

<p style="text-align: center;">STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS</p>	<p style="text-align: center;">Medical Furlough and Parole</p>		<p style="text-align: center;">Page 1 of 7</p>								
<p style="text-align: center;">CHAPTER: PROGRAMS – CLASSIFICATION AND CASE PLANNING</p>	<p style="text-align: center;">#373.02</p>	<p>Supersedes: #373.02, dated 03/27/2006; #373.02 Interim Memo, <i>Medical Furlough and Medical Parole</i>, dated 07/01/2018</p>									
<p>Local Procedure(s) Required: No Applicability: All staff (including contractors and volunteers) Security Level: “B” – Anyone may have access to this document.</p>											
<p>Approved:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"><u>SIGNED</u></td> <td style="width: 20%; border: none;"><u>12/12/2022</u></td> <td style="width: 20%; border: none;"><u>12/27/2022</u></td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: none;">Nicholas J. Deml, Commissioner</td> <td style="border: none;">Date Signed</td> <td style="border: none;">Date Effective</td> <td style="border: none;"></td> </tr> </table>				<u>SIGNED</u>	<u>12/12/2022</u>	<u>12/27/2022</u>		Nicholas J. Deml, Commissioner	Date Signed	Date Effective	
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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) policy is to establish the procedures for placing incarcerated individuals on temporary medical furlough. This policy further 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 a majority of the population has 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 terminal or 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 terminal or 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 or supervision, the DOC recognizes its responsibility to ensure its staff and contractors do not unnecessarily retraumatize or trigger individuals through their interactions. To that end, it is further the policy of DOC to always treat all individuals under the DOC's custody or supervision with empathy and respect, and in all their interactions, including when the individual is not present.

GENERAL PROCEDURES

A. Temporary Furlough to Obtain Medical Services

1. The qualified healthcare professional (QHCP) 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. The individual's assigned Correctional Services Specialist (CSS) shall coordinate a temporary furlough (i.e., furlough for a defined period) for the individual's planned medical services.
3. The CFSS shall notify the Superintendent.
4. The Superintendent shall review the following information to determine the level of supervision to apply during the duration of the incarcerated individual's temporary medical furlough (i.e., from admission through to release from medical services):
 - a. Security/custody level;
 - b. Risk factors; and
 - c. The Individual's previous history while they were under supervision.
5. The Superintendent shall notify the Facilities Director and Director of Classification and Facility Designation (herein "Director of Classification") if

they believe the incarcerated individual does not require 24-hour supervision.

6. The Director of Classification and the Director of Field Services shall approve or deny requests for temporary furlough to obtain medical services. If the furlough is approved, the Superintendent, or designee, shall:
 - a. Coordinate the medical services and supervision of the incarcerated individual with the District Manager (DM) of the probation and parole office in the district where the incarcerated individual is to receive medical services; and
 - b. Ensure hospital security is notified of the decision to temporarily furlough the incarcerated individual prior to withdrawing custodial coverage.

B. Medical Furlough Requests

1. QHCPs shall identify incarcerated individuals who may meet the following criteria for medical furlough:
 - a. The individual is diagnosed with a terminal or serious medical condition; and
 - b. They are unlikely to be physically capable of presenting a danger to society.
2. CSSs shall use the same criteria to identify incarcerated individuals on their caseload who may be eligible for medical furlough.
3. 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 Living Unit Supervisor (LUS) of their observation.
4. An incarcerated individual who believes they are eligible may, via sick call slip, request consideration for medical furlough.
5. DOC facility staff shall direct any incarcerated individual who submits a request for consideration for medical furlough without using a sick call slip, including a direct request to their assigned CSS, to submit a sick call slip.
6. An incarcerated individual who is placed on medical furlough may be released to a hospital, hospice, other licensed inpatient facility, or other housing accommodation deemed suitable by the Commissioner.
7. The contracted healthcare provider shall follow and maintain any properly executed advanced directives. The contracted healthcare provider shall

forward the advanced directive to the appropriate outside medical provider (e.g., hospital emergency room staff).

