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RICHARD F. ALLEN
COMMISSIONER

February 19, 2009

ADMINISTRATIVE REGULATION
NUMBER 708

OPR: HEALTH SERVICES

MEDICAL FURLOUGH PROGRAM

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the discretionary medical furlough of state inmates, with the exception of inmates convicted of capital murder or a sexual offense.

II. POLICY

It is the policy of the ADOC to allow medical furloughs for certain geriatric, permanently incapacitated, and terminally ill inmates who meet the eligibility requirements as authorized by Alabama State Statute Act No. 2008-550 and approved by the Commissioner of the ADOC.

III. DEFINITION(S) AND ACRONYM(S)

- A. **Geriatric Inmate:** A person 55 years of age or older who suffers from a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging, who poses a low risk to the community, and who does not constitute a danger to self or society.
- B. **Incapacitated:** For the purpose of this regulation, a permanent, irreversible physical or mental condition that prevents the person from being able to perpetrate a violent physical action upon another person or self or from having the mental capacity to plan, initiate, or participate in a criminal act. Said person is dependent upon a third party for assistance with activities of daily living and health care needs.

- C. **Institutional Health Service Administrator (HSA)**: A person who by virtue of education, experience, or certification is capable of arranging all levels of health care and ensuring quality and accessible health services for inmates.
- D. **Medical Furlough Program**: An inmate release program administered by the Commissioner of the ADOC that authorizes the release of certain inmates based on their terminal illnesses, geriatric, or incapacitated condition.
- E. **Permanently Incapacitated Inmate**: A person who by reason of an existing medical condition which is not terminal, is permanently and irreversibly incapacitated and, as a result of the medical or mental condition, requires immediate and long-term residential care.
- F. **Special Needs Manager**: A designated health services employee responsible for processing medical special needs placement as directed by the Associate Commissioner of Health Services.
- G. **Terminally Ill Inmate**: A person who has an incurable condition caused by illness or disease that would, with reasonable medical judgment, produce death within 12 months, and who does not constitute a danger to self or society.

IV. **RESPONSIBILITIES**

- A. The ADOC Commissioner (/Designee) shall be responsible for:
 - 1. Establishing and adopting the rules and regulations for the implementation of the Medical Furlough Program pursuant to Act No. 2008-550, to include conditions of release and level of supervision upon release.
 - 2. Upon receipt of a completed medical furlough application packet, reviewing and rendering a decision within thirty (30) days as to whether or not the recommended inmate will be placed on a medical furlough and submitting the decision to the following for implementation: Associate Commissioner of Programs, Associate Commissioner of Health Services, and General Counsel.
 - 3. At his/her discretion, revoking an inmate's medical furlough for the protection of the general public, because it is in the best interest of the medical care for the inmate, or due to a violation of conditions of release.

4. Providing to the Joint Legislative Interim Prison Committee, House Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission an annual report concerning the number of medical furlough applications received, granted, denied, and revoked, as well as inmate participants, illnesses, and diseases.
- B. The Associate Commissioner of Operations shall be responsible for:
1. Reviewing recommendations and comments submitted by the Wardens, Classification Supervisors, and the Classification Director as to an inmate's suitability for the Medical Furlough Program, based on statutory eligibility criteria.
 2. Submitting to the Associate Commissioner of Health Services his/her recommendation for approval or disapproval and comments related to: risk for violence, institutional behavior, and an inmate's potential risk to the community.
- C. The Associate Commissioner of Health Services shall be responsible for:
1. Developing and implementing the use of a medical furlough application packet.
 2. Establishing a system for physicians to review an inmate medical furlough application.
 3. Designating a Special Needs Manager for the Medical Furlough Program.
 4. Receiving from the Special Needs Manager complete medical furlough packets. Reviewing each packet for required medical assessment and recommendations, approving or disapproving said recommendations, and submitting said packet to the Commissioner of Corrections for his/her approval or disapproval.
 5. Upon receiving notification from the Commissioner that an inmate has been approved for the Medical Furlough Program, providing the Associate Commissioner of Programs with a scheduled release date.
 6. Coordinating clinical supervision or review of approved inmates on the Medical Furlough Program.

7. Requesting, through the Associate Commissioner of Programs, the assignment of an inmate to the ADOC SRP region in which medical furlough is to be accomplished.

8. Compiling statistical data for the required annual reports.

D. The Associate Commissioner of Programs shall be responsible for:

1. Designating the SRP region for an inmate in the Medical Furlough Program.

2. Coordinating, with the Associate Commissioner of Health Services, an inmate's release from the affected institution to the designated SRP region.

3. Complying with the Commissioner's decision regarding an inmate's level of supervision and conditions of release.

E. The General Counsel/Designee shall be responsible for:

1. Implementing a process to notify the Attorney General, the district attorney of the jurisdiction where the inmate was last sentenced or prosecuted, and the victim(s) of the crime(s); and, providing each a reasonable opportunity to object.

