

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

**Health Care Policy
No. HCP42**



09 January 2019

**INSTITUTIONAL SERVICES / HEALTH CARE POLICIES
Health Care Policy – Medical Release Procedures
Medical Parole**

1. **OBJECTIVE:** To identify DPS&C offenders who represent a low public safety risk due to their significant health conditions and consider these offenders for medical parole.
2. **REFERENCES:** ACA Standards 5-6A-4347 and 5-6A-4357 (Adult Correctional Institutions); La.R.S. 14:30, 14:30.1, 15:574.4, 15:574.4.2 and 15:574.20; Medical Furlough and Medical Parole Flow Chart (attached); Department Regulation Nos. HCP21 "Communicable and Infectious Diseases Infection Control Program," HCP24 "Human Immunodeficiency Virus (HIV)," HCP7 "Pharmaceuticals," and OP-C-12 "DNA Protocols."
3. **POLICY:** It is the Secretary's policy that the Department shall have procedures to efficiently identify permanently disabled offenders or terminally ill offenders who, due to a medical condition, represent a low public safety risk and consider these offenders for medical parole. The authority to grant medical parole shall rest solely with the Committee on Parole.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Department's Chief Nursing Officer, Director of Probation and Parole, Chairperson and Members of the Board of Pardons Committee on Parole, Regional Wardens, Wardens, and Administrators of local jail facilities where state offenders are housed. Each Unit Head shall be responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.
5. **DEFINITIONS:**
 - A. **Health Care Facility:** For the purpose of this regulation, an acute care hospital, nursing home or other licensed medical facility which complies with all state and federal laws and regulations that is appropriate to meet the offender's medical and treatment needs.

- B. **Health Care Personnel:** Individuals whose primary duty is to provide health services to offenders in keeping with their respective levels of health care training or experience.
- C. **Health Care Practitioner:** Clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners, and physician assistants.
- D. **Medical Parole:** A specific type of parole for offenders who, because of a medical condition, are determined by the Department to be a permanently disabled offender or terminally ill offender. Medical parole consideration shall be in addition to any other parole for which an offender may be eligible.
- E. **Permanently Disabled Offender:** For the purpose of this policy, any offender who is unable to engage in substantial gainful activity by reason of any medically determinable physical impairment which can be expected to result in death or which is or can be expected to be permanently irreversible, in accordance with the U.S. Social Security Administration's definitions in "Disability Evaluation Under Social Security."
- F. **Terminally Ill Offender:** For the purpose of this policy, any offender who is diagnosed with a terminal illness and death is expected within one year. The medical condition of a terminally ill offender is usually permanent in nature and carries a poor prognosis. (Note: "Terminally Ill Offender" definition is different for medical furlough.)

6. MEDICAL PAROLE ELIGIBILITY:

A. Non-Medical Criterion

- 1) Any offender sentenced to the custody of DPS&C may be considered for medical parole by the Committee on Parole except an offender:
 - a. Sentenced to death; or
 - b. Serving time for the violation of first-degree murder (R.S. 14:30); or
 - c. Serving time for the violation of second-degree murder (R.S. 14:30.1).

- 2) Any offender who meets the medical parole eligibility criterion may be considered for medical parole, regardless of the offender's eligibility for traditional parole under the provisions of R.S. 15:574.4.

B. Medical Criterion

- 1) Any permanently disabled offender or terminally ill offender may be considered for medical parole.
- 2) Generally, medical parole consideration shall not be given to an offender when the offender's medical condition was present at the time of sentencing, unless the offender's overall condition has significantly deteriorated since that time.

NOTE: Medical criteria is only one of the many factors in determining the suitability of an offender for a medical parole. A multidisciplinary team conducts a thorough assessment, including a public safety risk assessment.

