

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-G-11.1**

SUBJECT: EYE GLASSES

POLICY: Refractive eye exams and vision correction eyeglasses will be made available to inmates 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, Health Services will offer support through a co-pay program. Health Services will participate in co-payment for refractive eye examinations for each inmate a maximum of once every two (2) years. Eyeglasses become the inmate's real property and are handled according to the procedure outlined below. Medical eye examinations will not be denied due to indigence.

REFERENCE: OAR 291-124-085 (2)  
NCCHC Standard P-G-11  
ACA 3-4358  
AFS Standards  
DMV Standards

PROCEDURE:

- A. Health Services will participate in co-payment for refractive eye examinations for each inmate a maximum of once every two (2) years. Verify date of last eye examination. If less than two (2) years, inform the patient they will be responsible for all costs associated with the examination, if more than two (2) years, proceed with this procedure.
- B. A patient who requests refraction signs a CD28, Request for Withdrawal of Funds (please see P&P P-G-11, Orthoses, Prostheses, and Other aids to Impairment) for \$45.00. The CD28 is then attached to a CD1091a form (Optional Medical Services) and processed through Central Trust. Once the CD1091a has returned from Central Trust indicating that \$45.00 has been placed into a reserve account, an appointment for refraction will be scheduled. A refraction will not be scheduled should the CD1091a be returned indicating insufficient funds.
- C. A 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 CD1091a and processed through Central Trust. Once the CD1091a 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 CD1091a be returned indicating insufficient funds.

## Eyeglasses

### D. Indigent Inmates:

1. 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 by the provider (see attached) 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:

Patient Purchase – Inmate may incur debt.

Patient Purchase – Inmate 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 patient’s release date, past optical information, and, a six-month review of their work and/or programming activities and their Central Trust activities and status. If the review indicates the patient is making an effort to be in compliance with their incarceration/ transition plan, and, their release date is more than one year away, the committee will likely approve the indigent request.**

4. If the Eyeglasses Review Committee approves refraction as “Inmate may incur debt”, the inmate signs a CD28 for \$45.00. The CD28 is attached to a CD1091 form (Necessary Medical Services) and is processed according to institutional operating procedure.
5. If the Eyeglasses Review Committee approves eyeglasses as “Inmate may incur debt”, the inmate signs a CD28 for the amount of money necessary to purchase the least expensive eyeglasses available. The CD28 is attached to a CD1091 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.

## Eyeglasses

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, however, the Health Services Manager, or designee, may decide to subsidize payment based on review of the 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.
9. Medical conditions other than refractions will be referred to the physician/practitioner.

Effective Date: \_\_\_\_\_  
Revision date: November 2006  
Supersedes P&P dated: November 2005

## **SNELLEN EYE CHART INSTRUCTIONS**

### FAR VISION

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

### NEAR VISION

1. Using a hand-held Snellen eye card, position the card approximately 14 inches from the patient's eyes.
2. 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:

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Committee Member Signatures:

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