2. Reviewing any objections submitted by the Attorney General, the district attorney of the jurisdiction where the inmate was last sentenced or prosecuted, and the victim(s) of the crime(s); and, making a recommendation to the Commissioner whether or not formal protest should be honored.

3. Informing the Attorney General, the district attorney of the jurisdiction where the inmate was last sentenced or prosecuted, the victim(s) of the crime(s), and the ADOC Victim/Constituent Services Officer that an inmate has been assigned to the Medical Furlough Program.

F. The Special Needs Manager shall be responsible for:

1. Developing a discharge plan for an inmate considered for the Medical Furlough Program:

a. Submitting Medicare and Medicaid applications for eligibility determination.

- b. Requesting and coordinating assistance from the Department of Public Health, Department of Human Resources, Hospice organizations, or other public and/or non-profit community service agencies.
 - c. Receiving from institutional sites the ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, and including it in the medical furlough packet submitted to the Associate Commissioner of Health Services.
 - d. Working closely with a furloughed inmate's family to ensure that necessary documentation is provided to service agencies in order for services to be received by the inmate.
 - e. Scheduling biannual medical reviews of an inmate in the Medical Furlough Program.
- 2. Obtaining the discharge orders from the attending physician.
 - 3. Arranging post release medical follow-up appointments; and, obtaining reports.
 - 4. Maintaining ADOC Form 708-M, *Medical Furlough Statistical Tracking Log*, of inmates submitted, granted, or denied in reference to the Medical Furlough Program. Submitting this form to the Associate Commissioner of Health Services monthly.
 - 5. Informing the ADOC Victim/Constituent Services Officer when an inmate on the program has expired.

G. The Warden shall be responsible for:

- 1. Adopting AR 708, *Medical Furlough Program*, as written, as a part of his/her institutional Standard Operating Procedures (SOPs).
- 2. Making medical furlough application forms available on the institutional level.
- 3. Ensuring that an inmate's medical furlough application forms are submitted to the Institutional Health Services Administrator.

4. Upon receiving notification from the Health Services Administrator that an inmate is medically eligible for program consideration, requesting from the Classification Specialist Supervisor a completed ADOC Form 708-E, *Criminal and Institutional Record Review (I)*, that includes the inmate's sentence and crime details.
5. Providing his/her recommendations and comments on the eligibility of an inmate and potential danger the inmate may pose to the community.
6. Ensuring that the ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, is completed and notarized on behalf of an eligible inmate for the Medical Furlough Program.

H. The Institutional Classification Specialist Supervisor shall be responsible for:

1. Reviewing an inmate's criminal and institutional record to determine if an inmate meets the criteria for the Medical Furlough Program.
2. Providing his/her recommendations and comments on the eligibility of an inmate for the Medical Furlough Program on ADOC Form 708-E and submitting it to the institutional Warden.

I. The Institutional Health Services Administrator shall be responsible for:

1. Reviewing inmate medical furlough applications for completeness, eligibility, and consulting with the institutional physician.
2. Notifying the Warden if an inmate is recommended for the Medical Furlough Program.
3. Submitting the inmate's application, records, medical furlough forms, and documentation related to his/her medical condition, diagnosis, prognosis, life expectancy (if estimated and applicable), and any other necessary documentation to the Special Needs Manager.
4. Maintaining records of inmates approved or denied for the Medical Furlough Program.

- J. The Institutional Physician shall be responsible for:
1. Reviewing inmate medical furlough applications for eligibility and consulting with the Institutional Health Services Administrator.
 2. Rendering a decision on an inmate's medical eligibility for the Medical Furlough Program and completing ADOC Form 708-C, *Physician's Statement (1)*.
 3. Arranging for a second physician to medically certify an inmate's condition, upon request by the Associate Commissioner of Health Services.
 4. Preparing and submitting to the Special Needs Manager the discharge planning orders for an inmate selected for the Medical Furlough Program.
- K. Other Licensed Health Care Professional, Employee or Official of the ADOC shall be responsible for:
1. Completing an ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, and submitting it to the Institutional Health Services Administrator.
 2. Providing information as requested or necessary concerning the inmate's medical condition.
- L. Inmate's Family Member(s), Concerned Person, or Attorney shall be responsible for:
1. Completing an ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, and submitting it to the Institutional Health Services Administrator.
 2. Providing shelter, care, and financial support to an inmate if he/she is accepted into the Medical Furlough Program.
 3. Providing information on the inmate's progressing medical condition to the Special Needs Manager.
 4. Providing transportation to and from medical appointments, reviews, or assessment, as required by the ADOC.

5. Assuming all financial obligations related to the inmate's medical care, medication, hospitalizations, nursing home, and funeral expenses.
6. Immediately notifying the Special Needs Manager of an inmate's death.
7. Providing the Special Needs Manager a copy of the inmate's death certificate.

