



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 511.01.1

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Effective Date: January 15, 2011

Distribution: A

Supersedes: 511.01.1 (3/15/07)

Approved by: Gayle Ray

Subject: MEDICAL FURLOUGHS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-35-501, and TCA 41-21-227.
- II. PURPOSE: To provide guidelines for the initiation, processing, and granting or denial of medical furloughs.
- III. APPLICATION: To Tennessee Department of Correction (TDOC) employees, inmates, medical contractor, and privately managed facilities.
- IV. DEFINITIONS: Medical Furlough: The release from TDOC custody for medical reasons to supervision by the Board of Probation and Parole. Medical furloughs may be for either a time limit or an indeterminate period.
- V. POLICY: The Commissioner is empowered to grant a medical furlough and such furlough may be revoked at his/her discretion at any time. Medical furloughs are a privilege and are to be considered as such.
- VI. PROCEDURES:
 - A. Requests for medical furloughs may be submitted for inmates meeting the following medical criteria:
 1. Inmates who, due to their medical condition, are in imminent peril of death, such as cases of terminal illness or conditions with a prognosis of death within six months or less. Inmates who are under sentence of death will be not considered for medical furlough, or
 2. Inmates who have a severe physical/ mental deterioration who are no longer able to take care of themselves in the prison environment. The level of deterioration must render the inmate incapable of performing basic activities of daily living or unable to think cognitively to the point where the inmate does not pose a threat to the public. Such furloughs are generally considered for inmates requiring skilled nursing care, hospitalization, or acute psychiatric care for an extended period of time without expectation of improvement in their medical condition.
 - B. Authorization of Medical Furlough: In accordance with the Request for Medical Furlough, CR-2285, medical furloughs may be granted by the Commissioner of the TDOC, upon receipt of recommendations from the institutional Warden, the Director of Health Services, the Chairman of the Board of Probation and Parole (BOPP), and the Assistant Commissioner of Operations.
 - C. Initiation of Medical Furlough Request and/Routing Process:

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1. Inmates, or their legal guardian/conservator, or next of kin acting on their behalf, who believes that he or she meets the criteria for a medical furlough may request consideration by the institutional physician. Such consideration may also be requested on the inmate's behalf by the inmate's legal guardian/conservator or next of kin.
2. If the institutional physician determines that the inmate does not meet the medical criteria for a medical furlough, no further action is required. If the institutional physician determines that an inmate meets the medical criteria for a medical furlough, he/she will advise the institutional health administrator.
3. The health administrator or staff designee shall notify the inmate and assist in completing a Request for Medical Furlough, CR-2285. The Health Administrator is responsible for completing and submitting the following documents to the Warden:
 - a. Request for Medical Furlough, CR-2285.
 - b. Authorization for Release of Health Services Information, CR-1885.
 - c. Supporting statement from person or organization accepting responsibility for the inmate upon release (e.g., Hospice, nursing home, family members, etc.).
 - d. Notarized report from facility physician including:
 1. Inmate's name and TDOC number
 2. History of illness or condition (list diagnosis)
 3. Description of illness or condition at the time of application for medical furlough
 4. How continued incarceration will affect the inmate's condition
 5. Prognosis and life expectancy
 6. Release plans (include name and address of the physician who will be providing care during furlough)
 7. Recommendation for medical furlough
 8. e-TOMIS Screens:
 - a. Inmate's Face Sheet
 - b. LSTQ- Tennessee Sentences
4. The Warden shall review the Request for Medical Furlough, CR-2285, and accompanying documents. The Warden shall attach a separate sheet adding any pertinent remarks to the request and recommend approval or denial. All documents shall be forwarded to the Director of Health Services for evaluation. (See Section VI.(C)(1)(c)(1-6)
5. The Director of Health Services shall review the Medical Furlough Request for appropriateness and recommend approval or denial. All documents shall then be forwarded to the Executive Director of the Board of Probation and Parole (or designee).
6. During the recommendation/routing process, any special considerations or conditions of furlough may be introduced by noting such on the Request for Medical Furlough, CR-2285.

