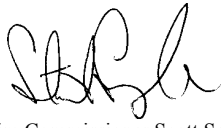
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.1	Effective Date 11/02/2014	Page 1 of 11
	Supersedes Scope of Health Services Care, dated 2/15/2007		
Approved By  Interim Commissioner Scott Semple	Title Scope of Health Services Care		

1. **Policy.** The Department of Correction shall provide, either directly or through an agent, quality healthcare to inmates committed to the custody of the Commissioner of Correction.

2. **Authority and Reference.**
 - A. Public Law 108-79, Prison Rape Elimination Act of 2003.
 - B. 28 C.F.R. 115, Prison Rape Elimination Act National Standards.
 - C. Connecticut General Statutes, Sections 18-81, 18-100, 19a-581 through 19a-583, 20-571, 20-577 through 20-579, 20-590, 20-593, 20-594, 20-599, 20-600, 20-607, 20-608, 20-613 through 20-617, 20-619, 53a-30, 53a-70, 53a-169, 54-76b, 54-131a through 54-131g and Chapter 379.
 - D. Doe v Meachum, Civil Action No. H-88-562 (PCD) (JGM).
 - E. Lareau v Manson, Civil No. H-78-145 (JAC).
 - F. Mawhinney v Manson, Civil No. B78-251.
 - G. Campos v Manson, Civil No.78-199.
 - H. O'Sullivan v Manson, Civil No. B78-24.
 - I. Andrews v Manson, Civil No. 81-20.
 - J. West v Manson, H-83-366 (AHN) (HBF).
 - K. Roe v Meachum, 3:95CV375 (TFGD).
 - L. State of Connecticut, Office of Protection and Advocacy v Choinski, 3:03CV1352 (RNC) (DFM).
 - M. Regulations of Connecticut State Agencies, Sections 19-31-D8v(a) and 19-31-D8v(b).
 - N. State of Connecticut, Department of Consumer Protection, Connecticut Comprehensive Drug Laws, January 1995.
 - O. State of Connecticut, Department of Consumer Protection, Drug Control Division, Citation, February 1, 1995.
 - P. State of Connecticut, Department of Public Health, Health Code of the State of Connecticut and other Department Regulations, Section 19-13 D51, 1990.
 - Q. State of Connecticut, Department of Social Services, 177, E 1a, 111a-j.
 - R. United States Department of Justice, National Institute of Correction, Prison Suicide: An Overview and Guide to Prevention June 1995.
 - S. United States Department of Justice, National Institute of Corrections, p. 46.
 - T. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - U. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4344, 4-4346 through 4-4348, 4-4350 through 4-4356, 4-4359 through 4-4363-1, 4-4365 through 4-4367, 4-4375, 4-4380 through 4-4382, 4-4389, 4-4398, 4-4408, 4-4409, 4-4414 and 4-4424.

