

- 13. Statistical comparisons with the previous monthly or annual report;
- 14. A narrative summary that delineates the status of the program identifying existing and potential problems and targeted resolutions; and
- 15. Any information as directed by the correctional facility Administrator, Health Services Unit and the Assistant Commissioner, Division of Operations.

10A:16-2.22 Medical Services Manual and log book

(a) The responsible health authority in collaboration with the health care provider shall develop and maintain a site-specific operational manual(s) that provides health care goals, objectives, policies and procedures for the correctional facility infirmary, satellite units, correctional community based facilities and home confinement cases which are consistent with the requirements of this chapter and contractual stipulations.

(b) The manual shall be reviewed at least annually, updated, as needed and be immediately available to all health care provider staff on each shift. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Health Services Unit, Director of Medical Services.

(c) The manual shall include, but not be limited to, the following:

- 1. Site-specific medical services;
- 2. Informed consent procedures;
- 3. Emergency medical treatment procedures which shall include, but not be limited to, arrangements for:
 - i. On-site emergency first-aid;
 - ii. Use of an emergency vehicle;
 - iii. Use of one or more designated hospital emergency rooms or other appropriate health facility;
 - iv. An emergency on-call physician; and
 - v. The provision of security when the immediate transfer of an inmate(s) is necessary.
- 4. Written procedures regarding the proper use and security of supplies and equipment, such as needles, syringes and scalpels;
- 5. Reporting procedures.

(d) A staff training log book(s) shall be established and maintained on site that shall include, but not be limited to the:

- 1. The name of trainee(s) or group(s);
- 2. The date of training;

- 3. The type of training; and
- 4. The date of required retraining.

(e) An inmate and employee food handler log book(s) shall be maintained in the correctional facility medical department which shall include, but not be limited to the:

- 1. The name of individual;
- 2. The date of exam;
- 3. Approval or disapproval for a food service job;
- 4. The reason for disapproval of a food service job; and
- 5. The date of re-exam(s) and results.

10A:16-2.23 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Medical Services, shall visit and inspect the medical programs at all correctional facilities at least once a year in order to review the facility's medical services activities.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Division of Operations, Health Services Unit, Director of Medical Services and submit to the:

- 1. Commissioner;
- 2. Chief of Staff;
- 3. Assistant Commissioner, Division of Operations;
- 4. Appropriate Division Director;
- 5. Administrator;
- 6. Responsible health authority; and
- 7. Correctional facility chief physician.

(c) The responsible health authority shall respond through the correctional facility Administrator within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Medical Services with a written action plan for correcting any deficiencies.

SUBCHAPTER 3. DENTAL SERVICES

10A:16-3.1 Director of Dental Services, Department of Corrections

(a) The Director of Dental Services of the Department, serving under the Division of Operations Health Services Unit Supervisor, shall:

- 1. Advise the administrative staff of the Department of Corrections regarding the formulation of Departmental dental program directives and policies; and

2. Oversee the provision of dental services to inmates within the Department of Corrections.

10A:16-3.2 Administration of dental services and program(s)

(a) The dental health services provider in each correctional facility shall be responsible to designate a dental health services staff member as the responsible health authority who shall be administratively and/or clinically responsible for the management and direction of the dental services and/or program. The Division of Operations, Health Services Unit, shall be notified in writing as to who is administratively and clinically responsible for the dental services and/or program of the correctional facility and immediately be notified in writing if the designee(s) is changed.

(b) The dental health services provider, through the responsible health authority, shall be responsible for ensuring that only those dental conditions assessed as necessary in the judgment of the dentist are treated to maintain the inmate's dental health.

(c) A dental consultant(s) may be employed to conduct clinical quality assurance reviews as deemed necessary by the Department of Corrections or the dental health services provider.

10A:16-3.3 Dental staff

(a) The following dental personnel may provide dental services;

1. Dentists;
2. Dental Specialists;
3. Dental Hygienists; and
4. Dental Assistants.

(b) Dental staff shall practice within the guidelines of the Dental Practice Act, N.J.S.A. 45:6.1 et seq.

