GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Discharge Planning for Release from Custody		
Policy Number: 507.04.18	**Effective Date:** 11/24/2026	**Page Number:** 1 of 8
Authority: Commissioner	**Originating Division:** Health Services Division (Physical Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

Continuity of Health Care Services will be provided to offenders through Discharge Planning prior to release from the Georgia Department of Corrections (GDC). This policy is applicable to all facilities that house GDC offenders, to include private and county prisons, and outlines the procedures followed by health services in preparation for release of any offender from GDC.

II. Authority:

A. O.C.G.A. §42-5-52.2.

B. GDC Standard Operating Procedures (SOPs): 212.03, Determining Release Date; 507.02.01, Health Record Management, Format and Contents; 507.02.02, Confidentiality of Health Record and Release of Information; 507.02.03, Transfer and Retention of Health Records; 507.04.01, State Offenders in County Correctional Institutions; 507.04.02, Transitional Center Health Services; 507.04.10 Consultations and Procedures, 507.04.11 Referrals for Outside Healthcare Services, 507.04.15, ASMP Admission and Discharge Process; 507.04.16, Utilization Management; 507.04.28, Chronic Care; 507.04.61, HIV Antibody Testing, and 507.04.66 Medical Reprieves;

C. NCCHC Adult Standard: P-E-10; and

D. ACA Standards: 5-ACI-5F-05; 5-ACI-6A-04; 5-ALDF-4C-04, and 5-ALDF-5B-19.

III. Definitions:

As used in this SOP, these terms are defined as follows:

A. **Discharge Planning** - The completion of tasks by medical staff necessary for the preparation of an offender's release from GDC.

B. **Problem List** - List of any significant medical condition(s) that the offender had or has including the date of diagnosis.

C. **Responsible Health Authority** - A qualified health care professional who may or may not be a physician that is designated to ensure the provision of appropriate care for all offenders. When this authority is other than a physician, medical judgments rest with a designated licensed physician.

D. **The State Repository of Information System** (**SCRIBE) -** GDC's official offender records management system

IV. Statement of Policy and Applicable Procedures:

A. Notification of Offenders being Released from the GDC:

1. Upon receiving notification of an offender's upcoming release from the GDC, the Warden/Superintendent or designee will notify the Responsible Health Authority. The 180-day list from SCRIBE might be referenced, pending an offender's release.

2. Advance notice by the facility will enable the facility's health care staff to provide the highest level of Discharge Planning possible.

B. Health Record Review:

1. The health record shall be reviewed by a licensed health care professional for acute or chronic illness that will require follow-up care once the offender is released. Examples of conditions for follow-up are:

   a. Hypertension.

   b. Diabetes.

   c. Seizure disorders.

   d. Cancer.

e. Human Immunodeficiency Virus (HIV) infection.

f. Hepatitis C.

g. Latent Tuberculosis (TB).

h. Mental health disorders.

i. Pulmonary disorder; and

j. Other medical conditions as clinically indicated.

2. Pending consultations will be noted, and if the offender is being released prior to the appointment date, the consultant will be notified, and the appointment canceled. The consultation will be canceled in SCRIBE.

3. Offenders with mental health disorders will have referrals made by the mental health staff.

C. Health Care Release Process:

1. All offenders will be escorted to medical before release for a visit with a licensed nurse. The nurse will provide the offender discharge instructions as noted on the discharge plan. A copy of the discharge plan will be provided to the offender.

2. For offenders who have health conditions requiring follow-up care, the licensed nurse will review the offender's current health status and determine if the offender has identified a health care provider in the community who will be providing ongoing follow-up care. This will be documented on the discharge plan.

3. A written discharge plan with pertinent clinical information (diagnosis, medications, lab results, etc.) will be provided to offender. The offender will be provided with a copy of his/her most recent labs, appropriate diagnostic tests, last CIC visit/or pertinent medical encounter to enable follow-up with an outside provider. A consent to release medical information will be obtained from the offender in all cases before health record information is forwarded to the community provider. The consent will be placed on the medical record.

4. Releasing offenders will be provided, or arrangements made for, medical equipment necessary to meet the medical needs identified and initiated during incarceration. In instances where medical equipment (for example, O2 concentrators) cannot be provided, there will be coordination with community resources to ensure that offenders have medical equipment available upon release from the facility. Coordination of services will be documented in the medical record.

