


Idaho Department of Correction 	Standard Operating Procedure Division of Prisons Offender Management	Control Number: 324.02.01.002	Version: 1.1	Page Number: 1 of 5
		Title: Parole of Offenders with a Terminal Disease or Permanent Incapacitation		Adopted: 6-6-1997 Reviewed: 7-1-2008

This document was approved by Pam Sonnen, chief of the Division of Prisons, on
7/1/08 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER

None

POLICY STATEMENT NUMBER 324

Release of Offenders from the Custody of the Idaho Department of Correction

POLICY DOCUMENT NUMBER 324

Release of Offenders from the Custody of the Idaho Department of Correction

DEFINITIONS

Standardized Definitions List

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department’s medical and mental health services. The health authority is commonly referred to as the health services director.

PURPOSE

This standard operating procedure (SOP) establishes procedures for paroling offenders diagnosed with a terminal disease or deemed to have an irreversible physical incapacitation.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) correctional facilities.

RESPONSIBILITY

Facility heads are responsible for implementing and ensuring the guidelines provided herein are followed in their facilities.

Table of Contents

GENERAL REQUIREMENTS..... 2

1. Description of Conditions Applicable to Process..... 2

Control Number: 324.02.01.002	Version: 1.1	Title: Parole of Offenders with a Terminal Disease or Permanent Incapacitation	Page Number: 2 of 5
---	------------------------	--	-------------------------------

2. Medical Parole Referral Process	2
<i>Review Process Steps</i>	2
3. Communication Protocols.....	4
REFERENCES.....	4

GENERAL REQUIREMENTS

1. Description of Conditions Applicable to Process

An offender may be considered for medical parole in accordance with this SOP only when the offender is permanently incapacitated or terminally ill and because of the offender's physical condition poses no threat to community safety.

For the purpose of this SOP, "**permanently incapacitated**" means an existing non-terminal physical condition has rendered the offender permanently and irreversibly physically incapacitated. "**Terminally ill**" means an incurable condition caused by illness or disease that has rendered the offender with an irreversibly terminal illness.

2. Medical Parole Referral Process

The review process for a medical parole may be initiated by one (1) or more of the following:

- Health authority
- Facility health authority
- IDOC staff member
- Offender
- Offender's family
- Commission of Pardons and Parole

Review Process Steps

When an offender may be eligible for parole because of a terminal illness or permanent incapacitation, the following steps will be followed.

Functional Roles and Responsibilities	Step	Tasks
Referral Source	1	Send a written referral that contains the following information to the facility deputy warden: <ul style="list-style-type: none"> • The offender's name; • The reason for the referral; and • A statement explaining how the offender meets the requirements of this SOP.

Control Number: 324.02.01.002	Version: 1.1	Title: Parole of Offenders with a Terminal Disease or Permanent Incapacitation	Page Number: 3 of 5
---	------------------------	--	-------------------------------

Functional Roles and Responsibilities	Step	Tasks
Deputy Warden (or Designee)	2	<p>Within three (3) working days, request the following information from the facility health authority (see Appendix A, <i>Request for Medical Evaluation</i>):</p> <ul style="list-style-type: none"> • Offender's diagnosis. • Offender's prognosis. • Level of care that will be required if the offender is released, such as hospital, nursing home, hospice, or outpatient care.
Facility Health Authority	3	Have a physician complete the medical review and write a letter with requested information within five (5) days.
Facility Health Authority	4	Forward the letter to the deputy warden (or designee).
Deputy Warden (or Designee)	5	<p><u>Offender May Meet Criteria</u></p> <ul style="list-style-type: none"> • If the medical provider's information indicates the offender may meet the criteria for a medical parole, proceed to step 6. <p><u>Offender Does Not Meet Criteria</u></p> <ul style="list-style-type: none"> • Notify the offender and the referral source. • If the physician's report does not indicate that the offender meets the criteria for a medical parole, forward the report to the Commission of Pardons and Parole and a copy to the health authority within three (3) days. The facility process ends here. <p>(Note: If the offender's condition worsens, another review can be conducted.)</p>

Control Number: 324.02.01.002	Version: 1.1	Title: Parole of Offenders with a Terminal Disease or Permanent Incapacitation	Page Number: 4 of 5
---	------------------------	--	-------------------------------

Functional Roles and Responsibilities	Step	Tasks
Deputy Warden (or Designee)	6	<ul style="list-style-type: none"> • Within five (5) days, prepare a parole packet that includes the following: <ul style="list-style-type: none"> ◆ Appendix B, <i>Request for Parole Consideration</i> ◆ The physician's report ◆ Presentence report ◆ Psychological or mental health evaluation (if available) ◆ Commitment orders ◆ If the Commission of Pardons and Parole requests one, a current progress report in the Commission's format. • Complete a parole plan that includes the following: <ul style="list-style-type: none"> ◆ Living arrangements that conform to the physician's recommendations. ◆ Description of the medical care arranged for the offender. ◆ Resources available to the offender to pay for living and medical expenses. ◆ Support of family and friends that is available to the offender. ◆ Transportation arrangements to include medical transport if applicable.
Deputy Warden (or Designee)	7	Forward the entire packet to the facility head.
Facility Head	8	Review the packet and include any comments on Appendix B.
Facility Head	9	Forward the entire packet to the executive director of the Commission of Pardons and Parole, and forward a copy of the packet to the health authority.
Commission of Pardons and Parole	10	Reviews the request, makes a decision within established protocol and if granted, notifies the facility head.

3. Communication Protocols

Inquiries from friends and family members who wish to facilitate the offender's release and assist in the development of the offender's parole plan should contact the deputy warden (or designee) responsible for the preparation of the parole plan.

Letters and telephone calls in favor of or against an offender's release on parole should be forwarded to the Idaho Commission of Pardons and Parole.

REFERENCES

Appendix A, Request for Medical Evaluation

Control Number: 324.02.01.002	Version: 1.1	Title: Parole of Offenders with a Terminal Disease or Permanent Incapacitation	Page Number: 5 of 5
---	------------------------	---	-------------------------------

Appendix B, Request for Parole Consideration

Idaho Code, Section 20-223(f), *Parole and Rules Governing – Restrictions – Psychiatric or Psychological Examination*

– End of Document –

IDAHO DEPARTMENT OF CORRECTION
Request for a Medical Evaluation

Date: _____

To: IDOC Contract Physician

From: _____

Re: Assessment for Medical Parole

I have received information that _____
IDOC number: _____ may be eligible for parole consideration authorized
under Idaho Code §20-223 (f) and standard operating procedure (SOP) [324.02.01.002](#), *Parole
of Offenders with a Terminal Disease or Permanent Incapacitation*.

I request that you review the offender's medical condition and provide a letter that includes the
following information:

- Diagnosis,
- Prognosis, and
- Level of medical care required if the offender is released on parole.

Please forward your letter to me within five (5) working days.

**IDAHO DEPARTMENT OF CORRECTION
Request for Parole Consideration**

Date: _____ Facility: _____

Offender's Name: _____ IDOC #: _____

The following information is attached for the consideration of parole for this offender:

- The physician's report
- Presentence report
- Psychological or mental health evaluation (if available)
- Commitment orders
- A current progress report in Commission of Pardons and Parole format
- Living arrangements that conform to the physician's recommendations
- Description of the medical care arranged for the offender
- Resources available to the offender to pay for living and medical expenses
- Support of family and friends that is available to the offender
- Transportation arrangements to include medical transport if applicable

Deputy Warden submitting packet: _____

Facility Head: _____ Date: _____

Comments: _____
