



*State of North Carolina  
Department of Correction  
Division of Prisons*

Chapter: C  
Section: .2100  
Title: **Medical Release of Ill  
and Disabled Inmates**  
Issue Date: 09/17/08  
Supersedes: N/A (New Policy)

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***POLICY & PROCEDURES***

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**.2101 PURPOSE**

To provide guidelines for the release of inmates due to health conditions to include terminal illness, permanent total disability, or geriatric inmates as defined by statutes.

**.2102 DEFINITIONS**

- (a) 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.
- (b) 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 inmate to be permanently disabled and so debilitated that it is highly unlikely that the inmate poses a significant public safety risk.
- (c) 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.
- (d) 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 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.
- (e) Commission- Post-Release Supervision and Parole Commission
- (f) Department- Department of Correction

- (g) Inmate - Any person sentenced to the custody of the Department of Correction

### **.2103 ELIGIBILITY**

An eligible inmate is any inmate except those with convictions for Class A, B1 or B2 felony or any crime requiring registration as a sex offender, meeting the definition of Terminally Ill, Permanently and Totally Disabled or Geriatric.

### **.2104 PROCEDURES**

- (a) Facilities housing acute and long term care inmates shall submit an updated list of inmate names matching above definitions for consideration for medical release to the Chief of Health Services/Health Services Release Coordinator quarterly (Jan., Apr., July, and Oct.). Referrals may be made on or more often if needed for those inmates terminally ill.
- (b) Requests for consideration of an inmate for release secondary to medical conditions may be submitted by:
- (1) Medical Staff within the Department of Correction [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]
- (c) The Health Services Release Coordinator with the approval of the Chief of Health Services shall refer identified cases to the Chief of Auxiliary Services or his/her designee.
- (d) The Chief of Auxiliary Services or his/her designee shall determine eligibility for Medical Release based on criminal convictions (No class A, B1, B2 or convictions requiring registration as a sexual offender) and return a listing of eligible inmates back to the Chief of Health Services or his/her designee.
- (e) All requests will be reviewed to determine if inmate meets the criteria for release. The Chief of Health Services/Health Services Release Coordinator shall request a Medical Information Form (Attachment A) to be completed by the attending physician. The completed form shall be returned as instructions indicate.
- (f) The Chief of Medical Services or his/her designee shall direct the physician(s) at the housing facility to prepare a medical summary to include a description of any and all terminal conditions, physical incapacities, and chronic conditions, as well as a prognosis concerning the likelihood of recovery from any and all terminal conditions, physical incapacities, and chronic conditions.
- (g) This summary will be forwarded to the Chief of Medical or his/her designee. If the inmate meets the statutory medical requirements for Medical release, the medical

summary will be forwarded to the Chief of Auxiliary Services or his/her designee to complete the psychosocial review and to the Health Services Social Worker to develop an approved treatment and release plan.

- (h) The Health Services Social Worker will:
  - (1) meet with inmate and obtain release plans as well as a Release of Information so 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.
- (i) The facility Health Services Social Worker will provide information to the divisional Health Services Release Coordinator confirming a medical release plan has been developed that meets statutory requirements. Prior to Medical Release, the divisional Health Services Release Coordinator shall ensure the inmate understands the conditions of release, as follows:
- (j)
  - (1) that medical care shall be consistent with medical release plan submitted
  - (2) that the inmate shall cooperate with and comply with the plan
  - (3) that the inmate cooperate and comply 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 shall receive periodic assessments from the treating physician after they are reviewed by the Chief of Health Services/designee.
- (k) The Chief of Auxiliary Services or his/her designee shall complete a psychosocial review to include:
  - (1) the inmate's medical (as provided by medical staff) and psychosocial condition,
  - (2) the risk the inmate poses to society
  - (3) a risk assessment by Division Mental Health staff to be requested in keeping with the existing Division of Prisons policy related to assaultive crimes, including consideration of the extent of the inmate's involvement in any assaults and the

sentences imposed by the courts for any assaults. Risk assessments will therefore only be completed in compliance with current policy requirements. The psychosocial review shall include an assessment of the risk for violence and recidivism the inmate poses to society. The Department may consider such factors as the inmate's medical condition, the severity of the offense for which the inmate is incarcerated, the inmate's prison record, and the release plan.

- (l) The assessments submitted shall be completed within 45 days after receipt of a request of a request, petition, or recommendation for medical release in keeping with statutory requirements.
- (m) The Chief of Medical Services and the Chief of Auxiliary Services or their designees will make a final recommendation to the Commission on those cases deemed suitable for Medical Release by the Commission.

#### **.2105 REVOCATION OF MEDICAL RELEASE**

- (a) Inmates approved for medical release shall be returned to the Division of Prisons to await a revocation hearing if:
  - (1) The Commission receives credible information the inmate has failed to comply with any reasonable condition (in which case the inmate will be returned to one of the Division Diagnostic Centers for processing as a parole violator), or,
  - (2) The inmate's medical condition improves to the point that they would not be eligible for Medical Release if the inmate were being considered for Medical Release at that time.
- (b) Revocation of an inmate's Medical Release for either a violation of the conditions or improved medical condition shall not preclude the Department and Commission from future consideration for either Medical Release or other type of parole.
- (c) In the event of the death of former inmate on MR, the family or legally responsible party must notify the Commission.

  
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Director of Prisons      Date

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