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GOVERNOR

State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

June 17, 2025

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 certain eligible inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to allow medical furloughs for certain eligible geriatric, permanently incapacitated, and terminally ill inmates within ADOC custody in accordance with the eligibility criteria established in applicable Alabama law and approved by the Commissioner of the ADOC.

III. DEFINITIONS AND ACRONYMS

- A. **Geriatric Inmate:** A person 55 years of age or older, who is not convicted of either a capital felony offense or a sexual offense and sentenced to the custody of ADOC, 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. **Medical Furlough Program:** An inmate release program administered by the ADOC Commissioner that authorizes the release of certain eligible geriatric, permanently incapacitated, or terminally ill inmates within ADOC custody.
- C. **Medical Furlough Security Administrator:** A designated APOSTC-certified ADOC security staff responsible for the oversight of all inmates assigned to the Medical Furlough Program.
- D. **Permanently Incapacitated Inmate:** A person, who is not convicted of either a capital felony offense or a sexual offense and sentenced to the custody of ADOC, who possesses a permanent, irreversible physical or mental health condition that prevents the person from being able to perpetrate a violent physical action upon another person or self or initiate or participate in a criminal act, which results in

the need of either immediate daily assistance from a caretaker or a long-term skilled medical or rehabilitation center to perform or assist with activities of daily living or medications or treatments to sustain life that requires regular diagnostic tests to monitor therapeutic effectiveness.

- E. **Terminally Ill Inmate**: A person, who is not convicted of either a capital felony offense or a sexual offense and sentenced to the custody of ADOC, 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.
- F. **Vendor Health Service Administrator (HSA)**: Vendor medical staff who, by virtue of education, experience, or certification, can assume responsibility for oversight of all Vendor medical staff and the implementation of all medical services to inmates within ADOC custody at specific facilities.
- G. **Vendor Special Needs Manager**: A designated Vendor medical staff who is responsible for processing medical special needs placement as directed by the ADOC Deputy Commissioner of the Office of Health Services.

IV. **RESPONSIBILITIES**

- A. The ADOC Commissioner (or designee) shall be responsible for:
 - 1. Establishing and adopting the rules and regulations for the implementation of the Medical Furlough Program in accordance with Alabama law, including conditions of release and level of supervision upon release.
 - 2. Reviewing and rendering decisions on completed Medical Furlough Program applications within sixty (60) days of receipt of an initial application form and supporting documentation whether to approve the assignment of an inmate to the Medical Furlough Program and submitting that decision to the ADOC Deputy Commissioner of the Office of Health Services for implementation.
 - 3. Determining whether to revoke an inmate's assignment to the Medical Furlough Program either 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 Prison Oversight Committee, the House Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission an annual report concerning the number of:
 - a. Medical Furlough Program applications received, approved, denied, and revoked, as well as inmate participants, illnesses, diseases, and conditions.

- b. Inmates who have spent more than 30 calendar days within the prior 12-month time period in an infirmary or under direct medical supervision for the medical condition associated with the Medical Furlough Program application or its comorbidities.
- B. The ADOC Deputy Commissioner of the Office of Health Services shall be responsible for:
 1. Developing and implementing the use of a Medical Furlough Program application packet.
 2. Establishing a system for physicians to review an inmate's Medical Furlough Program application.
 3. Designating a Vendor Special Needs Manager for the Medical Furlough Program.
 4. Receiving and reviewing completed Medical Furlough Program application packets from the Vendor Special Needs Manager for required medical assessment and recommendations, providing the initial approval or disapproval of recommendations for assignment to the Medical Furlough Program, and submitting completed Medical Furlough Program application packets to the Commissioner for final approval or disapproval.
 5. Upon receiving notification from the Commissioner that an inmate has been approved for assignment to the Medical Furlough Program, providing a scheduled release date for that inmate to the Deputy Commissioner of Men's Services and/or Deputy Commissioner of Women's Services.
 6. Coordinating the appropriate clinical and security supervision or review of inmates approved for assignment to the Medical Furlough Program in accordance with the level of supervision and conditions of release on ADOC Form 708-I, *Commissioner's Instructions*.
 7. Assigning the inmate to a Medical Furlough Security Administrator in the region in which the inmate being released on medical furlough is to reside.
 8. Notifying the inmate of the Commissioner's final decision regarding the assignment to the Medical Furlough Program.
 9. Compiling and providing to the ADOC Information Technology Division the statistical data for the Commissioner's required annual reports.
 10. Implementing a process to notify the appropriate parties within thirty (30) days of an inmate's assignment to the Medical Furlough Program.

