#### 240-RICR-50-00-1

# TITLE 240 – DEPARTMENT OF CORRECTIONS

### CHAPTER 50 – Fees

#### SUBCHAPTER 00 - N/A

### <u>PART 1 – Offender Supervision and Interstate Transfer Application Fee, Community</u> <u>Confinement Program Fees and Medical Co-Payment Fees</u>

# 1.1 Fees Table

| DESCRIPTION OF FEE   | R.I. Gen. Laws                             | FEE                         |
|--|--|-----------------------------|
| Community Confinement*   |  |                             |
| Supervision Fees   |  |                             |
| Program Participation Fee  | <u>§ 42-56-10(22)</u>                      | <u>\$6.00 per day</u>       |
|  | <u>§ 42-56-38</u>                          |                             |
| Alcohol Monitoring Device  | <u>§ 42-56-10(22)</u>                      |                             |
|  | <u>§ 42-56-38</u>                          | <u>\$3.92 per day</u>       |
| *Additional Information for Community Confinement:<br>Offender agrees to return all monitoring equipment to the Community Confinement Program<br>in the same condition as received. Offender will pay for any lost or damaged equipment<br>according the market value. If offender is returned to the ACI for any reason, s/he<br>understands that is his/her responsibility to have someone return the equipment to the<br>Community Confinement Unit.<br>Hardship Waiver for indigent offenders are available. |  |                             |
| Probation & Parole   |  |                             |
| Supervision Fees   |  |                             |
| Non-Electronic Monitoring  | <u>§ 42-56-10(22)</u><br><u>§ 42-56-38</u> | <u>\$20.00 per</u><br>month |

| DESCRIPTION OF FEE  | R.I. Gen. Laws         | FEE                                     |
|---|------------------------|---|
|   |                        |   |
|   | <u>§ 42-56-10(22)</u>  |   |
| Electronic Monitoring**                                       | <u>§ 42-56-38</u>      | <u>\$6.00 per day</u>                   |
| **Additional Information for Electronic Monitoring:           |                        |   |
| Offenders on Electronic Monitoring are not required to a fee. | also pay the \$20 mo   | nthly supervision                       |
| Hardship Waiver for indigent offenders are available.         |                        |   |
| Interstate Transfer   |                        |   |
| Application Fee   | <u>§ 42-56-10(22)</u>  | <u>\$60.00</u>                          |
|   | <u>§ 13-9.1-1.3</u>    |   |
| Medical Co-Payment  |                        |   |
| Medical Services  |                        |   |
| Inmate Initiated Visit / "Sick Call Visit"                    | <u>§ 42-56-10 (22)</u> | \$3.00 per visit                        |
|   | <u>§ 42-56-38</u>      |   |
| Specialty Care  |                        |   |
| On-Site Specialist (ENT, podiatrist, oral surgeon, etc)       | <u>§ 42-56-10 (22)</u> | <u>\$6.00 per visit</u>                 |
|   | <u>§ 42-56-38</u>      | <u>(or) \$125.00 per</u><br><u>year</u> |
| Off-Site Specialist   | <u>§ 42-56-10(22)</u>  | <u>\$6.00 per visit</u>                 |
|   | <u>§ 42-56-38</u>      |   |
| Medication  |                        |   |

| DESCRIPTION OF FEE  | R.I. Gen. Laws        | FEE                     |
|---|-----------------------|-------------------------|
| 30-Day Supply (or less depending on the prescription)   | <u>§ 42-56-10(22)</u> | <u>\$3.00</u>           |
|   | <u>§ 42-56-38</u>     |                         |
| Dental Services***  |                       |                         |
| Dental Visit  | <u>§ 42-56-10(22)</u> | <u>\$3.00 per visit</u> |
|   | <u>§ 42-56-38</u>     |                         |
| Oral Surgeon Visits (On-Site or Off-Site)   | <u>§ 42-56-10(22)</u> | <u>\$6.00 per visit</u> |
|   | <u>§ 42-56-38</u>     |                         |
| <u>Dentures</u>   | <u>§ 42-56-10(22)</u> | <u>\$70.00</u>          |
|   | <u>§ 42-56-38</u>     |                         |
| Denture Laboratory Reline, per arch   | <u>§ 42-56-10(22)</u> | <u>\$35.00</u>          |
|   | <u>§ 42-56-38</u>     |                         |
| Night Guard   | <u>§ 42-56-10(22)</u> | <u>\$35.00</u>          |
|   | <u>§ 42-56-38</u>     |                         |
| ***Additional Information for Dental Services:  |                       |                         |
| 100% of replacement cost of any dentures lost, damaged, or destroyed, if dentures are less than two (2) years old, except where it has been determined that RIDOC staff was negligent.* |                       |                         |
| Prosthetic Limbs / Devices / Mechanical Aids****  |                       |                         |
| 50% of Acquisition Cost of Limb   | <u>§ 42-56-10(22)</u> | not to exceed           |
|   | <u>§ 42-56-38</u>     | <u>\$250.00</u>         |

| DESCRIPTION OF FEE | R.I. Gen. Laws | FEE |
|--------------------|----------------|-----|
|                    |                |     |

\*\*\*\*Additional Information for Prosthetics:

<u>100% of replacement cost of any dentures lost, damaged, or destroyed, if dentures are less</u> than two (2) years old, except where it has been determined that RIDOC staff was negligent.\*

# **Optical Services\*\*\*\***

| Optician, Optometrist or Ophthalmologist Visit | <u>§ 42-56-10(22)</u> | <b>1</b> 0 00 00 101     |
|--|-----------------------|--------------------------|
|  | <u>§ 42-56-38</u>     | <u>\$6.00 per visit</u>  |
| Eyeglasses, Lenses or Frames (per year)        | <u>§ 42-56-10(22)</u> | <u>\$15.00 co-</u>       |
|  | <u>§ 42-56-38</u>     | payment                  |
| 50% of Acquisition Cost of "Specialty" Items   | <u>§ 42-56-10(22)</u> | not to exceed            |
|  | <u>§ 42-56-38</u>     | <u>\$125.00 per item</u> |

\*\*\*\*\*Additional Information for Optical Services:

100% of replacement cost of any dentures lost, damaged, or destroyed, if dentures are less than two (2) years old, except where it has been determined that RIDOC staff was negligent.\*

Tinted lenses may be deemed medically necessary by an appropriate medical specialist.

Inmates may not purchase eyeglasses directly from any vendor.

## Missed Appointment

| Missed Routine Medical or Dental Appointments | <u>§ 42-56-10(22)</u> | <u>\$3.00</u> |
|---|-----------------------|---------------|
|   | <u>§ 42-56-38</u>     |               |
| Missed Specialty Consultation Appointments    | <u>§ 42-56-10(22)</u> | <u>\$6.00</u> |
|   | <u>§ 42-56-38</u>     |               |

| DESCRIPTION OF FEE  | <u>R.I. Gen. Laws</u> | <u>FEE</u> |
|---|-----------------------|------------|
| *Staff negligence is determined by the appropriate administrator (i.e., Warden or designee if |                       |            |

custody staff is involved; Associate Director of Health Services (Corrections) if Health Care Services staff is involved.