

**PRISON HEALTH CARE SURVEY**  
**An Analysis of Factors Influencing**  
**Per Capita Costs**

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## *Executive Summary*

This study was designed to analyze inmate health care costs across states and the Federal Bureau of Prisons and to determine the array of factors that drive these costs. A total of 49 states and the Federal Bureau of Prisons participated in this survey, responding to 58 questions regarding health care delivery systems, practices, and reported costs. (A copy of the survey instrument is included on page 3 of the Appendix.)

The focus of this study was to construct a model that would explain the reasons for variance in the average per capita cost of inmate health care across jurisdictions. Rather than taking each State as a case study, this research examined the set of factors that differentiate high and low per capita States. Ultimately, the data explained 60 percent of the variation in per capita health care costs, and we were able to identify specific factors associated with changes in per capita costs.

The major finding of this study was that it was not the range or number of services but rather the method of care delivery and the staffing mix that most affected per capita prison health care costs. Specifically, the cost of inmate health care varied by:

- the use of capitated contracts for ambulatory care.
- the hours of mid-level practitioner care available to inmates.
- whether HIV screening is routinely performed during intake.
- the number of facilities within a DOC.

For example, an additional hour of mid-level practitioner time per inmate per year accounted for a cost difference per capita of \$0.45 between States. The use of some form of capitated contract for ambulatory care has the largest cost impact: this policy is associated with a \$2.22 decrease in per capita cost. An additional prison facility is associated with a -\$0.02 decrease in per capita health care cost. The reason for this latter result is most probably due to economies of scale: increasing the number of prisons in the system does not necessarily imply a proportional increase in the number of medical staff system-wide.

While these findings are important, we stress that future correctional health care decisions should be based on the *total* system of health care delivery chosen by the DOC, including the level of health care quality and access desired, as well as the market forces affecting health care practitioner availability. The authors cannot stress enough that there was no attempt in the context of this survey to evaluate either the level of quality of care and outcomes or the access to care within any State.

Individual jurisdictions will also be interested in comparing their costs and medical practices to those of other jurisdictions. The Appendix to this report contains detailed information on responses by jurisdictions. The Table of Contents for this Appendix indicates where to find tabulated responses and summary statistics for specific questions.

## ***1. Introduction***

Health care costs are escalating rapidly after a relatively brief period of slowed growth. In the private and Federal sector, health care costs throughout the United States are expected to rise between 8 and 10 percent in the coming year, largely due to increased prescription drug costs, healthcare personnel shortages, and efforts of private insurers to increase their profits.<sup>1</sup> This trend is expected to continue, and health care costs in the United States are expected to double in the next decade. This doubling translates into approximately a 7.2 percent increase per year, a rate substantially higher than the current 1.7 percent annual rate of inflation. These predictions have significant implications for prison health care costs, since Departments of Corrections (DOCs) must both rely upon and compete with the private sector for health care resources. In addition to these general market trends, other factors are frequently cited as contributing to rapidly escalating inmate health care costs, including: the rising number of inmates; the aging inmate population due to longer mandatory sentencing; and the increased incidence of infectious diseases such as AIDS, Hepatitis C, and drug-resistant strains of tuberculosis.

This study addressed the service scope and costs of providing inmate health care across State jurisdictions and the Federal Bureau of Prisons. A complete set of statistical results from the survey may be found in the Appendix to this report. However, the focus of this report is the presentation of salient findings consisting of statistically significant effects, as well as unanticipated results. This paper will be divided into the following sections:

- # the purpose of this study;
- # the design of the survey;
- # significant findings (including the fact that key factors initially thought to be cost-drivers were not found to have a measurable affect on per capita inmate health care costs);
- # presentation of a regression model that will explain more than 60 percent of the differences in per capita costs among jurisdictions; and
- # the future implications and application of this study.

Overall, this study sought to examine and evaluate factors that drive inmate health care costs. The primary objective was to identify those factors that have a demonstrable impact on health care cost and differentiate high and low per capita cost States.

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<sup>1</sup> Barr, Stephen. (September 19, 1999). Costs to Rise 9% in Federal Health Plan: Third Year in a Row of Big Premium Jumps. The Washington Post, Section A, 01.

In interpreting the results presented, it is critical that the reader remember certain assumptions and caveats:

- # No attempt was made to evaluate the extent to which any of the programs surveyed were successful in their goals from a standpoint of outcomes, quality, or accessibility. There may be policy decisions and applications of medical therapeutics or access to treatment that have profound effects on the quality and costs of inmate health care that could not be captured within the scope of this survey.
- # While this questionnaire was carefully constructed and pilot tested, no absolute universe of policy decisions and regional factors can be taken into account in any one survey. The perceived length of a questionnaire is a significant factor in predicting the likelihood of response. An overly detailed and lengthy survey would significantly affect the response rate from those queried.
- # The statistics contained in this document are a result of information supplied directly by State Departments of Corrections and the Federal Bureau of Prisons. The authors have accepted these figures from the individuals charged by their State DOC with preparation of information. Therefore, with a few minor exceptions where clarification of certain figures were required (or an outlier appeared to exist), those figures were not verified with any secondary source.
- # All inmate populations used in calculations for the purposes of this study refer *only* to those inmate populations reported as covered by DOC *health care budget*. This distinction between total inmate population and those covered by a respondent's health care budget was critical, since it allowed an equitable comparison across jurisdictions *and* has a significant impact on calculated per capita costs.
- # Lastly, and most importantly, as we focus on results which were identified as statistically significant, we need to keep in mind that even if a given factor does not demonstrate statistical significance, it cannot be said that this factor has no effect on health care costs. It simply means that it can not be identified separately as a cost driver, one that has a primary impact on costs as defined in this research.

## **2. Study Purpose**

At the request of the Federal Bureau of Prisons, a survey containing a set of 58 questions assessing the scope and costs of inmate health care systems was developed and sent to all State Departments of Corrections and to the Federal Bureau of Prisons Health Services Division. This survey was designed to analyze medical costs across States and the Federal Bureau of Prisons and to assess the array of factors that drive inmate health care costs. The focus of this study was to construct a model that would explain the reasons for variation in the average per capita cost of inmate health care across jurisdictions.

The intent was to associate health care practices (services available to inmates as well as methods of care delivery) with health care budgets in an effort to analyze the effect on the average per capita costs of inmate health. By linking health care services with health care budgets, this research sought to identify the relationship between health care costs and health care resources available to inmates.

Since correctional health care budgets vary greatly across jurisdictions in terms of services provided (such as high-tech health care or offsite security for private prisons) and populations served (such as juvenile inmates or inmates held in private facilities), it was important to define a consistent measure of health care cost. To accomplish this, we gathered data concerning:

- # how many inmates were covered by each State's health care budget,
- # what services were provided,
- # how these services were delivered and
- # how much these services cost per inmate per day.

### **3. Study Design**

This section describes the methods used to collect and analyze the data used in our analysis.

#### **3.1 Survey Questionnaire**

To improve the accuracy and ease of reporting, the survey was divided into two sections, Medical Administration and Financial Management. The survey instrument is contained in Appendix A. The Medical Administration portion of the questionnaire focused on the range of services provided, health care practitioner usage, and disease prevalence within the inmate population (such as inmates who are HIV+.) The Financial Management portion of the study was designed to elicit information not only on dollars spent on inmate health care, but also on how those monies are spent (i.e., payment models used to provide ambulatory, acute, and emergency care), practitioner full-time-equivalents by type, and what prisoner populations are covered under the health care budget.

The instrument was pilot tested during the summer of 1998 by two State Departments of Corrections and by the BOP. Revisions were made based upon their comments, with particular attention to the availability of specific types of information. In October 1998, the survey was sent to the Departments of Corrections in all 50 States, accompanied by a letter from Kathleen Hawk Sawyer, Director of the Federal Bureau of Prisons. Completed questionnaires were received from all States except Hawaii. These responses provided a sufficient diversity in health care delivery systems, practices, and reported cost per inmate per day to provide a sound basis for policy analysis.

#### **3.2 Inmate Populations**

The distinction between prison population count and those prisoners covered by the State DOC medical budget is crucial to the final analysis because it has a significant impact upon calculated per capita costs. For example, some States include community based inmates in their medical budgets, others do not; by analogy, not all States include the cost of incarcerated juveniles or the cost of contracted services. The measure of inmate population used in this study is the *reported* number of individuals covered by the State DOC health care budget on January 1, 1998. (Inmates reported as held in private facilities were included only if they were also reported as covered by the DOC health care budget). Given the growing tendency to use private prisons to house inmates both in and out of State, the questionnaire was designed to capture information regarding health care payments for this special population in more than one question. The goal of this exercise was to ensure that the health care costs for these inmates were accurately included (or excluded) from the inmate population covered by the DOC health care budget.

### 3.3 Budget Concepts

The budget category of interest was inmate *health care*, defined to include DOC expenditures on mental health, dental care, and inmate medical care. The data used to compute survey results were *reported* appropriations for Fiscal Year (FY) 1998.

As seen in Table 1, inmate health care costs comprise a significant portion of the DOC budget in most States (ranging from a high of 16.9 percent to a low of 4.9 percent) making this a significant correctional policy issue. With 1-year growth rates, on average, of 9.12 percent, we see that inmate health care costs are indeed following private sector trends (Table 2.)

**Table 1: Health Care Budget Proportions**

	<b>Health Care as a % of DOC Budget</b>
average	10.64%
maximum	16.90%
minimum	4.97%

**Table 2: 1-Year Budget Growth Rates**

	<b>DOC Budget Growth Rate</b>	<b>DOC Health Care Budget Growth Rate</b>
average	9.37%	9.12%
maximum	55.59%	32.93%
minimum	-16.00%	-7.57%

### 3.4 Per Capita Health Care Cost

The most critical unit of measure used throughout this study is that of per capita health care cost – defined as the health care cost per inmate per day. This figure was computed using reported information on inmate populations covered by the DOC health care budget and budget appropriations for FY 98. Per capita cost was calculated by dividing total health care costs (sum of medical, dental, and mental health care costs) by the product of 365 days and the number of inmates covered by the health care budget for that DOC.

$$\text{Per Capita Cost} = \frac{\text{Total Health Care Cost}}{(365) \times (\text{Number of Inmates})}$$

Due to one or more missing data points (cost of health services as a separate budget or inmate population) the per capita costs of inmate health services could not be calculated for the following States:

- # Hawaii (questionnaire not returned);
- # Indiana (no health care budget data reported);
- # Maine (no health care budget data reported);
- # Montana (neither budget or inmate data reported); and
- # Nevada (no health care budget data reported).

Michigan was included in the preliminary analysis but not in the final analysis due to the State’s distinctive method of counting practitioner availability. Although Michigan’s calculated per capita rate was relatively high at \$11.38, the State reported relatively few practitioner hours. We examined their reported distribution of health care expenditures and found that less than 60 percent of the DOC’s health care budget was allocated to medical care – the remainder was spent on mental health. When contacted, the survey respondents confirmed these responses and explained that the substantial budget share devoted to mental health services was due to a cost sharing arrangement with the State department of health for inpatient and outpatient mental health services. Under this arrangement, the FTEs providing inmate mental health services were not counted as DOC employees even though much of their cost was covered by the DOC health care budget. Since these budgeting practices distort the per capita health care cost computed for Michigan, this State was excluded from the final analysis.

The details of individual calculations of per capita costs are available in Appendix Table MA-1. Table 3 below provides the range of responses in this measure of per capita costs across States and the BOP.

**Table 3: Population and Cost Ranges**

	<b>Mean</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Inmate Population Covered</b>	24,217	889	165,790
		N. Dakota	California
<b>Health Care Cost per inmate per day</b>	\$7.15	\$2.74	\$11.96
		Alabama	Massachusetts

Tables 4 - 7 below indicate the nature of the per capita cost distribution, with most jurisdictions falling in the middle of the range of observations. These tables were defined by taking cost observations from each jurisdiction and grouping them into four absolute



intervals of \$2.55. The middle two intervals (see Tables 5 and 6) contain the largest number of States.

**Table 4: Highest Per Capita Cost Interval**

Massachusetts - \$11.96
Minnesota - \$11.57
Michigan - \$11.38
Alaska - \$10.75
Pennsylvania - \$10.20
New Mexico - \$9.68

**Table 5: Second Highest Per Capita Cost Interval**

Washington - \$9.42	Utah - \$8.21
North Carolina - \$9.41	Vermont - \$8.05
Florida - \$9.00	Ohio - \$7.96
BOP - \$8.86	California - \$7.90
Wyoming - \$8.82	Arizona - \$ 7.40
Oregon - \$8.80	Arkansas \$7.32
Connecticut - \$8.75	Nebraska - \$7.30
Tennessee - \$8.60	New Jersey- \$7.14
Rhode Island - \$8.49	

**Table 6: Second Lowest Per Capita Cost Interval**

Colorado - \$7.09	Delaware - \$5.61
Georgia - \$6.92	Iowa - \$5.60
New York - \$6.91	New Hampshire - \$5.45
Kansas - \$ 6.76	Louisiana - \$5.30
West Virginia - \$6.56	South Dakota - \$5.28
Virginia - \$6.11	Idaho - \$5.13
South Carolina - \$6.06	Missouri - \$5.08
Wisconsin - \$5.74	Maryland - \$4.80
Texas - \$5.65	

**Table 7: Lowest Per Capita Cost Interval**

Kentucky - \$4.45
Mississippi - \$4.26
Oklahoma - \$3.52
North Dakota - \$3.47
Illinois - \$3.45
Alabama - \$2.75

These computed estimates were roughly comparable to those reported by *Corrections Yearbook '98*. The jurisdiction-by-jurisdiction comparisons between these findings and the *Corrections Yearbook* can be found on page 7 of the Appendix. The average difference between these estimates was \$0.30 (with positive numbers indicating that the computed survey estimate exceeded the *Corrections Yearbook* estimate). Differences for individual jurisdictions ranged from -\$3.13 to \$5.70. The per-inmate health care costs computed for 20 States were \$1.00 higher or lower than those reported in the *Corrections Yearbook*.

## 4. Findings

We next review the range of *individual* factors found to be statistically significant in explaining differences in per capita health care cost across jurisdictions. By statistically significant, we mean an individual factor that can be identified separately as a cost driver. It is important to remember that the *absence* of statistical significance does *not* mean that the factor in question is without budgetary consequences. Rather, the absence of statistical significance simply means that the specific factor offered little guidance in distinguishing high- and low-cost jurisdictions.

In Section 5, we describe the analysis of factors that drive per capita health care costs when all of the factors are considered simultaneously. In Section 4, significant findings should be considered suggestive, rather than definitive. The reason for this is that the importance of an individual factor may be affected by other factors. The complete model represented in Section 5 is a more comprehensive analysis. Because no statistical model captures all of the nuances of a complicated problem such as explaining the differences in per capita health care costs among jurisdictions, Section 4 is important in that it represents key differences among jurisdictions, only some of which enter into the final model.<sup>2</sup>

### 4.1 Payment Models

In this section, we examine the association between payment models and per capita costs. Respondents were queried regarding the model most often used to pay for the following levels of health care services: routine ambulatory care (defined as intake exams, sick call, and chronic illnesses); emergency care (life-threatening injuries or illness) and acute medical-surgical care (e.g., pneumonia.) The working definitions used in this study were:

- # DOC employee model – health care providers who are employees of the State DOC or BOP.
- # Fee-for-service model – providers are independent contractors who bill for health care services as they are used. Payment is at a customary market rate. (This option is usually the most expensive in practice.)

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<sup>2</sup>In Section 4, responses to individual questions were analyzed by grouping the average per capita costs of jurisdictions falling into the different response categories. For example, in response to the question on whether jurisdictions used State-wide purchasing arrangements for pharmaceuticals (FM-7), 36 jurisdictions indicated “yes,” 11 indicated “no.” Comparing the per capita health care costs of States did *not* show that there was a statistical difference between States using pharmaceutical purchasing agreements and those that did not.

- # Pre-negotiated discounted fee-for-service model – payment is only for services used, but rates are preset at a level below current market rates (often negotiated at Medicare rates).
- # Capitated Rate for Specific Services– contractual services with payment in advance for specific service (i.e., only dental care or ambulatory care.) Such payments may be based on the volume or number of inmates or may be a preset fixed sum. (This option usually includes a cap for catastrophic care, meaning a preset level beyond which the provider is no longer responsible for costs.)
- # Global Capitated Rates – fixed inmate per day fee for all health care services. (This type of payment model may also include a cap for catastrophic care.)

Salaries for DOC employees as providers was a significant factor (p=.049.) Eight States with a mean per capita of \$5.78 did not use any State employees as care providers. The other 38 States and the BOP that used Government employees to deliver at least some care had a mean per capita of \$7.57. This finding is a proxy for the absence of capitated contracts, and became key as we progressed in our analysis.

**4.1.1 Ambulatory and Emergency Care Payment Models**

Tables 7 and 8 present payment model data for routine ambulatory and emergency care. A total of 31 States reported that ambulatory services were provided by DOC employees, with a mean per capita rate of \$7.40. Capitated contracts were used for ambulatory care by 11 States, with a mean per capita of \$6.53. Seven States reported they have a global capitated contract to provide ambulatory care. These States had a mean per capita of \$6.99. The number of State DOCs using a managed care model has doubled since 1989 from 9 to 18. Capitated rates for specific services and global capitated rates were important factors in determining the per capita medical expenses of the different jurisdictions (Statistical Table FM-3).

**Table 7 : Payment Model for Routine Ambulatory Care**

	Number of Respondents	Mean Per Capita
State Employee	31	\$7.40
Capitated Contract	11	\$6.53
Global Capitated Contract	7	\$6.99

**Table 8: Payment Models for Emergency Care**

	Number of Respondents	Mean Per Capita
Fee for Service	10	\$8.11
State Employee	8	\$6.83
Discounted Fee for Service	8	\$6.04
Capitated Contract	19	\$7.57
Global Capitated Contract	2	\$3.91

Although payment models for emergency care seem to be an important determinant of per capita costs as shown in Table 8 above, this factor does not enter into the final model.

The payment model for Acute Medical Surgical Services was not statistically significant, although fee-for-service was clearly the highest, with a mean per capita of \$8.08. Two respondents reported a global capitated per capita rate of \$3.91 (*Statistical Table FM-5*)

#### **4.2 Cost Management Initiatives**

Initially, it was hypothesized that certain private-sector cost initiatives such as statewide pharmaceutical purchases (*Statistical Table FM-7*), the use of drug formularies (*Statistical Table MA-10*), review of medical bills (*Statistical Table MA-10*), and the use of inmate co-pays to reduce the amount of resource consumption by inmates (*Statistical Table MA-11*) would have a significant effect on per capita costs. However, none of these initiatives were found to be statistically significant in terms of per capita costs. The most likely explanation for these counter-intuitive results is the general adoption of these policies across jurisdictions; thereby neutralizing the effect of these cost reduction initiatives.

One interesting finding was the high number of States that currently have an inmate co-pay system – 36 reported with 1 more under consideration (Table MA-11). Again, while this policy does not significantly affect the per capita costs in a measurable way, it may point to other policies restricting access or availability of services.

One of the most striking findings was the fact that the use of a centralized Utilization Review (UR) process was statistically significant ( $p=.04$ ), but in the opposite direction from the one expected. Those States *not* using UR actually had lower per capita costs than those States reporting the use of this cost control initiative (*Statistical Table MA-10*.) Part of the reason for this finding may be that the majority of States who report that they are *not* using a UR system are actually using some form of a capitated contract in which the private provider performs UR for the DOC. Thus the risks are borne by the provider rather than the State DOC. It may also be that the benefits to be realized by this form of cost control have long since been reaped and are no longer lowering costs further.

Indeed, one of the largest insurance carriers in the United States, United Healthcare has recently eliminated its UR process as a cost control initiative; reporting that there were few denials and that the UR system itself was costly with no discernable benefits.<sup>3</sup>

#### **4.3 Services Provided**

Originally, whether or not health care staff (physicians, nurses, etc.) were considered to be Corrections Officers (COs) was thought to be a cost-driver, increasing costs due to a pay scale differential. While the group means were slightly higher (\$8.03 mean per capita versus \$7.12 for the survey average) for the six respondents (including the BOP) who consider their health care staff to be COs this variable was not statistically significant in pair wise comparisons (*Statistical Table MA-2.*)

The next questions concerned the costs of security for inmate transport to out-of-facility healthcare (whether for acute or routine services.) Specifically we asked questions regarding: the use of overtime for out-of-facility security (*Statistical Table FM- 2*); whether the medical budget included out-of-facility security costs (*Statistical Table FM- 2.f.*); and lastly, whether the DOC provides security for off-site health care for inmates assigned to private prisons (MA-17). The only question found to be statistically significant was whether the DOC provided off-site security (p=.10.) This result was probably a proxy for the range of service costs for inmates assigned to private prisons.