- C. The ADOC Deputy Commissioner of Men's Services and/or ADOC Deputy Commissioner of Women's Services shall be responsible for reviewing and submitting recommendations on ADOC Form 708-H, *Criminal and Institutional Record Review*, regarding an inmate's criminal and institutional suitability for consideration for assignment to the Medical Furlough Program.
- D. The ADOC Medical Furlough Security Administrator shall be responsible for:
1. Monitoring all inmates in the assigned region of the Medical Furlough Program.
 2. Coordinating, with the Deputy Commissioner of the Office of Health Services, an inmate's release from the facility into the assigned Medical Furlough Program region.
 3. Complying with ADOC Form 708-I, *Commissioner's Instructions*, regarding an inmate's level of supervision and conditions of release.
 4. Informing the Deputy Commissioner of the Office of Health Services when an inmate absconds; violates conditions, laws, rules, or regulations; is hospitalized; or expires.
- E. The Vendor Special Needs Manager shall be responsible for:
1. ensuring that the ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, is completed for an inmate who meets the initial medical eligibility for consideration for assignment to the Medical Furlough Program.
 2. Developing ADOC Form 708-G, *Discharge Planning*, for an inmate who the Deputy Commissioner of the Office of Health Services ultimately recommends for assignment to the Medical Furlough Program.
 3. Completing, maintaining, and submitting to the Deputy Commissioner of the Office of Health Services on a monthly basis department-wide ADOC Form 708-M, *Medical Furlough Statistical Tracking Log*, to track inmates from all facilities recommended, approved, denied, or revoked for assignment to the Medical Furlough Program.
- F. The ADOC Director of Classification Division (or designee) shall be responsible for reviewing and submitting recommendations on ADOC Form 708-H, *Criminal and Institutional Record Review*, regarding an inmate's criminal and institutional suitability for consideration for assignment to the Medical Furlough Program.

- G. The Vendor Health Services Administrator at each facility shall be responsible for:
1. Reviewing inmate Medical Furlough Program applications for completeness, eligibility, and consulting with the Physician at that facility.
 2. Notifying the Warden at that facility and the Vendor Special Needs Manager if an inmate is medically recommended for consideration for assignment to the Medical Furlough Program.
 - 3.
 3. Completing, maintaining, and submitting to the Vendor Special Needs Manager on a monthly basis facility-specific ADOC Form 708-M, *Medical Furlough Statistical Tracking Log*, to track inmates from that facility recommended, approved, denied, or revoked for assignment to the Medical Furlough Program.
- H. The Physician at each facility shall be responsible for:
1. Reviewing inmate Medical Furlough Program applications for eligibility and consulting with the Vendor Health Services Administrator at that facility.
 2. Rendering a decision on an inmate's medical eligibility for the Medical Furlough Program on ADOC Form 708-C, *Physician's Statement (1)*, and specifically justifying and documenting whether that inmate meets the definition of Geriatric Inmate, Permanently Incapacitated Inmate, and/or Terminally Ill Inmate.
 3. Forwarding ADOC Form 708-C, *Physician's Statement (1)*, to the Vendor Statewide Medical Director (or designee).
 - a. The Vendor Statewide Medical Director (or designee) shall review ADOC Form 708-C, *Physician's Statement (1)*, and supporting medical documentation.
 - b. The Vendor Statewide Medical Director (or designee) shall confirm on ADOC Form 708-D, *Physician's Statement (2)*, whether the inmate meets the definition of Geriatric Inmate, a Permanently Incapacitated Inmate, and/or Terminally Ill Inmate.
 4. Preparing and submitting to the Vendor Special Needs Manager the clinical discharge planning orders for an inmate approved for assignment to the Medical Furlough Program.

- I. The Family or Sponsor of an inmate approved for assignment to the Medical Furlough Program shall be responsible for:
 1. Completing and submitting to the Vendor Special Needs Manager ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, agreeing to provide shelter, care, and financial support to that inmate.
 2. Providing information to the Vendor Special Needs Manager on that inmate's progressing medical condition.
 3. Providing transportation for that inmate to and from medical appointments, reviews, or assessment, as required by the ADOC.
 4. Assuming all financial obligations and responsibilities related to that inmate's medical care, medications, hospitalizations, nursing home care, and funeral expenses.
 5. Notifying the Medical Furlough Security Administrator of any violations of ADOC Form 708-E, *Inmate Agreement*, and ADOC Form 708-F, *Inmate Family of Sponsor Financial/Medical Care Acceptance*.
 6. Immediately notifying the Medical Furlough Security Administrator of that inmate's death.
 7. Providing the Medical Furlough Security Administrator a copy of that inmate's death certificate.
- J. The Inmate shall be responsible for:
 1. Completing and submitting ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information*, and ADOC Form 708-E, *Inmate Agreement*, to the Vendor Health Services Administrator at the facility where that inmate is housed.
 2. Providing information to the Vendor Special Needs Manager on progressing medical conditions, if capable.
 3. Complying with this AR, including returning to ADOC custody and consent to appropriate disciplinary action for violations of this AR.

