

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

**Health Care Policy
No. HCP46**



28 November 2018

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

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 treatment furlough.
2. **REFERENCES:** ACA Standards 4-4347 and 4-4357 (Adult Correctional Institutions); La. R.S. 14:30, 14:30.1, 15:574.4, 15:574.4.2 and 15:574.20; Department Regulation Nos. HCP15 "Continuity of Care," HCP21 "Communicable and Infectious Diseases Infection Control Program," HCP24 "Human Immunodeficiency Virus (HIV)," HCP7 "Pharmaceuticals," IS-F-1 "Release Procedures," PS-C-1 "Louisiana Prisoner Reentry," OP-C-12 "DNA Protocols," JO-1 "Basic Jail Guidelines," and P&P-1 "Probation and Parole Officer's Manual."
3. **POLICY:** It is the Secretary's policy that the Department shall have procedures to efficiently identify limited mobility offenders who, due to a medical condition, represent a low public safety risk and consider these offenders for medical treatment furlough. The authority to grant medical treatment furlough 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 Wardens and Sheriffs or 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. **Limited Mobility Offender:** For the purpose of this regulation, any offender who, due to an underlying medical condition, is unable to perform activities of daily living without assistance or is bedbound, including but not limited to prolonged coma or mechanical ventilation. Limited mobility offenders shall only be discharged to a health care facility.

NOTE: This definition of limited mobility offender is specific to medical treatment furlough. (See Department Regulation No. HCP41 "Compassionate Release" for the definition of limited mobility offender specific to compassionate release.)

- E. **Medical Treatment Furlough:** A specific type of supervised release for offenders who, because of a medical condition, are determined by the Department to be a limited mobility offender and the use of a health care facility for medical treatment purposes is utilized.
- F. **Multidisciplinary Team:** For the purpose of this regulation, a team that includes at a minimum, representatives from the following areas: Warden or designee, Medical Department, Mental Health Department, Classifications, and Security.

6. MEDICAL TREATMENT FURLOUGH ELIGIBILITY:

A. Non-Medical Criterion

Any offender sentenced to the custody of DPS&C may be considered for medical treatment furlough by the Committee on Parole, except an offender:

- 1) Sentenced to death, or
- 2) Serving a sentence for a conviction of first degree murder (La. R.S. 14:30).

B. Medical Criteria

- 1) Any limited mobility offender may be considered for a medical treatment furlough.
 - a. Limited mobility offenders shall require rehabilitative and/or ongoing skilled nursing care to complete activities of daily living, such as bathing, dressing, transferring, toileting, and eating; and
 - b. Limited mobility offenders shall meet the individual admission requirements for the health care facility that he is being discharged to.
 - c. Generally, medical treatment furlough 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 treatment furlough. A multidisciplinary team conducts a thorough assessment, including a public safety risk assessment.

7. MEDICAL TREATMENT FURLOUGH PROCEDURES:

- A. The Warden at each institution shall appoint a multidisciplinary team to evaluate every medical treatment furlough 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 limited mobility 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, and Headquarters' Medical staff, with knowledge of an offender's limited mobility may request the Unit Medical Director to review the offender for medical treatment furlough 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 treatment furlough consideration; or
- b. Does not meet the medical criteria for medical treatment furlough 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 treatment furlough 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 treatment furlough 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 treatment furlough 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. Recommending the offender for medical treatment furlough consideration and submitting the Recommendation for Medical Parole or Medical Treatment Furlough (Form HCP41-c) to the Department's Chief Nursing Officer for processing; or
- b. Declining recommending the offender for medical treatment furlough consideration, sending notice of declination to the Department's Chief Nursing Officer for data collection and tracking, and filing 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 of the recommendation by:
 - a. Recommending the offender for medical treatment furlough consideration and submitting it to the Department's Secretary for review, or
 - b. Declining to recommend the offender or medical treatment furlough 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 of the recommendation by:
 - a. Recommending the offender for medical treatment furlough consideration and forwarding the case to the Committee on Parole for a hearing;

- b. Seeking additional information prior to rendering a decision regarding medical treatment furlough recommendation; or
- c. Declining to recommend the offender for medical treatment furlough 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 treatment furlough, or
 - b. Declining to grant medical treatment furlough.
- 2) In considering an offender for medical treatment furlough, 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 treatment furlough only after determining that the offender does not pose a threat to public safety.
- 4) As a condition of medical treatment furlough, 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 treatment furlough hearings and the conditions of medical treatment furlough release.
- 6) The authority to grant medical treatment furlough shall rest solely with the Committee on Parole and the Committee may establish additional conditions of medical treatment furlough in accordance with the provisions of La. R.S. 15:574.20.

I. Declination of Medical Treatment Furlough Request

- 1) In the event that a medical treatment furlough 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 treatment furlough 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 Treatment Furlough Discharge Planning

1) Residence Plan

Limited mobility offenders granted medical treatment furlough shall only be discharged to a health care facility.

