.2201 PURPOSE

The Secretary of the Department of Correction may extend the limits of confinement for a terminally ill or permanently and totally disabled inmate to receive palliative care. This extension of the limits of confinement will be for a prescribed period of time and the inmate may be unaccompanied by a custodial agent.

.0202 TERMINALLY ILL OR PERMANENTLY AND TOTALLY DISABLED INMATES

(a) To be eligible for an extension of the limits of confinement under this provision, the following conditions must be met:

(1) A Department of Correction’s physician determines that the inmate is “terminally ill” or “permanently and totally disabled”. For the purposes of this policy, “terminally ill” is defined as a condition caused by an illness or disease that causes physical incapacitation and will likely produce death within six months and is so debilitating that it is highly unlikely that the inmate poses a significant public safety risk. For the purposes of this policy, “permanently and totally disabled” is defined as permanent and irreversible physical incapacitation as a result of an existing physical or medical condition.

(2) The illness or disease was unknown at the time of sentencing and was not diagnosed upon entry to prison.

(3) The Department’s medical director shall notify the Secretary immediately when an inmate is classified as terminally ill and shall provide regular reports on inmates classified as permanently and totally disabled. For those inmates diagnosed as terminally ill, information should be available to the Secretary within 10 working days so a final determination can be made within 30 days of notification.

(4) The inmate must be in minimum custody.

(5) The Secretary of Correction determines that the inmate no longer poses a significant public safety risk.

(6) The inmate must be pre-certified for acceptance into Hospice or to receive similar palliative care in the community. The Department of Correction will assume no financial cost associated with care or treatment for those inmates whose limits of
confinement are extended under these provisions. DOP Health Services will investigate the possibility of community resources for provision of needed care.

(7) If conditions described in items (1) through (4) of this section, F.0405, are met, DOC Victim Services will be notified. Victim Services will make reasonable efforts to contact registered victims. If no victims are registered, Victim Services will contact the District Attorney’s office in the sentencing county in an attempt to locate victim information. The contact by Victim Services for consultation with the victim will be by telephone. If no telephone number is available, a letter will be sent to the victims or victim’s families seeking their input. Victim Services will explain that the inmate is being considered for an extension of the limits of confinement based on the general statute. The specifics of General Statute 148-4 will be provided to the victims or families of the victims and a request for their input for consideration in the review process will be made. The confidentiality of the inmate’s health condition must be maintained, therefore, no specifics regarding the inmate’s health status may be released. Victim Services will document the details of the consultation and victim input on the OR07 OPUS screen. The confidentiality of the victim input shall be maintained. In any case in which a victim has been contacted for input, they will be notified by Victim Services of the outcome once a final decision has been reached. If an inmate is granted an extension of the limits of confinement under this provision the victim will be notified by the Office of Victim Services if the inmate is returned to custody or if the inmate dies.

(8) The Division of Prisons may request that the inmate be electronically monitored by the Division of Community Corrections. The Division of Community Corrections will immediately notify the Division of Prisons if the inmate leaves the authorized place of confinement. Failure to comply with the terms of the agreement of the extension of the limits of confinement will result in the inmate’s return to custody. The failure of an inmate to remain within the extended limits of his/her place of confinement, or failure to return to custody if so instructed shall be deemed an escape from the Division of Prisons.

(9) Extensions of the limits of confinement will be granted in ninety-day intervals. The extension of the limits of confinement will be re-evaluated every ninety days and a decision will be made regarding whether an additional extension is to be granted or if the inmate needs to be returned to custody. Factors to include in the evaluation include changes in the inmate’s medical condition and violations of the terms of the agreement.

(10) The Secretary of the Department of Correction or designee may at anytime return an inmate to custody that has been granted an extension of the limits of confinement.

(b) Procedures for Administration of Extension of Limits of Confinement Under This Provision:
A request to consider an inmate for an extension of the limits of confinement under this provision may come from any source. Any such request would be referred to the Facility Head at the prison housing the inmate. The Facility Head should review the request in accordance with these guidelines and, if appropriate, refer the request to a Department of Correction physician. The Department of Correction physician, who may also initiate a request for a review of a specific case, will conduct an evaluation for an initial determination as to whether or not the inmate meets the criteria to be designated as terminally ill or permanently and totally disabled. If the physician determines that the inmate is terminally ill or permanently and totally disabled in accordance with these guidelines, the physician will request a review by the Director of Health Services.

(2) The Director of Health Services will review the case and make a determination as to whether or not the inmate meets the criteria established to designate the inmate as terminally ill or permanently and totally disabled.

(3) The Director of Health Services will refer the case of an inmate identified as terminally ill or permanently and totally disabled to the Director of Prisons.

(4) The Director of Prisons or designee will review the case and determine whether or not to refer the matter for investigation. If the decision is to continue the investigation, the Director of Prisons or designee will determine whether the inmate poses a threat to the community.

(5) At the same time the inmate’s threat to the community is being evaluated, DOP Health Services will investigate the possibility of the inmate’s pre-certification for acceptance into Hospice or to receive similar palliative care in the community. DOP Health Services will investigate the possibility of community resources for provision of needed care, since the Department of Correction will assume no financial cost associated with this care.

(6) DOP Health Services will notify the Director of Prisons or designee regarding the outcome of the investigation for palliative care. If pre-certification is not obtained, the case will be denied.

(7) If the inmate is pre-certified for acceptance into palliative care, the Director of Prisons or designee will refer the case to the Office of Victim Services.

(8) Victim Services will seek to contact the victims or victim’s families, explain that the inmate is being considered for an extension of the limits of confinement, provide the specifics of General Statute 148-4 and seek their input for consideration in the review process.

(9) Victim Services will relay the input from the victim, if any, to the Director of Prisons.
(10) The Director of Prisons will make a recommendation to the Secretary of
Correction. The Secretary of the Department of Correction will make a final
decision regarding the case and will notify the Director of Prisons, the Director of
the Division of Community Correction and Victim Services. The Director of
Prisons will notify DOP Health Services and the Facility Head. Victim Services
will notify the victim concerning the final decision of the Secretary of Correction.

(11) If the inmate is approved for an extension of the limits of confinement to a
location that is not in close proximity to the prison facility housing the inmate
then arrangements should be made to have the closest prison facility to the
palliative care facility to be the responsible facility, to include, handling the
agreement for the extension of the limits of confinement and checking on the
inmate. That facility becomes the responsible facility for the inmate.

(12) The inmate will sign an agreement for the extension of the limits of confinement
at the facility he/she is housed at. If the inmate is mentally ill, comatose or
otherwise unable to sign the agreement, the inmate’s guardian or individual with
the power of attorney will sign for the inmate. The inmate, their guardian, the
individual with the power of attorney, and medical professional responsible for
the palliative care of the inmate must promptly notify the Facility Head of
significant changes in the inmate's medical condition or in the circumstances of
the extended limits of confinement.

(13) The agreement will be granted in ninety-day intervals. The Facility Head will
ensure that a re-evaluation occurs every ninety days. The Facility Head will make
a recommendation and the final decision regarding the extension will be made by
the Director of Prisons or designee. The facility responsible for the inmate should
make weekly unannounced checks to ensure compliance with the terms of the
agreement for the extension of the limits of confinement.

(14) The Division of Prisons may request that the Division of Community Correction
electronically monitor the inmate. The Division of Community Correction will
immediately notify the Facility Head if the inmate leaves the authorized place of
confinement or if DCC determines that the inmate has tampered with the
monitoring equipment. The Facility Head will then immediately return the inmate
to custody.