V. **PROCEDURES**

- A. The following individuals may initiate and submit a notarized, completed ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, to either the Vendor Health Services Administrator at the facility in which the inmate is housed or the ADOC Deputy Commissioner of the Office of Health Services (or designee).

1. The inmate.
 2. The inmate's family members.
 3. The inmate's attorneys.
 4. Other concerned persons.
 5. The attending physicians or other licensed health care professionals at the facility where the inmate is housed.
 6. Other ADOC employees or officials.
- B. The Vendor Health Services Administrator at each facility will:
1. Receive and review the completed ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*.
 2. Obtain a notarized, completed ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information*, from the inmate.
 3. Review the completed ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, and ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information*, with the Physician at that facility and provide the Physician with ADOC Form 708-C, *Physician's Statement (1)*, for completion.
 4. Notify the Warden at that facility if an inmate is medically recommended by the Physician at that facility for consideration for assignment to the Medical Furlough Program.
 5. Coordinate with the Physician at that facility and the Vendor Special Needs Manager to initiate the request to the Vendor Statewide Medical Director (or designee) to complete ADOC Form 708-D, *Physician's Statement (2)*.
 6. Forward to the Vendor Special Needs Manager:
 - a. The original completed copy of the following information for an inmate who is medically recommended for consideration for assignment to the Medical Furlough Program:
 - (1) ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*.
 - (2) ADOC Form 708-B, *Consent to the Collection, Provision and Release of Information*.

- (3) ADOC Form 708-C, *Physician's Statement (1)*.
 - (4) ADOC Form 708-D, *Physician's Statement (2)*.
 - (5) Supporting medical records related to the inmate's medical condition, diagnosis, prognosis, and estimated life expectancy (if applicable).
 - (6) Any other relevant documentation to support the recommendation that the inmate meets the initial medical eligibility for consideration for assignment to the Medical Furlough Program.
- b. A copy of the following information for an inmate who is not medically recommended for consideration for assignment to the Medical Furlough Program:
- (1) ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*,
 - (2) ADOC Form 708-B, *Consent to the Collection, Provision and Release of Information*,
 - (3) ADOC Form 708-C, *Physician's Statement (1)*,
 - (4) ADOC Form 708-D, *Physician's Statement (2)*, if an inmate does not meet medical eligibility for consideration for assignment to the Medical Furlough Program
7. Files the original completed copy of all information for an inmate who is not medically recommended for consideration for assignment to the Medical Furlough Program into an unapproved file and takes no further action on that application.

C. The Vendor Special Needs Manager will:

1. Obtain a completed copy of the following forms:
 - a. ADOC Form 708-E, *Inmate Agreement*, from the inmate.
 - b. ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, from the inmate's sponsor.
 - c. ADOC Form 216-A, *Waiver and Authorization to Release Information*, from the inmate's sponsor
2. Forward to the Deputy Commissioner of the Office of Health Services the original completed copy of the following information:

- a. ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*.
- b. ADOC Form 708-B, *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, *Inmate Agreement*.
- f. ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*.
- g. ADOC Form 216-A, *Waiver and Authorization to Release Information*.
- h. Supporting medical records related to the inmate's medical condition, diagnosis, prognosis, and estimated life expectancy (if applicable).
- i. Any other relevant documentation to support an inmate's medical eligibility for the Medical Furlough Program.

D. The Deputy Commissioner of the Office of Health Services will:

1. Review the information provided by the Vendor Special Needs Manager to confirm that ADOC has received all necessary information.
2. Forward ADOC Form 708-H, *Criminal Institutional Record Review*, to the Director of Classification Division (or designee).

E. The Director of Classification Division (or designee) will:

1. Review and submit recommendations on ADOC Form 708-H, *Criminal Institutional Record Review*.
2. Return ADOC Form 708-H, *Criminal Institutional Record Review*, to the Deputy Commissioner in the Office of Health Services.

F. The Deputy Commissioner of the Office of Health Services will:

1. Review ADOC Form 708-H, *Criminal Institutional Record Review*.
2. Forward ADOC Form 708-H, *Criminal Institutional Record Review*, to the Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services.