M. The Inmate shall be responsible for:

1. Completing an ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, and an ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information*, and submitting them to the Institutional Health Services Administrator.
2. Providing information on his/her progressing medical condition to the Special Needs Manager, if capable.
3. Complying with the procedures outlined in AR 708, *Medical Furlough Program*; and, violations of the program criteria will result in the inmate returning to the institution and appropriate disciplinary action being taken.

V. PROCEDURES

A. The following persons may initiate and submit a completed ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, to the Institutional Health Services Administrator or the Associate Commissioner of Health Services:

1. Inmate or inmate family member(s).
2. Concerned person(s).
3. Inmate attorney(s).
4. Attending physician(s) or other licensed Health Care Professional(s).
5. An ADOC employee or official.

B. The Institutional Health Services Administrator:

1. Receives and reviews the completed ADOC Form 708-A.
2. Obtains a notarized, completed ADOC Form 708-B from the inmate.
3. Receives and reviews the completed ADOC Form-D, *Physician's Statement (2)*, if received.
4. Reviews the ADOC Form 708-A, ADOC Form 708-B, and ADOC Form 708-D (if received) with the Institutional Physician; and, provides ADOC Form 708-C, *Physician's Statement (1)*, for completion.
5. Notifies the Institutional Warden of inmates identified by the physician(s) as candidates for the program and who should be processed for further consideration.
6. Coordinates with the Institutional Physician and Associate Commissioner of Health Services to initiate completion of ADOC Form 708-D, if not received.
7. If an applicant does not meet medical eligibility for the program, his/her application will be placed in an unapproved file. A copy will be forwarded to the Special Needs Manager and no further action will be taken until such time as the inmate's condition changes

C. The Institutional Warden/Designee will:

1. Request the Institutional Classification Specialist Supervisor to complete his/her portion of ADOC Form 708-E, *Criminal and Institutional Record Review (1)*.
2. Upon Institutional Classification Specialist Supervisor completing his/her portion, complete the Institutional Warden section of ADOC Form 708-E with his/her recommendation and comments and forward the original to the Institutional Health Services Administrator, providing a copy to the Associate Commissioner of Operations.
3. Initiate processing of ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*. Upon completion of the notarized form, the original will be forwarded to the Institutional Health Services Administrator.

- D. The Institutional Health Services Administrator will forward the original completed ADOC Forms 708-A, 708-B, 708-C, 708-D (if received), 708-E, 708-F, and any other supporting documentation to the Special Needs Manager.
- E. The Associate Commissioner of Operations will:
1. Forward a copy of the ADOC Form 708-E to the General Counsel and the Departmental Classification Director.
 2. Submit ADOC Form 708-H, *Criminal and Institutional Record Review (2)*, to the Departmental Classification Director.
- F. The ADOC General Counsel/Designee will:
1. Notify the following by certified, return receipt registered mail of the considered inmate medical furlough:
 - a. The Attorney General of the State of Alabama.
 - b. The district attorney of the jurisdiction where the inmate was last sentenced or prosecuted.
 - c. The victim(s) of the crime(s).
 2. Allow the above mentioned persons fourteen (14) days from receipt of the notice to object in writing to the considered inmate medical furlough.
 3. Complete ADOC Form 708-I, *Attorney General, District Attorney, and Victim(s) Notification*, and forward it with written objections, if any, to the Associate Commissioner of Health Services to be a part of the packet to be submitted to the Commissioner.
- G. The Departmental Classification Director will complete his/her portion of ADOC Form 708-H and forward it to the Associate Commissioner of Operations.
- H. The Associate Commissioner of Operations will complete his/her portion of ADOC Form 708-H, with recommendation and comments, and forward it to the Associate Commissioner of Health Services.
- I. The Associate Commissioner of Health Services and the Special Needs Manager will:

1. Review all inmate medical furlough forms received to this point.
 2. The Special Needs Manager will initiate ADOC Form 708-G, *Discharge Planning*, for the inmate.
 3. This review will take into consideration an inmate's medical needs and those services that need to be in place and immediately available for the inmate at the time of his/her release. This is to include: Medicare, Medicaid, Hospice, Public Health, the Department of Human Resources, and other public and/or non-profit community service agencies that have been alerted and have accepted the inmate into their program(s).
- J. The Associate Commissioner of Health Services will submit the inmate medical furlough packet to the Commissioner for his/her review and decision. The packet will consist of the original copies of ADOC Forms 708-A, 708-B, 708-C, 708-D, 708-E, 708-F, 708-G, 708-H, 708-I, and any supporting documentation. In addition, ADOC Form 708-J, *Commissioner Instruction*, and ADOC Form 708-K, *Medial Furlough Notification*, will be provided.
- K. The Commissioner will render a decision and complete ADOC Form 708-J.
1. If the inmate medical furlough is granted, then the Commissioner will also complete ADOC Form 708-K and forward the completed packet to the Associate Commissioner of Health Services who will provide copies of ADOC Form 708-J and ADOC Form 708-K to the Associate Commissioner of Programs and the General Counsel.
 - a. The Associate Commissioner of Health Services will:
 - (1). Coordinate with the Special Needs Manager the appropriate clinical monitoring provisions.
 - (2). Coordinate with the Associate Commissioner of Programs the appropriate security monitoring provisions.
 - b. The Special Needs Manager will:
 - (1). Obtain the clinical discharge orders from the attending physician.
 - (2). Coordinate a tentative date of clinical transfer.

