

<b>STATE OF VERMONT</b> <b>AGENCY OF HUMAN SERVICES</b> <b>DEPARTMENT OF CORRECTIONS</b>	<b>Medical Furlough and Parole</b>	
<b>CHAPTER: PROGRAMS – CLASSIFICATION AND CASE PLANNING</b>	<b>#373.02</b>	<b>Supersedes:</b> #373.02, dated 12/27/2022
<b>Local Procedure(s) Required:</b> No <b>Applicability:</b> All staff (including contractors and volunteers) <b>Security Level:</b> “B” – Anyone may have access to this document.		
<b>Approved:</b>		
<u><b>SIGNED</b></u> <b>Jon Murad, Interim Commissioner</b>	<u><b>01/20/2026</b></u> <b>Date Signed</b>	<u><b>02/05/2026</b></u> <b>Date Effective</b>

## **PURPOSE**

This policy outlines the procedure for releasing an incarcerated individual into the community to obtain medical services.

## **AUTHORITY**

28 V.S.A. §§ 502a(d); 808(a)(3); and 808(e)

## **POLICY**

The Department of Corrections’ (DOC’s) policy is to place incarcerated individuals on medical furlough when appropriate. Under statute, incarcerated individuals diagnosed with a terminal or serious medical condition may be eligible for medical furlough or parole if they are unlikely to be physically capable of presenting a danger to society. This policy establishes a procedure to determine whether an incarcerated individual diagnosed with a terminal or serious medical

condition is eligible to be placed on medical furlough or recommended for medical parole.

The DOC recognizes that many people have experienced a traumatic event in their lifetimes, and that the individuals under the DOC's custody or supervision represent a population that is at higher risk for increased exposure to trauma. The DOC further recognizes that experiencing a chronic, terminal, or other serious medical illness can be traumatic. In addition, individuals who have lived through past difficult events and later experience intensive medical interventions, or are diagnosed with a chronic, terminal, or other serious illness, may experience an amplified cumulative effect of those events. All this may be compounded by living in a correctional facility, which includes additional stressors and is an environment that may not lend itself to many stress-reducing or regulation techniques. Considering this reality, and the DOC's commitment to promoting the emotional and physical safety of all individuals under its custody and supervision, the DOC recognizes its responsibility to ensure its staff and contractors do not unnecessarily retraumatize individuals in its custody. To that end, it is the DOC's policy to treat all individuals under the DOC's custody or supervision with empathy and respect, including when the individual is not present.

## **GENERAL PROCEDURES**

### **A. Acute Need Medical Furlough Approval Process**

1. Contracted health services staff shall notify the Correctional Facility Shift Supervisor (CFSS) when they determine an incarcerated individual's need for short-term inpatient medical or emergency services.
2. When the medical need is emergent:
  - a. After medical intervention has been arranged, and inpatient admission has been confirmed, the CFSS shall email notification to the:
    - i. Superintendent, or designee;
    - ii. Central Operations Division;
    - iii. Classification Unit Director; and
    - iv. Health Services Division Director.
  - b. The Classification Unit Director, or designee, shall review the case to determine the appropriateness for medical furlough. In order to be eligible for medical furlough, the incarcerated individual must have a

legal status of sentenced, with no holds from another jurisdiction. The Classification Unit Director, or designee, shall review the case for public safety considerations, and make a recommendation on a case-by-case basis.

- i. If the Classification Unit Director, or designee, determines that the case is not appropriate for medical furlough, the Director shall notify the Facilities Division Director, or designee, and the Field Services Division Director, or designee.
- ii. If the Classification Unit Director, or designee, determines that the case may be appropriate for medical furlough:
  - a) The Classification Unit Director shall complete and provide a case summary, along with a recommendation to the Facilities Division Director and Field Services Division Director, or their designees.
  - b) The Field Services Division Director and the Facility Division Director, or their designees, shall make a recommendation to the Chief of Operations and the Commissioner, or their designees, on whether the medical furlough should be approved or denied.
  - c) The Chief of Operations and the Commissioner, or their designees, shall approve or deny the medical furlough, and notify the Field Services Division Director and the Facility Division Director, or their designees, of their determination.
  - d) The Field Services Division Director and the Facility Division Director, or their designees, shall notify the Classification Unit Director, or designee, if the medical furlough was approved or denied.
  - e) If the medical furlough is approved, the Classification Unit Director, or designee, shall:
    - 1) Notify the following people, or their designees:
      - (a) The facility Superintendent;
      - (b) The District Manager (DM) of the probation and parole office to which the incarcerated individual will be released;
      - (c) The Victim Services Unit Director and Senior Victim Services Specialist;
      - (d) Health Services Division Director;