#### **4.4 Inmate Placement for Specialized Care**

Due to mandatory minimum sentencing and “three strikes” policies, as well as an increased incidence of chronic illness such as HIV, the number of inmates who are geriatric or terminally ill is increasing dramatically in prisons throughout the United States. Therefore, this survey touched on the cost of care for these two specialized prisoner populations. Respondents were asked where the majority of inmates who were terminal or required skilled long-term care were placed (ranging from the general population, to specialized hospital, to compassionate discharge.) (*Statistical Tables MA-4 & 5.*) Where chronically ill patients were placed was statistically significant (p=.07); a finding that was driven largely by the per capita cost differences between care in a prison hospital and in a prison infirmary. The array of responses to this question are detailed below.

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<sup>3</sup>Hilzenrath, D.S. (November 9, 1999) HMO to Leave Health Care Decisions Up to Doctors; United Healthcare has 14.5 Million Clients. *The Washington Post*, Section A, 01.

**Table 9: Per Capita Costs and Long Term Care**

	Number of Responses	Mean Per Capita Costs
General population	1	\$10.75
Prison Hospital	7	\$8.24
Special Unit in Hospital	9	\$7.46
Prison Infirmary	28	\$6.98

There was no statistically significant difference between States based upon placement of inmates for terminal care (*Statistical Tables MA- 5.*)

#### **4.5 Services Routinely Provided**

Respondents were asked about their policies on the use of a total of 17 high-cost, high technology services, ranging from the use of telemedicine to protease inhibitors for HIV positive inmates. Jurisdictions were asked if these services were available to inmates within their jurisdiction. These services, initially thought to drive up health care costs, are offered by more than 96 percent of all State jurisdictions. The high rate of response in most categories resulted in a lack of statistically significant findings. However, it must be remembered that no attempt was made in the course of this survey to evaluate the level of access to these services or the extent to which these services were being successfully used in medical treatment. Table 10 displays the percentage of respondents reporting that they offered this service by policy, as well as those services associated with a difference between groups in per capita costs.

**Table 10: Percent of Jurisdictions Providing Specific Health Care Services**

		Statistical Significance
HIV Testing	98%	
TB Testing	98%	
STD Testing	98%	
MRI	96%	
Protease Inhibitors	96%	
Acute Psychiatric Treatment	94%	
Chronic Psychiatric Treatment	94%	
Hemodialysis	92%	
Pacemaker Implants	88%	p=.08
Chemical Dependency Treatment	88%	
PSA Testing	86%	
Streptokinase for Myocardial Infarcts	84%	
Preventive Dentistry	84%	p=.11
Hormone Replacement Therapy	72%	
Organ Transplants	52%	
Telemedicine	48%	
ECT for Depression/Psychosis	36%	

Of these 17 items, only one was statistically significant at the 90 percent confidence interval – the use of pacemaker implants. This intervention may serve as a proxy for the use of advanced and costly invasive procedures, as well as close inmate monitoring in ambulatory care. Preventive dentistry, while not statistically significant at the .10 level, approached statistical significance and may be indicative of States that provide a broader array of primary care services overall; indeed only 2 of 9 States not offering preventive dentistry have per capita rates above \$8.00. Although organ transplants are available in slightly over half of all jurisdictions, the group mean for those DOCs *not* offering this treatment is actually higher than the States that do allow organ transplants. A possible explanation for this difference is that since renal transplants are by far the most common organ transplants in these States, the costs associated with long-term end-stage renal



disease (such as hemodialysis and comorbid conditions) account for the higher costs in States not affording inmates this transplant alternative (*Statistical Tables MA-6. A-q.*)

Respondents were also asked which tests were *routinely* performed on inmates during intake processing. Two of the seven intake screening procedures were statistically significant in pair wise analyses: HIV testing (p=.08) and Drug Screening (p=.03), as shown in Table 11 below.

**Table 11: Percent of Respondents Performing Routine Intake Tests**

	Percent	Statistical Significance
TB Screening	100%	
Mental Health Screening	96%	
STD Testing	84%	
HIV Testing	50%	.08
DNA Test Sex Offenders	50%	
Drug Screening	18%	.03
Hepatitis Screening	16%	

#### **4.6 External Accreditation**

The costs associated with review functions, as well as the level of quality of care required to achieve and maintain accreditation by an outside review body, were originally thought to be cost-drivers. However, there was no statistically significant difference in mean per capita health care costs among States with accredited health services departments; including those whose systems had achieved Joint Commission for the Accreditation of Healthcare Organizations (JCAHO.) accreditation. However, there is one important caveat that should be addressed among the seven jurisdictions (6 States and the BOP) achieving JCAHO accreditation: only the BOP has employee-provided acute care services – the other six respondents have some form of contract services providing acute care.

#### **4.7 Specific Prisoner Populations**

To examine the effect of special prisoner populations, we requested States to provide information regarding the number of inmates in each of the following categories:

- # HIV positive.
- # undergoing treatment for tuberculosis (TB).
- # juveniles.
- # over the age of 55 (clinically often geriatric in nature).
- # females.
- # held in private prisons.

The States that reported neither inmates undergoing TB treatment nor HIV positive inmates are found only in those States with the lowest per capita. However, there was no directly measurable effect based upon actual numbers of inmates on per capita costs (for example, even States with per capitans of less than \$4.55 have more than 500 HIV positive inmates and those reporting 100 or less HIV positive inmates have per capitans of more than \$7.10.) (*Statistical Table MA-14.*)

Those States whose medical costs included juveniles (under the age of 18) have a significantly higher ( $p=.05$ ) mean per capita cost (\$8.19) than those that do not (\$6.80).

Geriatric inmates present a unique dilemma for prison health care. Due to many socioeconomic influences (among them poor diet, poor health care, unhealthy behaviors such as smoking and alcohol and drug abuse) this cohort will frequently exhibit the health results of chronic diseases such as atherosclerotic heart disease and cerebral vascular accidents far in advance of their chronological age. This aging population will become an increasing burden on the health care resources of the prison system.

It was estimated by the BOP in the late 1980's that by 2005 16 percent of its prisoner population will be over the age of 50, in contrast to 11.7 percent in 1988. However, the calculated percent of an aged population within the BOP was only 12 percent in 1998. The reason for this change is probably the mandatory sentencing policies which cause the overall inmate population to rise rapidly, with a much younger cohort; thereby decreasing the relative percent of older inmates. Within the data provided for this survey, the number of aged inmates within a given jurisdiction was not statistically significant as an independent cost-driver.

## 5. *Simultaneous Analysis of Factors Distinguishing High Versus Low Per Capita Jurisdictions*

In the previous section we identified *individual* factors that helped explain differences in per capita health care costs. In this section, our goal is to determine how much of the difference between high and low per capita cost jurisdictions can be explained by factors when they are considered simultaneously.<sup>4</sup>

### 5.1 *Overview*

In the following section, we use the survey responses to compute the set of weights (or coefficients) that best explain differences in per capita costs.<sup>5</sup>

We report the results of this analysis in several ways:

- # the correlation (i.e., the strength and direction of relationship) among the variables of interest.
- # the percent of variance (reported as the  $R^2$  value) computed for the regression in per capita costs that has been explained by the group of factors analyzed.
- # statistically significant variables – those defined as having at least a 90 percent probability that they have a measurable effect on per capita health care cost.

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<sup>4</sup>The analysis used regression techniques in which per capita medical cost was the dependent variable and various question responses were independent variables. When the question responses are categorical, they were transformed into dummy variables. A stepwise regression was conducted, since we had no theoretical basis for selecting some cost drivers to the exclusion of others.

<sup>5</sup>It is assumed that the cost of inmate health care in a particular jurisdiction can be described as the sum of independent measurable factors, like provider availability and the nature of services provided. It follows that the *per capita* cost of inmate health care can also be described as a sum of individual factors. More formally, we assume that

$$(\text{per capita health care cost}) = b_0 + b_1x_1 + b_2x_2 + b_3x_3 \dots$$

where the  $x_i$  ( $i=1,2,3\dots$ ) represent a set of DOC responses to survey questions (like whether or not a particular treatment is available or the number of health care practitioners available to inmates) and the  $b_i$  ( $i=1,2,3\dots$ ) represent the average impacts of these responses on per capita inmate health care costs.

## 5.2 Data

Recall that one of the survey responses that was statistically significant in the pair-wise tests described earlier was whether the DOC health care budget included salaries for Government health care employees. Using this finding as a starting point, we analyzed the data, specifying the number and type of health care practitioners providing services to inmates. Using the reported numbers (FTEs) by practitioner type

Physicians,  
 Mid-Level Practitioners,  
 Registered Nurses, and  
 Licensed Practical Nurses/Licensed Vocational Nurses.

we were able to compute the number of practitioner hours available (in principle) to the average inmate in each of the responding jurisdictions. Assuming that health care practitioners each work 2000 hours per year, we computed the available hours per inmate per year as

$$\text{Practitioner Hours} = \left( \frac{(\# \text{ of practitioner FTEs}) \times (2000 \text{ hrs})}{(\# \text{ of inmates})} \right).$$

Table 12 illustrates both the average available hours across 38 jurisdictions<sup>6</sup> for each practitioner type. The analysis that follows indicates the extent to which staffing choices and other variables can explain differences in per capita cost across jurisdictions.

**Table 12: Practitioner Hours per Inmate per Year**

<i>N = 38</i>	
<i>Variable</i>	<i>Survey Mean per Inmate per Year</i>
Per Capita Costs	\$7.19
Physicians per Capita*	2.56 hrs
Mid-Level Practitioners per Capita*	1.87 hrs
RNs per Capita*	16.89 hrs
LPNs per capita*	11.32 hrs

---

<sup>6</sup> Only 38 jurisdictions (37 States and the BOP) provided data sufficient to compute practitioner hours per inmate year. This was in part due to the fact that State DOCs did not officially track the number of FTEs used by privatized correctional health care services. As a result of this change in sample size, the mean per capita cost differs slightly from the previously reported average of \$7.15.

Table 13 indicates the relationship among the staffing variables listed in Table 12. As expected, the hours available from each practitioner type is positively correlated with per capita cost – more service time from MDs, PAs, RNs, etc. translates into a higher health care cost per inmate.

As we analyze the practitioner data, it is important to examine the extent of substitution among practitioner types. Such staffing choices are often used to contain costs or to provide *similar* skill levels when a particular category of health care personnel is not available. To some extent, key practitioners may be used in paired substitution to contain costs –for example, a less expensive mid-level practitioner may be substituted for a physician or an LVN for an RN.

There was no evidence of substitutions *between* physicians and other practitioner types; physician hours were positively correlated with all other measures of practitioner hours. In other words, jurisdictions with more physician hours per inmate also had more hours for other practitioner types. There was also no direct evidence of substitution between RNs and mid-level practitioners: the positive coefficient indicated that jurisdictions with more RN hours also had more NP and PA hours per inmate.

However, there was some evidence of substitution among *other* types of practitioners. The negative correlation between mid-level practitioner hours and LPN hours suggests that jurisdictions using more NPs and PAs used fewer LPNs. By similar reasoning, the negative correlation between RN hours and LPN hours suggests that jurisdictions using more RNs also used fewer LPNs.

**Table 13: Correlations in Practitioner Hours**

Variable	Cost Per Capita	MDs	Mid-Level	RNs	LPNs
Cost Per Capita	1.000000				
Physicians	.271803	1.000000			
Mid-Level	.416044	.133878	1.000000		
RNs	.312146	.166628	.124136	1.000000	
LPNs	.221071	.086095	<b>-.108463</b>	<b>-.128917</b>	1.000000

Although these results illustrate the relationships among staffing variables, they do not indicate the *extent* of their impact on per capita health care costs. In the next section, we quantify these effects..

### 5.3 *Cost Differences Explained: Regression Analysis*

We chose an approach that allows a statistical software package to determine which factors (or variables) account for the greatest proportion of per capita cost differences.<sup>7</sup> The variables selected in this fashion are defined as the factors which provide the best explanation of observed differences in per capita health care cost across jurisdictions.

Table 14 reports the results of the analysis. Nine variables explained a sufficiently large proportion of observed cost differences to justify their inclusion in Table 14 as cost drivers. However, only the first six were statistically significant and can be assessed for their influence on per capita costs.

The first three variables in Table 14 measuring practitioner availability indicate the number of practitioner hours available per inmate covered by the respondent jurisdiction's health care budget. Thus, a change in practitioner hours of one unit means that there is an additional hour per year available per inmate. For example, the BOP – given a “covered” inmate population of 109,000 – would require the equivalent of approximately 55 FTEs. It should be remembered that no attempt was made to measure the productivity or the scope of practice for each of these practitioners. It is simply a measure of the number of hours of time *available* to inmates based upon the FTEs reported by the DOCs.

The coefficients reported for these time variables indicate how a one unit change in a given variable affects the per capita costs of a jurisdiction. For example, the first variable in Table 14 is Mid-Level Practitioner Hours per Inmate per Year. Survey responses indicated that an extra hour per inmate per year of mid-level practitioner time was associated with per capita costs that were higher by \$0.45 on average.

The “number of facilities” variable is based upon the number of prisons reported for each jurisdiction by the *Corrections Yearbook 1998*. The use of this variable enables us to examine whatever economies of scale might exist as a result of the number of prisons operated by each DOC.

The remaining factors are characterized as “all or nothing” variables, meaning that the variables take on a value of either one or zero. This distinction is important when interpreting the coefficients, as it means that the measured effect is the same for all

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<sup>7</sup> A forward stepwise regression approach was used to determine which survey responses were most strongly associated with per capita health care costs. Thus, the first variable listed explained the greatest proportion of the variance in per capita inmate health care cost. The second variable listed explained the greatest proportion of the remaining cost differences (once the impact of the first variable had been taken into consideration). The computer continued to “choose” variables as long as they could explain at least some specified minimum proportion of remaining cost differences.

relevant jurisdictions. There are no gradations to measure the scale, extent, or scope of these factors. Specifically,

- # The capitated contracts variable is equal to one when the respondent jurisdiction uses some form of capitated contract to provide ambulatory health care to inmates; it is zero otherwise.
- # The “HIV intake” variable takes on a value of one if the respondent jurisdiction routinely screens inmates upon intake for HIV infection; this variable is zero otherwise.

**Table 14: Cost Drivers of Per Capita Medical Expenses - Regression Results**

R <sup>2</sup> = .6018, n = 38		
	<i>Coefficient</i>	<i>p-level</i>
Mid-Level Practitioner Hours per Inmate per Year*	.44896	.004
LPN Hours per Inmate per Year*	.11691	.004
RN Hours per Inmate per Year*	.05758	.040
Capitated Contracts, Ambulatory*	-2.22273	.002
HIV Intake *	1.12480	.040
Number of Facilities*	-.02117	.074
Physician Hours per Inmate		.107
Juveniles Included		.257
Medical Security, Pvt. Facility Inmates		.295

The R<sup>2</sup> reported in Table 14 demonstrates that this group of nine factors accounts for more than 60 percent of the variance in observed per capita cost. Considered individually, six of the nine variables chosen are statistically significant at the 10 percent level.<sup>8</sup> Although the remaining three variables were less significant than the 10 percent cut-off, each of them accounted for at least 1.5 percent of otherwise unexplained variance – a proportion high enough to justify inclusion in the model.

Three of the four measures of practitioner time are statistically significant (Mid-Level, RN, LPN availability) – and were the first three variables chosen by the computer. Mid-level practitioner usage was identified as the variable that explained the greatest proportion of

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<sup>8</sup>In other words, there is at least a 90 percent probability that the “no effect” hypothesis is *false* for each of these variables. In this, as in other regression models, it is not possible to prove directly that a particular factor has an effect (either positive or negative) on the variable to be explained. Instead, statistical analysis relies essentially upon a “proof by contradiction,” arguing that the *absence* of support for a “no effect” hypothesis can be reasonably interpreted as support for a “*some* effect” hypothesis.

the variance in per capita health care cost, with a p-value of 0.0037. As already mentioned, for each additional hour of Physician Assistant or Nurse Practitioner time, a jurisdiction's per capita cost increased by \$0.45.

LPN and RN hours were identified respectively as the second and third best explanatory variables. Specifically, an extra hour of LPN time available was associated with health care costs that were \$0.12 higher; and an increase of RN time available was associated with health care costs that were higher by \$0.06. One possible explanation for this cost difference is that even though RNs have higher salaries than LPNs, studies have indicated that RNs are 25 to 50 percent more productive than LPNs in terms of direct care hours.<sup>9</sup>

In contrast, the physicians variable was not statistically significant at the 10 percent level. On reflection, this is not surprising, given that there is less variability in physician hours per inmate than in the availability of other correctional health care practitioners.

These findings strongly suggest that staffing practices – what type and how many practitioners are used – are one of the most important determinants of health care costs. The next best explanatory variable was the indicator for capitated contracts. With a p-value of .0023, the coefficient of -2.22 means that jurisdictions using some form of capitated contract service for ambulatory care have a per capita health care cost that is \$2.22 lower on average than the per capita cost in other jurisdictions. Again this is an all-or-nothing variable, meaning that the simple presence or absence of a capitated contract had an effect.

HIV intake testing is associated with per capita inmate health care costs that are higher on average by \$1.12. This effect is perhaps due to greater probability of identifying HIV+ inmates (with their particular treatment needs).

A unit increase in the number of prisons (i.e., one additional facility) in a system is associated with a  $-\$0.02$  decrease in per capita health care cost. This indicates a small economy of scale in larger prison systems.

The order in which these variables were chosen identifies practitioner availability as an important set of cost drivers – perhaps the *most* important set. Nevertheless, care must be taken when developing policy recommendations from these results. For example, if these nine variables fully described inmate health care costs, then these coefficients would suggest potential ways of realizing savings in inmate health care costs. For example, adding enough RNs to provide an extra hour per year for all inmates in a given jurisdiction – and reducing mid-level practitioner hours by an equal number – would appear to reduce the annual per inmate health care cost by \$0.39. Differences in practitioner usage may

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<sup>9</sup> Minyard, K; Wall, J; Turner, R. (1986) RNs May Cost Less Than You Think. Journal of Nursing Administration, 16(5), 28-34



result in differences in the *quality* of health care delivered to inmates, as well as simple differences in staffing efficiency.

## **6. *Future Implications***

Rather than taking each State as a case study, this survey sought to examine the set of factors that differentiate high and low per capita States. Ultimately, the data explained 60 percent of the variance in per capita costs, and we were able to identify specific factors associated with increased per capita costs. This does not mean that a change (or adoption) of any particular practice associated with lower per capita costs will automatically result in a lowering of per capita costs on a case-by-case basis. In each case, statistical significance represents a method of testing whether or not a given action has a measurable effect on the average per capita cost of inmate health care reported by responding DOCs. As we interpret the results of this survey, we must remember that the cost effects of individual factors are tightly interwoven. The fact that a given factor was not statistically significant does not mean that it has no effect on per capita health care costs; it simply means that factor cannot be identified separately as a cost driver – meaning a factor that has a primary impact on costs.

It is important to note the high degree of similarities across States relative to the reported services available to inmates, as well as the use of certain cost containment practices. Indeed, the data supports the contention that the savings to be derived from traditional health care reduction initiatives such as UR and drug formularies have already largely been realized. It was this consistency of practices across jurisdictions that contributed to the ability of this study to identify alternative factors that had a significant effect on per capita costs.

While the questionnaire used in this study was carefully constructed and pilot-tested with three jurisdictions, no absolute universe of policy decision and regional factors can be taken into account in any one survey. The authors limited the survey length to ensure a high response rate. This means that we did not ask for information that would be overly difficult for respondents to collect (such as number of times various inmates used or accessed a particular treatment modality.)

