

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-G-10.1

SUBJECT: EYE GLASSES

POLICY: Refractive eye exams and vision correction eyeglasses will be made available to inmate/patients as a co-pay service. It is recognized that the lack of vision correcting eyewear does not cause deterioration in a person's general state of health. Health Services does, however, recognize that corrected vision may promote participation in education, programming, or work assignments, it may increase comfort, or otherwise contribute to quality of life, therefore, Medical Services will offer support through a co-pay program for refractive eye examinations for each inmate/patient a maximum of once every two (2) years. Eyeglasses become the inmate/patient's real property and are handled according to the procedure outlined below. Medical eye examinations will not be denied due to indigence.

REFERENCE: OAR 291-124-0085
NCCHC Standard P-G-10
ACA 3-4358
AFS Standards
DMV Standards

PROCEDURE:

- A. Medical Services offers co-payments for refractive eye examinations for each inmate/patient a maximum of once every two (2) years. Verify the date of the last refractive eye exam and if it's been more than two (2) years, proceed with this procedure and inform the inmate/patient they will be responsible for the cost of the glasses and \$45 toward the cost of the refraction.
- B. A inmate/patient who requests refraction signs a CD28, Request for Withdrawal of Funds (please see P&P P-G-10, Aids to Impairment) for \$45.00. The CD28 is then attached to a CD1091aH form (Inmate/patient Purchase – Pay in Advance) and processed through Central Trust. Once the CD1091aH has returned from Central Trust indicating that \$45.00 has been placed into a reserve account, an appointment for refraction will be scheduled. If the CD1091aH is returned indicating insufficient funds, refraction is not scheduled and the inmate/patient is notified.
- C. A inmate/patient who requests to purchase prescription eyeglasses signs a CD28 for the amount of money they want to spend on eyeglasses. The CD28 is then attached to a CD1091aH and processed through Central Trust. Once the CD1091aH has returned from Central Trust indicating the money has been placed into a reserve account, eyeglasses may then be purchased. Corrective eyeglasses will not be made available for purchase should the CD1091aH be returned indicating insufficient funds.

D. Indigent Inmate/patients:

1. Inmate/patients without sufficient funds to pay the \$45.00 for the refraction or without money to pay for glasses will be reviewed on a case-by-case basis.
2. A refraction/eyeglasses informational form will be completed (attachment 2) and submitted to the Eyeglasses Review Committee for review.
3. Based on review of the criteria, the Eyeglasses Review Committee has the authority to approve:

Inmate/patient Purchase – Inmate/patient may incur debt.
Inmate/patient Purchase – Inmate/patient to pay in advance.

If the Eyeglasses Review Committee does not approve “indebtedness” for the purchase of either the refraction or eyeglasses, then the request becomes “pay in advance” and is processed as noted above.

The Eyeglasses Review Committee will make their decision based on a review of the inmate/patient’s release date, past optical information, current visual acuity (snellen-attachment 1) , and, a six-month review of their work and/or programming activities that support CCM and their Central Trust activities and status. If the review indicates the inmate/patient is making an effort to be in compliance with their incarceration/transition plan, the committee will likely approve the indigent request (attachment 2).

4. If the Eyeglasses Review Committee approves refraction as “Inmate/patient may incur debt”, the inmate/patient signs a CD28 for \$45.00. The CD28 is attached to a CD1091H form (Inmate/patient Purchase - Debt) and is processed according to institutional operating procedure.
5. If the Eyeglasses Review Committee approves eyeglasses as “Inmate/patient may incur debt”, the inmate/patient signs a CD28 for the amount of money necessary to purchase the least expensive eyeglasses available. The CD28 is attached to a CD1091H and is processed according to institutional operating procedure.
6. If the Eyeglasses Review Committee has concerns regarding a medical need for an eye exam, the request may be referred to the Therapeutic Levels of Care committee.
7. Repairs of eyeglasses: Glasses received in need of repair must be accompanied by a signed CD28. Repairs to eyeglasses will be routinely charged to the inmate/patient, however, the Medical Services Manager, or designee, may decide to subsidize payment based on review of the inmate/patient’s financial situation, programming status and visual needs

and extent of repair.

8. Contact lenses to improve visual acuity only are considered medically optional and **all** costs are to be borne by the inmate/patient.
9. Medical conditions other than refractions will be referred to the practitioner.

E. Issuing Eyeglasses

1. When eyeglasses are received , from ODOC vendor the inmate/patient will sign a Personal Property form (CD353H) (Attachment 3). The form will include all components issued (eyeglasses, soft case, etc). The form will be filed in the miscellaneous section of the medical file.

