

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety  
Prison

SECTION: Continuity of Patient Care

POLICY # CC-11

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SUBJECT: Extending the Limits of Confinement

Original Supersedes Date: September 2007

**Effective Date: September 2017**

Revised Date: August 2017

Reviewed Date: August 2017

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## Purpose

To provide guidelines for the implementation of N.C.G.S 148-4.

## Policy

The Division of Prisons Health Services shall identify and investigate inmates who are Terminally Ill or Permanently and Totally Disabled for consideration of Extending the Limits of Confinement (ELC).

## Definition

**Terminally Ill** - An incurable condition as determined by a licensed physician caused by an illness or disease that was unknown at the time of sentencing, not diagnosed upon entry to prison, will likely produce death within 6 months, and is so debilitating that it is highly unlikely that the inmate poses a significant public safety risk.

**Permanently and Totally Disabled** – A permanent and irreversible physical incapacitation as determined by a licensed physician caused by an existing physical or medical condition that was unknown at the time of sentencing, not diagnosed upon entry to prison, and is so debilitating that it is highly unlikely that the inmate poses a significant public safety risk.

## Procedure

- I. The Chronic Disease Units shall submit quarterly (Jan., Apr., July, and Oct.) an updated list of their Terminally Ill and Permanently and Totally Disabled inmates to the Medical Director.
- II. A request to consider an inmate for ELC may be submitted by any source.
  - A. A request from Medical Staff within the Department of Public Safety shall be made by completing the Medical Information Form (DC-293) and submitting to the Medical Director.
  - B. A request from other sources (i.e., family, attorney, etc.) shall be made verbally or submitted in writing to the Medical Director.
  - C. The inmate's attending physician shall be requested by the ELC Coordinator to complete the Medical Information Form (DC- 293). The completed form shall be returned as instructions indicate.
- III. The ELC Coordinator shall review the request and make a determination as to whether or not the inmate meets the criteria as outlined in N.C.G.S 148-4.
- IV. The ELC Coordinator with the approval of the Medical Director shall refer identified cases to the Classification Manager.
- V. The Classification Manager shall forward the medical and classification assessments to the Director of the Division of Prisons.
- VI. If the request is approved, the Director of the Division of Prisons shall request 1) Victim's Services to contact victim(s) or victim's family (ies) and 2) Classification to contact Local DA/Law Enforcement for additional information.

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- VII. The request may be denied at any time during the review. If this occurs, the process will be discontinued.
- VIII. The Classification Manager shall forward summary of findings to the Director of Division of Prisons.
- IX. If the request is approved, the Director of Prisons shall request the ELC Coordinator via the Classification Manager to explore the availability of the most cost-effective home plan and resources (i.e. family, community, etc.) to provide the level of care required.
- X. The ELC Coordinator will make a referral for aftercare planning to the Health Services Social Worker designated to provide Social Work Services at the DOP facility of assignment for the inmate under consideration of ELC.
- XI. The Health Services Social Worker will develop a comprehensive, viable and appropriate home plan/placement for the inmate under consideration and will provide this information to the ELC Coordinator at completion of the planning process.
- XII. The ELC Coordinator shall forward the home plan to the Classification's Manager.
- XIII. The Classification Manager shall complete a final summary and forward to the Director of Prisons.
- XIV. If approved, the Director of the Division of Prisons shall forward to the Secretary of Department of Public Safety for final approval.
- XV. If approved, the Secretary of the Department of Public Safety shall notify the Director of Division of Prisons, the Director of the Division of Community Correction, and Victim Services of the final decision.
- XVI. The Victim Services designee shall notify the victim(s) or victim's family(ies) of the final decision.
- XVII. The closest prison facility to the inmate shall be responsible for managing the ELC Agreement and monitoring the inmate, if the request is approved.
- XVIII. The inmate or legally responsible person, if the inmate is unable shall sign the ELC Agreement.
- XIX. The Director of the Division of Prisons may request the Division of Community Correction to electronically monitor the inmate. (If the inmate leaves the place of confinement without authorization, the responsible Facility Head will immediately return the inmate to custody).
- XX. The ELC Agreement shall be granted in 90 day intervals.
- XXI. The responsible Facility Head shall ensure that unannounced visits occur to ensure compliance with the terms of the ELC Agreement.

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- XXII. The inmate, legally responsible person, or medical professional(s) responsible for the care shall promptly notify the responsible Facility Head of significant changes in the inmate's medical condition or circumstances in the ELC Agreement.
- XXIII. The responsible Facility Head shall ensure that a re-evaluation occurs at least every 90 days.
- XXIV. The evaluation report shall be forwarded to the Director of Division of Prisons who shall make the decision to extend the ELC Agreement.
- XXV. In the event of the death of an inmate while on ECL, the responsible facility shall be notified and the Division Policy ADV-2 (Death of an Inmate) shall be followed.



11/13/2017

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Terri Catlett, Deputy Director of Health Services

Date

SOR: Medical Director