The preeminent finding of this study was the fact that it was *not* the range or number of services, but rather the method of care delivery and the staffing mix that most affected per capita prison health care costs – specifically, the use of capitated contracts for ambulatory care and the hours of mid-level practitioner care available to inmates. It is a total system of care delivery – what choices the DOC has made regarding the level of care and the scope of care that will be provided that is represented by the use of different types of practitioners. These choices are driven by a variety of factors – including the general health of the inmates, legal requirements by jurisdiction, and choices relative to the desired effects and access to care chosen by the DOC.

The use of some form of capitated contract for ambulatory care was associated with a \$2.22 decrease in per capita cost. This variable was treated as a categorical variable (yes/no) thus the results are reported as an all or nothing per capita cost difference, not a continuous variable.

An additional prison facility is associated with a -\$0.02 decrease in per capita health care cost. The reason for this is most probably an economy of scale that lowers requirements.

Once again, there was *no attempt* in the context of this survey to evaluate the quality of care, access to care or medical outcomes in any jurisdiction. Further, the term “hours available to inmates” is key. This survey did not gather information regarding productivity, quality of care, or what these practitioners actually do (e.g., are they administrative or hands-on clinical providers). Because data regarding encounters by practitioners was reported by only a handful of States, it could not be used. The study results suggest that the use of lower level practitioners (LPNs and LVNs) rises as the use of either RNs or mid-level practitioners falls. However, these results do not indicate that RNs have been substituted for mid level practitioners, or that mid-level practitioners have been substituted for physicians.

Mid-level practitioner usage accounted for a per capita cost difference of \$0.45 between States. As discussed earlier, if this model perfectly explained our universe and there was a one-for-one substitution of mid-level practitioners with RNs, you would expect a net decrease of \$0.39 per inmate. But such one-for-one substitutions are unlikely. Staffing patterns represent the underlying approach to medical care in each jurisdiction. These findings are best understood as indicating the cost implications of different staffing approaches. Ultimately it is the combination of market forces and the system of health care delivery chosen by the DOC – including the level of quality of care and access desired – that will define health care costs..

**PRISON HEALTH CARE SURVEY  
APPENDIX**

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## APPENDIX OVERVIEW

### *I. SURVEY INSTRUMENT*

The survey was divided into two sections to improve the accuracy and ease of reporting: Medical Administration and Financial Management. The Medical Administration (MA) portion of the questionnaire focused on: the services provided, health care practitioner usage and disease prevalence within the prisoner population (i.e., inmates who are HIV+, inmates undergoing TB treatment.) The Financial Management (FM) portion was designed to elicit not only the level of expenditure on inmate health care but also how those monies are spent (i.e., payment models used to provide ambulatory, acute and emergency care), and what prisoner populations are covered under the *medical budget*. A copy of the survey instrument is included in this appendix.

The distinction between total prison population count and those prisoners covered by the state DOC medical budget is crucial to the final analysis because it has a significant impact upon the per capita costs. For example, some states include community based inmates in their medical budgets, others do not; some states include juveniles and still others exclude contract costs. This level of detail affords a more accurate calculated per capita cost that simply using facility based reported statistics. For the purposes of this study the following definitions apply:

1. *Inmate population*: included *all* reported inmates (including those held in private facilities) unless otherwise indicated on questionnaire.
2. *Health care cost*: computed sum of all categories reported (medical, dental, and mental health)
3. *Per capita inmate cost*: ratio of total health care cost to [365 days X inmate population]
4. *Budget shares*: computed health care expenditures as a percentage of the state's total budget for the state Department of Corrections
5. *Growth*: computed the annual percentage change in each state's health care budget.
6. *Budget composition*: computed each component of health care costs (medical, dental and mental health) as a percentage of the total health care budget

## II. STATISTICAL APPENDICES

Three different forms of analysis were used for purposes of this study to aggregate or group data:

Initially, the data were grouped by *response* to each question and the mean per capita cost was computed for each group.

In a second approach, the BOP per capita of \$8.88 was used as the “cut-point” or dividing line to examine what differences there were in the groups above and below the BOP. This approach made it possible to address two questions: (1) Were there individual cost-drivers that distinguished the BOP from either group? and (2) What factors increased costs *within* the groups defined by the BOP “dividing line”? The number of respondents in each group were:

No computed per capita (one or more data points missing) N = 4  
Per capita < \$8.88 N = 36  
BOP per capita \$8.88 N=1  
Per capita > \$8.88 N = 9

In a third approach, the BOP was treated like any other observation: the full data set was divided into 4 groups on the basis of per capita cost. (Each group contained the responses of those systems with per capita cost falling within a given \$2.55 interval.) The distribution of respondents was as follows:

Absolute \$ range	Frequency
<\$4.55	6
\$4.55 - \$7.09	17
\$7.10 - \$9.64	17
\$9.65 -\$12.20	6

The statistical tables included in this appendix reflect this three-part approach. The order of the questions on the survey instrument was used to define the order of tables in the appendix, with the financial tables being listed first. The raw data on health care expenditures and inmate populations is first reported for each respondent. The analysis of individual cost drivers is then reported in the three formats described above. As appropriate, the responses of individual respondents were included and the results of MANCOVA tests for differences in group mean per capita costs were reported.



# PRISON HEALTH CARE SURVEY: COST OF SERVICES FINANCIAL MANAGEMENT

Individual(s) Completing the form \_\_\_\_\_  
 Contact Information (phone/fax/e-mail) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(FM-1)** Define the fiscal year 1997: month/year \_\_\_\_\_ to month/year \_\_\_\_\_

	<i>Expenditures</i>		<i>Appropriated</i>
	FY 96	FY 97	FY 98
<b>(a)</b> Total DOC Budget (Adult)			
<b>(b)</b> Total Medical Budget, Adult Facilities			
<b>(c)</b> Dental (if separate)			
<b>(d)</b> Mental Health (if separate)			
<b>(e)</b> Non-DOC Budgets used for Inmate Health Care			

**(FM-2)** Does the state DOC *medical* budget include:

- (a)** Health care costs for juvenile offenders? ..... Yes  No  N/A  Unknown
- (b)** Health care costs for community-based inmates (e.g. halfway houses) ... Yes  No  N/A  Unknown
- (c)** Salaries for DOC-employed health care providers? ..... Yes  No  N/A  Unknown
- (d)** Contracts for individual consultants and fee for service providers? ..... Yes  No  N/A  Unknown
- (e)** Health care provided by contract (with capitated payments)? ..... Yes  No  N/A  Unknown
- (f)** Wages for corrections officers providing out-of-facility security services? ..... Yes  No  Unknown
- (g)** Capital equipment for health services? ..... Yes  No  Unknown
- (h)** Is overtime routinely used for security services in out-of-facility health care ? Yes  No  Unknown
- (i)** Expenditure level for this overtime in FY 97? .....\$ \_\_\_\_\_; Unknown

**(FM-3)** What payment model do you *use most often* to provide ***routine ambulatory*** care to inmates (e.g., intake exams, sick call, chronic illnesses)?

DOC or other state employees ; Fee for service contractors ; Pre-negotiated discounted fee contract ;  
 Capitated contract (medical services only) ; Global inmate capitated rates (manday fee) ;  
 Other , specify: \_\_\_\_\_

**(FM-4)** What payment model do you *use most often* to provide ***emergency*** care to inmates (e.g., life-threatening injury)?

DOC or other state employees ; Fee for service contractors ; Pre-negotiated discounted fee contract ;  
 Capitated contract ; Other , specify: \_\_\_\_\_

**(FM-5)** What payment model do you *use most often* to provide ***acute medical-surgical*** care to inmates (e.g., pneumonia)?

DOC or other state employees ; Fee for service contractors ; Pre-negotiated discounted fee contract ;  
 Capitated contract ; Other , specify: \_\_\_\_\_

**(FM-6)** Is overtime routinely used to provide security for off-site health care? ..... Yes  No  Unknown

**(FM-7)** Do you have a *state-wide* special purchase arrangement for pharmaceuticals ? . Yes  No  Unknown

**(FM-8)** How many inmates convicted in your state were held in facilities outside the state on 1/1/98? \_\_\_\_\_

**(FM-9)** How many inmates with sentences >30 days from other jurisdictions were held in the state on 1/1/98? \_\_\_\_\_

**(FM-10)** Attach a brief explanation of how the per inmate medical costs reported in the *Corrections Yearbook* were derived (i.e., what costs were included as medical expenses and what measure of inmate population was used).  
 ..... Attached ; Not attached

**(FM-11a)** Does your state use privately-operated prisons? ..... Yes  No  (If yes, answer question FM-11b.)

**(FM-11b)** Does the state DOC directly pay the cost of providing health care to prisoners assigned to privately-managed facilities (separate and apart from the general contract price per inmate) in the following circumstances?  
 routine care Always ; Sometimes ; Never ; Other , specify: \_\_\_\_\_  
 fees in excess of a pre-set level (i.e., a cap) No ; Yes , Pre-set level: \_\_\_\_\_  
 inpatient stays in excess of a pre-specified time No ; Yes , Pre-set level: \_\_\_\_\_

**(FM-12)** Attach a copy of the chart of accounts (i.e., a list of budget line item categories) used to track expenditures for inmate medical services. .... Attached ; Not attached

**(FM-13)** If the chart of accounts is *not* attached, indicate which (if any) of the following are separate line items.

- (a) Diagnostic testing fees ..... Tracked as budget item  Not tracked
- (b) Medical Supplies & Equipment ..... Tracked as budget item  Not tracked
- (c) Capital Equip. .... Tracked as budget item  Not tracked
- (d) Inmate Transport, Land ..... Tracked as budget item  Not tracked
- (e) Inmate Transport, Non-urgent Air ..... Tracked as budget item  Not tracked
- (f) Inmate Transfer, Air Ambulance ..... Tracked as budget item  Not tracked
- (g) State DOC Overhead, Medical Share ..... Tracked as budget item  Not tracked

**(FM-14) Prisoner Population Covered by DOC Health Care Budget**

Indicate number of inmates in EACH category	State Prisoners			Out of State Prisoners Transferred to State		Unknown Data  (Check if Data is Unknown)
	Public Facility	In State Private Facility	Out of State Private Facility	Public Facility	Private Facility	
Indicate the number of inmates assigned to facilities in which the state DOC is responsible for health care costs.						
(a) On 1/1/98, total number of inmates						
Male						
Female						
(b) On 1/1/98, inmates over 50						
Male						
Female						
(c) On 1/1/98, inmates under 18						
Male						
Female						
(d) On 1/1/98, non-US citizens						
(e) Pre-trial detainees/ inmates housed in jails						

**(FM-15) Comments: (Attach additional pages as necessary.)**

# PRISON HEALTH CARE SURVEY: COST OF SERVICES MEDICAL ADMINISTRATION

Individual(s) Completing the form \_\_\_\_\_  
 Contact Information (phone/fax/e-mail) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(MA-1)** What were the total number of health care encounters (units of service) delivered in FY '97?

Type of Encounter:	Inpatient	Outpatient	Total
<b>(a)</b> Medical			
<b>(b)</b> Mental Health			
<b>(c)</b> Dental			
<b>(d)</b> Total (if subcategories not available)			

**(MA-2)** Are DOC medical staff considered to be corrections officers (e.g., function as security staff in emergency situations)? ..... Yes ; No ; Unknown

**(MA-3)** Do you have on-site acute care beds  
 in prison infirmaries? ..... Yes  (number in state \_\_\_\_); No   
 in prison hospitals? ..... Yes  (number in state \_\_\_\_); No   
 in psychiatric care facilities? ..... Yes  (number in state \_\_\_\_); No

**(MA-4)** Where are the *majority* of inmates requiring skilled long-term care (i.e., nursing home care, post-stroke rehabilitation) placed?  
 With the general population? ; In the infirmary? ; In a special unit within the prison? ;  
 In a prison hospital? ; Given a compassionate discharge (if eligible)?

**(MA-5)** Where are the *majority* of terminal patients placed?  
 With the general population? ; In the infirmary? ; In a special unit within the prison? ; In a prison hospice? ;  
 In a prison hospital? ; Given a compassionate discharge (if eligible)?

**(MA-6)** By policy, are the following services available to inmates within DOC jurisdiction?

<b>(a)</b> HIV Testing ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(j)</b> Protease Inhibitors for HIV+ ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(b)</b> TB Treatment ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(k)</b> Hemodialysis ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(c)</b> STD Treatment ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(l)</b> Streptokinase for Heart Attacks ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(d)</b> MRI ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(m)</b> Chronic Psychiatric Treatment ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(e)</b> Pacemaker Implant ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(n)</b> Preventative Dentistry ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(f)</b> Chemical Dependency Rx.. Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(o)</b> ECT for Depression/Psychosis..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(g)</b> Hormone Replacement Rx Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(p)</b> Acute Psychiatric Treatment ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(h)</b> PSA Testing ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>(q)</b> Organ transplants ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(i)</b> Telemedicine ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify which organs: _____

**(MA-7)** Do you maintain a state-wide drug formulary? ..... Yes ; No ; Unknown

**(MA-8)** Are any transfer payments from state Medicaid funds used for inmates? Yes, for routine services ;  
 Yes, only under special circumstances (e.g., organ transplants) ; No ; Unknown

**(MA-9)** Have your medical facilities obtained external accreditation? .....All ; Some ; None ;  
 If yes, from what bodies? JCAHO ; ACA ; NCCHC ; Other , please specify: \_\_\_\_\_

**(MA-10)** Have you instituted any cost management initiatives? (Check all that apply.)  
 Review of medical bills? ; Discounted fee for service? ; Capitated rate (medical services only)? ;  
 Global inmate capitated rates (i.e., manday fee)? ; Utilization review? ; Formulary management? ;  
 Other? Specify: \_\_\_\_\_

**(MA-11)** Are inmate co-payments required for medical services? .....Yes  (amount: \$\_\_\_\_\_); No ; Unknown

(MA-12) Do you have a system for rating inmate medical encounters by severity of illness? Yes ; No ; Unknown

(MA-13) Do you have a system for capturing health care encounter data electronically? ..... Yes ; No ; Unknown

(MA-14) Which of the following are *routinely* performed during intake screening?  
 TB screening? ; HIV testing? ; STD testing? ; Drug Screening? ; DNA collection for sex offenders? ;  
 Mental health screening? ; Hepatitis screening? ; None of the above?

(MA-15) Attach a policy statement regarding  
 (a) your definition of medically necessary treatment? ..... Attached ; Not attached   
 (b) the scope of medical services provided to inmates? (Please include any special guidelines maintained for special circumstances, e.g., HIV/AIDS medication, TB, etc.) ..... Attached ; Not attached

(MA-16) State-wide Rated Capacity Measures (on 1/1/98)  
 (a) What is the current rated prison capacity? ..... \_\_\_\_\_ inmates  
 (b) What is the current rated prison infirmary bed capacity? ..... \_\_\_\_\_ beds  
 (c) How many prison hospital beds are there statewide (excluding infirmary beds)? ..... \_\_\_\_\_ beds  
 (d) Are there any-DOC designated acute psychiatric beds..... Yes  \_\_\_\_\_ number; No

(MA-17) Does the DOC provide security for **off-site** healthcare for inmates assigned to **privately-managed** prisons?  
 Yes ; No ; Unknown

**(MA-18) Health Care Practitioner Usage**

	Indicate System-Wide Usage			Check if Routinely Available to General Inmate Population							
	Number of Units of Service:			Days		Evenings		Nights		Weekends	
	Full Time Equivalent	Visit	Other	On-Site	On-Call	On-Site	On-Call	On-Site	On-Call	On-Site	On-Call
(a) Physician											
(b) NP											
(d) PA											
(e) RN											
(f) LPN/LVN											
(g) Nursing asst.											

**(MA-19) Prisoner Population Covered by FY 1997 DOC Health Care Budget**

Indicate number of inmates in EACH category	State Prisoners			Out-of-State Prisoners Held in State		Unknown Data
	In-State Public Facility	In-State Private Facility	Out of State Facility	Public Facility	Private Facility	(Check if Unknown)
(a) Deaths per year-natural causes						
(b) Deaths per year-injury						
(c) Deaths per year-suicide						
(d) Suicide attempts per year						
(e) Inmates undergoing TB treatment						
(f) Inmates HIV+						
(g) Inmates with AIDS						
(i) Inmates currently receiving prescription medications						

(MA-20) Medical Administration Comments: Include on separate pages as necessary.

## Survey Compared with Corrections Yearbook Per Capita

STATE	BOP Survey Computed Per Capita	CY Medical Budget CY97 (a)	CY Total Adult ADP 97 (b)	CY Computed Per Capita 97 (c)=(a)/(b)	CY Reported Per Capita 97	Difference: Survey - CY Reported	Percentage Difference: Survey - CY
BOP	\$8.86	\$388,354,000	109,885	\$9.68	\$9.56	(\$0.70)	(7.86%)
Alabama	\$2.74	\$23,300,000	21,760	\$2.93	\$3.13	(\$0.39)	(14.43%)
Alaska	\$10.75	\$14,788,100	3,969	\$10.21	\$13.61	(\$2.86)	(26.61%)
Arizona	\$7.40	\$61,037,900	23,318	\$7.17	\$5.87	\$1.53	20.69%
Arkansas	\$7.32	\$19,138,584	9,346	\$5.61	\$5.01	\$2.31	31.59%
California	\$7.80	\$463,056,000	152,004	\$8.35	\$8.56	(\$0.76)	(9.78%)
Colorado	\$7.09	\$25,771,308	8,712	\$8.10			
Connecticut	\$8.75	\$49,113,319	15,514	\$8.67	\$9.15	(\$0.40)	(4.58%)
Delaware	\$5.61		4,852		\$5.14	\$0.47	8.44%
Florida	\$9.00	\$217,640,175	64,713	\$9.21	\$8.75	\$0.25	2.79%
Georgia	\$6.92	\$85,771,386	35,982	\$6.53	\$6.89	\$0.03	0.45%
Idaho	\$5.13	\$7,119,420	3,882	\$5.02	\$5.50	(\$0.37)	(7.29%)
Illinois	\$3.45	\$56,365,100	40,204	\$3.84	\$6.58	(\$3.13)	(90.68%)
Indiana					\$4.30		
Iowa	\$5.60	\$9,697,912	6,661	\$3.99	\$4.17	\$1.43	25.48%
Kansas	\$6.76	\$19,729,060	7,806	\$6.92	\$6.52	\$0.24	3.53%
Kentucky	\$4.45	\$9,168,800	13,037	\$1.93			
Louisiana	\$5.30	\$25,084,320	28,319	\$2.43	\$4.10	\$1.20	22.68%
Maine		\$3,300,000	1,467	\$6.16	\$5.88		
Maryland	\$4.80	\$38,261,977	21,634	\$4.85	\$5.32	(\$0.52)	(10.84%)
Massachusetts	\$11.96	\$46,488,224	12,000	\$10.61	\$11.67	\$0.29	2.45%
Michigan	\$11.38	\$189,542,800	43,910	\$11.83	\$12.95	(\$1.57)	(13.79%)
Minnesota	\$11.57	\$10,446,227	5,221	\$5.48	\$9.12	\$2.45	21.18%
Mississippi	\$4.26	\$17,792,031	14,786	\$3.30	\$4.77	(\$0.51)	(12.04%)
Missouri	\$5.08	\$44,505,876	23,529	\$5.18	\$4.13	\$0.95	18.67%
Montana		\$4,200,000	2,847	\$4.04	\$3.78		
Nebraska	\$7.30	\$7,467,947	3,278	\$6.24	\$5.32	\$1.98	27.16%
Nevada		\$28,796,080	8,087	\$9.76	\$9.28		
New Hampshire	\$5.45	\$4,758,114	2,087	\$6.25	\$7.86	(\$2.41)	(44.33%)
New Jersey	\$7.14	\$71,852,000	28,767	\$6.84	\$7.95	(\$0.81)	(11.29%)
New Mexico	\$9.68	\$12,500,000	4,718	\$7.26	\$8.50	\$1.18	12.18%
New York	\$6.91	\$162,250,800	70,507	\$6.30	\$7.39	(\$0.48)	(6.95%)
North Carolina	\$9.41	\$96,983,619	32,060	\$8.29	\$8.66	\$0.75	7.93%
North Dakota	\$3.47	\$2,240,662	774	\$7.93	\$4.00	(\$0.53)	(15.21%)
Ohio	\$7.96	\$92,658,067	47,428	\$5.35	\$5.87	\$2.09	26.28%
Oklahoma	\$3.52	\$24,330,969	19,856	\$3.36	\$4.05	(\$0.53)	(14.94%)
Oregon	\$8.80	\$38,278,280	8,310	\$12.62	\$6.18	\$2.62	29.74%
Pennsylvania	\$10.20	\$124,900,000	34,730	\$9.85	\$9.14	\$1.06	10.42%
Rhode Island	\$8.49	\$10,454,658	3,313	\$8.65	\$7.71	\$0.78	9.22%
South Carolina	\$6.06	\$40,248,611	21,030	\$5.24	\$5.53	\$0.53	8.73%
South Dakota	\$5.28	\$4,283,590	2,186	\$5.37	\$4.96	\$0.32	6.05%
Tennessee	\$8.60	\$37,141,400	14,464	\$7.04	\$6.79	\$1.81	21.09%
Texas	\$5.65	\$278,786,970	136,462	\$5.60	\$5.23	\$0.42	7.36%
Utah	\$8.21	\$1,248,932	4,696	\$0.73	\$7.56	\$0.65	7.88%
Vermont	\$8.05	\$2,568,000	1,327	\$5.30	\$10.38	(\$2.33)	(28.97%)
Virginia	\$6.11	\$56,781,163	24,691	\$6.30	\$3.73	\$2.38	38.97%
Washington	\$9.42	\$33,243,321	12,981	\$7.02	\$7.35	\$2.07	22.00%
West Virginia	\$6.56	\$5,804,000	2,385	\$6.67	\$7.06	(\$0.50)	(7.66%)
Wisconsin	\$5.70		13,053			\$5.70	
Wyoming	\$8.82	\$3,297,870	1,409	\$6.41	\$7.10	\$1.72	19.48%