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: May 2014

SNELLEN EYE CHART INSTRUCTIONS (REFERENCE DOCUMENT)

FAR VISION

4. In a well-lighted area, position the inmate/patient 20 feet away from the Snellen eye chart.
5. Inmate/patients who wear glasses should be tested with their glasses on.
6. Test each eye separately (have the inmate/patient cover one eye), then both together, by having the inmate/patient read the smallest line of print possible.
7. A inmate/patient who cannot read the largest letter should be positioned closer with the distance from it noted.
8. Determine the smallest line of print from which the inmate/patient can identify more than half the letters.
9. Record the visual acuity designated at the side of this line and noting whether or not glasses are being worn.
10. Visual acuity is expressed as two numbers, i.e., 20/30, in which the first indicates the distance of the inmate/patient from the chart, and the second, the distance at which a normal eye can read the line of letters.

NEAR VISION

11. Using a hand-held Snellen eye card, position the card approximately 14 inches from the inmate/patient's eyes.
12. Repeat steps 2 through 7 of far vision testing.

Refraction/Eyeglasses Information for Eyeglasses Review Committee

Name: _____ Age: _____ Today's Date: _____

ODOC Admission Date: _____ Release Date: _____

Admission Snellen Exam: _____

Date and Results of Most Recent Snellen Exam: _____

Past optical information:

Date of last examination: _____

Prescription of last corrective lenses: _____

Age of current glasses: _____

Condition of current glasses: _____

Review of last six months of work assignment/program activity status
(Incarceration/Transition Plan):

Review of last six months of Central Trust Account activity indicating ability to pay:

Submitted by: _____

Committee Comments and Recommendations:

Committee Member Signatures:

OREGON DEPARTMENT OF CORRECTIONS
HEALTH SERVICES
PERSONAL PROPERTY

THIS IS TO CERTIFY THAT INMATE/PATIENT

HAS RECEIVED THE FOLLOWING PERSONAL PROPERTY FROM MEDICAL SERVICES:

INMATE/PATIENT SIGNATURE

WITNESS

Name _____
SID _____
DOB _____



Oregon

John Kitzhaber, Governor

Salem, OR 97301-4667

Date: December 1, 2013
To: All DOC Inmate/patients
From: {MEMO RECEIVED FROM Mr. GOWER}
Subject: Changes to Eyewear and Eyewear Accessories

Effective December 1, 2013, the Oregon Department of Corrections (DOC) will no longer approve outside prescription or non-prescription glasses, eyewear, or eyewear accessories to be sent to the institutions.

New inmate/patients entering the DOC will be allowed to keep their current pair of eyeglasses or contact lenses. Eyeglasses will continue to be available through the CCCF eyeglass lab, or through other DOC contracted providers. You must have a valid eyeglass prescription (less than two years old) to order and receive these eyeglasses.

If the CCCF eyeglass lab is unable to fill an eyeglass order, the Optical TLC Review Committee may grant approval to allow outside eyewear to be sent in via the package authorization process. Any outside eyewear that is approved is subject to institutional restrictions and review by the Optical TLC Committee.

Eyeglasses that need repair and that are covered under warranty through an outside provider will be allowed to be sent out to the provider for repair/replacement via the package authorization process. Package authorization requests for outside eyewear will continue to be considered through November 30, 2013.

DOC does not provide contact lens exams, or contact lenses, or contact lens eye care solutions. These can be a self-purchase item, however include all costs. Contact lenses may not be appearance altering. Inmate/patients with contact lenses will be advised to get an eyeglass exam and to purchase eyeglasses.

Additionally from Mr. Gower...

From: Gower Michael F
Sent: Monday, January 06, 2014 12:57 PM
To: DL Superintendents -Institution Superintendents
Cc: DL ISM -Institution Security Managers
Subject: Contact Lens for inmate/patients

Please make sure this information is shared with your staff and the inmate/patient population regarding inmate/patient's having contact lenses. There has been some confusion regarding our change in practice towards inmate/patient eye glasses, and somehow folks have been deny inmate/patients access to contact lenses. The inmate/patients can possess/have contact lenses and there is stipulations regarding the inmate/patient paying for said eye contacts and no color tint on the lenses. If you have any concerns please feel free to call me thanks...

Michael F. Gower-Assistant Director
Operations Division
2575 Center St.
Salem, OR 97301
Office (503) 945-7144
FAX (503) 373-1173
Cell/Pager (503) 385-7079