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7. Board of Probation and Parole Duties and Responsibilities for Verification of Furlough Request:
- a. Assign probation/parole staff to verify the furlough request with specific emphasis on proposed residence arrangements, family support, medical and financial arrangements, and social services resources. In addition, probation/parole staff will be requested to determine if there is community opposition by the victim(s), the district attorney, chief law enforcement officer (both in county of proposed residence and in the county in which the offense was committed), or the sentencing judge. The probation/parole staff will be authorized to provide information to the district attorney or chief law enforcement officer that fully explains the applicant's condition and prognosis. If there is any community opposition to the furlough, the reason for the opposition should be clearly documented.
 - b. Return the Request for Medical Furlough, CR-2285 to the Director of Health Services and indicate that the furlough information has been verified or is unverified, along with a written summary of the field investigation. The substance of any opposition to the furlough should be clearly explained.
8. The Director of Health Services shall forward all documents to the Assistant Commissioner of Operations for approval/denial and signature. The Assistant Commissioner of Operations shall then forward all documents to the Commissioner or designee for final review, even if the request is recommended for denial by the Assistant Commissioner of Operations.

D. Approval/Denial of Medical Furlough Request by the Commissioner:

1. The Commissioner shall have the final decision on the Request for Medical Furlough, CR-2285. Should he/she deny the request, a medical furlough shall not be resubmitted unless there is a significant change of circumstances not included in the original request. Written notification shall be prepared by the Commissioner and distributed as follows:
 - a. Original: Warden
 - b. Copies:
 - (1) Director of Probation and Parole (BOPP)
 - (2) Executive Director, Select Oversight Committee on Corrections
 - (3) Assistant Commissioner of Operations
 - (4) Institutional Health Administrator
 - (5) Inmate
 - (6) MIS Operational Support Services File
 - (7) Medical Director, Clinical Services
 - (8) Institutional Records Office

If applicable:

- (9) Tennessee Bureau of Investigation, if the inmate is a sex offender. (See Policy #511.03)
- (10) Commissioner's Designee at privately managed facilities

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2. Upon the Commissioner's approval of the Request for Medical Furlough, the Warden shall complete Conditions of the Medical Furlough, CR-3744, with the furloughed inmate. The Warden and inmate shall sign the form affirming that the conditions of the Medical Furlough request have been reviewed.
 3. The Warden or designee shall forward copies of the Conditions of the Medical Furlough, CR-3744, to the following:
 - (1) Director of Probation and Parole (BOPP)
 - (2) Executive Director, Select Oversight Committee on Corrections
 - (3) Assistant Commissioner of Operations
 - (4) Institutional Health Administrator
 - (5) Inmate
 - (6) MIS Operational Support Services File
 - (7) TDOC Medical Director
 4. Upon the completion of the Conditions of the Medical Furlough, CR-3744, the institutional records office shall verify that TOMIS conversation LPDD (Interested Party/Comments) has been completed and notify all appropriate persons, including the Director of Probation and Parole, of the effective furlough date. The institutional records office shall send written notice to the sheriff in whose jurisdiction the furloughed inmate was convicted and the sheriff in whose jurisdiction the inmate intends to reside. Copies shall also be sent to the chief of police (where applicable) and district attorneys general at each location. In addition, the victim coordinator in the jurisdiction where the crime(s) occurred shall be notified. Copies of all such notifications shall be placed in the inmate's institutional file.
- E. Medical Furlough Financial Responsibility: The Department shall not be responsible for any expenses, medical or otherwise, incurred by the inmate while on medical furlough. All such expenses shall be the responsibility of the inmate. The inmate's signature, or the signature of the inmate's guardian/conservator, releasing the department from financial or other liability during the furlough, must be included on the conditions of furlough statement.
- F. Furlough Supervision:
1. After a medical furlough has been approved and prior to the release of the inmate, the Statement of Conditions Under Which Medical Furlough is Granted, Page 2 of CR-2285, shall be signed by the inmate or conservator (if the inmate is unable to sign for himself/herself). Prior to obtaining the inmate's/conservator's signature on these conditions, the institutional counselor shall verbally advise the inmate/conservator of the conditions of the furlough. After CR-2285 is signed and witnessed, copies shall be distributed as follows:
 - a. Original: Institutional Records File
 - b. Copies:
 - (1) Inmate/conservator
 - (2) Director of Probation and Parole (BOPP)
 - (3) MIS Operational Support Services File