## Inmate Populations Covered by Medical Budget

STATE	Computed Per Capita Daily Cost	Inmate Population Scope	Inmate Pop Covered by Med Budget, FY98	State Inmates in Public Facilities	State Inmates in Private Facilities	State Inmates Transferred Out of State	Out of State Inmates in Public Facilities
BOP <sup>(1)</sup>	\$8.86	public facilities only	109,641	109,641	294	0	0
Alabama	\$2.74	all inmates reported	22,290	22,290	0	0	0
Alaska	\$10.75	all inmates reported	4,078	3,139	621	318	0
Arizona	\$7.40	public facilities only	22,169	22,169	1,320	0	0
Arkansas	\$7.32	all inmates reported	9,262	9,007	0	0	255
California	\$7.90	all inmates reported	165,790	162,328	2,948	0	514
Colorado	\$7.09	all inmates reported	11,809	9,343	1,402	1,009	55
Connecticut	\$8.75	all inmates reported	15,621	15,558	0	0	63
Delaware	\$5.61	all inmates reported	5,271	5,271	0	0	0
Florida	\$9.00	public facilities only	62,161	61,969	2,596	0	192
Georgia	\$6.92	all inmates reported	36,815	36,815	0	0	0
Idaho	\$5.13	all inmates reported	4,047	3,597	0	450	0
Illinois	\$3.45	all inmates reported	40,783	40,737	0	0	46
Indiana		public facilities only	16,580	16,511	0	69	0
Iowa	\$5.60	all inmates reported	6,936	6,936	0	0	0
Kansas	\$6.76	all inmates reported	7,914	7,914	0	0	0
Kentucky	\$4.45	all inmates reported	14,328	12,285	2,020	0	23
Louisiana	\$5.30	public facilities only	14,831	14,831	2,948	0	0
Maine		all inmates reported	1,527	1,507	0	0	20
Maryland	\$4.80	all inmates reported	21,840	21,718	122	0	0
Massachusetts	\$11.96	all inmates reported	10,670	10,295	0	0	375
Michigan	\$11.38	all inmates reported	44,771	44,771	0	0	0
Minnesota	\$11.57	public facilities only	5,327	5,327	50	0	98
Mississippi	\$4.26	all inmates reported	12,253	10,320	1,933	0	0
Missouri	\$5.08	all inmates reported	24,012	23,949	0	0	63
Montana							
Nebraska	\$7.30	all inmates reported	3,344	3,321	0	0	23
Nevada		all inmates reported	8,147	8,147	0	0	0
New Hampshire	\$5.45	all inmates reported	2,270	2,164	0	0	106
New Jersey	\$7.14	all inmates reported	27,557	25,941	1,563	0	53
New Mexico	\$9.68	all inmates reported	4,776	3,349	836	474	117
New York	\$6.91	all inmates reported	69,377	69,377	0	0	0
North Carolina	\$9.41	all inmates reported	30,000	30,000	0	0	0
North Dakota	\$3.47	all inmates reported	889	819	70	0	0
Ohio	\$7.96	all inmates reported	47,808	47,808	0	0	0
Oklahoma	\$3.52	public facilities only	14,888	14,888	2,729	933	68
Oregon	\$8.80	all inmates reported	7,844	7,649	0	70	125
Pennsylvania	\$10.20	all inmates reported	34,964	34,964	0	0	0
Rhode Island	\$8.49	all inmates reported	3,340	3,293	0	0	47
South Carolina	\$6.06	all inmates reported	21,173	21,150	0	0	23
South Dakota	\$5.28	all inmates reported	2,223	2,220	0	0	3
Tennessee	\$8.60	all inmates reported	15,351	12,276	3,075	0	0
Texas	\$5.65	all inmates reported	140,731	140,731	0	0	0
Utah	\$8.21	all inmates reported	4,867	4,449	378	0	40
Vermont	\$8.05	public facilities only	1,200	1,200	0	50	10
Virginia	\$6.11	all inmates reported	24,760	24,688	0	0	72
Washington	\$9.42	all inmates reported	13,219	13,219	0	0	0
West Virginia	\$6.56	all inmates reported	2,544	2,544	0	0	0
Wisconsin	\$5.74	all inmates reported	13,210	13,210	0	0	0
Wyoming	\$8.82	all inmates reported	1,432	1,335	0	97	0

<sup>(1)</sup> The Bureau of Prisons data includes 103,278 individuals held in institutions; 5,175 individuals in half-way houses; and 1,188 individuals held in home confinement.

**(FM-1) Budget Data**

STATE	Total DOC Budget FY96	Total DOC Budget FY97	Total DOC Budget FY98	Medical Budget FY96	Medical Budget FY97	Medical Budget FY98
BOP				\$327,050,000	\$341,291,000	\$354,707,000
Alabama	\$181,382,105	\$192,504,184	\$197,310,191	\$21,538,995	\$22,555,533	\$22,254,772
Alaska	\$59,600,000	\$135,500,000	\$147,600,000	\$14,200,000	\$14,400,000	\$16,000,000
Arizona	\$414,105,999	\$449,777,700	\$488,044,800	\$46,430,700	\$48,718,300	\$59,886,600
Arkansas	\$111,677,151	\$132,493,826	\$146,461,122	\$17,943,882	\$19,259,193	\$19,496,104
California	\$3,569,027,000	\$3,774,267,000	\$4,024,313,000	\$290,968,000	\$326,993,000	\$333,499,000
Colorado				\$24,818,869	\$24,002,954	\$24,255,563
Connecticut	\$372,728,103	\$401,116,198	\$390,941,153	\$46,145,880	\$49,997,244	\$49,885,609
Delaware	\$89,700,000	\$98,200,000	\$116,400,000	\$8,260,000	\$9,500,000	\$10,800,000
Florida	\$1,361,705,436	\$1,440,316,807	\$1,532,743,311	\$151,256,514	\$162,835,244	\$203,937,972
Georgia	\$691,462,382	\$700,744,358	\$713,115,203	\$76,004,708	\$77,949,599	\$78,186,876
Idaho				\$7,104,200	\$7,384,100	\$7,052,800
Illinois	\$697,690,200	\$641,265,600	\$689,550,000	\$46,804,200	\$46,398,000	\$51,368,200
Indiana	\$403,407,028	\$437,330,979	\$443,882,126			
Iowa	\$153,899,141	\$169,155,455	\$196,992,907	\$7,604,849	\$8,697,012	\$10,164,688
Kansas	\$187,510,961	\$196,742,129	\$210,654,612	\$16,647,498	\$18,026,003	\$19,523,259
Kentucky	\$226,032,000	\$240,017,500	\$279,045,000	\$10,903,500	\$12,906,500	\$17,157,000
Louisiana	\$207,845,008	\$229,930,655	\$227,487,812	\$24,780,926	\$25,353,030	\$25,084,320
Maine	\$63,435,608	\$65,319,909				
Maryland	\$414,911,527	\$412,790,642	\$452,129,316		\$37,440,111	\$38,261,977
Massachusetts	\$286,503,857	\$328,797,436	\$345,633,000	\$39,857,809	\$42,790,058	\$46,438,767
Michigan	\$1,238,712,500	\$1,280,546,500	\$1,368,557,100	\$115,285,300	\$115,358,500	\$106,629,300
Minnesota	\$157,496,633	\$174,143,866	\$172,500,424	\$18,621,379	\$17,548,085	\$21,281,335
Mississippi				\$14,566,466	\$17,670,861	\$19,041,355
Missouri	\$295,916,337	\$348,590,712	\$440,349,109	\$29,209,284	\$33,931,387	\$44,505,876
Montana						
Nebraska	\$67,697,337	\$69,349,078	\$76,913,992	\$6,414,038	\$6,290,513	\$7,467,967
Nevada						
New Hampshire	\$47,017,991	\$48,377,114	\$49,887,043	\$4,325,657	\$4,758,114	\$4,512,106
New Jersey	\$574,920,000	\$633,654,000	\$691,956,000	\$56,679,000	\$57,727,000	\$71,852,000
New Mexico	\$142,941,500	\$152,149,300	\$155,688,900	\$10,544,000	\$12,218,000	\$13,867,800
New York	\$1,999,853,285	\$2,027,516,047	\$1,703,044,900	\$152,511,654	\$158,930,790	\$174,973,300
North Carolina			\$868,239,240			\$103,000,000
North Dakota	\$9,800,715	\$11,888,582	\$18,497,121	\$917,077	\$1,091,876	\$1,126,547
Ohio	\$1,026,572,677	\$1,147,175,765	\$1,233,336,437	\$76,972,713	\$88,474,703	\$91,945,751
Oklahoma	\$229,879,653	\$279,002,649	\$338,891,460	\$16,113,821	\$17,042,838	\$19,147,207
Oregon	\$393,151,152	\$393,151,152	\$461,179,575	\$17,465,981	\$17,465,981	\$20,629,843
Pennsylvania	\$874,658,000	\$944,056,000	\$1,027,917,000	\$116,058,000	\$117,586,000	\$130,205,000
Rhode Island	\$114,317,352	\$116,099,318	\$125,341,520	\$8,297,251	\$8,695,685	\$9,783,656
South Carolina				\$35,500,774	\$40,248,611	\$46,822,601
South Dakota	\$24,965,881	\$25,370,169	\$26,209,467	\$3,241,899	\$3,700,353	\$4,283,590
Tennessee	\$397,417,100	\$399,708,100	\$445,740,500	\$36,282,500	\$38,634,544	\$40,947,900
Texas	\$1,861,694,623	\$1,993,495,011	\$2,078,252,059	\$229,881,339	\$238,772,783	\$249,076,122
Utah	\$130,935,831	\$147,002,100	\$147,911,963	\$10,868,250	\$13,082,524	\$13,796,491
Vermont	\$42,000,000	\$47,000,000	\$47,000,000	\$2,780,000	\$2,900,000	\$3,025,180
Virginia	\$567,000,000	\$589,000,000	\$687,000,000	\$52,200,000	\$53,809,000	\$55,231,000
Washington	\$287,540,355	\$305,772,659	\$299,166,009	\$30,273,421	\$32,094,602	\$34,991,807
West Virginia	\$45,195,695	\$50,250,039	\$54,349,996	\$4,679,099	\$5,782,780	\$6,089,191
Wisconsin	\$446,511,333	\$518,394,217	\$557,266,700	\$25,711,893	\$28,471,808	\$27,686,200
Wyoming	\$22,419,268	\$30,677,252	\$43,590,809	\$3,296,687	\$4,072,455	\$4,609,014

**(FM-1) Budget Data (cont.)**

STATE	Dental Budget FY96	Dental Budget FY97	Dental Budget FY98	Mental Health Bud. FY96	Mental Health Bud. FY97	Mental Health Bud. FY98
BOP						
Alabama						
Alaska						
Arizona	\$3,060,900	\$3,294,800		\$6,519,800	\$7,431,900	
Arkansas				\$4,127,069	\$4,646,281	\$5,261,158
California	\$33,635,000	\$35,207,000	\$35,031,000	\$112,722,000	\$121,210,000	\$103,329,000
Colorado					\$2,405,290	\$2,901,609
Connecticut						
Delaware						
Florida	\$12,757,855	\$12,653,155		\$41,031,735	\$44,913,825	
Georgia				\$9,819,036	\$11,349,309	\$14,815,799
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky				\$2,529,500	\$4,067,500	\$6,127,400
Louisiana				\$3,907,943	\$3,894,808	\$3,620,589
Maine						
Maryland						
Massachusetts						
Michigan				\$70,350,500	\$74,712,800	\$79,342,700
Minnesota				\$998,751	\$1,166,496	\$1,217,273
Mississippi						
Missouri						
Montana						
Nebraska				\$1,076,368	\$1,124,632	\$1,447,204
Nevada						
New Hampshire						
New Jersey						
New Mexico				\$2,546,200	\$2,772,800	\$3,005,300
New York						
North Carolina						
North Dakota						
Ohio				\$22,100,244	\$39,894,873	\$47,007,154
Oklahoma						
Oregon				\$4,312,609	\$2,673,597	\$4,554,544
Pennsylvania						
Rhode Island		\$601,148	\$569,993			
South Carolina						
South Dakota						
Tennessee				\$6,944,700	\$6,931,496	\$7,265,700
Texas				\$35,621,271	\$35,419,222	\$40,905,379
Utah	\$589,070	\$687,392	\$782,026			
Vermont				\$850,000	\$950,000	\$500,000
Virginia						
Washington	\$2,815,512	\$2,806,725	\$3,326,175	\$6,825,829	\$7,934,143	\$7,146,434
West Virginia						
Wisconsin						
Wyoming						



**(FM-1) Budget Data (cont.)**

<b>STATE</b>	<b>Additional Funds FY96</b>	<b>Additional Funds FY97</b>	<b>Additional Funds FY98</b>	<b>Non-DOC Funds FY96</b>	<b>Non-DOC Funds FY97</b>	<b>Non-DOC Funds FY98</b>
BOP						
Alabama						
Alaska						
Arizona						
Arkansas						
California						
Colorado	\$4,096,884	\$4,193,003	\$3,386,281			
Connecticut						
Delaware						
Florida				\$194,635	\$244,635	\$294,635
Georgia						
Idaho				\$214,400	\$234,400	\$519,700
Illinois						
Indiana						
Iowa				\$3,361,719	\$3,876,293	\$4,001,440
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts				\$111,645	\$128,021	\$153,995
Michigan						
Minnesota						
Mississippi						
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

## Budget Shares and Growth

STATE	Health Care \$ Per Capita FY98	Total DOC Budget FY98	Change in DOC Budget, 97-98	Change in DOC Budget, 96-97	Health Care Budget FY98	Chage in Health Care Budget, 97-98	Change in Health Care Budget, 96-97
BOP	\$8.86				\$354,707,000	3.93%	4.35%
Alabama	\$2.74	\$197,310,191	2.50%	6.13%	\$22,254,772	-1.33%	4.72%
Alaska	\$10.75	\$147,600,000	8.93%	127.35%	\$16,000,000	11.11%	1.41%
Arizona	\$7.40	\$488,044,800	8.51%	8.61%	\$59,886,600	22.92%	4.93%
Arkansas	\$7.32	\$146,461,122	10.54%	18.64%	\$24,757,262	1.23%	7.33%
California	\$7.80	\$4,024,313,000	6.63%	5.75%	\$471,859,000	3.82%	12.38%
Colorado	\$7.09				\$30,543,453	1.05%	-3.29%
Connecticut	\$8.75	\$390,941,153	-2.54%	7.62%	\$49,885,609	-0.22%	8.35%
Delaware	\$5.61	\$116,400,000	18.53%	10.21%	\$10,800,000	13.68%	15.01%
Florida	\$9.00	\$1,532,743,311	6.42%	5.77%	\$204,232,607	25.24%	7.66%
Georgia	\$6.92	\$713,115,203	1.77%	1.34%	\$93,002,675	0.30%	2.56%
Idaho	\$5.13				\$7,572,500	-4.49%	3.94%
Illinois	\$3.45	\$689,550,000	7.53%	-8.09%	\$51,368,200	10.71%	-0.87%
Indiana		\$443,882,126					
Iowa	\$5.60	\$196,992,907	16.46%	9.91%	\$14,166,128	16.88%	14.36%
Kansas	\$6.76	\$210,654,612	7.07%	4.92%	\$19,523,259	8.31%	8.28%
Kentucky	\$4.45	\$279,045,000	16.26%	6.19%	\$23,284,400	32.93%	18.37%
Louisiana	\$5.30	\$227,487,812	-1.06%	10.63%	\$28,704,909	-1.06%	2.31%
Maine							
Maryland	\$4.80	\$452,129,316	9.53%	-0.51%	\$38,261,977	2.20%	0.00%
Massachusetts	\$11.96	\$345,633,000	5.12%	14.76%	\$46,592,762	8.53%	7.36%
Michigan	\$11.38	\$1,368,557,100	6.87%	3.88%	\$185,972,000	-7.57%	0.06%
Minnesota	\$11.57	\$172,500,424	-0.94%	10.57%	\$22,498,608	21.27%	-5.76%
Mississippi	\$4.26				\$19,041,355	7.76%	21.31%
Missouri	\$5.08	\$440,349,109	26.32%	17.80%	\$44,505,876	31.16%	16.17%
Montana							
Nebraska	\$7.30	\$76,913,992	10.91%	2.44%	\$8,915,171	18.72%	-1.93%
Nevada							
New Hampshire	\$5.45	\$49,887,043	3.12%	2.89%	\$4,512,106	-5.17%	10.00%
New Jersey	\$7.14	\$691,956,000	9.20%	10.22%	\$71,852,000	24.47%	1.85%
New Mexico	\$9.68	\$155,688,900	2.33%	6.44%	\$16,873,100	13.50%	15.88%
New York	\$6.91	\$1,703,044,900	-16.00%	1.38%	\$174,973,300	10.09%	4.21%
North Carolina	\$9.41	\$868,239,240			\$103,000,000		
North Dakota	\$3.47	\$18,497,121	55.59%	21.30%	\$1,126,547	3.18%	19.06%
Ohio	\$7.96	\$1,233,336,437	7.51%	11.75%	\$138,952,905	3.92%	14.94%
Oklahoma	\$3.52	\$338,891,460	21.47%	21.37%	\$19,147,207	12.35%	5.77%
Oregon	\$8.80	\$461,179,575	17.30%	0.00%	\$25,184,387	18.11%	0.00%
Pennsylvania	\$10.20	\$1,027,917,000	8.88%	7.93%	\$130,205,000	10.73%	1.32%
Rhode Island	\$8.49	\$125,341,520	7.96%	1.56%	\$10,353,649	12.51%	4.80%
South Carolina	\$6.06				\$46,822,601	16.33%	13.37%
South Dakota	\$5.28	\$26,209,467	3.31%	1.62%	\$4,283,590	15.76%	14.14%
Tennessee	\$8.60	\$445,740,500	11.52%	0.58%	\$48,213,600	5.99%	6.48%
Texas	\$5.65	\$2,078,252,059	4.25%	7.08%	\$289,981,501	4.32%	3.87%
Utah	\$8.21	\$147,911,963	0.62%	12.27%	\$14,578,517	5.46%	20.37%
Vermont	\$8.05	\$47,000,000	0.00%	11.90%	\$3,525,180	4.32%	4.32%
Virginia	\$6.11	\$687,000,000	16.64%	3.88%	\$55,231,000	2.64%	3.08%
Washington	\$9.42	\$299,166,009	-2.16%	6.34%	\$45,464,416	9.03%	6.02%
West Virginia	\$6.56	\$54,349,996	8.16%	11.18%	\$6,089,191	5.30%	23.59%
Wisconsin	\$5.74	\$557,266,700	7.50%	16.10%	\$27,686,200	-2.76%	10.73%
Wyoming	\$8.82	\$43,590,809	42.09%	36.83%	\$4,609,014	13.18%	23.53%