10A:16-3.4 Licensure

(a) Only persons licensed and registered in accordance with N.J.S.A. 45:6-1 et seq. shall be permitted to practice dentistry within the State of New Jersey.

(b) The following licenses and certificates of dentists shall be forwarded to the Health Services Unit, Director of Dental Services:

1. The New Jersey License to practice dentistry;
2. The Drug Enforcement Administration Federal Narcotics License;
3. The State of New Jersey Consumer Health Service Certificate of Registration for Controlled Dangerous Substances (C.D.S.);

4. The current certificate of liability insurance appropriate for area of practice; and

5. Any certification(s) for services other than primary dental care.

(c) Final approval to hire dental personnel may be granted only after credential review by the Health Services Unit, Director of Dental Services.

(d) Copies of licenses of dental personnel shall be maintained both at the correctional facility dental department and at the Division of Operations, Health Services Unit.

(e) The dental health care provider shall report all disciplinary actions and license suspensions to the Health Services Unit, Director of Dental Services and other State regulatory bodies, as required by law.

(f) Dental personnel shall be responsible for providing proof of license(s) and certification(s) renewal to the Health Services Unit, Director of Dental Services through the dental health care provider. The responsible health authority of each dental services and/or program shall conduct an annual review of license and certification validation and shall provide a written report of such annually to the Health Services Unit Supervisor.

(g) All persons taking dental x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 26:2D-27d et seq.

10A:16-3.5 Dental personnel identification badges

In accordance with N.J.S.A. 13:30-8.9, all dental personnel shall wear identification badges indicating their name and professional title.

10A:16-3.6 Restricted use of inmate work assignments in dental clinics

(a) Inmates shall be prohibited from performing the following dental care services:

1. Providing direct or indirect inmate care services;
2. Scheduling dental appointments;
3. Determining the access of other inmates to dental services;
4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and
 - v. Dental records.
5. Operating any dental equipment;
6. Handling regulated medical waste.

10A:16-3.21 Reporting responsibilities of all dental services

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the:

1. Assistant Commissioner, Division of Operations;
2. Correctional facility Administrator; and
3. Director of Dental Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. A narrative summary of the major developments and highlights, including, but not limited to:
 - i. Meetings, conferences, workshops and the like attended by staff;
 - ii. Future plans for services; and
 - iii. Problem areas;
2. A statistical summary of dental amounts;
3. A statistical summary of required examinations and specialty care;
4. A statistical summary of dental prosthetics ordered and dispensed;
5. A statistical summary of inmate complaints received and resolved; and
6. Any information required by contract.

(c) The annual report must be submitted by August 31 of each year and will include all periods involved on a fiscal year basis.

10A:16-3.22 Dental services manual

(a) The responsible health authority in collaboration with the dental health care provider shall develop and maintain site-specific operational manuals which specify dental care goals, objectives, policies and procedures for the correctional facility, satellite units, correctional community based facilities and home confinement cases which are consistent with the requirements of this chapter and applicable contractual stipulations.

(b) The manual shall be reviewed at least annually, updated as needed and immediately available to all dental health care provider staff on each shift. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Health Services Unit, Director of Dental Services.

(c) The manual shall include, but not be limited to, the following:

1. Written procedures which shall ensure that all special and routine recalls are accomplished;

2. Site-specific dental services;
3. Informed consent procedures;
4. Emergency dental treatment procedures which shall include, but are not limited to, arrangements for:
 - i. On-site emergency first aid;
 - ii. Use of an emergency vehicle;
 - iii. Use of one or more designated hospitals for trauma;
 - iv. An emergency on-call dentist when the emergency health facility is not located in a nearby community; and
 - v. The provision of security when the immediate transfer of an inmate(s) is necessary;
5. Written procedures on proper use and security of supplies and equipment, such as needles, syringes and scalpels.

10A:16-3.23 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Dental Services shall visit and inspect the dental clinics at all correctional facilities at least once a year in order to review the facility's dental treatment activities.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Director of Dental Services and submitted to the:

1. Commissioner;
2. Chief of Staff;
3. Assistant Commissioner, Division of Operations;
4. Appropriate Division Director;
5. Administrator;
6. Responsible health authority; and
7. Dental health care provider.