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2. The Director of Probation and Parole will be requested to assign staff to:
 - a. Supervise the inmate while he/she is on medical furlough.
 - b. Ensure that the Statement of Conditions, CR-2285, is placed in the client's file and the case is added to the statistical report.
 - c. Establish a supervision level and explain the written monthly reporting procedures.
 - d. Establish a reporting schedule including time and place of future reporting.
 - e. Furnish the inmate/conservator with the names and phones numbers of the supervisory district and regional probation/parole officials with instructions stating that the officer's supervisor may be contacted if the probation/parole officer is unable to be reached.
 - f. Explain to the inmate/conservator that the probation/parole officer will visit the inmate on a monthly basis and submit a written report of his/her present medical status to the Director and immediate supervisor.
 - g. Explain to the inmate/conservator that the probation/parole officer will periodically contact the inmate's physician to monitor the medical condition on which the furlough is granted (release of information authorized by the inmate).
 - h. Explain to the inmate/conservator that the inmate is required to pay supervision fees in accordance with TCA 40-28-201.
 - i. Discuss thoroughly with the inmate/conservator the conditions of the furlough. It is imperative that the inmate/conservator have a clear understanding of his/her responsibilities during the medical furlough period.
 - j. Each month, the Director of Parole and Probation shall prepare a Medical Furlough Status Report that contains information regarding inmates currently on medical furloughs. This report shall be distributed to the TDOC Commissioner, Assistant Commission of Operations, and Medical Director.
3. If the inmate becomes eligible for parole during furlough, the releasing institution shall notify the BOPP, through the institutional parole officer, of the inmate's medical furlough and determine from the board where the hearing is to be scheduled. The institution shall notify the inmate and his/her probation officer of the relevant details. If parole is granted, the parole certificate will be issued through the institution and the inmate will transfer from furlough status to probation/parole supervision.
4. Under the conditions of furlough, the inmate is not allowed to move permanently from the legal address to which he/she was released without the prior written approval from the Commissioner of Correction/designee. This will not preclude an offender being moved to a hospital or nursing home. This would be considered a temporary emergency move, which would then be investigated and approved if it were later to become permanent. Also, this information is to be sent to the State Director of Probation and Parole/designee and documented on LCDG.

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5. If, at any time, the probation/parole officer has reason to believe that the inmate has been arrested or violated the conditions of his/her furlough, that the furlough is not being used for the purpose granted, that the inmate no longer qualifies for the furlough granted, or that the inmate's continued presence in the community poses a threat to the inmate, to a member of the community, to the community as a whole, or to the Department's furlough program, the probation/parole officer shall prepare a written report and submit this report to his/her supervisor for approval. The supervisor shall review the report for approval and immediately notify the Director of Probation and Parole via telephone, as well as forward a hard copy by fax to the Director of Probation and Parole as a follow up. The Director of Probation and Parole will immediately notify the Commissioner of Correction, giving full details of the violation. If the Commissioner is of the opinion that immediate action is required, then the following steps are to be taken.
 - a. The Assistant Commissioner of Operations shall notify the Warden of the TDOC institution closest to the inmate's location of the situation.
 - b. The Assistant Commissioner of Operations shall complete an Order of Revocation of Medical Furlough and Return to Prison, CR-3565, and fill out all necessary information. The Assistant Commissioner will then have the Commissioner sign the CR-3565 and shall fax it to the Warden of the institution that will be responsible for taking the inmate into custody. A copy of the CR-3565 shall also be forwarded to the Commissioner's Designee at privately managed facilities.
 - c. The Warden shall contact local law enforcement authorities and request their assistance in taking the inmate into custody. A copy of the CR-3565 will be provided to the agency or agencies that assist institutional personnel.
 - d. Designated institutional personnel will accompany local law enforcement to pick up the inmate and return him/her to the TDOC institution.
 - e. The inmate will be housed in the nearest TDOC institution until he/she is returned to the releasing institution or to other appropriate housing.
6. The Assistant Commissioner of Operations shall request that the Director of Probation and Parole provide a monthly report indicating the status of each inmate on furlough.
7. The Assistant Commissioner of Operations shall request that the Director of Probation and Parole notify the TDOC immediately of the death of any inmate on medical furlough, to include a written report detailing date, place and time of death, along with any known circumstances. The institution which furloughed the inmate shall secure a copy of the death certificate to be placed in the inmate's health file.