## Health Care Budget Components

STATE	Health Care \$ Per Capita FY98	Health Care Budget FY98	Health Care as % of Total DOC Budget	Medical as % of Health Care Budget	Dental Care as % of Health Care Budget	Mental Health as % of Health Care Budget	Non DOC as % of Health Care Budget
BOP	\$8.86	\$354,707,000		100.00%			
Alabama	\$2.74	\$22,254,772					
Alaska	\$10.75	\$16,000,000	10.84%	100.00%			
Arizona	\$7.40	\$59,886,600	12.27%	100.00%			
Arkansas	\$7.32	\$24,757,262	16.90%	78.75%		21.25%	
California	\$7.80	\$471,859,000	11.73%	70.68%	7.42%	21.90%	
Colorado	\$7.09	\$30,543,453		79.41%		9.50%	11.09%
Connecticut	\$8.75	\$49,885,609	12.76%	100.00%			
Delaware	\$5.61	\$10,800,000	9.28%	100.00%			
Florida	\$9.00	\$204,232,607	13.32%	99.86%			0.14%
Georgia	\$6.92	\$93,002,675	13.04%	84.07%		15.93%	
Idaho	\$5.13	\$7,572,500		93.14%			6.86%
Illinois	\$3.45	\$51,368,200	7.45%	100.00%			
Indiana		\$443,882,126					
Iowa	\$5.60	\$14,166,128	7.19%	71.75%			28.25%
Kansas	\$6.76	\$19,523,259	9.27%	100.00%			
Kentucky	\$4.45	\$23,284,400	8.34%	73.68%		26.32%	
Louisiana	\$5.30	\$28,704,909	12.62%	87.39%		12.61%	
Maine							
Maryland	\$4.80	\$38,261,977	8.46%	100.00%			
Massachusetts	\$11.96	\$46,592,762	13.48%	99.67%			0.33%
Michigan	\$11.38	\$185,972,000	13.59%	57.34%		42.66%	
Minnesota	\$11.57	\$22,498,608	13.04%	94.59%		5.41%	
Mississippi	\$4.26	\$19,041,355		100.00%			
Missouri	\$5.08	\$44,505,876	10.11%	100.00%			
Montana							
Nebraska	\$7.30	\$8,915,171	11.59%	83.77%		16.23%	
Nevada							
New Hampshire	\$5.45	\$4,512,106	9.04%	100.00%			
New Jersey	\$7.14	\$71,852,000	10.38%	100.00%			
New Mexico	\$9.68	\$16,873,100	10.84%	82.19%		17.81%	
New York	\$6.91	\$174,973,300	10.27%	100.00%			
North Carolina	\$9.41	\$103,000,000	11.86%	100.00%			
North Dakota	\$3.47	\$1,126,547	6.09%	100.00%			
Ohio	\$7.96	\$138,952,905	11.27%	66.17%		33.83%	
Oklahoma	\$3.52	\$19,147,207	5.65%	100.00%			
Oregon	\$8.80	\$25,184,387	5.46%	81.92%		18.08%	
Pennsylvania	\$10.20	\$130,205,000	12.67%	100.00%			
Rhode Island	\$8.49	\$10,353,649	8.26%	94.49%	5.51%		
South Carolina	\$6.06	\$46,822,601		100.00%			
South Dakota	\$5.28	\$4,283,590	16.34%	100.00%			
Tennessee	\$8.60	\$48,213,600	10.82%	84.93%		15.07%	
Texas	\$5.65	\$289,981,501	13.95%	85.89%		14.11%	
Utah	\$8.21	\$14,578,517	9.86%	94.64%	5.36%		
Vermont	\$8.05	\$3,525,180	7.50%	85.82%		14.18%	
Virginia	\$6.11	\$55,231,000	8.04%	100.00%			
Washington	\$9.42	\$45,464,416	15.20%	76.97%	7.32%	15.72%	
West Virginia	\$6.56	\$6,089,191	11.20%	100.00%			
Wisconsin	\$5.74	\$27,686,200	4.97%	100.00%			
Wyoming	\$8.82	\$4,609,014	10.57%	100.00%			

**(FM-2a) Does the DOC medical budget include:  
Health care costs for juvenile offenders?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
YES	15	30	50.00%	19.44%	0.00%	66.67%	16.67%	17.65%	29.41%	66.67%
NO	32	64	25.00%	77.78%	0.00%	33.33%	66.67%	82.35%	64.71%	33.33%
NA	2	4	25.00%	0.00%	100.00%	0.00%	0.00%	0.00%	5.88%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%

df            MS  
              Error        F        p-level  
42 4.569199    3.87793 0.055545 \*

Group Mean  
Yes        8.191538  
No        6.800645

**(FM-2b) Does the DOC medical budget include: Health care costs for community-based inmates?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
YES	24	48	25.00%	44.44%	100.00%	66.67%	50.00%	47.06%	41.18%	83.33%
NO	21	42	25.00%	47.22%	0.00%	33.33%	16.67%	47.06%	58.82%	16.67%
NA	2	4	25.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
UNKNOWN	2	4	25.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NO RESPONSE	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%

df                      MS  
                             Error                      F                      p-level  
 41   4.753409   0.265041   0.609443

Group Mean  
 Yes                      7.522174  
 No                        7.179

**(FM-2c) Does the DOC medical budget include:  
Salaries for DOC-employed health care providers?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
YES	38	76	75.00%	72.22%	100.00%	88.89%	66.67%	70.59%	82.35%	83.33%
NO	8	16	0.00%	22.22%	0.00%	0.00%	16.67%	29.41%	11.76%	0.00%
NA	2	4	25.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NO RESPONSE	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	16.67%

df MS Error F p-level  
41 4.514847 4.079147 0.049984 \*

Group Mean  
YES 7.576667  
NO 5.78625

**(FM-2d) Does the DOC medical budget include:  
Contracts for individual consultants and fee-for-service providers?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	41	82	50.00%	83.33%	100.00%	88.89%	83.33%	82.35%	88.24%	83.33%
NO	5	10	0.00%	11.11%	0.00%	11.11%	0.00%	17.65%	5.88%	16.67%
NA	2	4	25.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NO RESPONSE	1	2	25.00%	0.00%	0.00%	0.00%				

	df	MS Error	F	p-level
	42	4.963172	0.262413	0.611151

Group Mean	
YES	7.274102
NO	6.732

**(FM-2e) Does the DOC medical budget include:  
Health care provided by contract with capitated payments?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	39	81.25	50.00%	82.86%	100.00%	87.50%	60.00%	94.12%	81.25%	83.33%
NO	6	12.5	0.00%	14.29%	0.00%	12.50%	20.00%	5.88%	18.75%	16.67%
NA	1	2.08	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UNKNOWN	1	2.08	0.00%	2.86%	0.00%	0.00%	20.00%	0.00%	0.00%	0.00%
NO RESPONSE	1	2.08	25.00%	0.00%	0.00%	0.00%				

	df	MS Error	F	p-level
	41	4.717884	0.298829	0.587581

Group Mean	
YES	7.222432
NO	7.745



**(FM-2f) Does the DOC medical budget include:  
Wages for corrections officers providing out-of-facility security?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	10	20	0.00%	19.44%	100.00%	22.22%	16.67%	17.65%	23.53%	33.33%
NO	36	72	50.00%	77.78%	0.00%	66.67%	66.67%	82.35%	70.59%	66.67%
NA	1	2	25.00%	0.00%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NO RESPONSE	2	4	25.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88	0.00%

	df	MS Error	F	p-level
	42	4.94989	0.252206	0.618149

Group Mean  
 YES 7.519  
 NO 7.117059

**(FM-2g) Does the DOC medical budget include:  
Capital equipment for health services?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	34	68	0.00%	69.44%	100.00%	88.89%	83.33%	70.59%	70.59%	83.33%
NO	11	22	25.00%	27.78%	0.00%	0.00%	0.00%	29.41%	29.41%	0.00%
NA	1	2	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NO RESPONSE	3	6	50.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	16.67%

df            MS  
              Error        F        p-level  
42 4.819016 0.201813 0.655571

Group Mean  
YES            7.261765  
NO             6.907

**(FM-2h) Is overtime routinely used for security services in out-of-facility care?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	26	52	25.00%	58.33%	100.00%	33.33%	33.33%	64.71%	58.82%	33.33%
NO	17	34	25.00%	33.33%	0.00%	44.44%	33.33%	35.29%	29.41%	50.00%
NA	2	4	25.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
UNKNOWN	4	8	25.00%	5.56%	0.00%	11.11%	33.33%	0.00%	0.00%	16.67%
NO RESPONSE	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%

df                      MS  
 Error                      F                      p-level  
 39    4.69615    0.175107    0.677908

Group Mean  
 YES                      7.0728  
 NO                      7.363125

**(FM2 a-h) Does the state DOC Medical Budget include:**

	Health care costs for juvenile offenders?	Health care costs for community-based inmates	Salaries for DOC-employed health care providers	Contracts for individual consultants and fee for service providers	Health care provided by contract (with capitated payments)?	Wages for corrections officers providing out-of-facility security services	Capital equipment for health services	Is overtime routinely used for security services in out-of-facility health care?
Bureau of Prisons		x	x	x	x	x	x	x
Alabama					x			
Alaska	x	x	x	x	x		x	
Arizona	x		x	x	x			
Arkansas				x	x	x		x
California	x	x	x	x			x	x
Colorado			x	x	x		x	
Connecticut		x	x	x	x			
Delaware	x	x		x	x		x	x
Florida	x		x	x			x	
Georgia		x	x	x			x	
Idaho		x		x	x		x	
Illinois	x	x	x	x	x		x	
Indiana								
Iowa			x	x	x			x
Kansas			x		x		x	x
Kentucky				x	x		x	x
Louisiana	x	x	x	x	x	x	x	x
Maine	x		x					
Maryland					x			x
Massachusetts		x	x	x	x		x	x
Michigan	x	x	x	x	x		x	
Minnesota	x	x	x	x	x	x	x	x
Mississippi		x	x	x		x	x	
Missouri			x	x				
Montana	x	x	x	x	x			
Nebraska			x	x	x		x	x
Nevada			x	x	x			x
New Hampshire		x	x	x		x	x	
New Jersey		x			x		x	x
New Mexico					x		x	
New York		x	x	x	x			x
North Carolina	x	x	x	x	x		x	x
North Dakota			x	x			x	x
Ohio	x		x	x	x	x	x	x
Oklahoma		x	x	x	x		x	
Oregon			x	x			x	
Pennsylvania	x	x	x	x	x	x		
Rhode Island		x	x	x			x	x
South Carolina			x	x	x	x	x	x
South Dakota		x			x		x	x
Tennessee			x	x	x			
Texas			x	x	x		x	
Utah		x	x	x	x	x	x	x
Vermont			x	x	x			x
Virginia			x	x	x		x	x
Washington			x	x	x		x	
West Virginia	x	x		x	x			x
Wisconsin			x	x	x		x	x
Wyoming					x		x	
Col. Total	15	24	38	41	39	10	34	26

**(FM-3)What payment model do you use most often to provide routine ambulatory care to inmates?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
STATE EMPLOYEE	31	62	25.00%	61.11%	100.00%	66.67%	66.67%	52.94%	76.47%	50.00%
CAPITATED CONTRACT	11	22	25.00%	25.00%	0.00%	11.11%	16.67%	29.41%	17.65%	16.67%
GLOBAL CAPITATION	7	14	25.00%	13.89%	0.00%	22.22%	16.67%	17.65%	5.88%	33.33%
NO RESPONSE	1	2	25.00%	0.00%	0.00%	0.00%				

df                      MS  
                             Error                      F                      p-level  
 43                      5.262525                      0.558279                      0.576284

Group Mean  
 STATE EMPLOYEE                      7.402759  
 CAPITATED CONTRACT                      6.53  
 GLOBAL CAPITATION                      6.99

**(FM-3)What payment model do you use most often to provide routine ambulatory care to inmates?**

	Not Reported	State Employee	Capitated Contract	Global Capitated
Bureau of Prisons		x		
Alabama				x
Alaska		x		
Arizona		x		
Arkansas			x	
California		x		
Colorado		x		
Connecticut		x		
Delaware			x	
Florida		x		
Georgia		x		
Idaho			x	
Illinois			x	
Indiana	x			
Iowa		x		
Kansas				x
Kentucky		x		
Louisiana		x		
Maine		x		
Maryland			x	
Massachusetts			x	
Michigan		x		
Minnesota		x		
Mississippi		x		
Missouri				x
Montana			x	
Nebraska		x		
Nevada		x		
New Hampshire		x		
New Jersey			x	
New Mexico				x
New York		x		
North Carolina		x		
North Dakota		x		
Ohio		x		
Oklahoma		x		
Oregon		x		
Pennsylvania				x
Rhode Island		x		
South Carolina		x		
South Dakota			x	
Tennessee		x		
Texas				x
Utah		x		
Vermont			x	
Virginia		x		
Washington		x		
West Virginia			x	
Wisconsin		x		
Wyoming				x
Col. Tot.	1	31	11	7

**(FM-4)What payment model do you use most often to provide emergency care to inmates?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
STATE EMPLOYEE	7	16	0.00%	13.89%	100.00%	11.11%	16.67%	17.65%	17.65%	0.00%
FEE FOR SERVICE	11	20	25.00%	22.22%	0.00%	22.22%	0.00%	17.65%	35.29%	16.67%
DISCOUNTED FEE FOR SERVICE	9	16	0.00%	22.22%	0.00%	11.11%	50.00%	11.76%	23.53%	0.00%
CAPITATED CONTRACT	19	38	25.00%	36.11%	0.00%	55.56%	16.67%	47.06%	23.53%	83.33%
GLOBAL CAPITATED CONTRACT	2	4	0.00%	5.56%	0.00%	0.00%	16.67%	5.88%	0.00%	0.00%
NOT REPORTED	2	4	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

df                      MS                      F                      p-level  
 40   4.661811   1.96027   0.105736 ALL

Group Mean  
 STATE EMPLOYEE                      6.83  
 FEE FOR SERVICE                      8.116667  
 DISCOUNTED FEE FOR SERVICE                      6.0475  
 CAPITATED CONTRACT                      7.570556  
 GLOBAL CAPITATED CONTRACT                      3.91

**(FM-4) What payment model do you use *most often* to provide *emergency care* to inmates (e.g., life-threatening injury)?**

	Not Reported	State Employee	Fee for Service	Discounted Fee contract	Capitated Contract	Global Capitated Rate	Other
Bureau of Prisons		x					also discounted fee
Alabama						x	
Alaska			x				
Arizona				x			
Arkansas					x		
California				x			
Colorado				x			
Connecticut			x				
Delaware					x		
Florida		x					
Georgia			x				
Idaho					x		
Illinois					x		
Indiana	x						
Iowa		x					
Kansas					x		
Kentucky				x			
Louisiana		x					
Maine					x		
Maryland					x		
Massachusetts					x		
Michigan					x		
Minnesota					x		
Mississippi		x					
Missouri						x	
Montana			x				also discounted fee
Nebraska			x				
Nevada	x						
New Hampshire			x				
New Jersey					x		
New Mexico					x		
New York					x		
North Carolina				x			
North Dakota				x			
Ohio			x				also capitated contract
Oklahoma				x			
Oregon			x				
Pennsylvania					x		
Rhode Island				x			
South Carolina				x			
South Dakota					x		
Tennessee			x				
Texas					x		
Utah		x					also fee for service
Vermont					x		
Virginia		x					
Washington			x				
West Virginia					x		
Wisconsin			x				
Wyoming					x		
Col.Tot.	2	7	11	9	19	2	



**(FM-5)What payment model do you use most often to provide acute medical care to inmates?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
STATE EMPLOYEE	11	22	0.00%	19.44%	100.00%	33.33%	0.00%	23.53%	35.29%	0.00%
FEE FOR SERVICE	5	10	25.00%	8.33%	0.00%	11.11%	16.67%	5.88%	11.76%	16.67%
DISCOUNTED FEE FOR SERVICE	10	20	0.00%	27.78%	0.00%	0.00%	33.33%	11.76%	35.29%	0.00%
CAPITATED CONTRACT	20	40	25.00%	38.89%	0.00%	55.56%	16.67%	52.94%	23.53%	83.33%
GLOBAL CAPITATED CONTRACT	2	4	0.00%	5.56%	0.00%	0.00%	16.67%	5.88%	0.00%	0.00%
NOT REPORTED	2	4	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

df                      MS  
                             Error              F              p-level  
 40    5.13987    1.03386    0.4110858 all

Group Mean  
 STATE EMPLOYEE              7.40556  
 FEE FOR SERVICE              8.028  
 DISCOUNTED FEE FOR SERVICE    6.877  
 CAPITATED CONTRACT              7.25722  
 GLOBAL CAPITATED CONTRACT    3.91

**(FM-5)What payment model do you use *most often* to provide acute medical care to inmates?**

	Not Reported	State Employee	Fee for Service	Discounted fee contract	Capitated Contract	Global Capitated Rate	Other
Bureau of Prisons		x					also discounted fee
Alabama						x	
Alaska			x				
Arizona				x			
Arkansas					x		
California				x			
Colorado				x			
Connecticut		x					
Delaware					x		
Florida		x					
Georgia			x				
Idaho					x		
Illinois					x		
Indiana	x						
Iowa		x					
Kansas					x		
Kentucky				x			
Louisiana		x					
Maine					x		
Maryland					x		
Massachusetts					x		
Michigan					x		also state employees
Minnesota					x		
Mississippi			x				
Missouri						x	
Montana			x				also discounted fee
Nebraska				x			
Nevada	x						
New Hampshire		x					
New Jersey					x		
New Mexico					x		
New York					x		
North Carolina		x					
North Dakota				x			
Ohio				x			MDs capitated
Oklahoma		x					
Oregon			x				
Pennsylvania					x		
Rhode Island				x			
South Carolina		x					
South Dakota					x		
Tennessee				x			
Texas					x		
Utah		x					also fee for service
Vermont					x		
Virginia				x			
Washington		x					
West Virginia					x		
Wisconsin					x		
Wyoming					x		
Col.Tot.	2	11	5	10	20	2	

**(FM-7) Do you have a state-wide special purchase arrangement for pharmaceuticals?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
YES	36	73.47	75.00%	68.57%	100.00%	88.89%	66.67%	70.59%	75.00%	83.33%
NO	11	22.45	25.00%	25.71%	0.00%	11.11%	16.67%	29.41%	18.75%	16.67%
NOT REPORTED	2	4.08	0.00%	5.71%	0.00%	0.00%	16.67%	0.00%	6.25%	0.00%

df            MS  
              Error        F        p-level  
41   4.977319   0.851817   0.361439

Group Mean  
YES            7.357273  
NO             6.614

**(FM-8) How many inmates convicted in your state were held in facilities outside the state on 1/1/98?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
<50	12	32.43	0.00%	40.00%	----	25.00%	50.00%	50.00%	30.77%	16.67%
50-99	11	29.73	25.00%	32.00%	----	25.00%	0.00%	20.00%	53.85%	16.67%
100-499	9	24.32	75.00%	16.00%	----	25.00%	25.00%	20.00%	7.69%	33.33%
500	5	13.51	0.00%	12.00%	----	25.00%	25.00%	10.00%	7.69%	33.33%

**(FM-9) How many inmates with sentences >30 days from other jurisdictions were held in the state on 1/1/98?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
<20	8	28.57	0.00%	28.57%	----	33.33%	50.00%	30.77%	25.00%	0.00%
20-50	7	25	0.00%	33.33%	----	0.00%	25.00%	30.77%	25.00%	0.00%
51-100	6	21.43	0.00%	28.57%	----	0.00%	25.00%	30.77%	12.50%	0.00%
>101	7	25	100.00%	9.52%	----	66.67%	0.00%	7.69%	37.50%	100.00%

**(FM-10) Attach a brief explanation of how the inmate medical costs reported in the Corrections Yearbook were derived.**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
ROUTINE	29	58	25.00%	61.11%	100.00%	55.56%	50.00%	52.94%	76.47%	50.00%
ATYPICAL	4	8	0.00%	11.11%	0.00%	0.00%	33.33%	5.88%	5.88%	0.00%
NOT PROVIDED	16	32	75.00%	25.00%	0.00%	44.44%	16.67%	35.29%	17.65%	50.00%
PER DIEM	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