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 treatment furlough and is completed immediately upon approval of medical treatment furlough, 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 is secured;
- d. Ensure that within 7 business days of the offender's approval of medical treatment furlough, 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; and

- f. 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 treatment furlough 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 treatment furlough.

3) The Unit Warden or designee shall:

- a. Ensure that prior to an offender's discharge on medical treatment furlough, 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 treatment furlough, make all required notifications, pursuant to Department Regulation No. IS-E-1 "Sex Offender Notification, Registration Requirements and Residence Plan."

K. Term of Medical Treatment Furlough

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

L. Medical Treatment Furlough Supervision and Revocation

- 1) Supervision of an offender granted medical treatment furlough 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 treatment furlough that his condition has improved such that he would not then be eligible for medical treatment furlough 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 treatment furlough is revoked due to an improvement in his condition, and who would otherwise be eligible for parole, may then be considered for traditional parole.
- 4) Any offender whose medical treatment furlough 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 treatment furlough, pursuant to La. R.S. 15:574.20.
- 5) Medical treatment furlough 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 a limited mobility offender's sentence be commuted due to his limited mobility, 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 treatment furlough 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:

- 1) Name;
- 2) DOC number;
- 3) Age;
- 4) Medical/mental health diagnosis;
- 5) Current medical treatment;
- 6) Assistance required;
- 7) Housing location;
- 8) Time served;
- 9) GTPS date;
- 10) Full term date; and
- 11) 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 treatment furlough consideration;
 - 2) The number of offenders who were granted a medical treatment furlough; and
 - 3) The number of offenders who were declined to be recommended for medical treatment furlough 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 treatment furlough 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 treatment furloughs 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 treatment furlough:
 - a. Name;
 - b. DOC number;
 - c. Location;
 - d. Date the medical treatment furlough was granted;
 - e. Date the offender left the unit on a medical treatment furlough;
 - 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 treatment furlough in the same manner as a DPS&C offender housed in a DPS&C facility.
- B. Medical treatment furlough eligibility for a DPS&C offender housed in a non-DPS&C facility shall be in accordance with section 6. of this regulation.

C. Medical treatment furlough procedures for a DPS&C offender 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 treatment furlough procedures shall be in accordance with sections 7.F through 7.L. of this regulation.

s/James M. Le Blanc
Secretary

Attachments:

- HCP41 Flow Chart for Compassionate Release, Medical Parole, Medical Treatment Furlough
- HCP42 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

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**:

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Pay restitution, victim reparation B. Pay fines and/or costs of court C. No contact with victim(s), or victim's family D. No contact with codefendant(s) | <ul style="list-style-type: none"> E. HSE, Vo-Tech, or other education plan F. Curfew 10pm-6am G. Comply with conditions of R.S. 15:574.4.2 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:

<input type="checkbox"/> aggravated arson (14:51)	<input type="checkbox"/> armed robbery (14:64)	<input type="checkbox"/> attempted armed robbery (14:27 and 64)
<input type="checkbox"/> attempted murder (14:27 and 29)	<input type="checkbox"/> forcible rape (14:42.1)	<input type="checkbox"/> 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:

Recommendation:

- ☐ MEDICAL PAROLE
☐ MEDICAL TREATMENT FURLOUGH
☐ NO RECOMMENDATION

In my medical opinion, this offender's condition meets the medical criterion for medical release as defined in the referenced department regulation because this offender:

- ☐ Permanently Disability (The offender 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).
- ☐ Terminal Illness (The offender because of a medical Condition, is irreversibly terminally ill, having a life expectancy of less than one year due to an underlying medical condition).
- ☐ Limited Mobility Offender (The offender, due to an underlying medical condition, is unable to perform activities of daily living without assistance or is bed bound, including but not limited to prolonged coma and mechanical ventilation)

Unit Medical Director

Date

*** Please use layman terms as much as possible.**

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.

Form HC-06-C
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Recommendation:

Offender Name:
DOC Number:

On _____ at _____ the Multidisciplinary Team met. The consensus of the team is as followed:

- ☐ The above-named offender meets criteria for consideration of a Medical Parole or Medical Treatment Furlough.
- ☐ The above-named offender doesn't meets criteria for consideration of a Medical Parole or Medical Treatment Furlough for the following reasons: _____

Security

Date

Classification

Date

Mental Health

Date

Other, Title

Date

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 Department's Medical/Mental Health Director

- ☐ In my opinion, based on the evaluations of the Unit Medical Director and Unit Warden, a hearing by the Committee on Parole is appropriate for the above-named offender.
- ☐ In my opinion, based on the evaluations of the Unit Medical Director and Unit Warden, a hearing by the Committee on Parole is not appropriate for the above-named offender.

DPS&C Medical/ Mental Health Director

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

