



The DOC's review should also include any cognitive deficits of the inmate (e.g., Alzheimer's disease or traumatic brain injury that has affected the inmate's mental capacity or function). A cognitive deficit is not required but may be a factor when considering the inmate's ability or inability to reoffend.

## **POLICY**

### **Medical Furlough**

1. Inmates shall be identified for consideration for medical furlough through the following mechanisms:
  - a. Submission of a "sick slip" requesting consideration for release on medical furlough;
  - b. Identification by the DOC's contracted provider of correctional healthcare services;
  - c. Through continuous review of case files;
  - d. Through review of health services reports;
  - e. At provider meetings; and
  - f. Through general communication with DOC Facility Management.
2. The Facility Health Services Administrator (HSA), or Facility Management, as applicable, shall notify the DOC Director of Nursing (DON) of any inmate who should be considered for medical furlough.
3. The DON shall conduct a review of the inmate's case, using the *Medical Furlough or Parole Request Form*. The DON shall determine whether the inmate has a terminal or serious medical condition. When reviewing the inmate's case, the DON shall consider:
  - a. Primary diagnosis, secondary diagnosis, and prognosis of the inmate;
  - b. Inmate's current level of function;
  - c. Special equipment the inmate requires or is anticipated to require;
  - d. Disposition of the inmate (e.g. the need for hospice care or nursing home placement); and
  - e. Treatment needs of the inmate.
4. If the DON determines through review that the inmate:
  - a. Meets the requirements for terminal or serious medical condition, then the DON shall forward the *Medical Furlough or Parole Request Form* to the DOC Director of Classification and the Director of Field Services.
  - b. Does not meet the requirements for terminal or serious medical illness, then the DON shall:
    - i. Upload the *Medical Furlough or Parole Request Form* to the offender's record in the Offender Management System (OMS) using document category of Supervision Information and document name of Medical Furlough or Parole Request Form.
    - ii. Instruct the Facility HSA to notify the DON of any subsequent changes in the inmate's healthcare that may warrant reconsideration.
    - iii. Review the case every six months to determine if the inmate subsequently meets the requirements for a terminal or serious medical condition.
5. The Director of Classification and Director of Field Services shall review the inmate for suitability of release using the *Medical Furlough or Parole Request Form* if the DON determines

the inmate has a terminal or serious medical condition. The review shall consider:

- a. The nature and circumstances of the inmate's offense;
- b. The inmate's criminal history, including supervision history<sup>1</sup>;
- c. The inmate's conviction, sentence structure, and amount of time served;
- d. Any unresolved detainers;
- e. The inmate's risk level as determined by risk assessment(s);
- f. The inmate's ability to commit a new crime(s);
- g. Victim issues or concerns;
- h. The inmate's designations;
- i. The inmate's risk to public safety if released;
- j. The inmate's release plans;
- k. The inmate's age at the time of offense and sentencing;
- l. Inmate's age; and
- m. Any other mitigating or aggravating factors regarding the inmate's case.

6. The Director of Classification and Director of Field services shall approve or deny the Medical Furlough using the *Medical Furlough or Parole Request Form*.

a. If approved:

- i. The Director of Classification shall upload the *Medical Furlough or Parole Request Form* to the offender's record in OMS using the document category of Supervision Information and document name of Medical Furlough or Parole Request Form and send to the applicable Facility Superintendent, District Manager, and DON.
- ii. The Facility Superintendent and District Manager shall ensure the assigned Probation and Parole Officer, Facility Corrections Service Specialist, and Facility HSA shall begin care coordination and release planning.

b. If denied:

- i. The Director of Classification shall send written notice to the inmate to inform him or her of the denial. The notice shall be uploaded into the offender's record in OMS using the document category of Communications and the document name of Medical Furlough/Parole Determination.
- ii. The Director of Classification shall upload the *Medical Furlough or Parole Request Form* to the offender's record in OMS using document category of Supervision Information and document name of Medical Furlough or Parole Request Form and notify the applicable Facility Superintendent, and DON of the denial.
  1. The DON shall instruct the Facility HSA to notify the DON of any subsequent changes in the inmate's healthcare that may warrant reconsideration.
  2. The DON shall review all denied cases every six months.

## **Medical Parole**

Medical Parole shall be used in all instances when inmates will be released and supervised outside of Vermont.

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<sup>1</sup> The inmate's supervision history shall include community supervision and DR history.