(3). Confirm with the party to receive the inmate.

(4). Coordinate the exit of the inmate with the Institutional Warden.

c. The Associate Commissioner of Programs will:

(1). Communicate the Commissioner's instructions to Departmental Classification Director and SRP Director.

(2). Coordinate with the Associate Commissioner of Health Services to facilitate the inmate's release on medical furlough from the institution to designated location.

d. The General Counsel/Designee will notify the Attorney General, district attorney(s), victim(s), and ADOC Victim/Constituent Service Officer that the inmate has been granted medical furlough.

2. If the inmate medical furlough is denied, then the Commissioner will complete ADOC Form 708-J and forward the complete packet to the Associate Commissioner of Health Services who will provide copies of ADOC Form 708-J to the Associate Commissioner of Programs and the General Counsel.

3. The Associate Commissioner of Health Services will notify the Special Needs Manager with any additional instructions.

L. The Special Needs Manager will:

1. Complete and maintain ADOC Form 708-M, *Medical Furlough Statistical Tracking Log*.

2. Obtain the inmate's institutional health record and provide it to the Commissioner of Health Services. The Commissioner of Health Services will maintain the inmate's health record while he/she is on medical furlough and until the inmate has been released, EOSd, paroled, or the inmate has died. The inmate's health record will then be archived in accordance with departmental policy.

3. Maintain contact with the inmate's family and/or assigned SRP Officer on the status of the inmate. Should the inmate decease while on medical furlough, the inmate's family will notify the

Special Needs Manager.

- M. The Associate Commissioner of Health Services will collaborate with the Associate Commissioner of Programs to supervise and monitor an inmate on medical furlough. Clinical evaluations and security reviews will be conducted at the discretion of the Associate Commissioner of Health Services and Associate Commissioner of Programs.
- N. The Commissioner may revoke a previously granted inmate medical furlough. In those cases where the Commissioner revokes a medical furlough, he/she will complete ADOC Form 708-L, *Revocation of Medical Furlough*, and submit it to the Associate Commissioner of Health Services who will then provide copies of ADOC Form 708-L to the Associate Commissioner of Programs and the General Counsel. Appropriate inmate disciplinary action will be taken, if applicable.
- O. The Special Needs Manager will be contacted by the furloughed inmate's family and/or the ADOC assigned SRP Officer should the inmate decease while on medical furlough.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*.
- B. ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information*.
- C. ADOC Form 708-C, *Physician's Statement (1)*.
- D. ADOC Form 708-D, *Physician's Statement (2)*.
- E. ADOC Form 708-E, *Criminal and Institutional Record Review (1)*.
- F. ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*.
- G. ADOC Form 708-G, *Discharge Planning*.
- H. ADOC Form 708-H, *Criminal and Institutional Record Review (2)*.

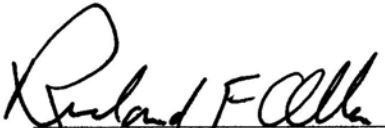
- I. ADOC Form 708-I, *Attorney General, District Attorney, and Victim(s) Notification.*
- J. ADOC Form 708-J, *Commissioner's Instruction.*
- K. ADOC Form 708-K, *Medical Furlough Notification.*
- L. ADOC Form 708-L, *Revocation of Medical Furlough.*
- M. ADOC Form 708-M, *Medical Furlough Statistical Tracking Log.*

VIII. SUPERCEDES

This is a NEW Administrative Regulation and does not supercede any other regulation.

IX. PERFORMANCE

Alabama State Statute Act No. 2008-550, Alabama Medical Furlough Act.



Richard F. Allen, Commissioner

ANNEX(S):

- A. Senate Bill (SB) 15, Alabama Medical Furlough Act.

SB15

By Senator Coleman

ENROLLED, An Act,

To establish a procedure for the discretionary medical furlough of state inmates convicted on non-capital felony offenses.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act shall be known as the "Alabama Medical Furlough Act."

Section 2. For purposes of this act, the following words shall have the following meanings:

(1) COMMISSIONER. The Commissioner of the Department of Corrections.

2) DEPARTMENT. The Department of Corrections.