**(FM-11a) Does your state use privately-operated prisons?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	28	56	75.00%	52.78%	100.00%	55.56%	66.67%	47.06%	58.82%	50.00%
NO	22	44	25.00%	47.22%	0.00%	44.44%	33.33%	52.94%	41.18%	50.00%

df MS Error F p-level  
44 5.275998 0.003899 0.95

Group Mean  
YES 7.1696  
NO 7.127143

**(FM-11b) Does the state DOC directly pay the cost of providing health care to prisoners assigned to privately managed facilities (separate and apart from the general contract price per inmate) in the following circumstances: for routine care?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09	Per Capita \$7.10-9.64	Per Capita \$9.65-12.20
ALWAYS	3	6.12	0.00%	5.71%	0.00%	11.11%	9.09%	5.56%	0.00%	20.00%
SOMETIMES	11	22.45	50.00%	20.00%	0.00%	22.22%	27.27%	16.67%	25.00%	0.00%
NEVER	21	42.86	50.00%	40.00%	100.00%	44.44%	36.36%	38.89%	58.33%	20.00%
OTHER	2	4.08	0.00%	5.71%	0.00%	0.00%	0.00%	5.56%	8.33%	0.00%
NA	12	24.49	0.00%	28.57%	0.00%	22.22%	27.27%	33.33%	8.33%	60.00%

df MS Error F p-level  
28 4.907794 0.38362 0.684916

Group Mean  
ALWAYS 7.636667  
SOMETIMES 6.708889  
NEVER 7.439474

**(FM-11b) Does the state DOC directly pay the cost of providing health care to prisoners assigned to privately managed facilities (separate and apart from the general contract price per inmate) in the following circumstances: fees in excess of a pre-set level (i.e., a cap)?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NOT REPORTED	5	10.2	50.00%	8.57%	0.00%	0.00%	9.09%	5.56%	8.33%	0.00%
NO CAP	32	65.31	50.00%	68.57%	100.00%	55.56%	72.73%	66.67%	58.33%	60.00%
UNKNOWN	3	6.12	0.00%	5.71%	0.00%	11.11%	0.00%	11.11%	8.33%	20.00%
POST ROUTINE	1	2.04	0.00%	2.86%	0.00%	0.00%	9.09%	0.00%	0.00%	0.00%
\$500	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	8.33%	0.00%
\$4,000	2	4.08	0.00%	5.71%	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%
\$5,000	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	8.33%	0.00%
\$7,500	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	5.56%	0.00%	0.00%

\$10,000	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	8.33%	0.00%
\$70,000	1	2.04	0.00%	2.86%	0.00%	0.00%	9.09%	0.00%	0.00%	0.00%

**(FM-11b) Does the state DOC directly pay the cost of providing health care to prisoners assigned to privately managed facilities (separate and apart from the general contract price per inmate) in the following circumstances: inpatient stays in excess of a pre-specified time?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
NO	24	48.98	25.00%	45.71%	100.00%	66.67%	45.45%	44.44%	58.33%	60.00%
YES	16	32.65	25.00%	34.29%	0.00%	33.33%	45.45%	27.78%	33.33%	20.00%
N/A	9	18.37	50.00%	20.00%	0.00%	0.00%	9.09%	27.78%	8.33%	20.00%



**(FM-13 a) Budget items tracked as separate line items: diagnostic fees**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
TRACKED	17	34	0.00%	36.11%	100.00%	33.33%	50.00%	23.53%	47.06%	33.33%
NOT TRACKED	23	46	50.00%	47.22%	0.00%	44.44%	33.33%	58.82%	35.29%	50.00%
NOT REPORTED	9	18	50.00%	13.89%	0.00%	22.22%	16.67%	11.76%	17.65%	16.67%
ENCOUNTER ONLY	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

**(FM-13 b) Budget items tracked as separate line items: medical supplies and equipment**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
TRACKED	29	58	50.00%	55.56%	100.00%	66.67%	83.33%	35.29%	70.59%	66.67%
NOT TRACKED	13	26	25.00%	30.56%	0.00%	11.11%	0.00%	47.06%	17.65%	16.67%
NOT REPORTED	9	18	25.00%	11.11%	0.00%	22.22%	16.67%	11.76%	17.65%	16.67%
ENCOUNTER ONLY	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

**(FM-13 c) Budget items tracked as separate line items: capital equipment**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
TRACKED	29	58	50.00%	52.78%	100.00%	77.78%	50.00%	41.18%	70.59%	83.33%
NOT TRACKED	13	26	25.00%	33.33%	0.00%	0.00%	33.33%	41.18%	17.65%	0.00%
NOT REPORTED	10	20	25.00%	13.89%	0.00%	22.22%	16.67%	17.65%	11.76%	16.67%

**(FM-13 d) Budget items tracked as separate line items: inmate transport, land**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
TRACKED	12	24	25.00%	25.00%	100.00%	11.11%	16.67%	17.65%	41.18%	0.00%
NOT TRACKED	28	56	25.00%	58.33%	0.00%	66.67%	66.67%	64.71%	41.18%	83.33%
NOT REPORTED	10	20	50.00%	16.67%	0.00%	22.22%	16.67%	17.65%	17.65%	16.67%

**(FM-13 e) Budget items tracked as separate line items: inmate transport, non-urgent air**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
TRACKED	4	8	25.00%	5.56%	100.00%	0.00%	0.00%	5.88%	11.76%	0.00%
NOT TRACKED	34	68	25.00%	72.22%	0.00%	77.78%	66.67%	76.74%	64.71%	83.33%
NOT REPORTED	12	24	50.00%	22.22%	0.00%	22.22%	33.33%	17.65%	23.53%	16.67%

**(FM-13 f) Budget items tracked as separate line items: inmate transport, Air Ambulance**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)

	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=26)	BOP	Per Capita >8.86 (n=0)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
TRACKED	3	6	0.00%	5.56%	100.00%	0.00%	0.00%	11.76%	5.88%	0.00%
NOT TRACKED	35	70	50.00%	72.22%	0.00%	77.78%	66.67%	70.59%	76.47%	83.33%
NOT REPORTED	12	24	50.00%	22.22%	0.00%	22.22%	33.33%	17.65%	23.53%	16.67%

**(FM-13 g) Budget items tracked as separate line items: State DOC Overhead, Medical**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=26)	BOP	Per Capita >8.86 (n=0)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
TRACKED	15	30	25.00%	25.00%	0.00%	55.56%	16.67%	23.53%	29.41%	66.67%
NOT TRACKED	21	42	25.00%	50.00%	0.00%	22.22%	50.00%	58.82%	35.29%	16.67%
NOT REPORTED	12	24	50.00%	19.44%	100.00%	22.22%	16.67%	17.65%	29.41%	16.67%
ENCOUNTER ONLY	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%

**(FM-13 a) Budget items tracked as separate line items -- Yes Responses**

	Diagnostic Testing Fees	Medical Supplies & Equipment	Capital Equipment	Inmate Transport-Land	Inmate Transport-Non Urgent Air	Inmate Transport - Air Amulance	State DOC Overhead-Medical Share
Bureau of Prisons	x	x	x	x	x	x	
Alabama							
Alaska	x	x	x				x
Arizona			x				
Arkansas		x	x				
California	x	x	x	x	x	x	x
Colorado							x
Connecticut							
Delaware		x	x				x
Florida							
Georgia							
Idaho	x	x	x	x	x	x	
Illinois		x					
Indiana							
Iowa	x	x	x	x			
Kansas			x				
Kentucky		x					
Louisiana		x	x				
Maine							
Maryland							
Massachusetts		x	x				
Michigan							
Minnesota		x	x				x
Mississippi	x	x	x				
Missouri							
Montana		x	x	x	x		x
Nebraska		x	x				x
Nevada	x	x	x	x			
New Hampshire			x				
New Jersey							
New Mexico			x				x
New York							
North Carolina		x	x				x
North Dakota	x	x	x				x
Ohio	x	x		x			
Oklahoma	x	x	x	x			
Oregon	x	x	x				
Pennsylvania	x	x	x				x
Rhode Island	x	x	x	x			
South Carolina							
South Dakota							
Tennessee	x	x	x				x
Texas							x
Utah		x	x	x			x
Vermont	x	x	x	x			x
Virginia	x	x	x				
Washington	x	x	x	x			
West Virginia							
Wisconsin		x					
Wyoming							
Col.Tot.	17	29	29	12	4	3	15

**(FM-14) Total Prisoner population covered by DOC health care budget : Public State Prisons**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
10,000	21	42.86	66.67%	44.44%	0.00%	33.33%	16.67%	47.06%	41.18%	50.00%
10,001-20,000	10	20.41	33.33%	19.44%	0.00%	22.22%	50.00%	11.76%	17.65%	16.67%
20,001-30,000	7	14.29	0.00%	19.44%	0.00%	0.00%	16.67%	23.53%	11.76%	0.00%
30,001-40,000	3	6.12	0.00%	2.78%	0.00%	22.22%	0.00%	5.88%	5.88%	16.67%
40,001-50,000	3	6.12	0.00%	5.56%	0.00%	11.11%	16.67%	0.00%	5.88%	16.67%
50,001-60,000	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
60,001-70,000	2	4.08	0.00%	2.78%	0.00%	11.11%	0.00%	5.88%	5.88%	0.00%
70,001-80,000	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
80,001-165,000	3	6.12	0.00%	5.56%	100.00%	0.00%	0.00%	5.88%	11.76%	0.00%

**(FM-14) Prisoner population covered by DOC health care budget: State Prisoners in Private Facilities**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
None	23	57.5	100.00%	58.62%	0.00%	50.00%	45.45%	69.23%	54.55%	33.33%
1-500	5	12.5	0.00%	10.34%	100.00%	12.50%	18.18%	0.00%	18.18%	33.33%
501-1500	4	10	0.00%	6.90%	0.00%	25.00%	0.00%	15.38%	9.09%	33.33%
1501-2500	3	7.5	0.00%	10.34%	0.00%	0.00%	18.18%	7.69%	0.00%	0.00%
2501-5000	5	12.5	0.00%	13.79%	0.00%	12.50%	18.18%	7.69%	18.18%	0.00%

**(FM-14) Prisoner population covered by DOC health care budget: State Prisoners in Out of State Facilities**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NONE	26	74.29	66.67%	75.00%	100.00%	71.43%	77.78%	81.82%	66.67%	66.67%
1-100	4	11.43	33.33%	12.50%	0.00%	0.00%	0.00%	9.09%	22.22%	0.00%
101-500	3	8.57	0.00%	4.17%	0.00%	28.57%	11.11%	0.00%	11.11%	33.33%
501-1025	2	5.71	0.00%	8.33%	0.00%	0.00%	11.11%	9.09%	0.00%	0.00%

**(FM-14) Prisoner population covered by DOC health care budget: Inmates over the age of 50 (Public Prisons)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)

	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
<1000	19	46.34	50.00%	51.61%	0.00%	28.57%	25.00%	46.67%	50.00%	50.00%
1001-2000	13	31.71	50.00%	32.26%	0.00%	28.57%	75.00%	33.33%	25.00%	0.00%
2001-3000	2	4.88	0.00%	3.23%	0.00%	14.29%	0.00%	6.67%	0.00%	25.00%
3001-4000	4	9.76	0.00%	6.45%	0.00%	28.57%	0.00%	6.67%	12.50%	25.00%
>4001	3	7.32	0.00%	6.45%	100.00%	0.00%	0.00%	6.67%	12.50%	0.00%

**(FM-14) Prisoner population covered by DOC health care budget Juveniles less than age 18 (Public Prisons)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
NONE	2	5.26	0.00%	6.90%	----	0.00%	25.00%	8.33%	0.00%	0.00%
100	21	55.26	100.00%	55.17%	----	42.86%	25.00%	58.33%	56.25%	50.00%
101-500	11	28.95	0.00%	31.03%	----	28.57%	25.00%	25.00%	31.25%	50.00%
501-1000	2	5.26	0.00%	0.00%	----	28.57%	0.00%	0.00%	12.50%	0.00%
1001-2000	2	5.26	0.00%	6.90%	----	0.00%	25.00%	8.33%	0.00%	0.00%

**(FM-14) Prisoner population covered by DOC health care budget Non-US Citizens (Public Prisons)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
None	1	3.13	0.00%	0.00%	0.00%	20.00%	0.00%	0.00%	7.14%	0.00%
100	10	31.25	0.00%	36.00%	0.00%	20.00%	66.67%	27.27%	28.57%	33.33%
101-250	6	18.75	100.00%	20.00%	0.00%	0.00%	0.00%	27.27%	14.29%	0.00%
251-500	5	15.63	0.00%	16.00%	0.00%	20.00%	0.00%	18.18%	14.29%	33.33%
501-2500	5	15.63	0.00%	12.00%	0.00%	40.00%	33.33%	9.09%	14.29%	33.33%
2501-5000	2	6.25	0.00%	4.00%	100.00%	0.00%	0.00%	0.00%	14.29%	0.00%
5000	3	9.38	0.00%	12.00%	0.00%	0.00%	0.00%	18.18%	7.14%	0.00%

(MA-2) Are DOC medical staff considered to be corrections officers (e.g., function as security staff in emergency situations)?

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	6	12.00	25.00%	11.11%	100.00%	0.00%	0.00%	5.88%	23.53%	0.00%
NO	42	84.00	75.00%	83.33%	0.00%	100.00%	100.00%	82.35%	76.47%	100.00%
NOT REPORTED	1	2.00	0.00%	2.76%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
SOME TRAINING	1	2.00	0.00%	2.76%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

df MS error F p-level  
 40 5.46807 0.6670696 0.4189131

Group Mean  
 Yes 8.03  
 No 7.12

(MA-2) Are DOC medical staff considered to be corrections officers (e.g., function as security staff in emergency situations)?

	Yes	No	Some Training	N/A
Bureau of Prisons	x			
Alabama		x		
Alaska		x		
Arizona		x		
Arkansas		x		
California		x		
Colorado		x		
Connecticut	x			
Delaware		x		
Florida		x		
Georgia		x		
Idaho		x		
Illinois		x		
Indiana		x		
Iowa		x		
Kansas		x		
Kentucky		x		
Louisiana			x	
Maine		x		
Maryland				x
Massachusetts		x		
Michigan		x		
Minnesota		x		
Mississippi		x		
Missouri		x		
Montana		x		
Nebraska		x		
Nevada	x			
New Hampshire	x			
New Jersey		x		
New Mexico		x		
New York		x		
North Carolina		x		
North Dakota		x		
Ohio		x		
Oklahoma		x		
Oregon		x		
Pennsylvania		x		
Rhode Island	x (nurses)			
South Carolina		x		
South Dakota		x		
Tennessee	x			
Texas		x		
Utah		x		
Vermont		x		
Virginia		x		
Washington		x		
West Virginia		x		
Wisconsin		x		
Wyoming		x		
Col. Totals	6	42	1	1

**(MA-3 a) Do you have on-site acute care beds: in prison infirmaries?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	35	70	75.00%	69.44%	0.00%	77.78%	66.67%	64.71%	76.47%	66.67%
NO	13	26	25.00%	25.00%	100.00%	22.22%	16.67%	29.41%	23.53%	33.33%
NOT REPORTED	2	4	0.00%	5.56%	0.00%	0.00%	16.67%	5.88%	0.00%	0.00%

df MS error F p-level  
42 4.908361 0.0002168 0.9883226

Group Mean  
YES 7.306875  
NO 7.295833

**(MA-3 a) Number of on-site acute care beds: in prison infirmaries**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=5)
NONE	13	30.23	50.00%	30.30%	100.00%	25.00%	36.36%	37.50%	0.00%	50.00%
<20	8	18.6	50.00%	18.18%	----	12.50%	27.27%	12.50%	10.00%	25.00%
20-50	8	18.6	0.00%	21.21%	----	12.50%	18.18%	12.50%	30.00%	25.00%
51-100	5	11.63	0.00%	12.12%	----	12.50%	0.00%	18.75%	20.00%	0.00%
101-200	5	11.63	0.00%	12.12%	----	12.50%	9.09%	12.50%	20.00%	0.00%
>200	4	9.3	0.00%	6.06%	----	25.00%	9.09%	6.25%	20.00%	0.00%



**(MA-3 a) Do you have on-site acute care beds: in prison hospitals?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	14	28	25.00%	25.00%	100.00%	33.33%	16.67%	17.65%	47.06%	16.67%
NO	33	66	75.00%	66.67%	0.00%	66.67%	66.67%	70.59%	52.94%	83.33%
NOT REPORTED	3	6	0.00%	8.33%	0.00%	0.00%	16.67%	11.76%	0.00%	0.00%

MS error F p-level  
 41 4.82281 0.6959519 0.4089817

Group Mean  
 YES 7.78  
 NO 7.171667

**(MA-3 a) Number of on-site acute care beds: in prison hospitals**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NONE	33	73.33	100.00%	73.53%	0.00%	66.67%	81.82%	70.59%	63.64%	75.00%
<20	1	2.22	0.00%	2.94%	0.00%	0.00%	0.00%	0.00%	9.09%	0.00%
20-50	2	4.44	0.00%	5.88%	0.00%	0.00%	9.09%	5.88%	0.00%	0.00%
51-100	3	6.67	0.00%	5.88%	0.00%	11.11%	9.09%	5.88%	0.00%	25.00%
101-200	4	8.89	0.00%	5.88%	0.00%	22.22%	0.00%	5.88%	27.27%	0.00%
>200	2	4.44	0.00%	5.88%	100.00%	0.00%	0.00%	11.76%	0.00%	0.00%

**(MA-3 a) Do you have on-site acute care beds: in psychiatric facilities?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	36	72	75.00%	66.67%	100.00%	88.89%	50.00%	70.59%	76.47%	83.33%
NO	11	22	25.00%	25.00%	0.00%	11.11%	16.67%	23.53%	23.53%	16.67%
NOT REPORTED	3	6	0.00%	8.33%	0.00%	0.00%	33.33%	5.88%	0.00%	0.00%

MS error F p-level  
 41 4.79687 0.0000003 0.999544

Group Mean  
 YES 7.374545  
 NO 7.375

**(MA-3 a) Number of on-site acute care beds: in psychiatric facilities**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NONE	13	30.23	50.00%	33.33%	0.00%	12.50%	40.00%	35.29%	10.00%	25.00%
<20	4	9.3	50.00%	9.09%	0.00%	0.00%	20.00%	0.00%	10.00%	0.00%
20-50	8	18.6	0.00%	18.18%	0.00%	25.00%	10.00%	17.65%	20.00%	50.00%
51-100	3	6.98	0.00%	9.09%	0.00%	0.00%	20.00%	5.88%	0.00%	0.00%
101-200	10	23.26	0.00%	15.15%	0.00%	62.50%	0.00%	23.53%	50.00%	25.00%
>200	5	11.63	0.00%	15.15%	100.00%	0.00%	10.00%	17.65%	10.00%	0.00%

(MA-4) Where are the majority of inmates requiring skilled long-term care (e.g., nursing home care, post-stroke rehabilitation) placed?