- (e) Director of Nursing; and
  - (f) The health services provider; and
- 2) Ensure the following, which will be completed by Central Operations Division (COD) staff if they are involved in the case:
  - (a) The individual is presented with, and signs, the conditions of medical furlough. If the individual is unable to sign the conditions, staff shall write "unable to sign" on the signature line of the conditions form; and
  - (b) The hospital security is notified of the decision to temporarily furlough the incarcerated individual and provided with contact information of the corresponding probation and parole office prior to withdrawing custodial coverage.
3. When the medical need is not emergent:
  - a. The Living Unit Supervisor (LUS), or designee, shall notify the Superintendent, or designee.
  - b. The Superintendent, or designee, shall notify the Classification Unit Director, or designee, if the Superintendent, or designee, believes that medical furlough may be appropriate.
  - c. The Classification Unit Director shall follow the process outlined above, starting in division b. of subsection 2., and if the medical furlough is recommended, identify the date upon which it should begin.

## **B. Long-Term Medical Furlough Approval Process**

1. Incarcerated individuals may be identified for long-term medical furlough through various paths:
  - a. Contracted health services staff shall notify the CSS if they identify an incarcerated individual who may meet the following criteria for medical furlough:
    - i. The individual is diagnosed with a terminal or serious medical condition; and
    - ii. The individual is unlikely to be physically capable of presenting a danger to society.

- b. CSSes shall use the same criteria to identify incarcerated individuals on their caseload who may be eligible for medical furlough.
  - c. Any other facility staff member who observes that an incarcerated individual may meet the criteria for medical furlough shall notify the individual's assigned CSS and LUS of the observation.
  - d. Anytime the CSS or LUS is notified that an incarcerated individual may be appropriate for medical furlough, the staff member shall notify the Superintendent, or designee.
  - e. An incarcerated individual may request consideration for medical furlough through the individual's assigned CSS.
  - f. The Superintendent, or designee, may request that a contracted health services staff member assess an incarcerated individual for appropriateness for medical furlough, using the criteria outlined in division a. of this subsection.
- 2. Designated staff shall:
  - a. Discuss the case of anyone who may be eligible for medical furlough at the next facility morning meeting after an individual is identified or requests consideration; and
  - b. Refer the case to contracted health services staff for review within no more than one business day after the facility morning meeting.
- 3. Within five days of the referral, the medical provider shall evaluate the incarcerated individual and make an initial determination about whether the individual meets the criteria for medical furlough.
- 4. Contracted health services staff shall document the evaluation of the incarcerated individual and whether the individual meets the medical furlough criteria at the time of the initial determination in the individual's electronic health record (EHR).
- 5. Designated staff shall review the contracted health services staff member's evaluation at the next facility morning meeting. If medical furlough is recommended, the Superintendent, or designee, shall notify the Classification Unit Director, or designee.
- 6. The Classification Unit Director, or designee, shall review the case to determine the appropriateness for medical furlough. In order to be eligible for medical furlough, the incarcerated individual must have legal status of sentenced, with no holds. The Classification Unit Director, or designee, shall review the case for public safety considerations, and make a recommendation on a case-by-case basis.

- a. If the Classification Unit Director, or designee, determines that the case may be appropriate for medical furlough, staff may begin exploring an appropriate community care placement for the incarcerated individual.
  - i. Staff shall not begin this exploration prior to this determination being made; and
  - ii. Staff shall consider any cultural impacts (e.g., dietary restrictions, access to religious services) in determining an appropriate community care placement.
- b. Once an appropriate community care placement has been identified and the receiving facility has identified when they can accept the individual, the Superintendent, Director of Nursing, or their designees, shall notify the Classification Unit Director, or designee.
- c. Upon such notification, the Classification Unit Director, or designee shall complete and provide a case summary, along with a recommendation to the Facilities Division Director and Field Services Division Director, or their designees.
- d. The Field Services Division Director and the Facility Division Director, or their designees, shall make a recommendation to the Chief of Operations, Commissioner, and Deputy Commissioner, or their designees, on whether the medical furlough should be approved or denied.
- e. The Chief of Operations, Commissioner, and Deputy Commissioner, or their designees, shall approve or deny the medical furlough, and notify the Field Services Division Director and the Facility Division Director, or their designees, of the determination.
- f. The Field Services Division Director and the Facility Division Director, or their designees, shall notify the Classification Unit Director, or designee, if the medical furlough was approved or denied.
- g. If the medical furlough is approved, the Classification Unit Director, or designee, shall notify the following people, or their designees:
  - i. The Director of Nursing;
  - ii. The appropriate District Manager;
  - iii. The appropriate Superintendent; and
  - iv. The Victim Services Unit Director and Senior Victim Services Specialist.