(3) GERIATRIC INMATE. A person 55 years of age or older convicted in this state of a non-capital felony offense and sentenced to the penitentiary, who suffers from a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging, who poses a low risk to the community, and who does not constitute a danger to himself or herself or society.

(4) PERMANENTLY INCAPACITATED INMATE. A state inmate convicted of a non-capital felony offense and sentenced to the penitentiary who does not constitute a danger to himself or herself or society, and who, by reason of an existing medical condition which is not terminal, is permanently and irreversibly incapacitated, and as a result of the medical or mental condition requires immediate and long-term residential care.

(5) TERMINALLY ILL INMATE. A person convicted of a non-capital felony offense who is sentenced to the penitentiary and who has an incurable condition caused by illness or disease which would, with reasonable medical judgment, produce death within 12 months, and who does not constitute a danger to himself or herself or society.

Section 3. (a) No physical or medical condition that existed at the time of sentencing shall provide the basis for medical furlough under this act, unless the inmate has become permanently incapacitated or terminally ill after the date of sentencing. In considering an inmate's eligibility for medical furlough, the department shall take into consideration the age of the inmate at the time the crime was committed.

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(b) No inmate shall be considered for medical furlough unless the inmate consents in writing to the release after a written explanation of the inmate's medical needs and the availability of medical services, unless the inmate is not capable of consent as determined by a medical professional.

(c) No inmate shall be considered for medical furlough unless he or she would be Medicaid or Medicare eligible at the time of release or a member of the inmate's family agrees in writing to assume financial responsibility for the inmate, including, but not limited to, the medical needs of the inmate.

Section 4. (a) The department shall establish a medical furlough program. The commissioner shall adopt the rules and regulations for implementation of the medical furlough program. For each person considered for medical furlough, the commissioner shall determine whether the person is a geriatric inmate, permanently incapacitated inmate, or terminally ill inmate.

(b) Notwithstanding any other law to the contrary, an inmate who has not served his or her minimum sentence shall be considered eligible for consideration for furlough under this act.

(c) This act shall not apply to inmates convicted of capital murder or a sexual offense.

(d) Medical furlough consideration shall be in addition to any other release for which an inmate may be eligible.

(e) The commissioner shall determine the conditions of release of any inmate pursuant to this act, including the appropriate level of supervision of the inmate, and shall develop a discharge plan for each inmate released under this act. Prior to the commissioner granting any release based on the appropriate medical documentation pursuant to subsection (b) of Section 5, employees of the department shall contact appropriate departments and agencies, which may include, but shall not be limited to, the Department of Public Health, the Department of Human Resources, Medicare, Medicaid, hospice organizations, or other public and nonprofit community service agencies as the commissioner may deem necessary for consultation in developing an appropriate discharge plan, and to confirm that required care and resources are available to meet the inmate's needs. This act is not intended to expand or create new responsibilities for public agencies for arranging and providing care.

(f) In considering an inmate for medical furlough, the department may request that additional medical evidence be produced, or that additional medical examinations be conducted.

(g) Except as provided herein, the furlough of an inmate on medical furlough shall be for the remainder of the inmate's sentence. In addition to terms and conditions prescribed by the department, supervision of an inmate on medical furlough shall at a minimum consist of biannual medical evaluations by a medical care provider at intervals to be determined by the commissioner at the time of release.

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(h) If the medical condition of an inmate released pursuant to this act should improve to the extent that he or she no longer meets the criteria by which he or she was released, or if he or she violates a condition of release or becomes a danger to himself or herself or others, the commissioner shall revoke the furlough.

(i) The commissioner shall report annually to the Joint Legislative Interim Prison Committee, House Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission on the number of applications for medical furlough, the nature of the illnesses, diseases, and conditions of the applicants, the number of inmates granted and denied release, and the number of persons on medical furlough who have been returned to the custody of the department.

Section 5. (a) An inmate, or any concerned person, including, but not limited to, the inmate's attorney, family, physician, or an employee or official of the department may initiate consideration for medical furlough by submitting to the department an initial medical release application form along with supporting documentation.

(b) The initial application form shall include the report of a physician or physicians employed by the department or its health care provider and a notarized report of at least one other duly licensed physician who is board certified in the field of medicine for which the inmate is seeking a medical furlough and who is not an employee of the ADOC. These reports shall each be of the opinion that the inmate is either terminally ill, permanently incapacitated, or that the inmate suffers from a chronic infirmity, illness, or disease related to aging. The commissioner shall provide the initial application and medical authorization forms to all department medical care providers, and the forms shall be available at every correctional facility for distribution to inmates.

(c) Consideration for medical furlough shall be initiated by the submission of an application from the department, the inmate, or the inmate's representative, along with the department's supporting documentation to the commissioner.

