



# Request for Exception to an Administrative Directive

## Connecticut Department of Correction

CN 1302  
REV 11/15/10

Administrative Directive Number: <b>9.2</b>	Title: <b>Inmate Classification</b>
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I request approval of the following exception to the above referenced directive (provide detailed explanation):  
**The following will be added to AD 9.2 Inmate Classification to complement the newly created AD 8.16 Nursing Home Release directive.**

**Section 2 Authority and Reference.**

- (A) Add: 53a-54b.
- (B) Add: Public Act 12-1, Section 104; June 12 Special Session, 2012.
- (E) Add: 8.16 Nursing Home Release.

**Section 3(E) Definitions.**

**Nursing Home.** A licensed nursing home available for inmates who are suffering from a terminal condition, disease or syndrome, or is so debilitated or incapacitated by a terminal condition, disease or syndrome as to (1) require continuous palliative or end-of-life care, or (2) be physically incapable of presenting a danger to society.

**Section 11(D) Nursing Home Placement.**

**Eligibility Criteria.** An incarcerated inmate who meets the criteria for Nursing Home Release may be considered for release to an authorized private nursing home in accordance with A.D. 8.16 at the discretion of the warden by authorization of the Commissioner of the Department of Correction in consultation with the Medical Director. The following inmates shall not be eligible:

- a) An inmate convicted of a capital felony under the provisions of section 53a-54b of the general statutes in effect prior to April 25, 2012, or;
- b) An inmate convicted of murder with special circumstances under the provisions of section 53a-54b of the general statutes in effect on or after April 25, 2012.

See attached documents

**ORIGINATOR**

Name: <b>Murray Cruickshank</b>	Title: <b>Counselor Supervisor</b>	Date: <b>3/7/2013</b>
Signature: <b>Murray Cruickshank</b>	Facility/Unit: <b>Policy and Standards</b>	

**UNIT/DISTRICT/DIVISION RECOMMENDATIONS**

Approved	Denied	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: <i>K. Liu</i>	Date: <b>3/11/13</b>
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from a facility)	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>A. Arnold</i>	Date: <b>3/11/13</b>

**COMMISSIONER'S DECISION**

This request is:  **APPROVED**     **DENIED**    Effective date of request: AS SOON AS PRACTICABLE

This exception is valid through: \_\_\_\_\_, by which the exception must be re-requested.

This exception is valid until such time as the Administrative Directive is updated.

This exception shall be added immediately to the Administrative Directive.

Commissioner's signature: <i>Herb Brown</i>	Date: <b>3-18-13</b>
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