G. Furlough Revocation/Modification:

1. When an inmate has been returned to an institution pursuant to the Commissioner's order, the Commissioner shall designate a person or persons to conduct a due process hearing.

- a. Such designee(s) shall ensure that the inmate receives a copy of the order at least 24 hours before the hearing. A copy of the order signed by the inmate shall be maintained as evidence of the notification. If the inmate has an appointed guardian or a conservator, the legal guardian or conservator shall also be notified 24 hours before the hearing.
 - b. The hearing shall be conducted by the designee(s) within seven days of the inmate's return to the institution.
 - c. The inmate shall be entitled to assistance from an inmate advisor.
 - d. The inmate shall be permitted to appear and testify before the designee(s), unless the inmate is disorderly (i.e., preventing orderly conduct of the hearing). The inmate shall be permitted to present at least one witness in his/her behalf and additional witnesses may be presented at the discretion of the designee(s). The personal appearance of any witness may be prohibited for security reasons, but a written statement shall be accepted instead.
 - e. If an inmate has an appointed legal guardian or a conservator, that individual may represent the inmate at the due process hearing.
 - f. The Commissioner, at his/her discretion, may personally appear before the designee(s) or provide a written summary of the information upon which he/she relied if the order does not provide complete information. The testimony of the Commissioner, or any other witness, may be taken in a closed session, in whole or part, where the testimony could reasonably reveal the source of confidential information. Likewise, written statements containing confidential information may be considered without making the statement available to the inmate or inmate advisor.
 - g. After conducting the hearing, the designee(s) shall submit a report and recommendation to the Commissioner within three working days. Such report shall include a summary of relevant testimony and evidence received, a recommendation as to whether the furlough should be revoked or modified, and the reasons therefore.
 - h. Within three working days of receipt of the report and recommendation, the Commissioner shall decide whether there is substantial (even if subjective) reason(s) to believe that the furlough should be revoked or modified for the reasons stated in his order. His/her decision shall be reduced to writing and a copy transmitted to the inmate in a timely manner. This decision shall be final.
2. When a furlough is revoked and the inmate returned to the institution, the inmate shall receive a medical screening in accordance with Policies #113.20, #113.23, and #113.44.
- H. Failure to Return: The Commissioner may order that an inmate be taken immediately into custody at any time. All furloughs may include the condition that the inmate shall to return to an institution at a designated time. Should the inmate fail to return as directed, escape procedures will be implemented in accordance with Policy #506.12.

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VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: January 15, 2014.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REQUEST FOR MEDICAL FURLOUGH**

INSTITUTION

NAME: _____ NUMBER: _____ APPLICATION DATE: _____

Date of Requested Furlough: (FROM) _____ (TO) _____

REASON FOR APPLICATION

Attach a notarized statement from the attending department physician which describes and documents the medical condition(s) on which the application is based (as outlined in Policy #511.01.1 or Policy #9511.01.1). An Authorization to Release Medical Information (CR-1885) must also be attached.