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- V. American Correctional Association, Standards for Adult Local Detention Facilities, Fourth Edition, January 2004, Standards 4-ALDF-4C-03 through 4-ALDF-4C-05, 4-ALDF-4C-08, 4-ALDF-4C-13, 4-ALDF-4C-19 through 4-ALDF-4C-24, 4-ALDF-4C-26, 4-ALDF-4D-01, 4-ALDF-4D-02, 4-ALDF-4D-08, 4-ALDF-4D-27, 4-ALDF-7D-25 and 4-ALDF-7D-26.
 - W. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 2003.
 - X. National Commission on Correctional Health Care, Standards for Health Services in Jails, 2003.
 - Y. American Medical Association Program to Improve Medical Care and Health Services in Correctional Institution: 1004, 1021, 1026, 1027, 1032, and 1033.
 - Z. National Institute of Law Enforcement and Criminal Justice Health Care in Correctional Institutions; Edward Brecker and Richard Penna, MD, 1975 1.11; 3.5.
 - AA. American Nurses' Association/Council of Community Health Nurses/Standards of Nursing Practice in Correctional Facilities, 1985.
 - BB. Prison Health Care: Guidelines for the Management of an Adequate Delivery System, Jaye Ano.
 - CC. American Nurses' Association/Council of Community Health Nurses/Standards of Nursing Practice in Correctional Facilities, 1985.
 - DD. Prison Health Care: Guidelines for the Management of an Adequate Delivery System, Jaye Ano.
 - EE. Administrative Directives 6.6, Reporting of Incidents; 6.12, Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention; 8.3, Pharmacy Services; 8.4, Dental Services; 8.5, Mental Health Services; 8.7, Health Records Management; 8.9, Health Services Review; 8.13, Sex Offender Programs; 9.2, Offender Classification; 9.6, Inmate Administrative Remedies; and, 10.19, Americans With Disabilities Act.
3. Definitions. For the purposes stated herein, the following definitions apply:
- A. Community Standard. The scope and quality of medical, dental and mental health services (including but not limited to diagnostic testing, preventive services and suitable after care, in terms of type, amount, frequency, level, setting and duration appropriate to the patient's diagnosis or condition) that is consistent with generally accepted practice parameters in the State of Connecticut as recognized by healthcare providers in the same or similar general specialty (as to typically treat or manage the diagnosis or condition, help restore or maintain the patient's health, prevent the deterioration or palliate the patient's condition, prevent the reasonably likely onset of a health problem, or detect an incipient problem).
 - B. Facility. A unit of the Department of Correction (DOC), including all correctional institutions, correctional centers and community contracted residential programs.
 - C. Functional Unit. A functional unit shall represent one or more health services unit(s) in a defined geographical area that share

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resources related to the provision of healthcare between facilities.

- D. Health Services Staff. An individual employed by DOC, or the Department's provider for health services, on a part time, contractual, or full time basis who has responsibilities providing health services to inmates remanded to the custody of the Commissioner of Correction. Any student intern or volunteer under the supervision and direction of health services staff shall also be considered health services staff.
 - E. Inmate. Any person, male or female, adult or minor, residing in a DOC facility or community contracted residential program. This term shall include any person serving a state or federal sentence, any person admitted to await trial in any jurisdiction, and any person admitted pursuant to any other provision of law.
 - F. Medical Hold Status. A situation in which the transfer of an inmate is deferred because of health related reasons.
 - G. Sexual Abuse. For purposes of this directive, sexual abuse shall be defined in accordance with Administrative Directive 6.12.
4. Scope of Services and Access to Care. The contracted health services provider and DOC shall provide all inmates access to healthcare services that meet community standards.

Inmates shall be provided information at intake and upon transfer among correctional facilities on the procedures for obtaining healthcare services. Each inmate shall sign for receipt of this information. The contracted health services provider and DOC shall, as required by law and Administrative Directive 10.19, Americans with Disabilities Act, make reasonable accommodations or modifications to allow inmates with disabilities the same opportunities for access to care as non-disabled inmates unless to do so would be an undue burden, cause a fundamental alteration to a program or might tend to jeopardize the safety and security of staff, inmates, or the facility. Inmate victims of sexual abuse shall receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

- A. Classification of Levels of Care. The contracted health services provider shall assign to each inmate appropriate medical and mental health treatment needs scores in a manner consistent with Administrative Directive 9.2, Offender Classification.
 - B. Disease Management Guidelines. The contracted health services provider shall utilize disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases, and will review these annually.
 - C. Inmate Administrative Remedies. The contracted health services provider shall comply with Administrative Directives 8.9, Health Services Review and 9.6, Inmate Administrative Remedies.
5. Medical Evaluation. The contracted health services provider shall provide the following types of assessments:

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- A. A medical evaluation, consisting of a health history and either a focused physical exam or a comprehensive physical exam, will be performed following admission;
- B. Food handlers health screening;
- C. Annual Tuberculosis (TB) screening/testing, to include chest x-ray for all newly positive Mantoux Purified Protein Derivative (PPD) skin tests and annual documented symptom checks for past positive PPD skin tests; and,
- D. Human Immunodeficiency Virus (HIV) testing at the request of the inmate or as ordered by a court.