- G. The Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services will:
1. Review and submit recommendations on ADOC Form 708-H, *Criminal and Institutional Record Review*, regarding the inmate's initial institutional eligibility, indicating justification for denial for an inmate's criminal and institutional eligibility.
 2. Return ADOC Form 708-H, *Criminal Institutional Record Review*, to the Deputy Commissioner of the Office of Health Services.
- H. The Deputy Commissioner of the Office of Health Services will notify the Vendor Special Needs Manager if an inmate meets the initial institutional eligibility for the Medical Furlough Program.
- I. The Vendor Special Needs Manager will:
1. Develop ADOC Form 708-G, *Discharge Planning*, for an inmate recommended for assignment to the Medical Furlough Program.
 2. Consider an inmate's medical needs and necessary services that should be immediately available at the time of the inmate's release in developing ADOC Form 708-G, *Discharge Planning*, which includes:
 - a. Submitting an application to the Social Security Administration for Medicare eligibility determination.
 - b. Submitting an application to Alabama Medicaid Agency for Medical eligibility determination.
 - c. Requesting and coordinating assistance from Alabama Department of Public Health, Alabama Department of Human Resources, hospice organizations, and other public and/or non-profit community service agencies.
- K. The Deputy Commissioner of the Office of Health Services will submit the following information to the Commissioner for final review and decision:
1. The original completed copy of:
 - 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, *Inmate Agreement*.
 - f. ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*.
 - g. ADOC Form 708-H, *Criminal and Institutional Record Review*.
 - h. ADOC Form 216-A, *Waiver and Authorization to Release Information*.
 - i. Any additional supporting documentation.
2. A blank copy of:
- a. ADOC Form 708-I, *Commissioner's Instruction*.
 - b. ADOC Form 708-J, *Medical Furlough Notification*.
- L. The Commissioner will render a decision and complete ADOC Form 708-I, *Commissioner's Instructions*.
- 1. If the Commissioner approves the inmate for assignment to the Medical Furlough Program, then the Commissioner will also complete ADOC Form 708-J, *Medical Furlough Notification*, and forward the completed Medical Furlough Program application packet to the Deputy Commissioner of the Office of Health Services.
 - a. The Deputy Commissioner of Health Services will:
 - (1) Coordinate with the Vendor Special Needs Manager the appropriate clinical monitoring provisions in accordance with the level of supervision and conditions of release on ADOC Form 708-I, *Commissioner's Instruction*.
 - (2) Coordinate with the Medical Furlough Security Administrator in the region in which the inmate being released on medical furlough the appropriate security monitoring provisions in accordance with the level of supervision and conditions of release on ADOC Form 708-I, *Commissioner's Instruction*.
 - (3) Forward a copy of ADOC Form 708-I, *Commissioner's Instructions*, to the Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services.

- (4) Forward a copy of ADOC Form 708-K, *Inmate Notification*, to the inmate.
 - (5) Notify the following individuals, by either certified mail, return receipt requested, or the automated victim notification system, that the inmate is approved for assignment to the Medical Furlough Program:
 - i. The district attorney of the jurisdiction where the inmate was last sentenced.
 - ii. The victim, or the victim's representative, of the crimes of the inmate.
 - iii. Other interested parties, including ADOC Classification Division, the ADOC General Counsel, the Attorney General of the State of Alabama, and the Victim Services Officer in the counties in which the inmate was sentenced.
- b. The Vendor Special Needs Manager will:
- (1) Obtain the clinical discharge planning orders from the attending physician.
 - (2) Obtain and provide the inmate's institutional health record to the Deputy Commissioner of the Office of Health Services, who will:
 - i. Maintain the inmate's health record while assigned to the Medical Furlough Program and until the release, end-of-sentence, parole, or death of that inmate.
 - ii. Archive the inmate's health record in accordance with ADOC's records disposition authority policy.
 - (3) Coordinate a tentative date of clinical transfer, including arranging post-release medical follow-up appointments and obtaining reports from applicable health care providers.
 - (4) Coordinate the transfer of the inmate with the Warden at the facility where that inmate is housed.
 - (5) Coordinate the transfer of the inmate from ADOC custody to the custody of the individual who completed and submitted ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*.