RELEASE PLANS

Name: _____

Address: _____ Telephone Number: _____
(Where inmate will reside) Street, City, County

Attending Physician – Name: _____ Telephone Number: _____

Address: _____
Street City County

Other Arrangements: _____

ACTIONS/RECOMMENDATIONS

Warden:

Recommend Approval _____ Denial _____
Signature _____ Date _____

Director of Health Services:

Recommend Approval _____ Denial _____
Signature _____ Date _____

Director of Probation and Parole (BOPP):

Recommend Approval _____ Denial _____
Signature _____ Date _____

Assistant Commissioner of Operations:

Recommend Approval _____ Denial _____
Signature _____ Date _____

Comments: _____

Special Conditions of Furlough: _____

Based on my review of this Request for Medical Furlough, I grant deny such within the provisions of TCA 41-21-227 and Policy #511.01.1 or Policy #9511.01.1.

Date

Commissioner's Signature



TENNESSEE DEPARTMENT OF CORRECTION
AUTHORIZATION FOR RELEASE OF HEALTH SERVICES INFORMATION

INSTITUTION

Inmate Name Please Print TDOC Number Gender

Social Security Number Date of Birth

I hereby authorize (Name of Provider / Facility) to release the information indicated below to the Tennessee Department of Correction (TDOC) regarding my medical treatment.

TDOC Facility Name / Address:

Phone Number: Facility Fax Number

I hereby authorize the Tennessee Department of Correction to release the information indicated below to the following person/provider/facility regarding my medical treatment.

Name: Please Print Relationship to Inmate

Address: Fax Number

Phone Number:

Please release the following information (Check "0" all that apply):

Health Record Infectious Disease Record Dental Record:
Mental Health Record Psychotherapy Notes Substance Abuse Diagnosis/Treatment
Other (specify):

Note: An authorization for the release of psychotherapy notes cannot be made in conjunction with an authorization for the release of any other confidential health information. An authorization to release psychotherapy notes must be executed separately from any other authorization for disclosure.

This authorization expires six (6) months from the date of the signature below and covers only information created prior to that date. I understand that I may retract this authorization at any time, in writing, to the attention of:

TDOC Division of Operational Support Services
Rachel Jackson Building
320 Sixth Avenue North
Nashville, TN 37243-0465

I understand that any release, which was made prior to a retraction hereof, and based on this signed authorization, will not constitute a breach of my privacy rights.

I understand that this authorization is necessary to release information that is deemed private and confidential by law (health records, TCA 10-7-504, mental health records, TCA 33-3-103).

I understand that a provider may not condition treatment on whether or not I sign this authorization.

Although the recipient should obtain my authorization before releasing my private information, I understand that if the recipient chooses to redisclose this information, TDOC cannot ensure its protection by privacy laws.

The subject of the information must sign this authorization. If the subject is under 18 years of age, it must be signed by a parent or legally appointed guardian. If the subject is not legally competent to sign, or is unable to sign, a legally appointed conservator, guardian, or attorney-in-fact appointed pursuant to a durable power of attorney for healthcare must sign this authorization.

Inmate Signature

Date

If minor - Signature of Parent/Authorized Representative

Date

Witness Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
CONDITIONS OF THE MEDICAL FURLOUGH

INSTITUTION

Inmate Name

TDOC Number

This Furlough Certificate will not become operative until the following conditions are agreed to by the inmate and violation of any of these conditions may result in immediate revocation.

I, _____, _____ will proceed directly to my destination upon
Inmate Name *TDOC Number*

release and I will report to the Probation/Parole Officer assigned to supervise my case.

Probation/Parole Officer: _____ Telephone No.: _____

Office Address: _____

1. I will not change my residence or leave the county of my residence or the state without the prior written approval of my Probation/Parole Officer.
2. I will not use intoxicants nor use narcotic drugs unlawfully, nor visit places where intoxicants or drugs are unlawfully sold or dispensed.
3. I agree to authorize the release of medical information by my physician or other health care providers to the Probation/Parole Officer and/or department employees for purposes of monitoring the medical condition on which this furlough is granted.
4. I will obey the laws of the United States, the State and Municipal Ordinances.
5. I will not own or possess or carry any type of deadly weapon (guns, rifles, knives or any illegal weapons).
6. I will avoid injurious habits and will not associate with persons of bad reputations or harmful character.
7. I will at all times conduct myself honorably to the best of my ability.
8. I hereby waive all extradition rights and process and agree to return to Tennessee if at any time during my furlough I leave the State of Tennessee.
9. I will promptly and truthfully answer all inquiries directed to me by local enforcement agencies and departmental employees including Probation/Parole Officers.
10. I will allow my Probation/Parole Officer to visit my home or elsewhere, and will carry out all instructions he/she gives.
11. I will not marry during my furloughs unless given special permission by the Commissioner of Correction.
12. I will not operate a motor vehicle unless I have a valid Tennessee Driver's license.
13. I agree to assume responsibility for all medical and health care expensed incurred by me while on furlough.
14. I understand and agree that the Commissioner may, at any time, order my return to a D.O.C. institution.
15. I understand and agree that the Commissioner may, at any time, revoke or modify the condition of my medical furlough.
16. Special Conditions: _____

