

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF CORRECTION

 DIVISION OF CORRECTION DIRECTIVE	PROGRAM:	MEDICAL
	DCD #:	130-8
	TITLE:	MEDICAL PAROLE
	ISSUED:	August 1, 2003
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I. References:

- A. Karnofsky Performance Scale
- B. DCD 100-11, Parole Procedures
- C. DCD 126-500, Social Work Case Management
- D. Commitment Procedure Manual

II. Applicable to: Division of Correction Headquarters and all Division of Correction Institutions and Facilities

III. Purpose: To establish criteria for inmate eligibility for medical parole consideration and procedures for evaluating potentially eligible inmates.

IV. Definition: Medical Parole: A parole release granted by the Maryland Parole Commission to an inmate who meets eligibility criteria as established by the Division of Correction (DOC) and the Maryland Parole Commission (MPC).

V. Policy: An inmate may be considered for medical parole if, in the opinion of the regional medical director, the inmate will not jeopardize public safety if released, and the inmate:

- A. has a terminal condition and an expected survival time of less than one year;
- B. has a medical condition that incapacitates the inmate to the extent that continued imprisonment is not required to ensure public safety; or,
- C. has a medical condition that, if the inmate were released, would more appropriately be treated through direct access to community treatment facilities.

VI. Procedure:

A. Medical Responsibilities

1. The regional medical director shall be responsible for initiating procedures for medical parole. The regional medical director/physician designee shall medically evaluate all inmates who are candidates for medical parole.
2. If an inmate meets the DOC criteria for medical parole consideration, the regional medical director/physician designee shall inform the inmate that he/she qualifies as a candidate. The inmate shall sign a consent for release of medical information (relevant to his/her qualification for medical parole) addressed to the head of the case management department, the warden, and to community support services essential to the development of an aftercare plan. The signed consent for release of medical information shall be placed in the inmate's medical record.
3. The regional medical director shall complete and sign the Physician Evaluation for Medical Parole form, DC Form 130-8aR (Appendix 1) and ensure receipt of the form by the following four individuals within three workdays:
 - a. The case management manager/supervisor or facility administrator at the facility housing the inmate, as appropriate;
 - b. The regional social work supervisor;
 - c. The DPSCS medical director; and
 - d. The director of social work and addiction services.

B. Social Work Responsibilities

1. Upon receipt of the Physician Evaluation for Medical Parole form, the regional social work supervisor shall assign the inmate's case to a social worker who shall develop an aftercare plan. Consultation from other disciplines (such as psychology) shall be initiated as needed.
2. An outline of the aftercare plan shall be recorded on the Clinical Case Management Program Aftercare Plan, an appendix attached to DCD 126-500.

3. By the fifteenth workday, after receipt of the Physician Evaluation form, the social worker assigned to the inmate's case shall submit the completed Clinical Case Management Program Aftercare Plan to the case management manager.

C. Case Management Responsibilities

1. Upon receipt of the Physician Evaluation form, the case management manager shall immediately assign the inmate's case to a case manager to complete an Automated Pre-Parole Summary.
2. The chronological synopsis outline in the Automated Pre-Parole Summary shall begin with an entry of the inmate's last parole hearing and the results of that hearing. Subsequent entries shall be made in accordance with the requirements of DCD 100-11. The assigned case manager shall make a recommendation for or against medical parole. This recommendation shall be based solely on public safety considerations. The case manager shall provide a rationale for the recommendation.
3. If the inmate has a detainer, the following steps shall be taken to resolve the detainer:
 - a. The case manager shall notify the case management manager and shall then contact the agency that issued the detainer and advise the agency that the inmate is being considered for medical parole. The manager shall request that the agency consider lifting the detainer if the inmate is approved for medical parole.
 - b. The manager shall request a written response from the agency holding the detainer within five workdays. All actions taken by the manager shall be documented on the Inmate Progress Sheet (DC Form 100-218) and on the Automated Pre-Parole Summary.
 - (1) The documentation shall include the name of the agency contacted, the name of the person at the agency to whom the manager spoke, the agency telephone number, and the results of the telephone conversation.
 - (2) If requested, a written request shall be sent to the agency that issued the detainer.
 - (3) A copy of the written response shall be forwarded to the commitment office for filing in the commitment file.