- (6) Collaborate with the individual who completed and submitted ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, to ensure that community service agencies receive the necessary documentation to provide services to the inmate.
 - (7) Maintain contact with the inmate's family and/or assigned Medical Furlough Security Administrator on the status of the inmate.
- c. The individual who completed and submitted ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, shall immediately notify the Medical Furlough Security Administrator upon the inmate's:
- (1) Violations of the conditions of assignment to the Medical Furlough Program in ADOC Form 708-E, *Inmate Agreement*.
 - (2) Violations of the conditions of assignment to the Medical Furlough Program in ADOC Form 708-F, *Inmate Family of Sponsor Financial/Medical Care Acceptance*.
 - (3) Death and, as soon as possible thereafter, provide the Medical Furlough Security Administrator a copy of that inmate's death certificate.
- d. The Medical Furlough Security Administrator will immediately notify the Deputy Commissioner of the Office of Health Services upon receipt of the notification from the individual who completed and submitted ADOC Form 708-F, *Inmate Family or Sponsor Financial/Medical Care Acceptance*, provided in Section V.K.1.c. above.
- e. The Deputy Commissioner of the Office of Health Services will notify the following individuals upon receipt of the notification from the Medical Furlough Security Administrator provided in Section V.K.1.d. above:
- (1) The ADOC Commissioner.
 - (2) The ADOC Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services.
 - (3) The ADOC Classification Division Director (or designee).
 - (4) The ADOC Central Records Division Director (or designee).

2. If the Commissioner denies the inmate for assignment to the Medical Furlough Program, then the Commissioner will forward the completed Medical Furlough Program application packet to the Deputy Commissioner of the Office of Health Services..
 - a. The Deputy Commissioner of the Office of Health Services will:
 - (1) Forward a copy of ADOC Form 708-I, *Commissioner's Instructions*, to the Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services.
 - (2) Notify the Vendor Special Needs Manager with any additional instructions.
 - (3) Forward a copy of ADOC Form 708-K, *Inmate Notification*, to the inmate.
- L. The Commissioner will complete ADOC Form 708-L, *Revocation of Medical Furlough*, on an inmate whose assignment to the Medical Furlough Program is being revoked.
 1. The Commissioner has the discretion to revoke the assignment of an inmate assigned to the Medical Furlough Program, including where:
 - a. The medical condition of the inmate improves to the extent that the inmate no longer meets the initial criteria for assignment to the Medical Furlough Program.
 - b. That inmate violates a condition of the assignment to the Medical Furlough Program.
 - c. That inmate becomes a danger to self or others.
 2. The Commissioner will forward the original completed ADOC Form 708-L, *Revocation of Medical Furlough*, to the Deputy Commissioner of the Office of Health Services.
 3. The Deputy Commissioner of the Office of Health Services will forward copies of the completed ADOC Form 708-L, *Revocation of Medical Furlough*, to the Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services and the ADOC General Counsel.
 4. The Deputy Commissioner of Men's Services and/or the Deputy Commissioner of Women's Services will ensure that the inmate is subject to applicable and appropriate disciplinary actions.

- M. The Information Technology Division will compile and provide mandatory annual reports to the Commissioner for the Joint Legislative Prison Oversight Committee, the House Judiciary Sentencing Commission Subcommittee, and the Alabama Sentencing Commission concerning the number of:
1. Medical Furlough Program applications received, approved, denied, and revoked, as well as inmate participants, illnesses, diseases, and conditions.
 2. Inmates who have spent more than 30 calendar days within the prior 12-month time period in an infirmary or under direct medical supervision for the medical condition associated with the Medical Furlough Program application or its comorbidities.

VI. DISPOSITION

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

VII. FORMS

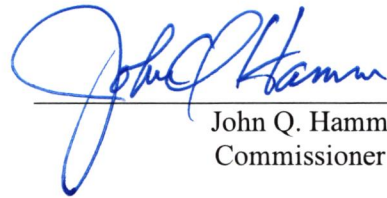
- A. ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough.*
- B. ADOC Form 708-B, *Inmate Consent to the Collection, Provision, and Release of Information.*
- C. ADOC Form 708-C, *Physician's Statement (1).*
- D. ADOC Form 708-D, *Physician's Statement (2).*
- E. ADOC Form 708-E, *Inmate Agreement.*
- 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.*
- I. ADOC Form 708-I, *Commissioner's Instruction.*
- J. ADOC Form 708-J, *Medical Furlough Notification.*
- K. ADOC Form 708-K, *Inmate Notification.*
- L. ADOC Form 708-L, *Revocation of Medical Furlough.*
- M. ADOC Form 708-M, *Medical Furlough Statistical Tracking Log.*

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 708, *Medical Furlough Program*, dated March 12, 2025, and any related changes.