7. MEDICAL PAROLE PROCEDURES:

- A. The Warden at each institution shall appoint a multidisciplinary team to evaluate every medical parole request. The staff appointed to this team shall be permanently assigned unless the team member's position changes.
- B. Any treating health care practitioner with knowledge of an offender's terminal illness or permanent disability may initiate the process by completing a Medical Criteria Screening Form (Form HCP41-a) and submitting it to the Unit Medical Director for consideration.
- C. In addition, any staff, including, but not limited to, health care personnel, Wardens, Headquarters' Medical staff, with knowledge of an offender's terminal illness or permanent disability may request the Unit Medical Director to review the offender for medical parole consideration.
- D. The Unit Medical Director or designee shall:
 - 1) Evaluate every Medical Criteria Screening Form (Form HCP41-a) received and, based solely on the offender's medical information, advise that the offender:
 - a. Meets the medical criteria for medical parole consideration;
or

- b. Does not meet the medical criteria for medical parole consideration.

NOTE: The Unit Medical Director's evaluation shall be objective and fact-based regarding only the offender's medical condition meeting or not meeting the medical criteria.

- 2) If the Unit Medical Director advises that the offender meets the medical criteria and recommends the offender for medical parole consideration:

Complete the Unit Medical Director's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) by evaluating and providing information on the offender's medical condition and submit to the Unit Warden for review.

- 3) If the Unit Medical Director declines to recommend the offender for medical parole consideration:

- a. Send notification of declination to the Warden and the Department's Chief Nursing Officer for data collection and tracking, and
- b. File the Medical Criteria Screening Form (Form HCP41-a) in the offender's medical record.

E. The Unit Warden or designee shall:

- 1) Ensure that multidisciplinary team members provide pertinent information relative to their discipline to aid in determining an offender's suitability for medical parole and document this information on Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c);
- 2) Evaluate every Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) received; and
- 3) Complete the Unit Warden's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) by evaluating and providing information on the offender's crime, criminal history, length of time served in custody, institutional conduct, any indications that the offender represents a low risk to himself or society, and how the offender's medical condition related to his overall risk to society and either:

- a. Recommend the offender for medical parole consideration and submit the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) to the Department's Chief Nursing Officer for processing, or
- b. Decline to recommend the offender for medical parole consideration, send notice of declination to the Department's Chief Nursing Officer for data collection and tracking, and file the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) in the offender's medical record.

F. The Department's Medical/Mental Health Director shall:

- 1) Evaluate every Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) received for compliance with applicable law and policy, and
- 2) Complete the Department's Medical/Mental Health Director's portion by either:
 - a. Recommending the offender for medical parole consideration and submitting it to the Department's Secretary for review, or
 - b. Declining to recommend the offender for medical parole consideration and sending notification of declination to the Warden and the Department's Chief Nursing Officer for data collection and tracking.

G. The Department's Secretary shall:

- 1) Evaluate every Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) received, and
- 2) Complete the Department's Secretary's portion by:
 - a. Recommending the offender for medical parole consideration by forwarding the case to the Committee on Parole for a hearing;
 - b. Seeking additional information prior to rendering a decision regarding medical parole recommendation; or

- c. Declining to recommend the offender for medical parole consideration and sending notification of declination to the Warden and the Department's Chief Nursing Officer for data collection and tracking.

H. Committee on Parole

- 1) If the Secretary forwards the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) to the Committee on Parole, the Committee on Parole shall hold a hearing, at which the Unit Medical Director or designee shall attend, and complete the Louisiana Board of Pardons, Committee on Parole Decision Form (See Attachment) by:
 - a. Granting medical parole, or
 - b. Declining to grant medical parole.
- 2) In considering an offender for medical parole, the Committee on Parole may require additional medical evidence produced or additional medical examinations conducted.
- 3) The Committee on Parole shall determine the risk to public safety and shall grant medical parole only after determining that the offender does not pose a threat to public safety.
- 4) As a condition of medical parole, the offender shall waive his right to medical confidentiality and privacy to ensure notification to the healthcare facility as outlined below in section 7. J. 2) d. of this regulation.
- 5) The Committee on Parole shall promulgate such rules as are necessary to effectuate La. R.S. 15:574.20, including rules relative to the conduct of medical parole hearings, eligibility, revocation, and the conditions of medical parole.
- 6) The authority to grant medical parole shall rest solely with the Committee on Parole and the Committee may establish additional conditions of parole in accordance with the provisions of La. R.S. 15:574.20.