C. Medical Furlough Consideration

1. Designated staff shall:
 - a. Discuss the case of anyone who may be eligible for medical furlough at the next Facility Morning Review meeting after an individual is identified or requests consideration; and
 - b. Refer the case to the QHCP for review within no more than one business day after the Facility Morning Review;
2. Within five days of the referral, the medical doctor shall evaluate the incarcerated individual and make an initial determination, about whether they meet the criteria for medical furlough.
3. The QHCP shall document their evaluation of the incarcerated individual and whether they meet the medical furlough criteria at the time of the initial determination in the individual's electronic health record (EHR).
4. Designated staff shall review the QHCP's evaluation at the next Facility Morning Review.
5. The DOC reserves the right to review any medical furlough evaluations.
6. The DOC's Medical Director, or designee, who is also a provider with a medical, nursing, or clinical license, shall review the QHCP's evaluation and may request additional information, as necessary, from contracted healthcare staff or the incarcerated individual's assigned CSS.
7. The DOC's Medical Director, or designee, Director of Classification and Director of Field Services (collectively referred to as the "Medical Furlough Review Committee" or MFRC) shall:
 - a. Meet to review the incarcerated individual's case for release suitability;
 - b. Approve or deny the request for medical furlough. The Director of Classification shall document the MFRC's decision (i.e., approval or denial) for any requests for medical furlough or parole into the individual's file in OMS; and
 - c. Submit a decision within 10 business days of receiving the referral, and any additional information they request, whichever occurs last.
8. If the MFRC approves medical furlough:
 - a. The Director of Classification or the Field Director shall notify the facility Superintendent and the District Manager (DM) of the probation and parole office to which the incarcerated individual plans their release.

- b. The facility Superintendent and DM shall ensure that the assigned Probation and Parole Officer (PPO), CSS, and QHCP begin individualized care coordination and release planning.

D. Medical Furlough Denials

1. If medical furlough requests are denied the Director of Classification shall send a written notice of the denial to the incarcerated individual and notify the CSS and the facility HSA.
2. Any incarcerated individual may be reconsidered for medical furlough if there is a change in their medical condition. Designated staff shall carry out reconsiderations using the same process detailed in this policy.

E. Conclusion of Medical Furlough

1. An individual on Medical Furlough may be returned to a correctional facility in the following circumstances:
 - a. If the individual's medical condition improves to the point where they can access the appropriate level of care within the facility environment, the Commissioner may order the person be returned to the facility;
 - b. If the assigned field office reports that the individual violated their Medical Furlough conditions, they may request that the individual be returned to a facility, pending the MFRC's review; and
 - c. The DM may authorize the immediate termination of an incarcerated individual's medical furlough and their return to a correctional facility, pending the MFRC's review, based on risk to public safety including:
 - i. When an individual on medical furlough absconds from a healthcare facility or from a home setting. Under such circumstances a Commissioner's Warrant shall also be issued;
 - ii. When an individual violates the conditions of their medical furlough; or
 - iii. When a medical furlough host (e.g., nursing home, hospice, family member) revokes consent to the medical furlough placement.
2. The MFRC may request additional documentation or information from the facility, furlough host, or medical provider when reviewing a case for termination.
3. The MFRC shall meet to determine whether the supervised individual remains compliant under the medical furlough conditions. The MFRC shall

meet within 10 business days of receiving the review request and all additional supporting information they request.

4. If the MFRC determines that the supervised individual no longer meets the criteria, or has not been compliant with medical furlough conditions, the MFRC may revoke the medical furlough and return the supervised individual to a correctional facility. The composition of the MFRC is described above under Section C., Medical Furlough Consideration.
5. An incarcerated individual may file a grievance upon their return from medical furlough, in accordance with the policy on grievances.

F. Medical Parole

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

G. Eligibility

Incarcerated individuals subject to the 70% 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% of their maximum sentence.

H. 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. It is at the Superintendent's, or designee, discretion to notify family members of the incarcerated individual's medical condition and placement.

I. Use of Out-of-State Medical or Treatment Facilities

The MFRC shall 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.