6. Health Care Services. The contracted health services provider shall provide the following services:

- A. Sick Call. The contracted health services provider shall ensure a process for all inmates regardless of literacy, language barrier, security status, or disability to submit, on a daily basis, requests for healthcare. Sick call for inmates shall be conducted in a confidential setting in each DOC facility at a frequency that is appropriate to the medical needs of the facility. Sick call shall be available to all inmates, independent of their security status. Evening sick call shall be provided for those inmates in minimum security that are working at the time of daily sick call. Any health assessment by a nurse, Advanced Practice Registered Nurse (APRN), or physician shall be documented in the inmate's health record using the SOAP (Subjective, Objective, Assessment, Plan) format.
- B. Outpatient Services.
 - 1. The Director of Health and Addiction Services or designee shall approve treatment policies, procedures and protocols for routine and unscheduled sick call visits.
 - 2. Each facility shall develop health education programs consistent with the needs of the facility.
 - 3. It is the responsibility of all health care providers to ensure that each inmate is fully informed of any specific health problems that may affect that inmate. The inmate shall be oriented to the nature of the illness, the prognosis, and about the care of the illness, including medications and the need for periodic or follow-up care.
- C. Dental and Periodontal Care. The contracted health services provider shall ensure that all inmates committed to DOC have access to dental care in accordance with Administrative Directive 8.4, Dental Services.
- D. Diagnostic Services. Laboratory, x-ray and other diagnostic tests shall be available to inmates for the purpose of providing primary, secondary and tertiary care. Diagnostic procedures include but are not limited to:
 - 1. Blood test;
 - 2. Urinalysis;
 - 3. Pathology;

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4. X-rays;
5. Computed Tomography (CAT);
6. Magnetic Resonance Imaging (MRI);
7. Electroencephalography (EEG);
8. Electrocardiography (EKG);
9. Mammography; and,
10. Ultrasound.

- E. Discharge Planning. The contracted health services provider and DOC shall provide discharge planning that facilitates continuity of care of released inmates. The contracted health services provider shall designate a discharge planner(s) for each functional unit whose sole responsibilities shall be implementing the discharge planning process. Inmates discharged from a DOC facility shall receive, at minimum, a two-week supply of medication packaged in a tamper proof container.
- F. Emergency Services. The contracted health services provider shall ensure that all staff working in DOC facilities are trained in, and comply with, procedures for responding to and effectively managing medical emergencies in DOC facilities, as well as procedures for obtaining medical care for both staff and inmates. The contracted health services provider shall provide each health services unit with a written emergency plan.

The Health Service Unit's emergency plan shall be practiced, documented, and critiqued at least annually, so that all health services staff are familiar with emergency preparation. Policy and procedures for health care services shall be coordinated with the security plan, incorporated into the facility's overall emergency plan, and made known to all personnel.

In the event of a health emergency, appropriate health services staff shall immediately report the nature of the emergency to a custody supervisor and shall complete an incident report and a medical incident report in accordance with Administrative Directive 6.6, Reporting of Incidents.

All contracted health services provider staff working in DOC facilities shall be certified in cardiopulmonary resuscitation (CPR) by the American Heart Association, and receive annual training in emergency medical response to medical emergencies.

Where medically appropriate, inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception testing for sexually transmitted diseases and sexually transmitted infections prophylaxis at no cost, in accordance with professionally accepted standards of care.

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G. Infection Control. The contracted health services provider shall maintain an Infection Control Program that:

1. promotes a safe and healthy environment;
2. effectively monitors the incidence of infectious and communicable disease among inmates;
3. reduces the incidence and spread of these diseases;
4. ensures that inmates infected with these diseases receive prompt care and treatment; and,
5. provides for the completion and filing of all reports consistent with local, state and federal laws and regulations.

An Infection Control Manual shall be reviewed and revised at a minimum annually and shall be available in all health services units.

H. Infectious Disease. The contracted health services provider shall ensure that monthly infectious disease clinics, by board certified Infectious Disease Specialists, are available for HIV positive inmates and inmates with Acquired Immune Deficiency Syndrome (AIDS) committed to DOC facilities. The contracted health services provider shall provide 24-hour on-call availability of an Infectious Disease Specialist.