I. Declination of Medical Parole Request

- 1) In the event that a medical parole request is declined at any point, reconsideration may be granted upon re-initiation of the process at the unit level.
- 2) In the event that a medical parole is not granted by the Committee on Parole, the offender may apply for a rehearing within the time frame applicable to a denial of parole, pursuant to La. R.S. 15:574.20.

J. Medical Parole Discharge Planning

- 1) Residence Plan

Offenders granted medical parole shall be discharged to either a health care facility or a home setting.

- 2) The Unit Health Authority or designee shall:

- a. Ensure that each offender's discharge planning begins prior to the offender's approval of medical parole and is completed immediately upon approval of medical parole in accordance with the provisions of this regulation, Department Regulation Nos. HCP15 "Continuity of Care," IS-F-1 "Release Procedures," PS-C-1 "Louisiana Prisoner Reentry," and each unit's discharge policy;
- b. Ensure that the offender is enrolled in Medicaid or a health insurance plan prior to discharge;
- c. Ensure that a residence plan at a health care facility or a home setting is secured;
- d. Ensure that within 7 business days of the offender's approval of medical parole, the health care facility the offender is discharging to is notified of such decision;

NOTE: Pursuant to La. R.S. 15:574.20, it shall be the responsibility of the health care facility to provide notice to its residents and its residents' next of kin, curator, tutor, or person having power of attorney for the resident that the offender will be receiving treatment at the facility.

- e. Ensure that copies of the offender's pertinent medical records accompany the offender upon discharge and that a

verbal report has been given to the receiving health care facility or caregiver at the home setting;

- f. Ensuring that an adequate supply of medication accompanies the offender upon discharge if being discharged to a home setting, pursuant to Health Care Policy No. HCP7 "Pharmaceuticals;" and
- g. Pursuant to La. R.S. 15:574.4.2, ensure that the offender submit to infectious disease testing prior to discharge, including but not limited to syphilis, HIV, Hepatitis A, Hepatitis B, and Hepatitis C via Infectious Disease Testing Prior to Parole (Form HCP21-a).

NOTE: Pursuant to La. R.S. 15:574.4.2, if the offender tested positive for any of the infectious diseases outlined above, the granting of the medical parole shall be conditioned upon the offender seeking advice and counseling from the appropriate health care and support services. Failure to seek or follow that advice shall result in the revocation of the offender's medical parole.

3) The Unit Warden or designee shall:

- a. Ensure that prior to an offender's discharge on medical parole, the offender's DNA sample has been obtained and transmitted to the state DNA database maintained and administered by the Office of State Police, pursuant to Department Regulation No. OP-C-12 "DNA Protocols," and
- b. If a sex offender is granted medical parole, make all required notifications, pursuant to Department Regulation No. IS-E-1 "Sex Offender Notification, Registration Requirements and Residence Plan."

K. Term of Medical Parole

- 1) The parole term of an offender granted medical parole shall be for the remainder of the offender's sentence, unless otherwise revoked in accordance with Section 7.L "Medical Parole Supervision and Revocation."
- 2) Offenders granted medical parole shall not earn diminution of sentence for good behavior (good time) while on medical parole, pursuant to La. R.S. 15:574.20.

