

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 1 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

---

## Purpose

To provide guidelines for the release of inmates due to health condition

## Policy

The Division of Prisons Health Services shall identify and investigate inmates 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 inmate 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 ~~only~~ to render the inmate to be permanently disabled and so debilitated that it is highly unlikely that the inmate poses a significant public safety risk.

**Geriatric** - An inmate who is 65 years or older who suffers from chronic infirmity, illness or disease related to aging that has progressed such that the inmate 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 inmate and includes, at a minimum:

1. the proposed course of treatment
2. the proposed site for treatment and followup
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 inmate for release secondary to medical conditions may be submitted by:
  1. Medical Staff within the Department of Corrections [must complete the Medical Information Form (Attachment A) and submit to the Chief of Health Services/designee]
  2. Family member, attorney, etc. [may be submitted in writing to the Division Director/designee as a letter or by use of form on NCDOC website]
- B. Facilities housing acute and long term care inmates shall submit to the Chief of Health Services/Health Services Release Coordinator quarterly (Jan., Apr., July, and Oct.) an updated list of their inmates matching above definitions for consideration for medical release. Referrals may be made more often if needed for those inmates terminally ill.
- C. The inmate's attending physician may be requested by the Chief of Health Services/Health Services Release Coordinator to complete the Medical Information Form (Attachment A). The completed form shall be returned as instructions indicate.

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 2 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

---

- D. All requests will be reviewed to determine if inmate meets the criteria for release.
- E. The Health Services Release Coordinator with the approval of the Chief of Health Services shall refer identified cases that include medical history to the Classification Manager.
- F. The Classification Manager shall determine eligibility for MR based on criminal history

## II. MEDICAL RELEASE

A. If it is determined that inmate meets criteria to be considered for MR, the Classification Manager will:

1. Request a risk assessment which must include:

- a. psychosocial condition
- b. the risk the inmate poses to society

**2. The risk assessment will be conducted consistent with current Mental Health policy.**

B. The Health Services Release Coordinator will refer to the Health Service Social Worker designated to provide Social Work Services at the DOP facility of assignment for the inmate under consideration for release.

C. The Health Services Social Worker will:

- 1. meet with inmate and obtain release so that necessary medical information may be shared with community provider(s) and NCDOC personnel (DOP, DCC and the Commission)
- 2. develop a comprehensive, viable and appropriate care plan/placement for the inmate
- 3. provide copy of completed plan to the Health Services Release Coordinator
- 4. ensure that the inmate understands the conditions of release

**D. Following the above processes:**

- 1. The Health Services Release Coordinator, in consultation with the Classification Manager, shall submit medical release plan to the Post Release Supervision and Parole Commission (Commission)
- 2. The Commission will make an independent assessment of risk for violence and recidivism that the inmate poses to society
- 3. The Commission will provide the victim(s) and the family of victim(s) the opportunity to be heard.
- 4. Within 15 days of receipt of plan and **if** inmate is terminally ill, the Commission will determine if medical release is to occur.
- 5. Within 20 days of receipt of plan and **if** inmate is permanently disabled or geriatric, the Commission will determine if medical release is to occur.

E. The conditions for release under the MR guidelines are:

- 1. That medical care be consistent with medical release plan submitted
- 2. That the inmate shall cooperate with and comply with the plan
- 3. That the inmate cooperates and complies with treatment plans of medical providers whom the released inmate is to be referred
- 4. That the inmate shall be subject to supervision by the Division of Community Corrections (DCC) and shall permit officers from DCC to visit at reasonable times
- 5. That the inmate 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 Chief of Health Services/designee.

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 3 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

---

## **F. Medical Release shall be revoked if:**

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

G. Revocation of medical release due to change in 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 former inmate on MR, the family or legally responsible party must notify the Commission.



12/20/08

---

Paula Y. Smith, MD, Director of Health Services      Date

SOR: Chief of Health Services

Attachments: (A, B)

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 4 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

**ATTACHMENT A**

Bob Lewis  
Director of Prisons  
831 West Morgan Street 4278 MSC Raleigh, North Carolina 27699-4278  
Telephone: 919-838-4000  
Fax: 919-733-1415

**MEMORANDUM**

**TO:** Primary Health Care Provider

**FROM:** Paula Y. Smith, MD  
Chief of Health Services

**RE:** Inmate Name and OPUS #: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Date Admitted to Department of Correction: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Services is currently gathering information with regard to the above named inmate to be used in consideration of his/her case. Soliciting this information does not imply any specific action is imminent or planned.

This information will be used to determine whether he/she should be considered for:

\_\_\_\_\_ Medical Release

\_\_\_\_\_ Extending the Limits of Confinement

\_\_\_\_\_ Parole

**Diagnosis (include date of diagnosis):** \_\_\_\_\_

Briefly describe symptoms and clinical course (include current medical/mental health needs DNR/Hospice status).

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 5 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

Symptoms:  Severe  Moderate  Minimal

Prognosis:  Likely to Improve  Not Likely to Improve  Unable to Determine

Patient Acuity Level: \_\_\_\_\_

Is the condition life threatening?  Yes  No

Please check the following that apply:

**He/she is terminally ill with a condition that**

is likely to produce death within 6 months

that condition was unknown at the time of sentencing

was not diagnosed upon entry to prison

that is so debilitating that it is highly unlikely that the inmate poses a significant public safety risk

**OR**

**OR**

**He/she is permanently and totally disabled**

by an irreversible physical incapacitation

as a result of a physical or medical condition

that was unknown at the time of sentencing

was not diagnosed upon entry to prison

**Geriatric**

≥ 65 y.o.

suffers from chronic infirmity or disease related to aging

incapacitated to the extent does not pose public safety risk

Describe ability to ambulate with or without assistance (ie walker, wheelchair, etc).

Does his/her medical condition affect activities of daily living (ie personal hygiene, physical activity etc.)?

Yes

No

If yes, explain \_\_\_\_\_

Indicate current treatment and treatment likely to be needed in the future.

**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 6 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

---

---

---

---

---

---

---

---

---

---

What level of care is indicated to best meet his/her care needs if released?

- Home Care
- Community Hospital
- Skilled Nursing
- Intermediate Care
- Hospice
- Other, Please specify. \_\_\_\_\_

Are there any other known medical/mental health issues that might affect his/her possibility for future criminal behavior?

Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please note other information you believe to be beneficial to determine his/her care, including inmate's preferences (i.e. consideration for release, living arrangements, identity of care provider).

\_\_\_\_\_/\_\_\_\_\_  
Signature/Title Date

**If you need extra space, please use an additional sheet. Thank you for your assistance in this matter. Please complete and fax as soon as possible to the attention of Tracey Newburg (919) 733-1415.**

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-12

PAGE 7 of 7

SUBJECT: Medical Release

EFFECTIVE DATE: December 2008

SUPERCEDES DATE: None

## MEDICAL RELEASE FLOWCHART (ATTACHMENT B)