(d) If the appropriate medical documentation pursuant to subsection (b) has indicated that the inmate is permanently incapacitated or terminally ill, the commissioner, within 30 days of receipt of an initial application form, shall make a decision. The initial application form and supporting document of inmates, who have been diagnosed by a physician as suffering from a chronic illness or disease related to aging, shall be submitted to the commissioner within 60 days of receipt of the application by the department. Supporting documentation shall include information concerning the inmate's medical history and prognosis, age, and institutional behavior. At the inmate's request, the department shall also provide a copy of all supporting documentation to the inmate.

(e) In determining eligibility factors for a medical furlough, the commissioner shall take into consideration all of the following factors:

(1) Risk for violence.

(2) Criminal history.

(3) Institutional behavior.

(4) Age of the inmate, currently and at the time of the offense.

(5) Severity of the illness, disease, or infirmities.

(6) All available medical and mental health records.

(7) Release plans, which include alternatives to caring for terminally ill or permanently incapacitated inmates in traditional prison settings.

(f) The commissioner shall notify the district attorney of the jurisdiction where the inmate was last sentenced of the consideration of an inmate for a medical furlough and afford the district attorney where the crime was prosecuted a reasonable opportunity to object. The commissioner shall also notify the victim or victims of the crimes listed in paragraphs a. to i., inclusive, of subdivision (1) of subsection (e) of Section 15-22-36, Code of Alabama 1975, for which the defendant is currently incarcerated, of the review to consider a medical furlough. Notice shall be sent by certified mail, return receipt requested, to the victim or victims named in the indictment.

(g) The commissioner shall make a determination whether to grant medical furlough for terminally ill inmates within 30 days of receipt of an initial application and supporting documentation.

(h) The commissioner shall make a determination whether to grant medical furlough for permanently incapacitated inmates within 30 days of receipt of an initial application and supporting documentation.

(i) The commissioner shall make a determination on whether to grant medical furlough for geriatric inmates within 30 days of receipt of the application and supporting documentation from the department.

Section 6. This act shall not be deemed to grant any entitlement or right to release. Upon denial of release by the commissioner, the commissioner may schedule further review of consideration of medical furlough. No inmate or anyone acting on the inmate's behalf shall have the right to seek judicial review.

Section 7. The commissioner may revoke a medical furlough granted pursuant to this act at his or her discretion.

Section 8. All laws or parts of laws which conflict with this act are repealed.

Section 9. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.

Confidential Information For Internal ADOC Use Only
Alabama Department of Correction

Medical Furlough Program
APPLICATION FOR CONSIDERATION OF INMATE MEDICAL FURLOUGH

To: The Institutional Health Services Administrator at _____
Or _____ (Institution)
Associate Commissioner of Health Services
Alabama Department of Corrections
Attention: Office of Health Services
P.O. Box 301501
Montgomery, Alabama 36130-1501

Inmate's Name: _____ AIS # : _____ D.O.B.: _____

Inmate's Social Security Number: _____

Inmate's Current Location: _____

Explain the reason(s) for requesting consideration for a medical furlough at this time:

Supporting documentation: a notarized report of one (1) duly licensed physician who is board certified in the field of medicine for which the inmate is seeking a medical furlough and who is not an employee of the Alabama Department of Corrections is attached: _____ Yes _____ No

Initiated By:

_____ Above Named Inmate _____ A Family Member of the Above Named Inmate
If family, the family member's relationship to the inmate: _____
_____ Inmate's Attorney _____ Attending Physician _____ Concerned Other
_____ Employee or Official of the Alabama Department of Corrections
_____ Licensed Health Care Professional

(Printed Name)

(Date)

(Legal Signature)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

_____ Date received by ADOC – Office Health Services
_____ Date to Commissioner
_____ Granted/Denied Date

Distribution: Original – Associate Commissioner of Health Services
Copy – Inmate Medical File

Confidential Information For Internal ADOC Use Only ADOC Form 708-A – February 19, 2009

**Confidential Information For Internal ADOC Use Only
Alabama Department of Correction**

**Medical Furlough Program
INMATE CONSENT TO THE COLLECTION, PROVISION, AND
RELEASE OF INFORMATION**

I, _____, AIS # _____,
(Print Inmate's Name)

D.O.B. _____, and Social Security Number _____,

do hereby request all concerned parties to collect, provide, and release any/all supporting information and documentation as needed to the Commissioner of the Alabama Department of Corrections for his/her review in the consideration of a Medical Furlough requested on my behalf to include, but not limited to, the following:

Risk for violence,

Criminal history,

Institutional behavior,

Current age of inmate,

Age of inmate at the time of the offense,

Severity of the illness, disease, or infirmity(s),

All available medical records,

All available mental health records,

Release plans that include alternatives to caring for terminally ill, geriatric, or permanently incapacitated inmates in traditional prison settings.

I am not convicted of capital murder or a sexual offense.

