.
- D. **CUSTODY TRANSFER:** The process whereby an IDOC offender, while accompanied by jail staff, leave the jail for a limited time pursuant to a court order or to be transported to a housing county.
- E. **EMERGENCY MEDICAL SERVICE:** Treatment provided to a person suffering from a medical condition manifesting itself by symptoms of sufficient severity that in the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the patient’s life in jeopardy;
  2. Serious impairment to bodily functions;
  3. Serious dysfunction of any bodily organ or part; or,
  4. The development or continuance of serve pain.
- F. **IDOC OFFENDER:** As used in this policy and administrative procedure, an offender committed to the Department and temporarily housed in a county jail, whether he/she has been returned to a county from a State facility pursuant to a court order, has been sentenced to the Department and is awaiting transport.
- G. **IMMEDIATE SCHEDULING:** The process allowing for a prompt intake of an IDOC Offender when circumstances warrant such a procedure.
- H. **INTERSTATE AGREEMENT ON DETAINERS (IAD):** The IAD establishes uniform procedures for transferring an offender incarcerated in one state to the temporary custody of another state to resolve untried criminal charges.
- I. **LEVEL 6 FELON:** Term used by the Indiana Code, House Enrolled Act (HEA) 1006 for Level 6 Felony offenders, sentenced after January 1, 2016, who are currently being housed in a county jail.

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- J. **MEDICAL TRIP:** Transportation to an off-grounds medical services provide of an IDOC Offender and/or Parole violator with a medical condition requiring treatment beyond the capabilities of the county jail.
- K. **OPERATIONAL SUPPORT SERVICES DIVISION:** The Department’s division with the responsibility for coordinating transportation of IDOC Offenders.
- L. **PAROLE VIOLATOR:** An IDOC Offender who has completed the mandatory confined portion of his/her sentence who has been released under conditions of Parole and subsequently violated one or more conditions of the Parole requirements.
- M. **PURPOSEFUL INCARCERATION:** Program in which a Judge will sentence an offender to IDOC but in writing states that the Court will consider modification upon completion of a Therapeutic Community Program.
- N. **PURPOSEFUL INCARCERATION / THERAPEUTIC PROGRAM (PI/TC) PARTICIPANT:** An offender sentenced by a judge to the Department with a written statement from the court that the court will consider a modification of sentence upon completion of a Therapeutic Community program that is approved by an IDOC/county court partnership.
- O. **REIMBURSEMENT IDOC OFFENDER:** A felon held solely for transportation to the Department. The offender must be sentenced to the Department, be detained in the county jail solely for the Department, be available for immediate transfer to the Department, and held for at least five (5) calendar days past the date of sentence.
- P. **REIMBURSEMENT LEVEL 6 FELON:** A Felony Level 6 offender, sentenced after January 1, 2016, and ineligible for placement in the Department.
- Q. **SECURE PERIMETER:** Any immediate area surrounding or adjacent to the jail, including outdoor recreation areas, designed and operated to ensure that all entrances and exits are under the exclusive control of the staff, thereby not allowing an offender to leave.
- R. **SERIOUS MEDICAL CONDITION:** A medical condition likely to lead to death, disability, or lingering pain if not treated timely. Conditions may be emergent, urgent, or non-urgent.

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- S. THERAPEUTIC COMMUNITY (TC): A specialized therapeutic community lasting a minimum of eight (8) months for offenders with significant impairment connected to substance abuse. These therapeutic communities are competency based and typically take longer than eight (8) months to successfully complete.

IV. REIMBURSEMENT CRITERIA FOR IDOC COUNTY FELONS:

A. IDOC Offenders Eligible for Reimbursement

1. A reimbursable offender is a felon held solely for transportation to the Department, including any Level 6 Felons that meet established statutory requirements for assignment to the Department.

The offender must:

- a. Be sentenced to the Department with appropriate sentencing documents available;
- b. Be detained in a county jail solely for the Department;
- c. Be held for at least five (5) calendar days past the date of sentence;
- d. Have no pending charges in the county in which he/she is housed; and,
- e. Not eligible for payment for date of transport or release.

