
*Community Supervision
Policy and Procedure*

Chapter: E Post-Release and Parole

Section: .0900

Title: Early Medical Release

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.0901 PURPOSE

The Medical Release of Ill and Disabled Inmates Program was established in 2008 based upon the enactment of [Article 84B Medical Release of Inmates](#).

This program enables the Post-Release Supervision and Parole Commission to release inmates who are terminally ill, permanently and totally disabled and geriatric.

.0902 DEFINITIONS

Terminally Ill

An inmate who, as determined by a licensed physician, has an incurable condition caused by illness or disease that was unknown at the time of sentencing or, since the time of sentencing, has progressed to render the inmate terminally ill, and that will likely produce death within six months, and that is so debilitating such that the inmate does not pose a public safety risk.

Permanently and Totally Disabled

An inmate who, as determined by a licensed physician, suffers from permanent and irreversible physical incapacitation as a result of an existing physical or medical condition that was unknown at the time of sentencing or, since the time of sentencing, has progressed to render the inmate permanently and/or totally disabled, such the inmate does not pose a public safety risk.

Geriatric

An inmate who is 55 years of age or older and suffers from chronic infirmity, illness, or disease that has progressed such that the inmate is medically incapacitated and is also determined to pose either no risk or low risk to public safety.

.0903 MEDICAL RELEASE PLAN

A comprehensive written medical and psychosocial care plan that is specific to the inmate and includes at a minimum:

- (a) The proposed course of treatment;
- (b) The proposed site for treatment and follow-up;
- (c) Documentation that medical providers qualified to provide the medical services identified in the medical release plan are prepared to provide services;
- (d) 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 a commercial insurance plan, Medicare, Medicaid or access to other adequate financial resources.

.0904 ELIGIBILITY

- (a) Diagnosed as permanently and totally disabled, terminally ill, or geriatric;
- (b) Incapacitated to the extent that the inmate does not pose a public safety.

.0905 FACILITY RESIDENCE INVESTIGATION PROCESS

Medical Release approvals and release dates are statutorily driven; the entire facility/residence investigation process must be completed within two weeks.

- (a) When an inmate is being considered for Early Medical Release, the medical release parole case analyst will generate a Medical Residence Investigation (MRI) to the transmittal Chief Probation/Parole Officer based on the address provided;
- (b) The transmittal Chief Probation/Parole Officer will assign the investigation to the appropriate Probation/Parole Officer;

- (c) The Probation/Parole Officer has three days from the date ordered to complete the investigation. Because the timeframe for Early Medical Release approval is statutorily mandated, the residence investigation cannot be extended past the three days. During the investigative process, officers will take into consideration the level of care needed for the offender and ensure that the proposed residence and caretakers are appropriate prior to approving the home plan;
- (d) Once the investigation is accepted and approved by the Chief Probation/Parole Officer, notification will be generated to the medical release parole case analyst;
- (e) Once the Commission approves the Early Medical Release, a release date will be set and an alert in OPUS will be generated.

.0906 RESIDENCE PLAN REJECTED/DENIED

- (a) If the residence plan is rejected, the Probation/Parole Officer will enter the recommendation (denied) and add the mandatory comments;
- (b) The Chief Probation/Parole Officer will enter the completion date and update the status to “residence rejected” and the decision to “denied”;
- (c) The “residence rejected” status will alert the medical release parole case analyst that the residence plan has been rejected. Due to time constraints, the officer and/or Chief Probation/Parole Officer will follow up with a phone call to the medical release parole case analyst;
- (d) The medical release parole case analyst will generate a new residence plan, forward to the transmittal Chief Probation/Parole Officer and the officer will have only two days to complete the investigation.

.0907 RELEASE/PICK UP OF OFFENDERS

Since the medical release is statutorily driven, the offender must be released/picked-up on the release date. Medical release papers are forwarded to the releasing facility by the parole case analyst.

A Probation/Parole Officer must be present at the prison facility to explain the medical release conditions and have them signed by the offender and distributed accordingly.

If the offender has been determined to not pose a public safety risk and is permanently and totally disabled and/or terminally ill, the release of this offender can be a direct release to a family member or transport by ambulance.

If the offender is being released from a prison facility outside the county of residence, a release officer in the county of incarceration will go to the prison facility to explain the medical release conditions, get them signed and distributed.

.0908 SUPERVISION OF MEDICAL RELEASE OFFENDERS

Low to no risk to the community is one of the criteria for Medical Release approval; therefore, offenders coded as medical release will not require a risk/need assessment and will be supervised at a minimum standard. Since Medical Release conditions restrict offenders from leaving their residence and/or medical facility except for medical appointments, officers will make contact with the offender at their residence and/or medical facility at a minimum of every 90 days following the initial contact.

.0909 PROGRESS REPORTS

The supervising officer will submit a progress report within the first 30 days of supervision and every six months thereafter. The progress report will be submitted to the medical release parole case analyst. The progress report will include the officer's observations in memo form with attached updates from the treating physician.

.0910 VIOLATIONS – MEDICAL RELEASE OFFENDERS

When a violation occurs, the supervising officer will assess the type of violation and follow the standard protocol for reporting violations and take appropriate action.

If the Post-Release Supervision and Parole Commission issues a warrant for the offender's arrest, the officer or Chief Probation/Parole Officer will contact Prisons Transportation to obtain authorization to transport the offender to either Central Prison or NCCIW to await a preliminary hearing. In no event will Early Medical Release offenders be taken to a local county facility.

.0911 DEATH OF A MEDICAL RELEASE OFFENDER

Refer to section .0805 Offender Death

.0912 CLOSING CASES – MEDICAL RELEASE

Refer to section .0806 Closing Cases