


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA21-H:8 (III) Internal Practices and Procedures	CHAPTER <u>Medical & Forensics</u> STATEMENT NUMBER <u>578</u>
SUBJECT: MEDICAL PAROLE PROPONENT: <u>Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>08/23/2021</u> REVIEW DATE <u>08/23/2024</u> SUPERCEDES PPD# <u>6.13</u> DATED <u>03/01/08</u>
ISSUING OFFICER:  Helen E. Hanks, Commissioner	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:**
 To establish procedures to facilitate the review of residents sentenced to the custody of the New Hampshire Department of Corrections (NHDOC) based on his or her medical condition pursuant to the NH Statute governing medical parole.
- (b) **APPLICABILITY:**
 All NHDOC facilities; NHDOC medical providers, Administrative Director of Medical and Forensic Services, and the Commissioner/designee.
- (c) **POLICY:**
 It is the policy of the NHDOC to establish a process to review for possible recommendation those residents who meet the criteria outlined in RSA 651-A:10-a established for medical parole
- (d) **PROCEDURE:** The following guidelines are to be followed for medical parole consideration:
- (1) Once a resident is identified as a possible medical parole candidate based on there being a terminal, debilitating, incapacitating, or incurable medical condition or syndrome, as certified by a physician licensed, the clinical information shall be presented to the Director of Medical and Forensics, who shall review the costs or potential costs associated with the resident.
 - (2) If the Director determines that the resident meets the criteria of RSA 651-A:10-a, the medical case manager and a physician shall draft a letter for the Commissioner's review. *See Attachment 1, Medical Parole Letter Template.*
 - (3) The Commissioner will review the criminal nature of the offense and conduct associated with the crimes for which the resident is incarcerated in order to ascertain the reasonable probability the resident would not violate the law while on medical parole, balanced with the effects of the medical condition for which medical parole is being considered. If the Commissioner determines that the resident meets the criteria of RSA 651-A:10-a and is not likely a safety risk to the community, the medical case manager will inform Victim Services that medical parole is being recommended in order to apprise and properly notify any victim(s) or survivor (s) of the

crimes associated with the resident. The medical case manager will then forward it to the Adult Parole Board, to petition for a hearing, to determine if the person meets all criteria to either grant or deny medical parole; and, notify the resident's assigned Case Counselor /Case Manager (CC/CM).

- (4) The Case Counselor /Case Manager (CC/CM) shall meet with the resident to prepare the appropriate re-entry/release paperwork, pursuant to PPD 682 *Case Management Support of Release Planning*, and forward it to the Adult Parole Board; a copy is also forwarded to the medical case manager.
- (5) The medical case manager will seek to obtain a release of information from the resident, or their legal guardian, to provide medical information to the Adult Parole Board, as well as to allow the medical case manager to communicate with Victim Services, in order to facilitate the victim's input, statement, and safety planning.
- (6) If the resident is approved for medical parole, the Adult Parole Board submits a *Parole Plan* to Field Services for investigation by the District Office, based on the resident's housing plan, to review and approve the resident's proposed housing, pursuant to PPD 875 *Pre-Parole Investigations* and State Administrative Rule Par 401.04 Approval of Plan
- (7) The medical case manager will enter in the electronic client record (i.e. CORIS) an alert if medical parole is granted. This alert will be used to track those who are on medical parole, both for the Field Services Division awareness and for the tracking of the medical condition in order for the Administrator of Medical & Forensic Services to conduct reports as required by the Adult Parole Board. Alert type is "Notifications/Information" and sub-type "Medical Parole." The start date will be the release date to medical parole, and the end date will be the date associated with the minimum release date and first opportunity to be paroled.
- (8) If, per RSA 651-A:10-a, the Adult Parole Board requests medical updates or information while a person is on medical parole, the Administrative Director of Medical and Forensic Services/designee will report those findings to the Adult Parole Board.
- (9) A medical parolee who is returned to the custody of NHDOC shall be detained at the medical unit or infirmary until evaluated by a provider to evaluate any health care issues that would affect housing determination.
- (10) Residents are not eligible for consideration of medical parole if:
 - a. Sentenced to life in prison without parole, or sentenced to death; or
 - b. Deemed a risk to society due to incomplete program/treatment needs.
- (11) In cases where the resident being considered for medical parole is housed out of state, the physician evaluation shall be performed by the attending physician in the state facility that is currently housing the person. Procedures would include the following:
 - a. Obtaining all information from the out-of-state prison system housing the individual, to include: a statement from the facility's attending physician regarding the medical status, along with supporting medical documentation;
 - b. Review of the resident's medical records to determine if the person meets the medical parole criteria;
 - c. Develop a parole plan and submit for approval; and,
 - d. The individual will be returned to NH for a parole hearing or a hearing may be conducted remotely (e.g. video hearing).

REFERENCES:

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other:

RSA 651-A:10-a

PPD 682 *Case Management Support of Release Planning*
PPD 875 *Pre-Parole Investigations*

Attachments:

Attachment 1 *Medical Parole Letter Template*

MATTIS/lm



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC
SERVICES

{Enter Name}
Commissioner

{Enter Name}
Director, Medical and
Forensic Services

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TDD Access: 1-800-735-2964
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{Enter Current Date}

{Enter Name of Adult Parole Board Chair}
New Hampshire State Prison
Parole Board
P.O. Box 14
Concord, NH 03302

Dear Chairperson {Last Name}:

The New Hampshire Department of Corrections recommends _____
(name), currently incarcerated at the {Enter Facility - New Hampshire State Prison for Men (NHSP-M)},
for consideration for Medical Parole, pursuant to RSA 651-A:10-a. He has been incarcerated since
_____ (date) with a minimum custody date of _____ and a maximum custody date of _____. He
is serving a _____ (year) sentence for _____
_____ (crime/RSA).

Pursuant to NH RSA 651-A:10-a, the Department presents _____'s (name) case for
review by the Parole Board, as evidenced by the following conditions as described by Dr. _____,
along with information abstracted from his medical record. We believe that _____
(name) meets the criteria as follows:

I (a) the inmate has a terminal, debilitating, incapacitating, or incurable medical condition or
syndrome, as certified by a physician licensed pursuant to RSA 329, and if requested by the
parole board, at least one additional physician licensed pursuant to RSA 329; and,

I (b) the current and projected cost of medical care, treatment, and resources for the inmate is
determined to be excessive.

Diagnoses:

Projected and/or K Cost:

Summary of Current Conditions/Medical Recommendations:

Pursuant to NH RSA 651-A:10-a, Medical Parole, upon recommendation of the Commissioner of the Department of Corrections and the Administrative Director of Medical and Forensic Services, after review of information provided by a physician licensed pursuant to RSA 329, the Parole Board may grant medical parole to an inmate residing in a state correctional facility per specified conditions. The Department of Corrections believes that the case described in this letter meets the criteria outlined in RSA 651-A:10-a, and respectfully requests a hearing.

Sincerely,

{Chief Medical Officer} , M.D.

Date

{Enter Name of Commissioner}
Director, Medical and Forensic Services

Date

{Enter Name of Commissioner}
Commissioner, Dept. of Corrections

Date