(Signature of Inmate)

(Date)

(Witness's Signature and Title)

(Date)

(Witness's Place of Employment)

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

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ADOC Form 708-B – February 19, 2009

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Alabama Department of Corrections

Medical Furlough Program
PHYSICIAN'S STATEMENT (1)

(Physician Employed by the Contracted Health Care Vendor or Physician Employee of the ADOC)

_____ I have treated and/or examined this patient:

- _____ The inmate is considered to be **geriatric** as he/she is 55 years of age or older and suffers from a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging.

- _____ The inmate is considered to be **permanently incapacitated** by reason of an existing medical condition that is not terminal, is permanently and irreversibly incapacitated, and, as a result of the medical or mental condition, requires immediate and long-term residential care.

- _____ The inmate is considered to be **terminally ill**. The inmate has an incurable condition caused by illness or disease that will, with reasonable medical judgment, produce death within twelve (12) months.

Identify the severity of the illness, disease, infirmity, and/or condition (attach additional pages if necessary):

I am unaware of any physical or medical condition that existed at the time of the inmate's sentencing.
The inmate is not considered to be a danger to self.

The inmate is or is not capable of consenting in writing to a medical furlough release.
(circle one of the above)

(Printed Name)

(Signature)

(Date)

| | | | |
|--------------|---------|----------|--------------|
| Inmate Name: | AIS # : | D.O.B. : | Institution: |
|--------------|---------|----------|--------------|

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ADOC Form 708-C – February 19, 2009

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Alabama Department of Corrections

PHYSICIAN'S STATEMENT (2)
(Not an Employee of the Contracted Health Care Vendor or the ADOC)

I have treated and/or examined this patient:

- _____ The inmate is considered to be **geriatric** as he/she is 55 years of age or older and suffers from a chronic life-threatening infirmity, life-threatening illness, or chronic debilitating disease related to aging.

- _____ The inmate is considered to be **permanently incapacitated** by reason of an existing medical condition that is not terminal, is permanently and irreversibly incapacitated, and, as a result of the medical or mental condition, requires immediate and, long-term residential care.

- _____ The inmate is considered to be **terminally ill**. The inmate has an incurable condition caused by illness or disease that will, with reasonable medical judgment, produce death within twelve (12) months.

Identify the severity of the illness, disease, infirmity, and/or condition (attach additional pages if necessary):

I am unaware of any physical or medical condition that existed at the time of the inmate's sentencing.
I am a duly licensed physician who is board certified in the field of medicine for which the inmate is seeking a medical furlough.

(Printed Name) (Signature) (Date)

Address: _____

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

| | | | |
|--------------|---------|----------|--------------|
| Inmate Name: | AIS # : | D.O.B. : | Institution: |
|--------------|---------|----------|--------------|

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Alabama Department of Corrections

Medical Furlough Program
INMATE FAMILY OR SPONSOR FINANCIAL/MEDICAL CARE ACCEPTANCE

I, _____, with contact number: _____,
(Printed Name)
and address: _____,
am a family member or sponsor of Inmate: _____, AIS # _____.
(Printed Inmate's Name)
My direct relationship to the inmate is: _____.

I agree to provide shelter, care, and information as necessary concerning the above named inmate's progressing medical condition. I also agree to provide transportation to and from medical appointments, reviews, or assessments, as required.

I will assume all financial obligations and responsibilities as related to the above named inmate's care, medications, hospitalizations, nursing home care, and funeral expenses.

I will immediately notify the Alabama Department of Corrections (ADOC) Special Needs Manager of the above named inmate's death and provide the Alabama Department of Corrections a copy of the death certificate upon receipt.

| | | |
|--|---------|--------|
| (Signature of Inmate Family Member or Sponsor) | | (Date) |
| (ADOC Witness's Signature) | (Title) | (Date) |
| (Second ADOC Witness's Signature) | (Title) | (Date) |

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20 ____.

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

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Alabama Department of Corrections**

**Medical Furlough Program
DISCHARGE PLANNING**

Circle One

Yes / No Inmate family agrees to assume financial responsibility for the inmate including, but not limited to, all treatment and medical needs of the inmate (documentation attached).

Yes / No Inmate is Medicaid eligible at the time of release (documentation attached).

Yes / No Inmate is Medicare eligible at the time of release (documentation attached).

Yes / No Inmate will be accepted by another public and/or non-profit community service agency(s) (documentation attached).

Department(s)/Agency(s) contacted:

Yes / No Department of Public Health

Yes / No Department of Human Resources

Yes / No Medicare Agency

Yes / No Medicaid Agency

Yes / No Hospice

Yes / No Other Public and/or Non-Profit
Community Service Agency(s)

List: _____

Discharge Plan (attach additional pages if needed):

(Printed Name of Special Needs Manager)

(Signature of Special Needs Manager) (Date)

The information above has been provided to me by the below named M.D. regarding my medical needs and the availability of medical services:

I, _____, hereby consent to consideration for medical furlough.
(Inmate's Printed Name)

(Inmate's Signature) (Date) AIS # _____ D.O.B. _____

Or

_____ M.D. Initials if inmate is **not** capable of consent as determined by this medical professional.

(Printed Name of M.D.)