I. OB/GYN Services. The contracted health services provider shall provide prenatal and postpartum services for inmates in DOC facilities. The contracted health services provider shall arrange for delivery at an outside hospital. Pregnant inmates shall receive comprehensive prenatal healthcare including appropriate diet, vitamins, routine obstetrical clinic visits and counseling. All female inmates shall be offered gynecologic examination and PAP smear on admission and annually.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and tests for sexually transmitted infections as medically appropriate and at no cost. If pregnancy results, the inmate shall be given timely and comprehensive information about and access to all lawful pregnancy-related medical services.

J. Medical Orthotics, Prosthetics, and Other Accommodations for Disabilities. The contracted health services provider and DOC shall provide aids for disabilities including but not limited to: eyeglasses, dentures, hearing aids, braces, crutches, artificial limbs and wheelchairs to inmates in DOC facilities when the health or activities of daily living of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.

K. Pharmacy. The contracted health services provider shall ensure that all inmates committed to the Department have access to pharmacy services in accordance with Administrative Directive 8.3, Pharmacy Services.

L. Physical and Occupational Therapies. The contracted health services provider and DOC shall provide qualified therapists to

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provide physical therapy, occupational therapy and rehabilitation therapy to inmates in DOC facilities. Physical and occupational therapy shall be limited to services that assist the inmate to achieve and maintain self-care and improved functioning in activities of daily living.

- M. Physician/Physician Extender Chronic Care Clinics. The contracted health services provider shall provide chronic care clinics for inmates with chronic illness. Physicians and Physician Extenders shall oversee the operation of each clinic and determine each individual inmate's schedule for follow up visits. Chronic care clinics shall include but not be limited to diabetes, hypertension, and pulmonary.
- N. Preventive Care and Immunizations. The contracted health services provider shall provide preventive care and immunizations to inmates in DOC facilities. Immunizations shall be provided according to medical necessity and subject to mutually agreed on policy. Immunizations shall include but not be limited to Diphtheria Tetanus, Pneumococcal, Influenza and Hepatitis A and B vaccines.
- O. Sex Treatment Services. The contracted health services provider and DOC shall ensure that all sentenced inmates with sex treatment classification scores of 2 or greater have access to sex offender programming consistent with Administrative Directive 8.13, Sex Offender Programs.
- P. Specialty Services. Each Health Services Unit shall ensure access to specialty services for inmates when clinically indicated. The Utilization Review Committee shall utilize accepted clinical criteria approved by the Executive Health Services Committee to determine if off-site specialty services are appropriate on a case-by-case basis. An inmate with a pending medical procedure or off-site health appointment shall be placed on Medical Hold Status until the scheduled health care has been provided.
- Q. Treatment Therapies. The contracted health services provider shall provide appropriate treatment therapies, as determined by the treating physician and approved by the Utilization Review process, for inmates in DOC facilities that include but are not limited to:
1. Chemotherapy and radiation therapy;
 2. Respiratory and inhalation therapy;
 3. Dialysis (both hemodialysis and peritoneal dialysis); and,
 4. Intravenous (IV)/Infusion therapy.
- R. Mental Health Services. The contracted health services provider shall provide mental health services consistent with community standards and based on current American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) standards, and in accordance with Administrative Directives 8.5, Mental Health Services and 8.14, Suicide Prevention.

All health care services rendered to an inmate shall be documented in the inmate's health record in accordance with Administrative Directive 8.7, Health Records Management.