IX. PERFORMANCE

A. Code of Alabama 1975 §§ 14-1-1.1 *et seq.*; 14-14-1 *et seq.*



John Q. Hamm
Commissioner

Confidential Information for Internal ADOC Use Only
Alabama Department of Corrections

Medical Furlough Program
APPLICATION FOR CONSIDERATION OF INMATE MEDICAL FURLOUGH

To: The Vendor Health Services Administrator at _____
Or _____ (Facility)
Deputy Commissioner of Office 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 reasons for requesting consideration for assignment to the Medical Furlough Program at this time:

Initiated By:

_____	Above-Named Inmate	_____	Attending Physician
_____	Above-Named Inmate Family/Sponsor	_____	Licensed Health Care Professional
_____	If family, relationship: _____	_____	ADOC Employee or Official
_____	Above-Named Inmate Attorney	_____	Concerned Other

(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 of Health Services
_____ Date to ADOC Commissioner
_____ Date of ADOC Commissioner Final Decision

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Alabama Department of Corrections

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

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

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

do hereby request all concerned parties to collect, provide, and release any and all supporting and necessary information and documentation to the Commissioner of the Alabama Department of Corrections for review of my application for consideration of assignment to the Medical Furlough Program, including 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 infirmity, illness, disease, or condition,

All available medical records,

All available mental health records,

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

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

(Inmate's Signature)

(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 _____

Distribution: Original –Deputy Commissioner of Office of Health Services

Confidential Information for Internal ADOC Use Only
Alabama Department of Corrections

**Medical Furlough Program
PHYSICIAN'S STATEMENT (1)
(Physician Employed by ADOC or its Contracted Health Care Vendor)**

I have treated and/or examined this inmate:

- _____ The inmate meets the **Geriatric Inmate** definition, as the inmate 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 meets the **Permanently Incapacitated Inmate** definition, as the inmate possesses a permanent, irreversible physical or mental health condition, which results in the need of either immediate daily assistance from a caretaker or a long-term skilled medical or rehabilitation center to perform or assist with activities of daily living or medications or treatments to sustain life that requires regular diagnostic tests to monitor therapeutic effectiveness.

- _____ The inmate meets the **Terminally Ill Inmate** definition, as 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 infirmity, illness, disease, 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 assignment to the Medical Furlough Program.
(circle one of the above)

(Printed Name)

(Signature)

(Date)

Inmate Name:	AIS #:	D.O.B.:	Facility:
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Confidential Information for Internal ADOC Use Only
Alabama Department of Corrections

Medical Furlough Program
PHYSICIAN'S STATEMENT (2)
(Physician Not Employed by ADOC or its Contracted Health Care Vendor)

I have treated and/or examined this inmate:

- _____ The inmate meets the **Geriatric Inmate** definition, as the inmate 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 meets the **Permanently Incapacitated Inmate** definition, as the inmate possesses a permanent, irreversible physical or mental health condition, which results in the need of either immediate daily assistance from a caretaker or a long-term skilled medical or rehabilitation center to perform or assist with activities of daily living or medications or treatments to sustain life that requires regular diagnostic tests to monitor therapeutic effectiveness.
- _____ The inmate meets the **Terminally Ill Inmate** definition, as 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 infirmity, illness, disease, 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 assignment to the Medical Furlough Program.

(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.:	Facility:
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Alabama Department of Corrections

Medical Furlough Program
INMATE AGREEMENT

I, _____ AIS _____, an inmate of the Alabama Department of Corrections (“ADOC”), recognize the privileges of assignment to the ADOC Medical Furlough Program.

