
 <p>State of Connecticut Department of Correction</p> <p><b>ADMINISTRATIVE DIRECTIVE</b></p>	Directive Number 3.12	Effective Date 04/28/2017	Page 1 of 3
	Supersedes Fees for Programs and Services, dated 10/17/14		
Approved By   Commissioner Scott Semple	Title  Fees for Programs and Services		

1. **Policy.** The Department of Correction shall hold sentenced inmates accountable for costs associated with their incarceration. No inmate shall be denied essential services based on an inability to pay.
2. **Authority and Reference.**
  - a. Connecticut General Statutes, Sections 18-81, 18-85a, 18-86a, 18-91, 18-102 through 18-105 and 18-107.
  - b. Regulations of Connecticut State Agencies, Sections 18-85a-1 through 18-85a-4, inclusive.
3. **Definitions.** For the purposes stated herein, the following definitions apply:
  - a. **Dental Procedure.** A process of diagnosis, treatment or operation.
  - b. **Emergency Care.** Any medical or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary in life-threatening situations, to prevent severe or permanent disability, or when the inmate exhibits symptoms of a serious illness. Symptoms of serious illness may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever and facial swelling.
  - c. **Inmate Initiated Visit.** A request for medical and/or dental services initiated by an inmate.
  - d. **Obligation.** A continuing liability for fees or other debts for which current funds are insufficient.
  - e. **Sentenced Inmate.** An inmate confined in a correctional facility serving a sentence imposed by any Connecticut State court or serving a sentence imposed by any state or federal court in a Connecticut correctional facility under the terms of the Interstate Corrections Compact, the New England Interstate Correctional Compact or by intergovernmental agreement with the Federal Bureau of Prisons.
4. **Participation.** Sentenced inmates confined in Connecticut correctional facilities and halfway houses shall be assessed fees for programs and services in accordance with the provisions of this Directive. Sentenced inmates confined in any other state or federal facility shall be assessed fees in accordance with the relevant contract or agreement by which the inmate is housed in that jurisdiction.
5. **Fees for Medical Care.** Sentenced inmates shall be charged, according to the following schedule, for the indicated medical services.
  - a. **Medical Visits.** A sentenced inmate shall be charged a fee of three dollars (\$3.00) for each inmate initiated visit to the Health Services Unit.
    - i. Attachment A, Inmate Fees Form shall be completed when the inmate is seen by a medical professional. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form signed by Health Services staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
  - b. **Dental Visit.** A sentenced inmate shall be charged a fee of three dollars (\$3.00) for each procedure performed by the Dental Unit. Attachment A, Inmate Fees Form shall be completed when a dental professional sees the inmate. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form signed by Dental staff. The completed Attachment

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A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.

- c. Eye-glasses. A sentenced inmate shall be charged three dollars (\$3.00) per prescription. Attachment A, Inmate Fees Form shall be completed after the prescription has been written. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form signed by Health Services staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
  - d. Exclusions. Inmates shall not be charged if:
    - i. Health Services staff determine that emergency care is necessary;
    - ii. the medical/dental appointment is initiated by Health Services staff, consultants or other Department personnel;
    - iii. the inmate is undergoing scheduled follow-up medical treatment for chronic disease; or,
    - iv. the treatment is for mental health reasons.
  - e. Insufficient Funds. In the event that an inmate does not have sufficient funds on account to pay for a fee described in Sections 5(A), 5(B) or 5(C) of this Directive at the time of service, an obligation to pay shall be established on the inmate's trust account. Subsequent funds shall be credited against the obligation until satisfied.
6. Fees for Programs. Sentenced inmates shall be charged for, and be responsible to pay, costs involved in their use of various programs, in accordance with the following schedule.
- a. Elective Education Programs. Sentenced inmates shall be charged three dollars (\$3.00) per course for elective educational programs. Inmates shall be charged the fee so long as one (1) class meeting is attended.
  - b. Vocational Education Programs. Sentenced inmates shall be charged three dollars (\$3.00) per course for vocational-education programs. Inmates shall be charged the fee so long as one (1) class meeting is attended.
  - c. Participation in Extended Family Visits. Sentenced inmates shall be charged ten dollars (\$10.00) per extended family visit. In addition, inmates shall be charged a three dollar (\$3.00) fee for the required Health Services examination, in accordance with Section 5(A) of this Directive.
    - i. Attachment A, Inmate Fees Form shall be completed prior to participation in the program. The appropriate department or Correctional Managed Care staff member shall forward each completed Attachment A, Inmate Fees Form to the Inmate Trust Fund Office within one (1) business day. In the event that an inmate does not have sufficient funds to participate in a program in accordance with Sections 6(A) and 6(B) of this Directive, the appropriate fee shall be collected from the wages earned as a result of participation in the program. Fees associated with participation in extended family visits shall always be collected prior to the visit.
7. Laboratory Testing Fees. The cost of laboratory tests taken to detect illegal use of drugs shall be assessed to a sentenced inmate when such test is positive. The Unit Disciplinary Coordinator shall forward Attachment A, Inmate Fees Form to the Inmate Trust Fund Office by the next business day. If an inmate does not have adequate funds to cover the full cost of the test, an obligation to pay shall be noted on the inmate's trust account.
8. Forms and Attachments. The following attachment is applicable to this Administrative Directive and shall be utilized for the intended function:
- a. Attachment A, Inmate Fees Form.
9. Exceptions. Any exceptions to the procedures of this Administrative Directive shall require prior written approval from the Commissioner.

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