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7. Intake Health Screening. The contracted health services provider shall provide intake health screening of all inmates who are newly admitted. Qualified health services staff shall conduct a comprehensive health screening of each newly admitted inmate, prior to placement of the inmate in general population. In the event of a referral from the admitting and processing staff member for an immediate screening and assessment, a qualified health services staff member shall promptly conduct an intake or transfer health screening and assessment. Each health screening, whether conducted in the medical unit or at another location, shall be conducted in private and shall be documented on Attachment A, HR 001 Intake Health Screening, or Attachment D, HR 005, Transfer Summary, as appropriate. The intake health screening shall include the following components:
- A. Healthcare/treatment plan, as indicated;
 - B. Special needs plan, as indicated;
 - C. Emergency healthcare, as indicated;
 - D. Mental health screening as indicated by results of admission screening or by mutually agreed upon policy;
 - E. Psychological assessment, as indicated;
 - F. Psychiatric evaluation, as indicated;
 - G. Diagnostic procedures, as indicated, including but not limited to radiological, nuclear medicine, laboratory, EKG, EEG;
 - H. Notice of sick call procedures upon admission. Each inmate shall receive oral and written instruction on the proper use and function of sick call; and,
 - I. Disposition, as follows:
 - 1. Immediate medical emergency;
 - 2. Admit to infirmary;
 - 3. Placement in general population with referral to:
 - a. medical;
 - b. mental health; or,
 - c. dental services.
 - 4. Placement in general population in proper facility assignment.
 - J. Each newly admitted or transferred inmate from another facility shall be assessed to make a determination of their risk of being sexually abused by other inmates or sexually abusive towards other inmates by use of an objective screening instrument in accordance with Administrative Directive 6.12.
 - K. Each newly admitted inmate shall receive a Mantoux PPD skin test on the day of admission, when clinically appropriate, to be read within 48-72 hours. For inmates from other DOC facilities, the transfer summary form shall be reviewed for evidence of a PPD skin test within the past year.
 - L. A newly admitted inmate requiring imminent medical, dental or mental health intervention, shall be placed on Medical Hold Status until the physician has determined that the inmate's immediate health needs have been met. An inmate shall not be transferred from the intake facility to another DOC facility

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until the inmate has been cleared by qualified health services staff for transfer.

- M. Upon the admission of a minor inmate to the Department of Correction, health services staff shall send a copy of Attachment E, HR 306, Consent for Treatment of Minor to the inmate's parents or guardian for authorization to provide routine medical and dental care. Failure to obtain parental response shall not prevent the initiation of routine intake procedures or provision of emergency care when necessary.

8. Health Assessments and Periodic Health Examinations.

- A. The Director of Health and Addiction Services or designee shall approve policies, procedures and protocol for medical, dental and mental health exams.
- B. A health assessment shall be performed by qualified health services staff and documented on Attachment C, HR 003, Health History within 7 days of admission to DOC. Attachment B, HR 002, Comprehensive Health History/Physical Examination, which includes an evaluation of medical, mental and dental health, shall be performed by a Physician, Physician's Assistant or an Advanced Practice Registered Nurse within 14 days of admission to the Department.
- C. Each female inmate sentenced to more than two (2) years shall receive a health assessment performed by qualified health services staff and documented on Attachment C, HR 003, Health History within forty-eight (48) hours of admission to a DOC facility. Attachment B, HR 002, Comprehensive Health History/Physical Examination which includes an evaluation of medical, mental and dental health, shall be performed by a Physician, Physician's Assistant or an Advanced Practice Registered Nurse within 14 days of admission to the Department.
- D. Each newly admitted inmate who claims to have or is believed to have HIV infection, shall receive a comprehensive health history examination which shall be documented on Attachment B, HR 002, Comprehensive Health History/Physical Examination. The comprehensive health history examination shall be performed by a Physician, Physician's Assistant or an Advanced Practice Registered Nurse within 96 hours of admission. In those DOC facilities in which this staff is present two (2) or fewer times each week or during holiday weeks, the above examination shall be completed within seven (7) days of admission.
- E. A routine dental examination shall be provided to each HIV infected inmate within 10 weeks of admission and/or diagnosis of HIV infection and shall include a dental examination for abnormalities indicative of HIV infection. An HIV infected inmate referred with a dental condition that is severe and painful shall have a dental examination by a dentist within 72 hours of referral. An HIV infected inmate referred with a dental condition that is severe but not painful shall have a dental examination within seven (7) days of referral. The dental examination shall include a treatment plan.
- F. Each HIV infected inmate shall be made aware of the availability of mental health services and upon request shall be referred to a mental health staff member for further assessment. When a

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referral for mental health assessment is clinically indicated, a referral shall be initiated and a mental health assessment shall be conducted by a qualified mental health professional within five (5) working days.