1. I agree to report any deviation from the conditions of my placement to my assigned Medical Furlough Security Administrator immediately upon having knowledge of such conditions. _____ Inmate’s Initials
2. I understand and agree that my medical condition and subsequent physical limitations preclude me from seeking employment, while participating in the Medical Furlough Program. _____ Inmate’s Initials
3. I understand and agree that I will be responsible for my own medical, mental health, and dental expenses. Hospitalization or emergency treatment shall be reported to my assigned Medical Furlough Security Administrator as soon as practical. _____ Inmate’s Initials
4. I agree not to make any major purchases or enter into contracts not specifically authorized in writing by my assigned Medical Furlough Security Administrator. _____ Inmate’s Initials
5. I agree not to purchase, have in my possession, nor consume alcoholic beverages or synthetic narcotics and drugs in any form unless specifically prescribed by a physician, nor enter upon the premises of a drinking establishment (bar or tavern), nor enter a residence where excessive alcohol consumption or illegal activity is ongoing. _____ Inmate’s Initials
6. I agree to conduct myself as a good citizen and comply with all municipal, state, and federal laws, regulations, and ordinances. _____ Inmate’s Initials
7. I agree to avoid socializing with any known felon or any person suspected of, or associated with, criminal activity. _____ Inmate’s Initials
8. I agree to report any and all misdemeanor/felony arrests, including any and all traffic citations, to my assigned Medical Furlough Security Administrator. _____ Inmate’s Initials
9. I understand that I may not travel more than fifty (50) miles from my approved residence without first notifying and receiving approval from my assigned Medical Furlough Security Administrator. I also understand that I may not leave the confines of the State of Alabama for any reason at any time. I will notify my assigned Medical Furlough Security Administrator and the ADOC Vendor Special Needs Manager should treatment ordered by my physician require me to travel either outside the 50-mile limit or to a medical facility outside of the State of Alabama. _____ Inmate’s Initials
10. I understand that my willful failure to return to my approved residence as specified will be considered an escape from confinement and is punishable as prescribed by law. _____ Inmate’s Initials
11. I will abide by the curfew rules established by my assigned Medical Furlough Security Administrator. _____ Inmate’s Initials
12. I will not marry without first notifying and receiving approval from my assigned Medical Furlough Security Administrator. _____ Inmate’s Initials
13. I will maintain the grooming standards established for inmates within ADOC custody, except when contraindicated for valid medical reasons. _____ Inmate’s Initials
14. I understand that I must first notify and receive approval from my assigned Medical Furlough Security Administrator prior to any change of residence. _____ Inmate’s Initials
15. I understand that I must first notify and receive approval from my assigned Medical Furlough Security Administrator prior to any proposed changes in my sponsorship. _____ Inmate’s Initials
16. I will not drive any vehicle while assigned to the Medical Furlough Program. _____ Inmate’s Initials
17. I will not participate in any type of social networking (e.g., Facebook, Twitter, etc.) via computer or any other device while assigned to the Medical Furlough Program. _____ Inmate’s Initials

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

I, _____, with contact number _____,
 (Print Name)
 and address, _____,
 am a family member or sponsor of Inmate: _____, AIS# _____.
 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 all required medical appointments, reviews, and assessments.

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") Medical Furlough Security Administrator of the above-named inmate's (i) violations of the conditions of assignment to the Medical Furlough Program in both this form and in ADOC Form 708-E, *Inmate Agreement*, as well as (ii) death and, as soon as possible thereafter, provide the ADOC Medical Furlough Security Administrator a copy of the inmate's death certificate.

 (Inmate Family/Sponsor's Signature)

 (Date)

 (ADOC Witness's Signature and Title)

 (Date)

 (ADOC Witness's Signature and 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/sponsor agrees to assume financial responsibility for the inmate including, all treatment and medical needs of the inmate (documentation attached). Yes No Inmate is Medicare eligible at the time of release (documentation attached).

Yes No Inmate is Medicaid eligible at the time of release (documentation attached). Yes No Inmate will be accepted by other public and/or non-profit community service agencies (documentation attached).

Circle Departments/Agencies contacted:

Yes No Alabama Department of Public Health Yes No Hospice
 Yes No Alabama Department of Human Resources Yes No Other Public and/or Non-Profit Community Service Agencies
 Yes No Alabama Medicaid Agency
 Yes No Medicare Agency List: _____

Discharge Plan (attach additional pages if needed):

 (Vendor Special Needs Manager's Printed Name) (Vendor Special Needs Manager's Signature) (Date)

The below-named Physician has provided the above information to me regarding my medical needs and available medical services:

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

D.O.B. _____, do hereby consent to consideration of assignment to the Medical Furlough Program.

 (Inmate's Signature) (Date)

*** OR ***

_____ Physician's Initials (if Physician determines inmate is **not** capable of consenting in writing).

 (Physician's Printed Name) (Physician's Signature) (Date)

Inmate's Name:	AIS #:	D.O.B.:	Facility:
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Medical Furlough Program
CRIMINAL AND INSTITUTIONAL RECORD REVIEW

Classification Division Director:		
<p>I have reviewed the below-listed inmate’s application for consideration of assignment to the Medical Furlough Program and supporting physician statements, conducted an institutional record review, and make the following recommendation (attach additional pages if needed):</p> 		
_____	_____	_____
(Printed Name)	(Signature)	(Date)

Deputy Commissioner of Men’s/Women’s Services:		
<p>I have reviewed the below-listed inmate’s application for consideration of assignment to the Medical Furlough Program and supporting physician statements, conducted an institutional record review, and make the following recommendation (attach additional pages if needed):</p> 		
_____	_____	_____
(Printed Name)	(Signature)	(Date)

