

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-11

PAGE 1 of 7

SUBJECT: Extending the Limits of Confinement

EFFECTIVE DATE: September 2007

SUPERCEDES DATE: May 2006

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 Chief of Health Services.
- 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 Corrections shall be made by completing the Medical Information Form (Attachment A) and submitting to the Chief of Health Services.
 - B. A request from other sources (i.e., family, attorney, etc.) shall be made verbally or submitted in writing to the Chief of Health Services.
 - C. The inmate's attending physician shall be requested by the ELC Coordinator to complete the Medical Information Form (Attachment A). 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 Chief of Health Services shall refer identified cases to the Classification Manager.

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- 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.
- VII. The request may be denied at anytime during the review (Refer to Flow Chart Attachment B). 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 Correction for final approval.
- XV. If approved, the Secretary of the Department of Correction 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.

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- XXVIII. The inmate or legally responsible person, if the inmate is unable shall sign the ELC Agreement.
- XXIX. 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 ECL Agreement.
- 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.



9/30/07

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Chief of Health Services

Attachments: (A&B)

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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).

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

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

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.

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).

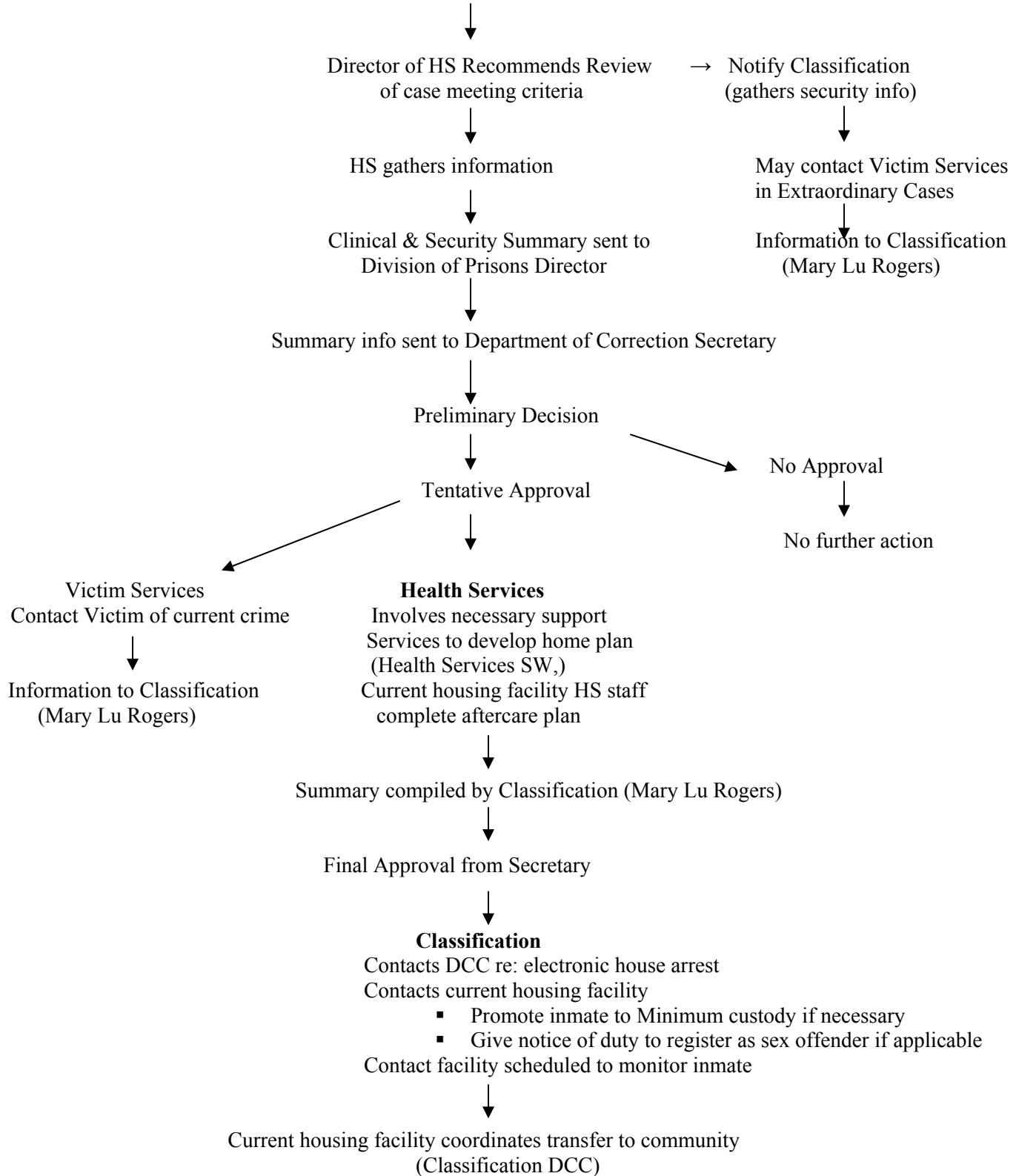
_____/_____
Signature/Title Date

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.

PROCEDURES FOR EXTENDING LIMITS OF CONFINEMENT

Referral for ELC

(Physician, Family, DOC)



Case by Case