Billing for County Felons Per Diem shall be documented on State Form 55725, "Request for Reimbursement County Felon Per-Diem," and shall be submitted to [DOCJailBill@idoc.in.gov](mailto:DOCJailBill@idoc.in.gov).

2. Medical Expenses

- a. The Department shall be responsible for reimbursement of expenses incurred for emergency services, urgent services, and serious medical conditions for Reimbursable IDOC Offenders (eyewear and dental shall be billed separately on a monthly basis).

The contracted medical services forms that accompany this policy and administrative procedure shall be completed.

- b. If an offender is admitted to a Medicaid-approved facility, staff shall adhere to the Presumptive Eligibility process outlined in House Enrolled Act 1269

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- c. The County shall be responsible for medical treatment for the first five (5) days after sentencing.
- d. Appropriate medical bills shall be submitted on State Form 55724, "Request for Reimbursement County Felon Medical." Medical claims shall be accompanied by copies of invoices and receipts for all services and prescriptions provided. The completed State Form 55724 shall be submitted to [DOCJailBill@idoc.in.gov](mailto:DOCJailBill@idoc.in.gov).
- e. Medical bills requesting direct payments to vendors must include a W-9 form.

All appropriate, completed forms shall be submitted to the Department's contracted medical provider within thirty (30) days of service billing.

- 3. The Department will distribute funds for the housing of Level 6 felons in a lump sum payment at the start of each fiscal year. The payment amount will be based on the previous two (2) fiscal year payment totals. The county will receive the higher of those two (2) amounts, as well as their percentage of Level 6 felons compared to the State-wide total.
- 4. Court-Ordered Transfer of IDOC committed offenders  
  
Offenders transferred from Department custody to a county pursuant to a court order are not eligible for reimbursement. All costs incurred for the daily maintenance of the offender and medical treatment are the sole responsibility of the county.
- 5. Concurrent Sentences:
  - a. Offenders sentenced to county jails and the Department concurrently are not reimbursable.
  - b. If an offender is available to the Department, reimbursement may be claimed.
- 6. Transfer from County of Origination to New County for Additional Charges

Offenders transferred from a county where charges are pending are not eligible for reimbursement until:

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- a. The offender is found guilty of a felony and sentenced; and,
- b. The offender meets the criteria established in Section IV, A, 1.

B. Time Frame for Receiving Appropriate Sentencing Documents

- 1. In order to receive payment for housing an IDOC Offender, the Department shall be notified of the IDOC Offender within thirty (30) calendar days after sentencing. The Department must be in receipt of all appropriate sentencing documents, or those documents must be entered into the INcite database in order for the county to receive payment.
- 2. Request for reimbursement shall be made monthly to include all the dates the IDOC Offender was housed in the jail that are eligible for reimbursement. The Department must receive the invoices within ninety (90) days after the end of the billing month.

V. PAROLE VIOLATORS:

- A. Parole Violators are not eligible for reimbursement if they are held on new charges for which the bond has not been posted. The Department may only be billed if the offender is held solely for an Indiana Parole Violation warrant. Billing for Parole Violators shall be completed on State Form 55727, "Request for Reimbursement County Felon Per-Diem," and shall be submitted to [DOCJailBill@idoc.in.gov](mailto:DOCJailBill@idoc.in.gov).
- B. If an offender is bonded, the Department must be notified at the time of the bond.
- C. Not eligible for payment for date of transport or release.

VI. MEDICAL EXPENSES:

- A. The Department shall be responsible for reimbursement of expenses incurred for emergency services, urgent services, and serious medical conditions for Level 6 Felons
- B. If an offender is admitted to a Medicaid-approved facility, staff shall adhere to the Presumptive Eligibility process outlined in House Enrolled Act 1269
- C. Appropriate medical bills shall be submitted on State Form 55728, "Request for Reimbursement-Medical," and shall be submitted to [DOCJailBill@idoc.in.gov](mailto:DOCJailBill@idoc.in.gov).