- c. If the agency issuing the detainer fails to respond in writing within five workdays or does not lift the detainer, the manager shall initiate a follow-up telephone call to the agency to inquire about the status of the detainer.
 - (1) The follow-up agency contact and response shall be documented on the Inmate Progress Sheet and the Automated Pre-Parole Summary.
 - (2) If the agency holding the detainer fails to respond to the follow-up request within two workdays, the case management manager shall advise the director or chief of case management.
4. The case manager shall sign and forward the completed Automated Pre-Parole Summary to the case management manager by the fifteenth workday.
5. The case management manager shall review and forward the signed Automated Pre-Parole Summary, the Physician Evaluation form and the Clinical Case Management Program Aftercare form to the warden to obtain his/her recommendation for or against medical parole, not later than the seventeenth workday after receipt of the Physician Evaluation form.
6. The warden/designee shall either approve or disapprove the recommendation for medical parole in the space provided on the Automated Pre-Parole Summary. The warden/designee shall also provide rationale for his/her recommendation for or against medical parole. Regardless of his/her recommendation, the warden shall forward all paperwork to the director of social work and addiction services by the nineteenth workday after receipt of the Physician Evaluation for Medical Parole.
7. Copies of all paperwork submitted to the director of social work and addiction services shall be filed in section II of the inmate base file and in the inmate's medical record.

D. Division of Correction Headquarters Review

1. The director of social work and addiction services shall document receipt of the medical parole paperwork submitted by the warden and conduct an immediate review of the inmate's case in consultation with the DPSCS medical director.

2. Unless additional information is deemed necessary, the DPSCS medical director and the director of social work and addiction services/designee shall submit the medical parole paperwork with their recommendations and rationale for or against medical parole to the Commissioner/designee within five workdays.
3. The Commissioner/designee shall review the case and either approve or disapprove the recommendation.

E. Maryland Parole Commission Review

1. The MPC, upon review of the request for medical parole consideration, may request additional information as necessary from the DPSCS medical director, the director of social work and addiction services and the director of case management.
2. The MPC shall review the medical parole and forward its decision to the Commissioner, the DPSCS medical director and the director of social work and addiction services. The Commissioner shall ensure distribution to the director of case management and the warden.

F. Medical Parole Decision and Implementation

1. If approved by the Commissioner/designee, the case records and all related information shall be forwarded to the MPC for review.
2. If disapproved, written notification shall be sent to the warden by the director of social work and addiction services, who shall forward the information to the case management department for placement in section II of the inmate's base file.
3. The inmate shall be notified by the social worker and assigned case manager if the request is disapproved.
4. Upon receipt of the medical parole decision, the director of social work and addiction services shall immediately notify the regional supervisor of social work who shall notify the case management manager and the regional medical director of the decision.
5. Upon receipt of the parole decision, the assigned social worker and the assigned case manager shall, as a team, meet with the inmate to inform him/her of the decision.
6. If approved, the regional supervisor of social work shall ensure that the regional medical director and other appropriate medical staff are informed

of medical parole approval and that the assigned social worker completes the following tasks:

- a. Completes and implements a detailed aftercare treatment plan that includes, at a minimum, the following provisions:
 - (1) Residence after release
 - (2) Primary medical care
 - (3) Financial support
 - b. Notifies the release unit of the MPC of the specifics of the completed aftercare plan so that the earliest possible release date can be established.
7. Once the MPC has established a release date for an inmate granted medical parole, the assigned social worker shall notify the case management manager of the exact date that the inmate will be paroled.
 8. The case management manager shall ensure that the case manager, the inmate, and appropriate institutional personnel responsible for processing release are notified of the release date.
 9. The facility administrator and the case management manager shall contact the agency(ies) that placed a detainer(s) against the inmate and request that written authorization to lift the detainer be immediately faxed to the appropriate commitment office. Upon receipt of the written authorization to lift the detainer, commitment office staff shall follow the procedures described in chapter 90-330 of the commitment procedure manual.
 10. If for any reason the aftercare plan cannot be implemented within ten workdays of the MPC approval, the assigned social worker shall notify the regional supervisor of social work and the director of social work and addiction services.

G. No institutional directive is required.

VII. Attachment: Appendix 1, Physician Evaluation for Medical Parole (DC Form 130-8aR)

VIII. Rescission: DCD 130-100, Section 190, dated June 9, 1994

Distribution:

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