L. Medical Parole Supervision and Revocation

- 1) Supervision of an offender granted medical parole shall consist of visits by the Division of Probation and Parole, in accordance with Probation and Parole Officer's Manual. (See Department Regulation No. P&P-1 "Probation and Parole Officer's Manual" for more information.)
- 2) If it is discovered through the supervision of the offender granted medical parole that his condition has improved such that he would not then be eligible for medical parole under the provisions of this policy, the Committee on Parole may order that the offender be returned to the custody of the Department to await a hearing to determine whether his parole shall be revoked.
- 3) Any offender whose medical parole is revoked due to an improvement in his condition, and who would otherwise be eligible for parole, may then be considered for traditional parole under the provisions of La. R.S. 15:574.4.
- 4) Any offender whose medical parole is revoked due to an improvement in his condition shall resume serving the balance of his sentence with credit given for the duration of the medical parole, pursuant to La. R.S. 15:574.20.
- 5) Medical parole may also be revoked for violation of any condition of parole established by the Committee on Parole.

M. Prohibition of Commutation of Sentence

No employee of the Department, including Wardens, shall recommend that the sentence of a permanently disabled offender or terminally ill offender be commuted due to the medical condition that qualifies him as a permanently disabled offender or terminally ill offender, pursuant to La. R.S. 15:574.20.

8. MONITORING REQUIREMENTS/REPORTS:

- A. The Unit Health Authority or designee shall identify all offenders who meet the medical criteria for a medical parole consideration and submit a quarterly report to the Chief Nursing Officer which includes, but is not limited to, the following information on each identified offender:
 - a. Name;

- b. DOC number;
 - c. Age;
 - d. Medical/ mental health diagnosis;
 - e. Current medical treatment;
 - f. Assistance required;
 - g. Housing location;
 - h. Time served;
 - i. GTPS date;
 - j. Full term date; and
 - k. If the offender is currently serving time for a sex offense.
- B. The Department's Chief Nursing Officer shall submit a quarterly report to the Secretary which includes, but is not limited to:
 - 1) The number of offenders who meet the medical criteria for medical parole consideration;
 - 2) The number of offenders who were granted a medical parole; and
 - 3) The number of offenders who were declined to be recommended for medical parole consideration at any point during the process outlined in this regulation.
- C. The Division of Probation and Parole shall:
 - 1) Monitor offenders that have been granted a medical parole in accordance with Probation and Parole Officer's Manual until the offender's death or the expiration of sentence, and
 - 2) Submit a monthly report of all medical paroles to the Secretary, Department's Chief Nursing Officer and the Committee on Parole's Parole Board Chair. The report shall include, but is not limited to, the following information on each offender granted a medical parole:
 - a. Name;
 - b. DOC number;
 - c. Location;
 - d. Date the medical parole was granted;
 - e. Date the offender left the unit on a medical parole;
 - f. Latest narrative report from the Probation and Parole officer;
 - g. Date and time of death, if indicated; and
 - h. Any other information deemed to be appropriate.

9. DPS&C OFFENDERS HOUSED IN NON-DPS&C FACILITIES:

- A. A DPS&C offender housed in a non-DPS&C facility shall be considered for a medical parole in the same manner as a DPS&C offender housed in a DPS&C facility.
- B. Medical parole eligibility for a DPS&C offender housed in a non-DPS&C facility shall be in accordance with Section 6. "Medical Parole Eligibility."
- C. Medical parole procedures for DPS&C offenders housed in a non-DPS&C facility shall be as follows:
 - 1) A physician, if available, shall complete the Unit Medical Director's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) by evaluating and providing information on the offender's medical condition and submitting it to the Warden for review.
 - 2) If a physician is unavailable, the Department's Medical/ Mental Health Director shall coordinate with the non-DPS&C facility to complete the Unit Medical Director's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c).
 - 3) The Warden shall complete the Unit Warden's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) and submit it to the Department's Chief Nursing Officer.