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
GENERAL POPULATION	2	4	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	5.88%	16.67%
INFIRMARY	25	50	50.00%	55.56%	0.00%	33.33%	33.33%	64.71%	47.06%	33.33%
SPECIAL UNIT WITHIN THE PRISON	7	14	25.00%	13.89%	0.00%	22.22%	33.33%	11.76%	5.88%	33.33%
PRISON HOSPITAL	6	12	0.00%	13.89%	0.00%	11.11%	0.00%	5.88%	29.41%	0.00%
COMPASSIONATE DISCHARGE	3	6	25.00%	5.56%	100.00%	0.00%	16.67%	0.00%	5.88%	0.00%
MULTIPLE	7	14	0.00%	11.11%	0.00%	11.11%	16.67%	17.65%	5.88%	16.67%

with only top 3 responses  
df

error 38 4.474296 F 1.005161 p-level 0.3755081

Group

GENERAL POPULATION	10.08
INFIRMARY	6.95
SPECIAL UNIT WITHIN THE PRISON	7.24
PRISON HOSPITAL	8.04
COMPASSIONATE DISCHARGE	5.76
NOT REPORTED	6.39

**(MA-4) Where are the majority of inmates requiring skilled long-term care (e.g., nursing home care, post-stroke rehabilitation) placed?**

	General Prison Population	Infirmary	Special Unit	Prison Hospital	Compassionate Discharge	Multiple
Bureau of Prisons						x
Alabama						x
Alaska	x					
Arizona		x				
Arkansas				x		
California		x				
Colorado		x				
Connecticut		x				
Delaware		x				
Florida				x		
Georgia				x		
Idaho						x
Illinois		x				
Indiana		x				
Iowa		x				
Kansas		x				
Kentucky			x			
Louisiana			x			
Maine					x	
Maryland						x
Massachusetts		x				
Michigan			x			
Minnesota						x
Mississippi			x			
Missouri		x				
Montana		x				
Nebraska		x				
Nevada						x
New Hampshire		x				
New Jersey		x				
New Mexico		x				
New York			x			
North Carolina	x					
North Dakota					x	
Ohio				x		
Oklahoma		x				
Oregon		x				
Pennsylvania			x			
Rhode Island				x		
South Carolina		x				
South Dakota						x
Tennessee				x		
Texas		x				
Utah			x			
Vermont					x	
Virginia		x				
Washington		x				
West Virginia		x				
Wisconsin		x				
Wyoming		x				
Col. Tot.	2	25	7	6	3	7

50|

**(MA-5) Where are the majority of terminal patients placed?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
GENERAL POPULATION	2	4	0.00%	5.56%	0.00%	0.00%	0.00%	4.88%	5.88%	0.00%
INFIRMARY	26	52	50.00%	47.22%	0.00%	77.78%	33.33%	52.94%	47.06%	83.33%
SPECIAL UNIT WITHIN THE PRISON	2	4	0.00%	5.56%	0.00%	0.00%	16.67%	0.00%	5.88%	0.00%
PRISON HOSPICE	5	10	0.00%	8.33%	100.00%	11.11%	0.00%	17.65%	11.76%	0.00%
PRISON HOSPITAL	8	6	0.00%	19.44%	0.00%	11.11%	16.67%	11.76%	23.53%	16.67%
COMPASSIONATE DISCHARGE	3	6	25.00%	5.56%	0.00%	0.00%	16.67%	0.00%	5.88%	0.00%
NOT REPORTED	4	8	25.00%	8.33%	0.00%	0.00%	16.67%	11.76%	0.00%	0.00%

df	MS error	F	p-level	with only top 3 reports	df	MS error	F	p-level
	39	5.00563	1.23011	0.31211	33	5.27278	0.00268	0.99732

	Group Mean
GENERAL POPULATION	6.75667
INFIRMARY	7.5475
SPECIAL UNIT WITHIN THE PRISON	5.98
PRISON HOSPICE	7.61
PRISON HOSPITAL	7.5075
COMPASSIONATE DISCHARGE	5.76
NOT REPORTED	3.77

**(MA-5) Where are the majority of terminal patients placed?**

	General Population	Infirmary	Special Unit	Prison Hospice	Prison Hospital	Compassionate Discharge	Other
Bureau of Prisons				x			
Alabama							x
Alaska		x					
Arizona		x					
Arkansas					x		
California		x					
Colorado				x			
Connecticut		x					
Delaware		x					
Florida		x					
Georgia					x		
Idaho					x		
Illinois		x					
Indiana		x					
Iowa		x					
Kansas		x					
Kentucky			x				
Louisiana		x					
Maine						x	
Maryland							x
Massachusetts		x					
Michigan					x		
Minnesota		x					
Mississippi					x		
Missouri				x			
Montana		x					
Nebraska	x						
Nevada							x
New Hampshire		x					
New Jersey		x					
New Mexico		x					
New York				x			
North Carolina				x			
North Dakota						x	
Ohio					x		
Oklahoma		x					
Oregon		x					
Pennsylvania		x					
Rhode Island					x		
South Carolina	x						
South Dakota							x
Tennessee					x		
Texas		x					
Utah			x				
Vermont						x	
Virginia		x					
Washington		x					
West Virginia		x					
Wisconsin		x					
Wyoming		x					
Cól. Tot.	2	26	2	5	8	3	4

50

**(MA-6) By policy, are the following services available to inmates within DOC jurisdiction? (Yes responses per service)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
HIV TESTING	49	98	100.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
TB TESTING	49	98	100.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
STD TREATMENT	49	98	100.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
MRI	48	96	75.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
PACEMAKER IMPANT	44	90	0.00%	91.67%	100.00%	100.00%	83.33%	94.12%	94.12%	100.00%
CHEMICAL DEPENDENCE TREATMENT	45	88	75.00%	86.11%	100.00%	100.00%	83.33%	88.24%	88.24%	100.00%
HORMONE REPLACEMENT THERAPY	36	72	50.00%	72.22%	100.00%	77.78%	33.33%	76.47%	82.35%	83.33%
PSA TESTING	43	86	75.00%	86.11%	100.00%	88.89%	83.33%	76.47%	100.00%	83.33%
TELEMEDICINE	23	46	0.00%	50.00%	100.00%	44.44%	50.00%	52.94%	47.06%	33.33%
PROTEASE INHIBITORS	48	96	75.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
HEMODIALYSIS	46	92	25.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
STREPTOKINASE	42	84	50.00%	86.11%	100.00%	88.89%	83.33%	76.47%	100.00%	83.33%
CHRONIC PSYCHIATRIC TREATMENT	47	94	75.00%	94.44%	100.00%	100.00%	83.33%	94.12%	100.00%	100.00%
PREVENTATIVE ECT FOR	43	86	0.00%	83.33%	100.00%	100.00%	66.67%	88.24%	94.12%	100.00%
DEPRESSION/PSYCHOSI ACUTE PSYCHIATRIC TREATMENT	18	36	25.00%	36.11%	0.00%	44.44%	33.33%	41.18%	29.41%	50.00%
ORGAN TRANSPLANTS	47	94	50.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
	25	50	0.00%	52.78%	0.00%	66.67%	50.00%	58.82%	47.06%	66.67%

**(MA-6) By policy, are the following services available to inmates within DOC jurisdiction? Specific Responses - Organ Transplants**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09 (n=17)	Per Capita \$7.10- 9.64 (n=17)	Per Capita \$9.65- 12.20 (n=6)
			50.00%	8.33%	100.00%	0.00%	0.00%	0.00%	11.76%	11.76%
NORESPONSE	6	12	50.00%	8.33%	100.00%	0.00%	0.00%	11.76%	11.76%	14.29%
CASE BY CASE BASIS	8	16	0.00%	16.67%	0.00%	22.22%	16.67%	17.65%	23.53%	0.00%
BONE MARROW	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
DONOR KIDNEY	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NOT REPORTED	3	6	0.00%	8.33%	0.00%	0.00%	16.67%	5.88%	5.88%	0.00%
AT PHYSICIAN DISCRETIO	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
COMMUNITY STANDARDS	2	4	0.00%	0.00%	0.00%	22.22%	0.00%	0.00%	0.00%	28.57%
APPROVED NOT YET IMPL	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
AS NEEDED	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
KIDNEY FAMILY	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
NOT ENCOURAGED	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
KIDNEY	6	12	0.00%	16.67%	0.00%	0.00%	16.67%	23.53%	5.88%	0.00%
ALL	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%
NONE	10	20	50.00%	16.67%	0.00%	22.22%	0.00%	17.65%	17.65%	28.57%
UNDER CONSIDERATION	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
UTILIZATION REVIEW	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
NOT APPLICABLE	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
NOT SPECIFIED	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
EXCEPTIONAL CASE	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%
NON SPECIFIC	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%
UNKNOWN	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%



(MA-6) By policy, are the following services available to inmates within DOC jurisdiction? (Yes responses per service)

	HIV Testing	TB Testing	STD Rx	MRI	Pacemaker Implanat	Chem. Dependence Rx	Hormone Replacement Rx	PSA Testing	Telemedicine	Protease Inhibitors	Hemodialysis	Streptokinase	Chronic Psych Rx	Preventative Dentistry	ECT for Depression or Psychosis	Acute Psych Rx	Organ Transplants
Bureau of Prisons	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Alabama																	
Alaska	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
Arizona	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Arkansas	X	X	X	X	X			X	X	X	X	X	X	X		X	
California	X	X	X	X	X	X	X	X	X	X	X	X	X			X	
Colorado	X	X	X	X	X	X			X	X	X			X		X	X
Connecticut	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Delaware	X	X	X	X	X	X	X			X	X		X	X		X	X
Florida	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X
Georgia	X	X	X	X	X		X		X	X	X		X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
Illinois	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Indiana	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Iowa	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kansas	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Kentucky	X	X	X	X	X	X		X		X	X	X	X	X		X	X
Louisiana	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X
Maine	X	X	X	X	X	X	X	X		X	X		X	X		X	
Maryland	X	X	X	X		X				X	X		X			X	
Massachusetts	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Michigan	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X
Minnesota	X	X	X	X	X	X	X	X		X	X		X	X	X	X	
Mississippi	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Missouri	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X
Montana	X	X	X	X	X	X		X		X	X	X	X	X	X	X	
Nebraska	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Nevada	X	X	X														
New Hampshire	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
New Jersey	X	X	X	X	X		X	X		X	X	X	X	X		X	X
New Mexico	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
New York	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
North Carolina	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
North Dakota	X	X	X	X	X	X		X		X	X	X	X	X		X	
Ohio	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X
Oklahoma	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X
Oregon	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Pennsylvania	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Rhode Island	X	X	X	X	X	X	X	X		X	X	X	X			X	
South Carolina	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
South Dakota	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
Tennessee	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Texas	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Utah	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Vermont	X	X	X	X		X		X		X	X	X	X	X	X	X	X
Virginia	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Washington	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
West Virginia	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Wisconsin	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Wyoming	X	X	X	X	X	X	X	X		X	X	X	X	X		X	
Col Tot.	49	49	49	48	45	44	36	43	23	48	46	42	47	43	18	47	25

**(MA-7) Do you maintain a state-wide drug formulary?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	46	92	100.00%	91.67%	100.00%	88.89%	83.33%	94.12%	94.12%	83.33%
NO	3	6	0.00%	5.56%	0.00%	11.11%	0.00%	5.88%	5.88%	16.67%
NO RESPONSE	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%

df MS error F p-level  
42 5.25241 0.8517 0.43393

Group Mean  
YES 7.47559  
NO 6.614  
NO RESPONSE 5.615

**(MA-8) Are transfer payments from state Medicaid funds used for inmates?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES, ROUTINE	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
YES, SPECIAL CIRCUMSTANCES	2	4	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NO	46	92	25.00%	97.22%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%
NOT REPORTED	1	2	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

INSUFFICIENT CASES FOR T test calculation

States  
 Maine special circumstances  
 Montana special circumstances  
 North Dakota routine

**(MA-9) Have your medical facilities obtained external accreditation?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
ALL	21	42	0.00%	44.44%	100.00%	44.44%	33.33%	47.06%	47.06%	50.00%
SOME	21	42	50.00%	44.44%	0.00%	33.33%	50.00%	52.94%	29.41%	33.33%
NONE	8	16	50.00%	11.11%	0.00%	22.22%	16.67%	0.00%	23.53%	16.67%

df MS error F p-level  
43 5.2229 0.72564 0.48985

Group Mean  
ALL 7.31286  
SOME 6.9585  
NONE 7.925

**(MA9-a) What accreditation bodies? (Yes responses in each category)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
JCAHO	6	12	0.00%	11.11%	100.00%	11.11%	16.67%	11.76%	11.76%	16.67%
ACA	24	48	50.00%	44.44%	0.00%	66.67%	50.00%	47.06%	35.29%	83.33%
NCCHC	24	48	50.00%	50.00%	0.00%	44.44%	16.67%	64.71%	41.18%	50.00%
OTHER	10	20					33.33%	17.65%	17.65%	16.67%

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NONE	40	80	75.00%	80.56%	100.00%	77.78%	66.67%	82.35%	82.35%	85.71%
CM	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%
STATEHEA	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
STATELIC	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
ONLYSOME	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
MARYLAND	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
NCCHCALL	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%
OFFOFMEN	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
STATEOFC	1	2	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
MEDICALA	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

**(MA-9) Have your medical facilities obtained external accreditation?**

	ALL	SOME	NONE	JCAHO	ACA	NCCHC
Bureau of Prisons	x			x		
Alabama			x			
Alaska			x			
Arizona			x			
Arkansas	x				x	x
California		x				
Colorado	x				x	
Connecticut			x			
Delaware	x					x
Florida	x				x	
Georgia		x				
Idaho		x				x
Illinois		x		x	x	
Indiana		x			x	x
Iowa		x				x
Kansas	x				x	x
Kentucky	x				x	
Louisiana	x				x	
Maine			x			
Maryland	x					x
Massachusetts	x				x	x
Michigan		x		x	x	
Minnesota		x			x	
Mississippi		x				
Missouri		x				x
Montana			x			
Nebraska	x				x	
Nevada		x			x	x
New Hampshire		x			x	
New Jersey		x				x
New Mexico	x				x	x
New York	x			x	x	
North Carolina		x				x
North Dakota		x			x	
Ohio		x		x	x	x
Oklahoma	x				x	
Oregon	x					x
Pennsylvania	x				x	x
Rhode Island			x			
South Carolina		x			x	
South Dakota	x					x
Tennessee		x			x	
Texas	x				x	x
Utah	x					x
Vermont	x					x
Virginia		x		x		x
Washington			x			
West Virginia		x			x	x
Wisconsin		x				x
Wyoming	x					x
Col. Tot.	21	21	8	6	24	24

**(MA-10) Have you instituted any cost management initiatives? (Yes responses in each category)**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
REVIEW OF MEDICAL BILLS DISCOUNTED FEE FOR SERVICE	37	74	75.00%	69.44%	100.00%	88.89%	83.33%	70.59%	70.59%	83.33%
CAPITATED RATE	35	70	0.00%	69.44%	100.00%	77.78%	50.00%	64.71%	88.24%	66.67%
GLOBAL CAPITATED RATE	27	54	75.00%	50.00%	0.00%	66.67%	33.33%	64.71%	41.18%	66.67%
UTILIZATION REVIEW	17	34	0.00%	36.11%	0.00%	44.44%	33.33%	41.18%	35.24%	33.33%
FORMULARY MANAGEMENT	40	80	0.00%	77.78%	100.00%	88.89%	50.00%	76.47%	94.10%	83.33%
OTHER	42	86	0.00%	83.33%	100.00%	100.00%	66.67%	82.35%	74.12%	100.00%
	21	40.82	50.00%	31.43%	100.00%	66.67%	50.00%	31.25%	41.18%	50.00%

	df	MS error	F	p-level	Group Mean Yes	Group Mean No	Group Mean Information Not Available
REVIEW OF MEDICAL BILLS DISCOUNTED FEE FOR SERVICE	44	5.256195	0.17	0.68	7.35	6.92	
CAPITATED RATE	45	5.251275	2.55	0.12	7.587576	6.42	
GLOBAL CAPITATED RATE	44	5.59	0.32	0.73	7.50875	6.95	7.14
UTILIZATION REVIEW	44	5.28	0.01	0.94	7.116667	7.17	
FORMULARY MANAGEMENT	44	4.79	4.49	0.04	7.615135	5.85	*
OTHER	44	5.67	0.03	0.97	7.28421	7.04	7.14

**MA-10 Other responses specified**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
NONE	29	59.18	50.00%	68.57%	0.00%	33.33%	50.00%	68.75%	58.82%	50.00%
DOCMANAG	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	6.25%	0.00%	0.00%
CONSOLID	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%
SUBCONTR	1	2.04	0.00%	2.86%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
DRUGFORM	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	6.25%	0.00%	0.00%
PRIVATIZ	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
MEDICALV	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%
DOSCOUNT	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
CAPSONMD	1	2.04	0.00%	2.86%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
STANDARD	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%
GLOBALIN	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	6.25%	0.00%	0.00%
COPAYMEN	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%
NOTATTAC	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	0.00%	14.29%
USEDBYCO	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
GLOBALNO	1	2.04	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	5.88%	0.00%
CAPLAB	1	2.04	0.00%	0.00%	0.00%	11.11%	0.00%	6.25%	0.00%	0.00%
MEDICAID	1	2.04	0.00%	2.86%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
PARTIALP	1	2.04	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
ADVISORY	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	6.25%	0.00%	0.00%
CONTRACT	1	2.04	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%
REORGOFI	1	2.04	0.00%	2.86%	0.00%	0.00%	0.00%	6.25%	0.00%	0.00%

**(MA-10) Have you instituted any cost management initiatives? (Yes responses in each category)**

	REVIEW OF MEDICAL BILLS	DISCOUNTED FEE FOR SERVICE	CAPITATED RATE	GLOBAL CAPITATED RATE	UTILIZATION REVIEW	FORMULARY MANAGEMENT
Bureau of Prisons	x	x			x	x
Alabama						
Alaska	x	x			x	x
Arizona	x	x			x	x
Arkansas			x		x	
California	x	x			x	x
Colorado	x	x			x	x
Connecticut	x		x		x	x
Delaware	x	x	x	x	x	
Florida	x	x	x	x	x	x
Georgia	x	x	x	x	x	x
Idaho	x	x	x		x	x
Illinois	x	x	x	x	x	x
Indiana	x		x		x	x
Iowa					x	x
Kansas	x	x			x	x
Kentucky	x	x	x		x	
Louisiana						x
Maine						
Maryland			x			x
Massachusetts			x			x
Michigan	x	x	x		x	x
Minnesota	x		x		x	x
Mississippi	x	x		x	x	x
Missouri				x		x
Montana	x	x	x		x	x
Nebraska	x	x			x	x
Nevada	x	x	x		x	
New Hampshire	x	x			x	x
New Jersey	x	x	x	x	x	x
New Mexico	x	x		x	x	x
New York	x		x		x	
North Carolina	x	x			x	x
North Dakota	x					x
Ohio		x	x	x		x
Oklahoma	x					x
Oregon		x			x	x
Pennsylvania	x	x	x	x	x	x
Rhode Island	x	x			x	x
South Carolina	x	x	x	x	x	x
South Dakota	x	x	x	x	x	x
Tennessee	x	x	x	x	x	x
Texas	x	x	x	x	x	x
Utah	x	x			x	x
Vermont		x			x	x
Virginia	x	x	x	x	x	x
Washington	x	x	x	x	x	x
West Virginia		x	x			
Wisconsin	x		x		x	x
Wyoming		x		x	x	x
Col.Tot.	37	35	27	17	40	42

OTHER  
Adv. Bd. Review



**(MA-11) Are inmate co-payments required for medical services?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09	Per Capita \$7.10- 9.64	Per Capita \$9.65- 12.20
YES	36	72	50.00%	72.22%	0.00%	88.89%	66.67%	82.35%	64.71%	83.33%
NO	13	26	25.00%	27.78%	100.00%	11.11%	33.33%	17.65%	35.29%	16.67%
PLANNED	1	2	25.00%	0.00%	0.00%	0.00%				

MS  
 error      F      p-level  
 44      5.26619      0.0858605      0.7708847

Group Mean  
 YES      7.328286  
 NO      6.983333

**(MA-11) Are inmate co-payments required for medical services?**

	yes	no	planned
Bureau of Prisons		x	
Alabama	x		
Alaska	x		
Arizona	x		
Arkansas		x	
California	x		
Colorado	x		
Connecticut	x		
Delaware	x		
Florida	x		
Georgia	x		
Idaho	x		
Illinois		x	
Indiana	x		
Iowa	x		
Kansas	x		
Kentucky	x		
Louisiana	x		
Maine			x
Maryland	x		
Massachusetts		x (only pre-release)	
Michigan	x		
Minnesota	x		
Mississippi	x		
Missouri		x	
Montana		x	
Nebraska	x		
Nevada	x		
New Hampshire	x		
New Jersey	x		
New Mexico		x	
New York		x	
North Carolina	x		
North Dakota		x	
Ohio	x		
Oklahoma	x		
Oregon		x	
Pennsylvania	x		
Rhode Island	x		
South Carolina		x	
South Dakota	x		
Tennessee	x		
Texas	x		
Utah	x		
Vermont		x	
Virginia	x		
Washington	x		
West Virginia	x		
Wisconsin	x		
Wyoming		x	
Col.Tot.	36	13	1

