

# 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

EFFECTIVE DATE: December 2014

SUPERCEDES DATE: December 2008

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## Purpose

To provide guidelines for the release of offenders 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 (Attachment A) and submit to the Chief of Health Services/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 Chief of Health Services/Health Services Release Coordinator. Although these reports are due quarterly in January, April, July, and October, referrals may be 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.

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- C. The Chief of Health Services/Health Services Release Coordinator may request the attending physician to complete the Medical Information Form (Attachment A). 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 Chief of Health Services) 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. ????
  - how/when/what contact \*\*\*need more information\*\*\*
  - 4. The Commission will determine whether medical release ~~is to~~ 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.
  - 2. That the offender shall cooperate with and comply with the DPS home plan.

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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 Chief of Health Services/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.



6/10/14

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Paula Y. Smith, MD, Chief of Health Services

Date

SOR: Chief of Health Services

Attachments: (A, B)

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**ATTACHMENT A**

George Solmon  
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

Denis G. Lewandowski, PhD  
Parole Commission

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

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

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

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

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

Health Services is currently gathering information with regard to the above named offender 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): \_\_\_\_\_

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

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

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 offender 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 \_\_\_\_\_

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

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

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

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 offender'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.**

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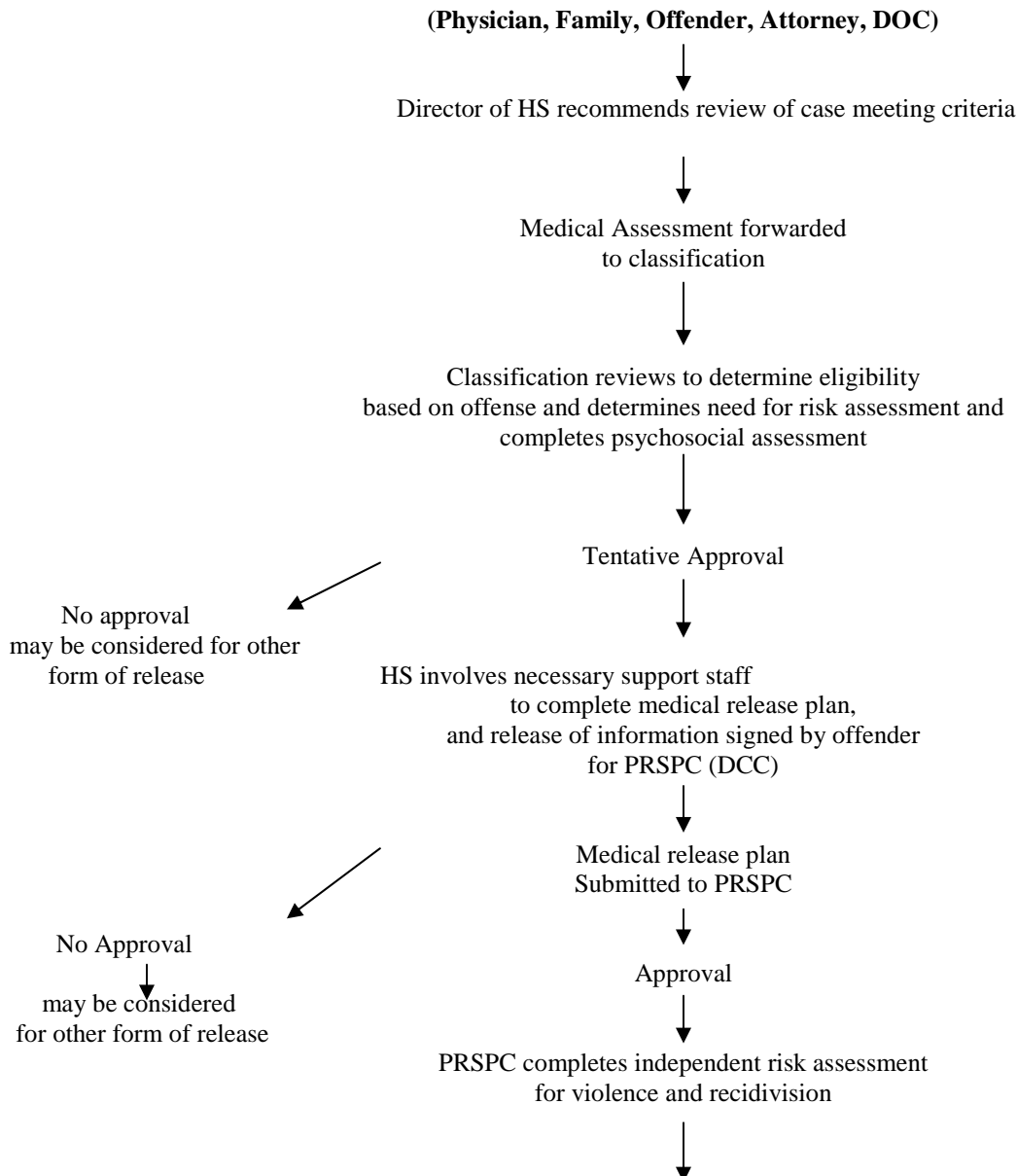
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**MEDICAL RELEASE FLOWCHART (ATTACHMENT B)**



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