1. Inmates shall be identified for consideration for medical parole through the following mechanisms:
  - a. Submission of a “sick slip” requesting consideration for release on medical furlough;
  - b. Identification by the DOC’s contracted provider of correctional healthcare services;
  - c. Through continuous review of case files;
  - d. Through review of health services reports;
  - e. At provider meetings; and
  - f. Through general communication with DOC Facility Management.
2. The Facility HSA, or Facility Management, as applicable, shall notify the DOC DON of any inmate who should be considered for medical furlough.
3. The DON shall conduct a review of the inmate’s case, using the *Medical Furlough or Parole Request Form*. The DON shall determine whether the inmate has a terminal or serious medical condition. When reviewing the inmate’s case, the DON shall consider:
  - a. Primary diagnosis, secondary diagnosis, and prognosis of the inmate;
  - b. Inmate’s current level of function;
  - c. Special equipment the inmate requires or is anticipated to require;
  - d. Disposition of the inmate (e.g. the need for hospice care or nursing home placement); and
  - e. Treatment needs of the inmate.
4. If the DON determines through review that the inmate:
  - a. Meets the requirements for terminal or serious medical condition then the DON shall forward the *Medical Furlough or Parole Request Form* to the DOC Director of Classification and the Director of Field Services.
  - b. Does not meet the requirements for terminal or serious medical illness then the DON shall:
    - i. Upload the *Medical Furlough or Parole Request Form* to the offender’s record in OMS using document category of Supervision Information and document name of Medical Furlough or Parole Request Form
    - ii. Instruct the Facility HSA to notify the DON of any subsequent changes in the inmate’s healthcare that may warrant reconsideration.
    - iii. Review the case every six months to determine if the inmate subsequently meets the requirements for a terminal or serious medical condition.
5. The Director of Classification and Director of Field Services shall review the inmate for suitability of release using the *Medical Furlough or Parole Request Form* if the DON determines the inmate has a terminal or serious medical condition. The review shall consider:
  - a. The nature and circumstances of the inmate’s offense;
  - b. The inmate’s criminal history, including supervision history<sup>2</sup>;
  - c. The inmate’s conviction, sentence structure, and amount of time served;
  - d. Any unresolved detainees;
  - e. The inmate’s risk level as determined by risk assessment(s);
  - f. The inmate’s ability to commit a new crime(s);
  - g. Victim issues or concerns;
  - h. The inmate’s designations;

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<sup>2</sup> The inmate’s supervision history shall include community supervision and DR history.

- i. The inmate's risk to public safety if released;
  - j. The inmate's release plans;
  - k. The inmate's age at the time of offense and sentencing;
  - l. Inmate's age; and
  - m. Any other mitigating or aggravating factors regarding the inmate's case.
6. The Director of Classification and Director of Field services shall approve or deny the Medical Furlough using the *Medical Furlough or Parole Request Form*.
- a. If approved:
    - i. The Facility CSS shall develop the parole packet in accordance with the DOC policy on [parole reviews and recommendations](#).
    - ii. The Facility CSS shall submit the parole packet to the Director of Classification at least thirty days before the parole hearing date.
    - iii. The Director of Classification shall notify the Parole Board of the pending medical parole review.
    - iv. The Parole Board shall determine at their next Parole Hearing whether to approve or deny the request for Medical Parole.
      1. If approved:
        - a. The Facility CSS shall notify the Director of Classification.
        - b. The Director of Classification shall upload the *Medical Furlough or Parole Request Form* to the offender's record in OMS using the document category of Supervision Information and document name of Medical Furlough or Parole Request Form and send to the applicable Facility Superintendent, District Manager, and DON.
        - c. The Facility Superintendent and District Manager shall ensure the assigned Probation and Parole Officer, Facility Corrections Service Specialist, and Facility HSA shall begin care coordination and release planning.

If the inmate is going to be paroled out of state, the Facility CSS shall coordinate parole with the Deputy Compact Administrator.

2. If denied:
  - a. The Director of Classification shall send written notice to the inmate to inform him or her of the denial. The notice shall be uploaded into the offender's record in OMS using the document category of Communications and the document name of Medical Furlough/Parole Determination.
  - b. The Director of Classification shall upload the *Medical Furlough or Parole Request Form* to the offender's record in OMS using document category of Supervision Information and document name of Medical Furlough or Parole Request Form and notify the applicable Facility Superintendent, and DON of the denial.
    - i. The DON shall instruct the Facility HSA to notify the DON of any subsequent changes in the inmate's healthcare that may warrant reconsideration.
    - ii. The DON shall review all denied cases every six months.