

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prison

SECTION: Continuity of Patient Care

POLICY # CC-12

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SUBJECT: Medical Release

Original Supersedes Date: December 2014

Effective Date: September 2017

Revised Date: August 2017

Reviewed Date August 2017

PURPOSE

To provide guidelines for the release of offender's due to their poor health conditions.

POLICY

The Division of Prisons Health Services shall identify and investigate offenders who are geriatric, terminally ill or permanently and totally disabled for consideration of Medical Release (MR).

DEFINITIONS

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 or has progressed since sentencing and will likely produce death within 6 months and is so debilitating that it is highly unlikely that the offender poses a significant public safety risk.

Permanently and Totally Disabled - An 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 or has progressed since sentencing to render the offender to be permanently disabled and so debilitated that it is highly unlikely that the offender poses a significant public safety risk.

Geriatric - An offender who is 65 years or older who suffers from chronic infirmity, illness or disease related to aging that has progressed such that the offender is incapacitated to the point that he/she is not a public safety risk.

Medical Release Plan - A comprehensive written medical and psychosocial care plan that is specific to the offender and includes, at a minimum:

1. the proposed course of treatment
2. the proposed site for treatment and follow up
3. documentation that medical providers qualified to provide the medical services identified in the medical release plan are prepared to provide services
4. the financial program in place to cover the cost of this plan for the duration of medical release, which shall include eligibility for enrollment in commercial insurance plan, Medicare, Medicaid or access to other adequate financial resources

PROCEDURE

I. REQUESTS

- A. Requests for consideration of an offender for release secondary to medical conditions may be submitted by:
 1. Medical Staff within DPS [must complete the Medical Information Form (DC-293) and submit to the Medical Director/designee].
 2. Family member, attorney, etc. [may be submitted in writing to the Director of DPS and Juvenile Justice/designee as a letter or by use of form on NCDOC website].
- B. Facilities housing acute and long term care offenders shall electronically submit a quarterly report containing an updated list of their offenders matching the above definitions for consideration of medical release to the Medical Director/Health Services Release Coordinator. Although these reports are due quarterly in January, April, July, and October, referrals may be

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submitted electronically more often as needed for those offenders deemed terminally ill. Reports and referrals may be submitted in writing if electronic submission is not available.

- C. The Medical Director/Health Services Release Coordinator may request the attending physician to complete the Medical Information Form (DC-293). The form shall be completed as instructed and submitted electronically when feasible.
- D. All requests will be reviewed to determine if the offender meets the criteria for release.
- E. The Health Services Release Coordinator (with the approval of the Medical Director) shall electronically refer identified cases (with their medical histories) to the Classification Manager. If electronic referral is not possible, the referral may be in writing.
- F. The Classification Manager shall determine eligibility for Medical Release (MR) based on criminal history.

II. MEDICAL RELEASE

- A. If it is determined that the offender meets criteria to be considered for MR, the Classification Manager will:
 - 1. Request a risk assessment which must include:
 - a. the psychosocial condition.
 - b. the risk the offender poses to society.
 - 2. The risk assessment will be consistent with current Mental Health policy.
- B. The Health Services Release Coordinator will electronically refer the offender being considered for MR to the Health Service Social Worker assigned to the facility to which the offender is assigned. If electronic referral is not possible, the referral may be scanned and e- mailed.
- C. The Health Services Social Worker will:
 - 1. meet with the offender and obtain/scan/send the Authorization for Release of Information so that necessary medical information may be shared with community provider(s) and DPS personnel (DPS, DCC and the Post Release Supervision and Parole Commission).
 - 2. develop a comprehensive, viable and appropriate care plan/placement for the offender.
 - 3. electronically submit or scan and e-mail a copy of the completed plan to the Health Services Release Coordinator.
 - 4. ensure and electronically document or document in the written medical record that the offender understands the conditions of release.
- D. Further conditions:
 - 1. The Health Services Release Coordinator, in consultation with the Classification Manager, shall electronically submit the medical release plan to the Post Release Supervision and Parole Commission (Commission).
 - 2. The Commission will complete an independent risk assessment for violence and recidivism.
 - 3. The Commission will provide the victim(s) and the family of the victim(s) the opportunity to be heard.
 - 4. The Commission will determine whether medical release should occur within 15 days of receipt of the plan and if the offender is terminally ill.
 - 5. If the offender is determined to be permanently disabled or geriatric, the Commission will determine if medical release is to occur within 20 days of receipt of the plan.
- E. The conditions for release under the MR guidelines are:
 - 1. That medical care be consistent with the medical release plan submitted.

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2. That the offender shall cooperate with and comply with the DPS home plan.
 3. That the offender shall cooperate and comply with medical treatment plans developed by providers who are caring for him/her.
 4. That the offender shall be subject to supervision by Community Corrections and shall permit officers from Community Corrections to visit at reasonable times.
 5. That the offender shall comply with any other conditions of release set by the Commission.
 6. That the Commission receives periodic assessments from the treating physician after they are reviewed by the Medical Director/designee.

F. Medical Release shall be revoked if:

1. The periodic medical assessment reveals that an offender has improved and is no longer eligible for medical release; the Commission shall order that the offender be returned to the custody of the North Carolina DPS to await a revocation hearing.
2. The Commission receives credible information that an offender has failed to comply with any reasonable condition set forth in their release; the offender shall be promptly ordered to return to the custody of DPS.

G. Revocation of medical release due to improved medical status will not preclude eligibility for medical release in the future or other forms of parole/release.

H. In the event of the death of an offender who has been medically released, the family or legally responsible party must notify the Commission.



11/13/2017

Terri Catlett, Deputy Director of Health Services

Date

SOR: Medical Director