Furlough beginning, _____, _____, _____ to _____ facility on the above
Month Day Year
date or at any time as directed by my Probation/Parole Officer.

By signing this form, I affirm that the conditions of this Medical Furlough Request have been explained to me by the Warden.

Signature of Inmate

Date

By signing this form, I affirm that I have explained the conditions of this Medical Furlough Request.

Warden's Original Signature

Date

(To be printed exclusively from the office of the
Commissioner of Correction on Commissioner letterhead)

DATE

OFFENDER ADDRESS

SUBJECT: ORDER OF REVOCATION OF MEDICAL FURLOUGH AND RETURN TO PRISON

Dear Mr. (Ms.) **INMATE NAME**:

On **(DATE OF FURLOUGH APPROVAL)**, this office, pursuant to Department of Correction Policy #511.01.01 and Tennessee Code Annotated §41-21-227, approved your release on medical furlough from **(NAME OF INSTITUTION)**. Your medical furlough release was granted only upon your agreement, confirmed by your signature, that you would comply with specific listed conditions of furlough. You were further notified in writing and agreed, by your signature on the furlough document, that your failure to comply with such conditions of furlough could result in immediate revocation of your furlough by order of the Commissioner of the Department of Correction.

Information has been provided to this office and confirmed that you have failed to comply with the following agreed condition(s) of the medical furlough which you signed on **(DATE OF INMATE SIGNATURE)**:


1. **CONDITION # _____, (CONDITION VIOLATED)**
2. (If necessary)

THEREFORE, BY THE AUTHORITY GRANTED TO THIS OFFICE BY T.C.A. §41-21-227 (i) (3), it is hereby **ORDERED** that the medical furlough which was granted to you on **(DATE OF FURLOUGH)** is hereby **REVOKED**. You are **ORDERED** to **IMMEDIATELY RETURN** to **(NAME OF INSTITUTION)** to commence service of your sentence. Your Probation Officer will be in contact with you to coordinate your return to prison. If you fail or refuse to return to prison as ordered within 24 hours of receipt of this notice, the Department of Correction **will institute escape procedures** concerning furloughs as provided for in accordance with Department of Correction Policy #506.12.

Sincerely,

Gayle Ray
Commissioner

pc: **(Board of Probation and Parole)**

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 511.01.1	Page 1 of 1
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	Supersedes: N/A	
Approved by: Derrick D. Schofield		
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POLICY CHANGE NOTICE 11-46

INSTRUCTIONS:

Please change Section VI.(D)(1) b)(7) to read as follows:

“(7) Director of Health Services”

Please change Section VI.(D)(3) and subsections to read as follows:

- “3. The Warden or designee shall forward copies of the Conditions of Medical Furlough, CR-3744, to the following:
- (a) Director of Probation and Parole (BOPP)
 - (b) Assistant Commissioner of Operations
 - (c) Institutional Health Administrator
 - (d) Inmate
 - (e) MIS Operational Support Services File
 - (f) TDOC Director of Health Services”

Please change Section VI.(F)(2)(j) to read as follows:

- “j. Each month, the Director of Parole and Probation shall prepare a Medical Furlough Status Report that contains information regarding inmates currently on medical furloughs. This report shall be distributed to the TDOC Commissioner, Assistant Commissioner of Operations and the TDOC Director of Health Services.”