(M.D.'s Signature) (Date)

| | | | |
|----------------|---------|----------|--------------|
| Inmate's Name: | AIS # : | D.O.B. : | Institution: |
|----------------|---------|----------|--------------|

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ADOC Form 708-G – February 19, 2009

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Alabama Department of Corrections**

**Medical Furlough Program
CRIMINAL AND INSTITUTIONAL RECORD REVIEW (2)**

Departmental Classification Director:

I have reviewed the application for consideration of inmate medical furlough and supporting physician statements, conducted an institutional record review, and make the following recommendation (attach additional pages if needed):

(Printed Name)

(Signature)

(Date)

Associate Commissioner of Operations:

I have reviewed the application for consideration of inmate medical furlough and supporting physician statements, conducted an institutional record review, and make the following recommendation (attach additional pages if needed):

(Printed Name and Title)

(Signature)

(Date)

Inmate's Name:

AIS # :

D.O.B. :

Institution:

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ADOC Form 708-H – February 19, 2009

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Alabama Department of Corrections**

**Medical Furlough Program
ATTORNEY GENERAL, DISTRICT ATTORNEY, AND VICTIM(S)
NOTIFICATION**

- _____ The Attorney General of the State of Alabama has been notified by certified mail.

- _____ The District Attorney, of the jurisdiction that last sentenced or prosecuted the inmate, has been notified by certified mail of the consideration of the inmate for a medical furlough and afforded a reasonable opportunity to object.

- _____ Notice was sent by certified mail, return receipt requested, to the victim(s) named in the indictment, as well as the victim(s) of the crimes listed in paragraphs a. to i., inclusive, of subdivision (1) of subsection (e) of Section 15-22-36, Code of Alabama 1975, for which the defendant is currently incarcerated.

Information and/or comments, if received, are attached.

(Printed Name and Title)

(Signature)

(Date)

Notes:

| | | | |
|----------------|---------|----------|--------------|
| Inmate's Name: | AIS # : | D.O.B. : | Institution: |
|----------------|---------|----------|--------------|

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ADOC Form 708-I – February 19, 2009

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Alabama Department of Corrections

Medical Furlough Program
COMMISSIONER'S INSTRUCTIONS

In the matter of:

Inmate: _____ with AIS#: _____
(Printed Name)

_____ Medical Furlough **GRANTED**
on the grounds of:

- _____ Geriatric Inmate
- _____ Permanently Incapacitated Inmate
- _____ Terminally Ill Inmate

_____ Medical Furlough **DENIED**

- _____ Further Review Needed
- _____ Request additional medical examination be conducted
- _____ Request additional medical evidence be produced

Conditions of release:

Level of Supervision:

_____ Minimum – Biannual Medical Evaluations _____ Other – as detailed:

(Printed Name)
Commissioner, Alabama Department of Corrections

(Signature) (Date)

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Copy – Institutional Warden

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Confidential Information For Internal ADOC Use Only
Alabama Department of Corrections

Medical Furlough Program
MEDICAL FURLOUGH NOTIFICATION

To: Associate Commissioner of Health Services

From: Commissioner

Date:

Subject: The following inmate has been granted for medical furlough.

| | | |
|----------------|--------|---------|
| Inmate's Name: | AIS# : | D.O.B.: |
| | | |

Release notification is to be processed:

1. SRP case assignment, with required review, is to be implemented by the Associate Commissioner of Programs (or Designee).
2. Attending physician discharge orders are to be obtained and discharge plans, with required case review, are to be implemented by the Associate Commissioner of Health Services (or Designee).
3. The Attorney General, the District Attorney(s) of the jurisdiction that last sentenced or prosecuted the inmate, the victim(s), and the ADOC Victim/Constituent Service Officer are to be notified by the ADOC General Counsel/Designee.

(Printed Name)
Commissioner, Alabama Department of Corrections

(Signature) (Date)

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ADOC Form 708-K – February 19, 2009

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Alabama Department of Corrections**

**Medical Furlough Program
REVOCATION OF MEDICAL FURLOUGH**

Medical Furlough **Revoked** as of this date, _____

| | | |
|----------------|--------|---------|
| Inmate's Name: | AIS# : | D.O.B.: |
|----------------|--------|---------|

Revocation due to:

- _____ Medical condition improved to the extent that he/she no longer meets the criteria by which he/she was released.
- _____ Violated condition of release.
- _____ Became a danger to self or others.
- _____ Other: _____

(Printed Name)
Commissioner, Alabama Department of Corrections

(Signature) _____ (Date)

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ADOC Form 708-L – February 19, 2009