5. Offenders requiring follow-up care who have not identified a provider will be counseled regarding resources available. Community Resources may include County Public Health Departments, Community Hospitals, Health Care Clinics (family practice, mental health), and HIV Clinics near where the offender intends to reside.

6. Particular attention will be focused on Discharge Planning for offenders with HIV, Hepatitis C (HCV), Cancer and Latent TB. Every reasonable effort will be made to provide a follow-up appointment at a community site for the offender.

D. HIV Infection:

1. As required by O.C.G.A. §42-5-52.2, HIV exit testing will be completed on all state offenders prior to release. This applies to offenders who have been in custody for one (1) year or longer and have not tested positive. HIV exit testing must occur within thirty (30) days prior to release. If an offender refuses to

comply with the HIV exit testing, refer to SOP 507.04.61 HIV Antibody Testing.

2. The Pre-Release Planning Coordinator will follow the steps indicated for the exit interview/discharge for HIV offenders. In the absence of the Pre-Release Planning Coordinator, these responsibilities fall to the facility medical staff.

    a. Identify the upcoming releases list from the 180-day Release Report to indicate those offenders within sixty (60) days of their "earliest release date;"

    b. Verify release address for the offender.

    c. A consent to release medical information must be obtained.

    d. Contact Community Medical Clinic (Health Department, etc.) for the offender's release area and obtain a "discharge appointment date;"

    e. Complete the HIV Discharge Plan for Community Referral form (P30-0004.21) or other approved form. A copy of this form will be distributed to:

        i. The offender as part of the exit interview/discharge packet.

        ii. The Community Medical Clinic; and

        iii. The medical record.

    f. Copy and send pertinent medical records to Community Medical Clinic for the releasing offender. These need to be sent to the clinic PRIOR to the offender's actual discharge. The packet will include:

        i. HIV confirmatory test.

ii. Most recent lab work indication CD4 and viral loads.

iii. Last physical examination/chronic care visit.

iv. List of current medications; and

v. Other records deemed important/critical for the clinic to be aware of.

g. Set up an appointment to meet with releasing offender within 60 days of projected release to discuss discharge:

i. A copy of the HIV Discharge Plan for Community Referral form (P30-0004.21) or other approved form will be completed for each HIV positive offender leaving a GDC facility. A copy of the HIV Confirmatory Test and a copy of the discharge plan will be placed in a sealed envelope, marked confidential, and given to the offender ONLY when discharged from GDC custody; and

E. HCV Infection:

1. For unanticipated circumstances where the offender will be released prior to completion of therapy, discharge plans will be made. Patients should be provided with a copy of their initial lab tests which confirmed their diagnosis.

F. Release Medications:

1. Offenders receiving any currently prescribed medication(s) will be provided a child-proof retail prescription bottle containing a 14-day supply of medication and syringes, if applicable. In instances that an offender does not receive medications prior to release, medications shall be mailed to the offender's verified discharge address.

2. Offenders on the mental health caseload who are receiving psychotropic medications will receive a minimum 30-day supply of medication upon discharge from the GDC.

3. A licensed health care provider will provide education and counseling regarding the importance of continuing the medications.

4. As part of the GDC HIV Aftercare Program, the Pre-Release Planning Coordinator will assist HIV positive offenders on Antiretroviral Therapy (ART) to enroll in community medical clinics and will provide them with a 14-day supply of antiretroviral medications and may provide an adequate supply based on offender's community HIV clinic appointment date. In the absence of the Pre-Release Planning Coordinator, these responsibilities fall on the facility medical staff.

5. Offenders receiving medications for Hepatitis C will be provided with a child-proof retail prescription bottle containing the remainder of doses required to complete treatment.

6. Pharmacy staff will assist offenders with enrollment into applicable patient assistant programs.

G. Discharge from GDC:

1. If an offender is discharged from a state facility, private prison, or county correctional institution, the health record shall be forwarded within thirty (30) days upon receipt of shipping labels to the State Records Center in accordance with SOP 507.02.03 Transfer and Retention of Health Records.

2. If an offender is discharged from a detention center, the record will remain in the inactive file at the facility for a year. After one complete calendar year, the health record shall be forwarded to the State Records Center.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.