Inmate’s Name:	AIS #:	D.O.B.:	Facility:
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Alabama Department of Corrections

Medical Furlough Program
COMMISSIONER'S INSTRUCTIONS

In the matter of:

Inmate Printed Name: _____, AIS # _____

Application for Medical Furlough Program:

<input type="checkbox"/> APPROVED (on the grounds of):	<input type="checkbox"/> DENIED
<input type="checkbox"/> Geriatric Inmate	<input type="checkbox"/> Further Review Needed
<input type="checkbox"/> Permanently Incapacitated Inmate	<input type="checkbox"/> Request Additional Medical Examination
<input type="checkbox"/> Terminally Ill Inmate	<input type="checkbox"/> Request Additional Medical Evidence

Conditions of Release:

Level of Supervision:

Minimum – Biannual Medical Evaluations

Other – As Detailed:

(Commissioner's Printed Name)
Commissioner,
Alabama Department of Corrections

(Commissioner's Signature)

(Date)

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Copy: Facility Warden

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Alabama Department of Corrections

Medical Furlough Program
MEDICAL FURLOUGH NOTIFICATION

To: Deputy Commissioner of Health Services

From: Commissioner

Date:

Subject: The following inmate has been approved for assignment to the Medical Furlough Program.

Inmate's Name:	AIS #:	D.O.B.:	Facility:
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The Deputy Commissioner of the Office of Health Services will implement the following release notifications:

1. Assignment, with required review, to ADOC Medical Furlough Security Administrator in the region in which the inmate will reside.
2. Ensuring Vendor Special Needs Coordinator obtains attending physician clinical discharge planning orders and develops inmate discharge plans, with required case review.
3. Notifying the district attorneys of the jurisdictions where the inmate was last sentenced; the victims, or the victims' representative, of the crimes of the inmate; the ADOC Classification Division; the ADOC General Counsel; the Attorney General of the State of Alabama; and the Victim Services Officer in the counties in which the inmate was sentenced.

(Commissioner's Printed Name)
Commissioner,
Alabama Department of Corrections

(Commissioner's Signature)

(Date)

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Alabama Department of Corrections

**Medical Furlough Program
INMATE NOTIFICATION**

Inmate's Name:	AIS #:	D.O.B.:	Facility:
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The Alabama Department of Corrections has reviewed the Medical Furlough Program application and case file of the above-listed inmate in accordance with the Alabama Medical Furlough Act (Ala. Code 1975 § 14-14-1 *et seq.*). This correspondence serves as the official notification of the ADOC Commissioner's final decision regarding the inmate's assignment to the Medical Furlough Program.

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
--	--

An inmate who is denied assignment to the Medical Furlough Program may submit another ADOC Form 708-A, *Application for Consideration of Inmate Medical Furlough*, should that inmate experience a material change in circumstances that impact eligibility.

Respectfully,

Deborah Crook, MS
Deputy Commissioner
ADOC Office of Health Services

cc: Inmate
ADOC Facility Warden
ADOC Medical Furlough Security Administrator
ADOC Vendor Special Needs Coordinator
Inmate Medical Furlough Record

Inmate's Printed Name

AIS#

Inmate's Signature

Date

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Alabama Department of Corrections

Medical Furlough Program
REVOCATION OF MEDICAL FURLOUGH

Assignment to the Medical Furlough Program is hereby **REVOKED** effective: _____ (Date)

Inmate's Name:	AIS#:	D.O.B.:
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Revocation of above-listed inmate's assignment to the Medical Furlough Program due to:

- _____ Inmate's infirmity, illness, disease, and/or condition improved to the extent that the inmate no longer meets the criteria under which the inmate was approved for assignment to the Medical Furlough Program.
- _____ Inmate violated conditions of assignment to the Medical Furlough Program.
- _____ Inmate became a danger to self or others.
- _____ Other: _____

(Commissioner's Printed Name)
Commissioner,
Alabama Department of Corrections

(Commissioner's Signature)

(Date)

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Alabama Department of Corrections

Medical Furlough Program
MEDICAL FURLOUGH STATISTICAL TRACKING LOG

Inmate's Name:	AIS#:	Nature of Infirmary, Illness, Disease, and/or Condition:	Defined [†] :	Assignment to Medical Furlough Program:					Deceased Date:
				Approved	Denied	Revoked	Date	Reason	

[†] G—Geriatric Inmate; P—Permanently Incapacitated Inmate; T—Terminally Ill Inmate

(Printed Name of Special Needs Manager)

(Signature)

(Date)

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