- h. The Director of Nursing, or designee, shall coordinate with the community care placement to identify the date on which the placement can receive the individual and notify the Classification Unit Director of that date.
- i. The Classification Unit Director shall communicate the bed date to the:
  - i. Appropriate District Manager;
  - ii. Appropriate facility management team; and
- j. The facility management team shall arrange for the individual's release, including the signing of furlough conditions, and transport to the community care placement.

#### **C. Medical Furlough Denials**

1. In cases when the medical furlough request was initiated by the incarcerated individual and the request is denied, the Classification Unit Director, or designee, shall send a written notice of the denial to the incarcerated individual, notify the CSS and the facility health services administrator (HSA), and document the denial in the Offender Management System (OMS).
2. Any incarcerated individual may be reconsidered for medical furlough if there is a change in the individual's medical condition. Designated staff shall carry out reconsiderations using the same process detailed in this policy.

#### **D. Revocation of Medical Furlough**

1. An individual on medical furlough may be returned to incarceration status in the following situations:
  - a. Upon discharge from the hospital or community care placement;
  - b. If the individual's medical condition improves to the point that the individual:
    - i. Can access the appropriate level of care within the facility environment; or
    - ii. Is likely to be physically capable of presenting a danger to society; or

- c. If the individual violated the medical furlough conditions, with the approval of the:
    - i. District Manager, or designee, if the individual will be returned to a correctional facility; or
    - ii. Field Services Division Director and the Facility Division Director, or their designees, if the individual will be supervised outside a correctional facility.
2. If the Field Services Division Director, Facility Division Director, and Classification Unit Director, or their designees, receive information that a supervised individual on medical furlough may no longer be appropriate for that status, they shall jointly review the case, within 10 business days of such notification, and may revoke the medical furlough. If the medical furlough is revoked, they shall notify the:
  - a. Health Services Division Director; and
  - b. Central Operations Division Director, or designee, who will coordinate coverage.
3. Staff shall document the reason the medical furlough was revoked in:
  - a. An incident report, if the decision was made in response to the individual's behavior; or
  - b. The EHR and a contact note in OMS, if the reason was not in response to the individual's behavior.
4. An incarcerated individual may file a grievance upon return from medical furlough, in accordance with the policy on grievances.

#### **E. Medical Parole**

1. Any time an incarcerated individual receives approval for medical furlough, the Classification Unit Director shall consider whether the individual should be recommended for medical parole. If the Classification Unit Director recommends medical parole, the Director shall notify the individual's assigned CSS.
2. The assigned CSS shall complete the parole summary and submit it to the Parole Board.

#### **F. Eligibility**

Incarcerated individuals subject to the 70 percent rule, as provided in 28 V.S.A. § 204b, are not eligible for release on temporary furlough to obtain

medical services, medical furlough, or medical parole prior to the completion of 70 percent of their maximum sentence.

**G. Notifications**

In all cases granting temporary furlough to obtain medical services, medical furlough, or medical parole:

1. DOC staff shall follow victim notification procedures, in accordance with the policies on victim/survivor support and services and community notification for incarcerated individuals who are granted temporary or medical furlough or medical parole.
2. The Superintendent, or designee, shall make a determination concerning notification to the incarcerated individual's family members regarding the individual's medical condition and community care placement.

**H. Use of Out-of-State Medical or Treatment Facilities**

The Field Services Division Director, Facility Division Director, Classification Unit Director, and Health Services Division Director, or their designees shall jointly approve and coordinate the use of out-of-state facilities. If the incarcerated individual is subject to Sex Offender Registry obligations, the DOC shall notify the registry in Vermont and in the receiving state, in accordance with the policy on sex offender registry and Internet registry determinations.