**(MA-12) Do you have a system for rating inmate medical encounters by severity of**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
YES	17	34	25.00%	30.56%	100.00%	44.44%	16.67%	35.29%	41.18%	33.33%
NO	30	60	75.00%	61.11%	0.00%	55.56%	83.33%	47.06%	58.82%	66.67%
UNKNOWN	2	4	0.00%	5.56%	0.00%	0.00%	0.00%	11.76%	0.00%	0.00%
NOT REPORTED	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

df MS error F p-level  
43 5.462717 0.9017534 0.4481649

Group Mean  
YES 7.692941  
NO 7.164815  
UNKNOWN 5.63  
NOTREPOR 4.8

**(MA-13) Do you have a system for capturing health care encounter data electronically?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09	Per Capita \$7.10-9.64	Per Capita \$9.65-12.20
YES	22	44	50.00%	36.11%	100.00%	66.67%	16.67%	47.06%	47.06%	50.00%
NO	26	52	50.00%	58.33%	0.00%	33.33%	66.67%	47.06%	52.94%	50.00%
UNKNOWN	1	2	0.00%	2.78%	0.00%	0.00%	16.67%	0.00%	0.00%	0.00%
NOT REPORTED	1	2	0.00%	2.78%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%

df MS error F p-level  
 43 4.990649 1.562926 0.2179983

Group Mean  
 YES 7.839524  
 NO 7.005

**(MA-14) Which of the following are routinely performed during intake screening?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09	Per Capita \$7.10-9.64	Per Capita \$9.65-12.20
TB SCREENING	50	100	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
HIV TESTING	24	48	25.00%	58.33%	0.00%	22.22%	66.67%	58.82%	41.18%	33.33%
STD TESTING	42	84	25.00%	88.89%	100.00%	88.89%	100.00%	88.24%	88.24%	83.33%
DRUG SCREENING	8	16	25.00%	13.89%	0.00%	22.22%	0.00%	5.88%	23.53%	33.33%
DNA COLLECTION FOR SEX OFFENDERS	24	48	25.00%	58.33%	0.00%	44.44%	50.00%	52.94%	41.18%	16.67%
MENTAL HEALTH SCREENING	48	96	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
HEPATITIS SCREENING	8	16	25.00%	16.67%	0.00%	11.11%	16.67%	29.41%	0.00%	16.67%
NONE OF THE ABOVE	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	df	MS error	F	p-level	Group Mean Yes	Group Mean No
HIV TESTING	44	4.93067	3.085792	0.0859367	6.599583	7.750909 *
STD TESTING	44	5.254212	0.1863533	0.6680772	7.099268	7.568
DRUG SCREENING	44	4.757173	4.80304	0.033747	8.68625	6.826842 *
DNA COLLECTION FOR SEX OFFENDERS	45	5.527912	0.1662251	0.6854219	7.103333	7.383043
HEPATITIS SCREENING	44	5.153719	1.047951	0.3115751	6.341429	7.295384

**(MA-14) Which of the following are routinely performed during intake screening?**

	TB SCREENING	HIV TESTING	STD TESTING	DRUG SCREENING	COLLECTION FOR SEX OFFENDERS	HEALTH SCREENING	HEPATITIS SCREENING
Bureau of Prisons	x		x			x	
Alabama	x	x	x		x	x	x
Alaska	x	x				x	
Arizona	x		x		x	x	
Arkansas	x	x	x		x	x	
California	x		x			x	
Colorado	x	x	x		x	x	x
Connecticut	x		x	x		x	
Delaware	x		x		x	x	
Florida	x		x		x	x	
Georgia	x	x	x		x	x	
Idaho	x	x	x			x	
Illinois	x		x			x	
Indiana	x				x	x	
Iowa	x	x	x			x	
Kansas	x		x		x	x	
Kentucky	x		x			x	
Louisiana	x		x			x	
Maine	x			x		x	x
Maryland	x	x			x	x	
Massachusetts	x		x			x	
Michigan	x	x	x	x	x	x	x
Minnesota	x		x			x	
Mississippi	x	x	x		x	x	
Missouri	x	x	x			x	x
Montana	x						
Nebraska	x	x	x	x		x	
Nevada	x	x	x				
New Hampshire	x	x	x			x	x
New Jersey	x		x			x	
New Mexico	x		x	x		x	
New York	x		x	x	x	x	x
North Carolina	x		x		x	x	
North Dakota	x	x	x			x	
Ohio	x	x	x		x	x	
Oklahoma	x	x	x		x	x	
Oregon	x				x	x	
Pennsylvania	x		x			x	
Rhode Island	x	x	x			x	
South Carolina	x	x	x			x	
South Dakota	x					x	
Tennessee	x	x	x	x	x	x	
Texas	x	x	x		x	x	
Utah	x	x			x	x	
Vermont	x		x	x	x	x	
Virginia	x		x		x	x	
Washington	x		x		x	x	
West Virginia	x		x			x	
Wisconsin	x	x	x			x	x
Wyoming	x	x	x		x	x	
Col. Tot.	50	24	42	8	24	48	8

**(MA-17) Does the DOC provide security for off-site health care for inmates assigned to privately-managed prisons?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55- 7.09	Per Capita \$7.10- 9.64	Per Capita \$9.65- 12.20
YES	6	12	25.00%	8.33%	0.00%	22.22%	0.00%	5.88%	11.76%	33.33%
NO	33	66	75.00%	69.44%	100.00%	44.44%	66.67%	64.71%	70.59%	50.00%
UNKNOWN	1	2	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	5.88%	0.00%
NOT REPORTED	3	6	0.00%	8.33%	0.00%	0.00%	16.67%	11.76%	0.00%	0.00%
NA	7	14	0.00%	13.89%	0.00%	22.22%	16.67%	17.65%	11.76%	16.67%

df	MS error	F	p-level
41	4.883527	1.635082	0.1838183 ALL
34	4.417124	2.851103	0.1004642 YES/NO *
	Group Mean		
YES	8.858		
NO	7.147742		
UNKNOWN	7.225		
NOT REPORTED	4.776667		
NA	6.852		

**(MA-17) Does the DOC provide security for off-site health care for inmates assigned to privately-managed prisons?**

	Yes	No	Unknown	Not Reported	N/A
Bureau of Prisons		x			
Alabama		x			
Alaska	x				
Arizona		x			
Arkansas		x			
California	x				
Colorado		x			
Connecticut					x
Delaware		x			
Florida			x		
Georgia		x			
Idaho		x			
Illinois					x
Indiana		x			
Iowa					x
Kansas		x			
Kentucky		x			
Louisiana		x			
Maine		x			
Maryland				x	
Massachusetts		x			
Michigan					x
Minnesota	x				
Mississippi		x			
Missouri					x
Montana	x				
Nebraska		x			
Nevada		x			
New Hampshire					x
New Jersey		x			
New Mexico		x			
New York		x			
North Carolina		x			
North Dakota				x	
Ohio	x				
Oklahoma		x			
Oregon		x			
Pennsylvania		x			
Rhode Island		x			
South Carolina				x	
South Dakota		x			
Tennessee		x			
Texas		x			
Utah		x			
Vermont		x			
Virginia	x				
Washington					x
West Virginia		x			
Wisconsin		x			
Wyoming		x			
Col.Tot.	6	33	1	3	7



**(MA-19) Inmates undergoing TB treatment: In state public facility**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
None	7	18.92	50.00%	22.22%	0.00%	0.00%	12.50%	33.33%	0.00%	0.00%
<50	15	40.54	0.00%	40.74%	100.00%	42.86%	37.50%	40.00%	44.44%	66.67%
51-100	8	21.62	50.00%	18.52%	0.00%	28.57%	12.50%	20.00%	22.22%	33.33%
101-250	3	8.11	0.00%	7.41%	0.00%	14.29%	0.00%	6.67%	22.22%	0.00%
251-500	1	2.7	0.00%	3.70%	0.00%	0.00%	12.50%	0.00%	0.00%	0.00%
501-1000	1	2.7	0.00%	3.70%	0.00%	0.00%	12.50%	0.00%	0.00%	0.00%
1000	2	5.41	0.00%	3.70%	0.00%	14.29%	12.50%	0.00%	11.11%	0.00%

**(MA-19) Inmates that are HIV positive: In state public facility**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
None	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<50	15	34.88	75.00%	34.38%	0.00%	16.67%	45.45%	31.25%	20.00%	0.00%
51-100	4	9.3	0.00%	9.38%	0.00%	16.67%	0.00%	12.50%	20.00%	0.00%
101-250	10	23.26	25.00%	25.00%	0.00%	16.67%	27.27%	18.75%	30.00%	0.00%
251-500	5	11.63	0.00%	9.38%	0.00%	33.33%	9.09%	12.50%	0.00%	100.00%
501-1000	4	9.3	0.00%	12.50%	0.00%	0.00%	18.18%	6.25%	10.00%	0.00%
1000	5	11.63	0.00%	9.38%	100.00%	16.67%	0.00%	18.75%	20.00%	0.00%

**(MA-19) Prisoner population with AIDS?**

	Frequencies		Responses Grouped by Per Capita Using BOP as Frame of Reference				Responses Grouped by Per Capita Intervals of \$2.55			
	Count N=50	Percent	Per Capita not avail (n=4)	Per Capita <8.86 (n=36)	BOP	Per Capita >8.86 (n=9)	Per Capita <\$4.55 (n=6)	Per Capita \$4.55-7.09 (n=17)	Per Capita \$7.10-9.64 (n=17)	Per Capita \$9.65-12.20 (n=6)
None	3	7.5	0.00%	10.00%	0.00%	0.00%	10.00%	6.67%	10.00%	0.00%
<50	20	50	100.00%	53.33%	0.00%	28.57%	60.00%	46.67%	40.00%	33.33%
51-100	4	10	0.00%	10.00%	0.00%	14.29%	10.00%	6.67%	20.00%	0.00%
101-250	4	10	0.00%	6.67%	0.00%	28.57%	10.00%	6.67%	10.00%	33.33%
251-500	6	15	0.00%	13.33%	100.00%	14.29%	10.00%	20.00%	10.00%	33.33%
501-1000	2	5	0.00%	3.33%	0.00%	14.29%	0.00%	6.67%	10.00%	0.00%
1000	1	2.5	0.00%	3.33%	0.00%	0.00%	0.00%	6.67%	0.00%	0.00%

# Health Care Practitioner Hours - Sorted by State Name

STATE	CY\$97	CY Computed PCap97	Health Care \$ Per Capita FY98	Docs per capita	Mid-Levels per capita	RNs per capita	LPNs+Nas per capita	Total Hours per capita
BOP	\$385,761,000	\$11.31	\$8.86	4.20	10.56	8.43	1.71	24.90
Alabama			\$2.74					
Alaska	\$14,857,200	\$13.99	\$10.75	1.23	3.92	23.05	15.69	43.89
Arizona	\$56,381,900	\$7.08	\$7.40	3.16	1.35	10.06	6.86	21.43
Arkansas	\$19,624,028	\$6.08	\$7.32	2.52	1.94	6.52	28.11	39.09
California	\$487,984,000	\$9.47	\$7.90	3.63	0.10	10.29	11.92	25.94
Colorado	\$23,675,129	\$7.79	\$7.09	2.54	3.05	32.01	0.00	37.60
Connecticut	\$50,875,859	\$9.30	\$8.75	1.92	0.64	27.14	15.88	45.58
Delaware	\$9,395,000	\$5.67	\$5.61	2.28	1.14	9.87	15.03	28.31
Florida	\$198,877,642	\$8.42	\$9.00	5.31	1.45	20.46	19.79	47.01
Georgia	\$101,441,936	\$7.68	\$6.92	1.03	2.23	17.10	17.59	37.95
Idaho	\$7,143,600	\$5.45	\$5.13	1.73	2.97	5.29	21.25	31.23
Illinois	\$52,479,400	\$3.75	\$3.45	2.13	0.42	7.20	4.17	13.91
Indiana			\$0.00					
Iowa	\$8,629,521	\$3.83	\$5.60	2.88	0.14	28.84	2.31	34.17
Kansas	\$18,240,155	\$6.75	\$6.76	1.86	0.51	14.61	12.79	29.76
Kentucky	\$18,000,000	\$5.01	\$4.45	1.12	0.00	6.56	5.44	13.12
Louisiana	\$24,000,000	\$3.87	\$5.30		0.00	0.00	0.00	0.00
Maine	\$4,800,000	\$8.96	\$0.00		0.00	0.00	0.00	0.00
Maryland			\$4.80		0.00	0.00	0.00	0.00
Massachusetts	\$12,504,884	\$3.46	\$11.96	7.49	2.29	23.15	18.03	50.96
Michigan	\$93,493,500	\$6.50	\$11.38	1.99	0.63	16.22	2.19	21.02
Minnesota	\$10,574,767	\$5.89	\$11.57		0.00	0.00	0.00	0.00
Mississippi	\$15,594,520	\$4.28	\$4.26	1.47	0.65	8.00	3.59	13.71
Missouri	\$33,931,387	\$4.58	\$5.08	2.10	0.00	8.39	14.56	25.05
Montana			\$0.00					
Nebraska	\$6,765,097	\$5.93	\$7.30	1.20	3.59	26.91	5.98	37.68
Nevada	\$25,550,198	\$8.93	\$0.00	2.21	0.55	24.30	0.00	27.07
New Hampshire	\$4,429,257	\$5.95	\$5.45	5.29	2.64	26.43	0.00	34.36
New Jersey	\$62,349,000	\$8.31	\$7.14	1.38	0.80	12.60	8.69	23.46
New Mexico	\$14,198,000	\$9.35	\$9.68	2.93	3.77	11.01	14.45	32.16
New York	\$161,366,400	\$6.41	\$6.91		0.00	0.00	0.00	0.00
North Carolina			\$9.41					
North Dakota	\$927,380	\$3.61	\$3.47		0.00	6.75	6.30	13.05
Ohio	\$88,854,795	\$5.40	\$7.96	1.68	0.08	13.93	5.40	21.09
Oklahoma	\$16,955,048	\$3.20	\$3.52	3.49	0.54	5.64	13.30	22.97
Oregon	\$17,382,768	\$5.75	\$8.80	1.78	1.40	23.99	0.00	27.18
Pennsylvania	\$124,640,000	\$10.54	\$10.20	1.86	2.35	24.77	11.27	40.25
Rhode Island	\$3,378,655	\$3.00	\$8.49	4.79	0.60	7.78	21.56	34.73
South Carolina	\$35,000,000	\$4.82	\$6.06	1.51	0.09	9.73	5.38	16.72
South Dakota	\$3,656,144	\$5.41	\$5.28	1.80	1.80	17.99	14.39	35.99
Tennessee	\$35,237,300	\$7.12	\$8.60	1.35	2.21	14.07	25.93	43.57
Texas	\$256,712,312	\$5.38	\$5.65	1.49	1.25	23.24	17.35	43.34
Utah	\$4,015,940	\$2.58	\$8.21	1.23	4.31	8.63	9.04	23.22
Vermont	\$2,568,000	\$6.41	\$8.05	5.00	4.17	41.67	11.67	62.50
Virginia			\$6.11	3.23	0.24	5.25	11.87	20.60
Washington	\$30,137,755	\$6.76	\$9.42	1.44	5.85	21.36	7.56	36.20
West Virginia			\$6.56	2.59	0.79	41.67	17.30	62.34
Wisconsin	\$18,439,265	\$4.22	\$5.74	2.57	1.06	18.02	4.01	25.66
Wyoming	\$4,007,937	\$8.53	\$8.82	2.03	0.00	20.25	10.34	32.61

## Health Care Practitioner Hours - Sorted by Per Capita Cost

STATE	CY\$97	CY Computed PCap97	Health Care \$ Per Capita FY98	Docs per capita	Mid-Levels per capita	RNs per capita	LPNs+Nas per capita	Total Hours per capita
Massachusetts	\$12,504,884	\$3.46	\$11.96	7.49	2.29	23.15	18.03	50.96
Minnesota	\$10,574,767	\$5.89	\$11.57		0.00	0.00	0.00	0.00
Michigan	\$93,493,500	\$6.50	\$11.38	1.99	0.63	16.22	2.19	21.02
Alaska	\$14,857,200	\$13.99	\$10.75	1.23	3.92	23.05	15.69	43.89
Pennsylvania	\$124,640,000	\$10.54	\$10.20	1.86	2.35	24.77	11.27	40.25
New Mexico	\$14,198,000	\$9.35	\$9.68	2.93	3.77	11.01	14.45	32.16
Washington	\$30,137,755	\$6.76	\$9.42	1.44	5.85	21.36	7.56	36.20
North Carolina			\$9.41					
Florida	\$198,877,642	\$8.42	\$9.00	5.31	1.45	20.46	19.79	47.01
BOP	\$385,761,000	\$11.31	\$8.86	4.20	10.56	8.43	1.71	24.90
Wyoming	\$4,007,937	\$8.53	\$8.82	2.03	0.00	20.25	10.34	32.61
Oregon	\$17,382,768	\$5.75	\$8.80	1.78	1.40	23.99	0.00	27.18
Connecticut	\$50,875,859	\$9.30	\$8.75	1.92	0.64	27.14	15.88	45.58
Tennessee	\$35,237,300	\$7.12	\$8.60	1.35	2.21	14.07	25.93	43.57
Rhode Island	\$3,378,655	\$3.00	\$8.49	4.79	0.60	7.78	21.56	34.73
Utah	\$4,015,940	\$2.58	\$8.21	1.23	4.31	8.63	9.04	23.22
Vermont	\$2,568,000	\$6.41	\$8.05	5.00	4.17	41.67	11.67	62.50
Ohio	\$88,854,795	\$5.40	\$7.96	1.68	0.08	13.93	5.40	21.09
California	\$487,984,000	\$9.47	\$7.90	3.63	0.10	10.29	11.92	25.94
Arizona	\$56,381,900	\$7.08	\$7.40	3.16	1.35	10.06	6.86	21.43
Arkansas	\$19,624,028	\$6.08	\$7.32	2.52	1.94	6.52	28.11	39.09
Nebraska	\$6,765,097	\$5.93	\$7.30	1.20	3.59	26.91	5.98	37.68
New Jersey	\$62,349,000	\$8.31	\$7.14	1.38	0.80	12.60	8.69	23.46
Colorado	\$23,675,129	\$7.79	\$7.09	2.54	3.05	32.01	0.00	37.60
Georgia	\$101,441,936	\$7.68	\$6.92	1.03	2.23	17.10	17.59	37.95
New York	\$161,366,400	\$6.41	\$6.91		0.00	0.00	0.00	0.00
Kansas	\$18,240,155	\$6.75	\$6.76	1.86	0.51	14.61	12.79	29.76
West Virginia			\$6.56	2.59	0.79	41.67	17.30	62.34
Virginia			\$6.11	3.23	0.24	5.25	11.87	20.60
South Carolina	\$35,000,000	\$4.82	\$6.06	1.51	0.09	9.73	5.38	16.72
Wisconsin	\$18,439,265	\$4.22	\$5.74	2.57	1.06	18.02	4.01	25.66
Texas	\$256,712,312	\$5.38	\$5.65	1.49	1.25	23.24	17.35	43.34
Delaware	\$9,395,000	\$5.67	\$5.61	2.28	1.14	9.87	15.03	28.31
Iowa	\$8,629,521	\$3.83	\$5.60	2.88	0.14	28.84	2.31	34.17
New Hampshire	\$4,429,257	\$5.95	\$5.45	5.29	2.64	26.43	0.00	34.36
Louisiana	\$24,000,000	\$3.87	\$5.30		0.00	0.00	0.00	0.00
South Dakota	\$3,656,144	\$5.41	\$5.28	1.80	1.80	17.99	14.39	35.99
Idaho	\$7,143,600	\$5.45	\$5.13	1.73	2.97	5.29	21.25	31.23
Missouri	\$33,931,387	\$4.58	\$5.08	2.10	0.00	8.39	14.56	25.05
Maryland			\$4.80		0.00	0.00	0.00	0.00
Kentucky	\$18,000,000	\$5.01	\$4.45	1.12	0.00	6.56	5.44	13.12
Mississippi	\$15,594,520	\$4.28	\$4.26	1.47	0.65	8.00	3.59	13.71
Oklahoma	\$16,955,048	\$3.20	\$3.52	3.49	0.54	5.64	13.30	22.97
North Dakota	\$927,380	\$3.61	\$3.47		0.00	6.75	6.30	13.05
Illinois	\$52,479,400	\$3.75	\$3.45	2.13	0.42	7.20	4.17	13.91
Alabama			\$2.74					
Nevada	\$25,550,198	\$8.93	\$0.00	2.21	0.55	24.30	0.00	27.07
Maine	\$4,800,000	\$8.96	\$0.00		0.00	0.00	0.00	0.00
Montana			\$0.00					
Indiana			\$0.00					