NOTE: The Unit Medical Director's portion of the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) may be omitted if a physician is unavailable to complete. In such cases, the Warden shall also submit any pertinent medical records.
 - 4) The remaining medical parole procedures shall be in accordance with sections 7.F through 7.M. of this regulation.

s/James M. Le Blanc
Secretary

Attachments:
HCP41

HCP42

Flow Chart for Compassionate Release, Medical Parole, and
Medical Treatment Furlough
Louisiana Board of Pardons, Committee on Parole Decision Form

Forms: HCP41-a: Medical Criteria Screening Form
 HCP41-c: Recommendation for Medical Parole or Medical
 Treatment Furlough
 HCP21-a: Infectious Disease Testing Prior to Parole

This policy supersedes Health Care Policy No. HC-06 dated 16 June 2016.

Reviewed as of: October 1, 2019

MEDICAL CRITERIA SCREENING FORM

DATE:

Offender Name:

DOC #:

Age:

Sex: ☐ Male ☐ Female

Current Offense:

Screening Factors

Select one or more:

- | | |
|---|---|
| <input type="checkbox"/> Physically disabled according to SSA (See SS Blue Book) | <input type="checkbox"/> Long-term ventilation |
| <input type="checkbox"/> Persistent vegetative state | <input type="checkbox"/> Hospice/ end of life care |
| <input type="checkbox"/> Totally confined to a bed or chair | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Life expectancy <input type="checkbox"/> < 1 year <input type="checkbox"/> < 60 days | <input type="checkbox"/> HIV/AIDS patient with CD4 < 50 |
| <input type="checkbox"/> Cancer patient (radiation/ chemotherapy) | <input type="checkbox"/> Feeding Tube |
| <input type="checkbox"/> End stage liver disease with MELD > 22 | <input type="checkbox"/> Complex Wound Care |
| <input type="checkbox"/> Permanently assigned to infirmary/ skilled nursing unit | |

Activities of Daily Living

Select one for each ADL:

- | | | | | |
|-----------|----------------------------|----------------------------|----------------------------|----------------------------|
| Eating | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Dressing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Mobility | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Bathing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Toileting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

1. Requires complete assistance
2. Requires limited assistance.
3. Requires some assistance.
4. Requires no assistance.

Diagnoses

Select one or more:

- | | |
|---|--|
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Hemiplegia or Hemiparesis |
| <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Alzheimer's disease |
| <input type="checkbox"/> Respiratory failure | <input type="checkbox"/> Non-Alzheimer's dementia |
| <input type="checkbox"/> Coronary artery disease (e.g. angina, myocardial infarction and atherosclerotic heart disease) | |
| <input type="checkbox"/> Heart failure (e.g. congestive heart failure, pulmonary edema) | |
| <input type="checkbox"/> Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA) or Stroke | |
| <input type="checkbox"/> Other: | |

Additional Comments

Health Care Practitioner Name (Print)

Title

Health Care Practitioner Signature

Date

Unit Medical Director Evaluation

Based solely on the offender's medical information, the offender:

- ☐ Meets the medical criteria for consideration of compassionate release, medical parole, or medical treatment furlough.
- ☐ Does not meet the medical criteria for consideration of compassionate release, medical parole, or medical treatment furlough.

Unit Medical Director Name (Print)

Unit Medical Director Signature

Date

LOUISIANA BOARD OF PARDONS, Committee on Parole

DECISION FORM

Name	DOC Number	Institution
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The Louisiana Committee on Parole, after due consideration of all of the facts in your case, has made the decision that:

- ☐ You are **GRANTED** parole
 - ☐ Effective _____ with recommendation for Transitional Work Program (TWP)¹ until parole date
 - ☐ Upon completion of High School Equivalency (HSE)
 - ☐ Upon completion of DOC approved substance abuse education/treatment program
 - ☐ Upon completion of 100 hours pre-release programming
 - ☐ Other: _____
- ☐ Your release is **conditioned** upon:
 - ☐ Approval of residence ☐ No disciplinary infractions ☐ Approval of out-of-state plan ☐ Approval of Employment
 - ☐ A Low Static99 Score (*applicable to sex offenders only*) ☐ Certification by releasing facility re: compliance with R.S. 15:574.4.2
- ☐ Your parole decision has been **DEFERRED** for the following reason: _____
- ☐ Your parole hearing has been **CONTINUED** due to:
 - ☐ Verification of disposition of pending charges
 - ☐ The need for additional other information by the Committee on Parole
- ☐ You are **DENIED** parole for the following reason(s):