- G. Each inmate shall receive a periodic health assessment as determined by the responsible physician.
 - H. Inmates who self report previous sexual victimization during the intake or transfer assessment, shall be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the assessment screening.
 - I. Inmates whose intake or transfer screening assessment indicates that he/she previously perpetrated sexual abuse shall be offered a follow up meeting with a mental health practitioner within 14 days of such screening assessment.
 - J. Inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility shall be offered any medical and/or mental health services that are medically appropriate, including initial evaluations, follow-up services and as needed, referrals for continued care following their transfer to, or placement in other facilities, or their release from custody.
 - K. Within 60 days of learning of an inmate's history of perpetrating inmate on inmate sexual abuse, he/she shall be offered a mental health evaluation and any other treatment deemed necessary by a mental health practitioner.
9. Infirmary Care Services. The contracted health services provider and DOC shall ensure that infirmaries operating within DOC facilities are properly equipped and appropriately staffed to provide 24 hour nursing care to inmates. Infirmaries shall be used to provide healthcare to inmates who do not require the acuity of care of a community hospital. A Physician or Physician Extender shall be responsible for the healthcare of inmates admitted to an infirmary and shall make rounds, with appropriate documentation, at a minimum every 72 hours. A physician shall be available on-call 24 hours a day for consultation. A registered nurse shall be available 24 hours a day to plan and administer nursing care for inmates in the infirmaries. Infirmaries shall have written protocols providing nurses with guidelines for approved nursing practice. Attachment F, HR 405, Nursing Care Plan or Attachment G, HR 514b, Mental Health Services Treatment Plan shall be completed on all inmates admitted to an infirmary level of care.
- All admissions to or discharges from the infirmary shall be authorized by the appropriate health care professional and documented in the inmate's health record in accordance with Administrative Directive 8.7, Health Records Management.
10. Exclusions. The contracted health services provider shall be under no obligation to provide or pay for the following types of services:
- A. Cosmetic surgery (medical or dental);
 - B. Sex change surgery;
 - C. Sperm/ovum collection or storing, other than for emergency collection and initial storage in context of chemotherapy, radiation, or surgery;

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- D. Elective care, consistent with established utilization review policies;
- E. Care, treatment, or surgery determined to be experimental in accordance with accepted medical standards;
- F. Other procedures or care that are not generally medically accepted;
- G. Neonatal or newborn care (prenatal and obstetric services shall be provided);
- H. Contraceptive devices and medications solely for the purpose of contraception, except when medically appropriate for a victim of sexual abuse while incarcerated, when discharged, an inmate may be referred to family planning clinics;
- I. Collection of, or participation in the collection of forensic evidence, unless obligated to do so by the Connecticut General Statutes; and,
- J. Participation in capital punishment or in competency/restoration evaluation of death row inmates.

The contracted health services provider shall not be required to provide or arrange for any healthcare services for DOC employees except for the provision of emergency treatment and medical stabilization in the case of an on-site event requiring such emergency treatment or stabilization.

- 11. Continuity of Care. Continuity of care shall be provided from admission to discharge from the facility and shall include referral to community resources when indicated.
- 12. Reviews and Reports. Communication shall occur routinely and frequently between health services and custody staff. Routine incident reports shall be completed by health services staff in accordance with Administrative Directive 6.6, Reporting of Incidents. Each policy and procedure in the health care delivery system shall be reviewed at least annually and revised as necessary under the direction of the Director of Health and Addiction Services. The Director of Health and Addiction Services shall be provided monthly, or upon request, statistical and narrative reports by each facility on health care delivery.
- 13. Forms and Attachments. The following attachments are applicable to this Administrative Directive and shall be utilized for the intended function.
 - A. Attachment A, HR 001, Intake Health Screening;
 - B. Attachment B, HR 002, Comprehensive Health History/Physical Examination;
 - C. Attachment C, HR 003, Health History;
 - D. Attachment D, HR 005, Transfer Summary;
 - E. Attachment E, HR 306, Consent for Treatment of Minor;
 - F. Attachment F, HR 405, Nursing Care Plan; and,
 - G. Attachment G, HR 514b, Mental Health Services Treatment Plan.
- 14. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.