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Medical claims shall be accompanied by copies of invoices and receipts for all services and prescriptions provided.

Counties may continue to seek reimbursement from the Department for treatment relating to a jail-incarcerated Level 6 felon’s serious medical need, but only to the extent that the cost cannot be paid by the convicted person, or covered by Medicaid, Medicare, or other available health care reimbursement program or plan not paid for by the county.

All completed documents shall be submitted to the Department’s Division of Operational Support Services Billing Staff within thirty (30) days of service billing.

**VII. TIME FRAME FOR RECEIVING APPROPRIATE SENTENCING DOCUMENTS:**

- A. In order to receive payment for housing a Department offender, the Department shall be notified of the offender within thirty (30) days after the date of the sentence. The Department must be in receipt of all appropriate sentencing documents in order for the county to receive payment. All appropriate sentencing documents must be entered into INcite, in accordance with Indiana Code 35-38-1-14, 35-38-1-31, and Criminal Rule 15.2.
- B. Request for reimbursement shall be made monthly to include all the dates the IDOC Offender was housed in the jail that are eligible for reimbursement.

**VII. PURPOSEFUL INCARCERATION / THERAPEUTIC COMMUNITY (PI/TC) PROGRAM PARTICIPANT:**

PI/TC Program Participant (held solely for TC participation):

- A. Is sentenced to the Department and identified as eligible for PI/TC program participation;
- B. Is detained in a county jail for the Department solely for the purpose of program participation; and,
- C. Is not eligible for payment for date of transfer/release.

Billings requests shall be documented on State Form 55980, “Request for Reimbursement for Purposeful Incarceration Per Diem,” and shall be submitted to [DOCJailBill@idoc.in.gov](mailto:DOCJailBill@idoc.in.gov).

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IX. NOTIFICATION REGARDING CUSTODY TRANSFERS AND MEDICAL TRIPS:

- A. All custody transfers and/or medical trips shall be accompanied by a law enforcement/custody officer of the county.
- B. Notification shall be made to the Operational Support Services Division prior to **ANY** custody transfers taking place. Prior to a custody transfer, a copy of the court order, date of release, and name of county transporting the IDOC offender(s) shall be emailed to the Operational Support Service Division.
- C. The Department recognizes that some IDOC offenders and/or parole violators may require medical consultation beyond what is available at the county jail, particularly where a serious medical condition, or emergency situation exists.

In all other non-emergency / non-serious / non-hospital admittance cases, or if the cost is expected to exceed \$250.00, the Department requests that prior approval be obtained from the Department's Division of Operational Support. Medical bills requiring direct payment to vendors must include a Form W-9.

The Department's Operational Support Services Division may be contacted during regular business hours at 317-233-6131, or 1-800-680-5889.

After hours emergency procedures when admitting an offender to the hospital:

- 1. When possible, the Department shall be notified prior to the offender leaving the jail. For emergency medical conditions, the Department shall be notified upon arrival at the hospital. IDOC Operations Center's telephone number is 317-839-1233.
- 2. Medical Transfer

After consultation with the county hospital doctor, the IDOC Medical Director shall approve or disapprove. If approved the Operational Support Services Division shall arrange transportation to the selected hospital.

IDOC offenders must have an IDOC number assigned by the Operational Support Services Division prior to medical transfer. In order for the number to be assigned, a copy of the Abstract of Judgment (along with date of birth, race, gender, and Social Security number) shall be forwarded to the Operational Support Services Division. Billing cannot be considered until the Operational Support Services



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Division has received these documents, or the documents have been uploaded into the INcite database.

X. APPLICABILITY:

This policy and administrative procedure is applicable to all county jail systems in Indiana that house offenders committed to the Department.

signature on file  
 Robert E. Carter, Jr.  
 Commissioner

\_\_\_\_\_ Date