<ul style="list-style-type: none"> <input type="checkbox"/> Victim Opposition <input type="checkbox"/> Prior Criminal History <input type="checkbox"/> Probation/Parole Unsatisfactory/Violated <input type="checkbox"/> Psychological and/or Psychiatric History <input type="checkbox"/> Violation of TWP Agreement <input type="checkbox"/> Failed to complete Rehabilitative Programming 	<ul style="list-style-type: none"> <input type="checkbox"/> Institutional Disciplinary Reports <input type="checkbox"/> History of Drug/Alcohol Abuse <input type="checkbox"/> History of Violence <input type="checkbox"/> Escape History <input type="checkbox"/> Law Enforcement and/or Judicial Objection <input type="checkbox"/> Other: _____
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You must comply with the following **SPECIAL CONDITIONS OF PAROLE**:

- | | |
|--|--|
| A. Pay restitution, victim reparation | E. HSE, Vo-Tech, or other education plan |
| B. Pay fines and/or costs of court | F. Curfew 10pm-6am |
| C. No contact with victim(s), or victim's family | G. Comply with conditions of R.S. 15:574.4.2 |
| D. No contact with codefendant(s) | H. Other Conditions/Additional Information: |

Date	Chairman, Parole Panel Committee on Parole
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BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I RECEIVED A COPY OF THIS PAROLE DECISION.

WITNESSED BY:

OFFENDER SIGNATURE	(DATE)	WITNESS PRINTED NAME	SIGNATURE	(DATE)
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¹TRANSITIONAL WORK PROGRAM (TWP) PARTICIPATION (15:1111):

An offender sentenced to any of the following crimes are eligible for TWP participation only during the last 6 months of incarceration, unless and except the offender has served a minimum of 15 years in the custody of DOC, in which case the offender is eligible for TWP during the last 12 months of incarceration:

- ☐ aggravated arson (14:51) ☐ armed robbery (14:64) ☐ attempted armed robbery (14:27 and 64)
- ☐ attempted murder (14:27 and 29) ☐ forcible rape (14:42.1) ☐ habitual offenders (15:529.1)²

An offender convicted of a sex offense as defined in 15:541 is not suitable for participation in a TWP.

² Habitual offenders with LOW RISK ASSESSMENT are eligible during last 12 months of term (15 yr minimum DOC custody not required)

RECOMMENDATION FOR MEDICAL PAROLE / MEDICAL TREATMENT FURLOUGH:

Evaluation by the Unit Medical Director

Offender Name:

DOC Number:

Age:

Facility Offender is Currently Located:

Medical Diagnosis:

Prognosis:

Medical Condition Present at the Time of Sentencing: Yes ☐ No ☐ Comments:

If Yes, Overall Condition Deteriorated Since Sentencing: Yes ☐ No ☐ Comments:

Nature of Terminal Illness or Condition Preventing Mobility(Please provide a medical summary):

General Physical Condition:

Current Plan of Care:

Treatment Given:

Patient Currently Requires ER trips, Specialty Care Trips, or Special Medication: Yes ☐ No ☐
Comments:

Care Necessary to Maintain the Patient:

Extent of Help Needed with Activities of Daily Living (e.g. eating, getting out of bed, ambulating with wheelchair/ walker/ cane or bedbound, etc.):

Proposed Housing Plans for a Medical Release if approved by the Committee on Parole:

Address:

Evaluation by the Multidisciplinary Team

Date of Offense(s):

Parish of Conviction:

Current Offense:

Offender Class:

DOC Intake Date:

Sentence Length:

Full Term Date:

GTPS Date:

Gang Affiliation:

Sex Offender: ☐ Yes ☐ NO

Currently Serving Time for a Sex Offense: ☐ Yes ☐ NO

Previous Felony Conviction(s):

Convicted of Violent Crime: ☐ Yes ☐ NO

If Yes, Description of Offender's Crime Details (What Crime, When Crime Occurred, Where Crime Occurred, Under What Conditions Crime Occurred, Weapon(s) Used in Crime, etc.):

Summary of Disciplinary Violations While Incarcerated (Date/ Offense):

Brief Description of Offender's Overall Behavior While Incarcerated:

Mental Health LOC: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Mental Health Summary:

Victim Notice and Registration on File: ☐ Yes ☐ NO ☐ N/A

DNA Sample in DNA Database: ☐ Yes ☐ NO

If No, Plans to Obtain DNA Sample:

Include the Following Supporting Documentation:

- ☐ Video of the offender's current physical condition, showing the extent of the offender's terminal illness or limit in mobility
- ☐ Video of treating health care personnel describing (1) the nature of the offender's terminal illness or condition preventing mobility and (2) the offender's current general physical condition (recorded in private, without the offender being present).
* Please use layman terms as much as possible.
- ☐ Multidisciplinary Team Response with Supporting Documentation.

Offender Name:
DOC Number:

Evaluation by the Unit Warden

- ☐ In my opinion, the above-named offender does not pose a high risk to himself or to society.
- ☐ In my opinion, the above-named offender does pose a high risk to himself or to society
- Comments:

Unit Warden

Date

Evaluation by the Secretary

Regarding a hearing by the Committee on Parole I, the Secretary of the Department of Public Safety and Corrections:

- ☐ Concur with the recommendations of the Unit Medical Director, Unit Warden, and Department's Medical/ Mental Health Director and forward the case to the Committee on Parole for review.
- ☐ Seek additional information from medical and/ or security staff prior to rendering a decision.
Comments:
- ☐ Decline to forward the case to the Committee on Parole.

James M. Le Blanc, DPS&C Secretary

Date

INFECTIOUS DISEASE TESTING PRIOR TO PAROLE

Institution

Offender's Name & DOC Number

Probation & Parole District Office

I hereby consent to have blood drawn for the following tests (check all that apply):

☐ Syphilis \$ _____ ☐ HIV \$ _____ ☐ Hep A \$ _____

☐ Hep B \$ _____ ☐ Hep C \$ _____ ☐ Testing Not Required

TOTAL COST:\$ _____

I also give my consent for the results of these tests, including any previously documented test results and health information, to be forwarded to the Probation & Parole District Administrator who shall be responsible for my parole supervision. Positive HIV results shall also be released to the Louisiana Department of Health & Hospitals, Office of Public Health. I understand I am financially responsible for the cost of these tests and that the Division of Probation & Parole shall seek to collect any unpaid testing fee balances. Pursuant to R.S. 15:574.4.2, I understand that following my release on parole I must seek advice and counseling from the appropriate health care and support services for the diseases selected below. I understand that failure to seek or follow that advice may result in the revocation of my parole. I understand the above-mentioned information and agree to abide by these conditions.

Witness Signature

Offender Signature

Date

Upon completion of this section:

Pink copy to offender

Canary copy to Business Office (Contact Person: _____)

The above-mentioned offender has tested positive and has received infectious disease discharge planning for the following diseases (check all that apply):

☐ Syphilis ☐ HIV ☐ Hep A ☐ Hep B ☐ Hep C ☐ None

BALANCE OWED \$ _____

Medical Department Contact Person

Date

Upon completion of this document:

White copy to Offender Medical Record

Goldenrod copy to Probation & Parole District Administrator

Forward a copy to the Board of Pardons Committee on Parole, Parole Program Manager
(serves as certification by releasing facility re: compliance with R.S. 15:574.4.2)

Medical Release Flowchart 12 June 2018