(c) The responsible health authority shall respond within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Dental Services with a written action plan for correcting any deficiencies.

SUBCHAPTER 4. MENTAL HEALTH SERVICES**10A:16-4.1 Health Services Unit, Director of Psychological Services**

(a) The Health Services Unit, Director of Psychological Services, serving under the Health Services Unit Supervisor shall be the designated authority with primary responsibility of serving as a consultant in psychology and providing

professional review, evaluation and guidance of all mental health programs and activities of the Department with particular emphasis upon the maintenance of professional standards including, but not limited to, the coordination of planning and research.

(b) The Health Services Unit, Director of Psychological Services shall be a New Jersey licensed psychologist and shall be responsible for:

1. Initiating necessary and appropriate action to coordinate and integrate the mental health activities of the Department;
2. Providing consultative service and support to all units of the Department in the specialized area of mental health;
3. Developing procedures of reporting on the quality and performance of mental health services within the Department;
4. Evaluating mental health programs and initiating recommendations to ensure that appropriate and necessary operations are being carried out within the Department;
5. Developing intermediate and long range plans for the improvement of mental health services within the Department;
6. Reviewing the credentials of all personnel appointments and research requests within the area of mental health; and
7. Providing necessary liaison to other State agencies within and outside of New Jersey in order to coordinate the mental health activities.

10A:16-4.2 Correctional facility staff, structure and licensure

(a) A New Jersey licensed psychologist shall be designated by the health care provider as the Director of Psychology of each correctional facility and the Director of Psychology shall be administratively responsible to the Administrator or designee. The Division of Operations and the Health Services Unit shall be immediately notified in writing if the designee is changed.

(b) The Director of Psychology of each correctional facility shall be responsible for:

1. Ensuring adequate, equitable and consistent mental health services;
2. Providing the written policy and procedural mechanisms approved by Department of Corrections for mental health services, staff practices and functions within the correctional facility;
3. Coordinating the activities of the mental health services with other professional and technical groups, both within and outside the correctional facility;

4. Developing a table of organization which delineates the line of authority for mental health services personnel;

5. Conducting an annual review of license and certification validation and providing a written report of such to the Health Services Unit, Director of Psychological Services; and

6. Reporting all disciplinary action(s), license suspension(s) and/or resignation(s) of mental health services staff to the Health Services Unit, Director of Psychological Services and other State regulatory bodies as required by law.

(c) It shall be the responsibility of the mental health services staff to provide proof of license(s) and certificate(s) renewal to the Health Services Unit, Director of Psychological Services through the health care provider.

(d) Any psychologist in training offering mental health services who is not a New Jersey licensed psychologist shall be supervised by a New Jersey licensed psychologist.

10A:16-4.3 Access to mental health services

(a) At the time of admission to a correctional facility, inmates shall receive a written communication, and for illiterate inmates, inmates not sufficiently conversant with the English language, or inmates otherwise unable to read due to a physical/medical inability, verbal communication explaining the procedures for gaining access to mental health services.

(b) New or revised information regarding inmate access to mental health services shall be posted in housing units and incorporated into the next printing of the correctional facility Inmate Handbook.

Petition for Rulemaking.
See: 33 N.J.R. 1477(a).

10A:16-4.4 Inmate/therapist confidentiality

(a) Confidential relations between and among mental health practitioners and individuals or groups in the course of practice are privileged communications and not to be disclosed to any person.

(b) The following exceptions to privileged communications are applicable only in situations which present a clear and imminent danger to the inmate or others:

1. Where the inmate discloses planned action which involves a clear and substantial risk of imminent serious injury, disease or death to the inmate or other identifiable persons;
2. Where an escape plan is disclosed to the mental health practitioner;

3. Where drug trafficking for profit or illicit influence on others, involving Controlled Dangerous Substances (C.D.S.) or drug paraphernalia, presents a clear and

imminent danger to the inmate or other identifiable persons;

4. Where the inmate discloses suicide plans or other life threatening behavior; and/or

5. Where the inmate discloses a past, previously unreported murder, aggravated sexual assault (meaning those offenses set forth in N.J.S.A. 2C:14-2(a)) or arson which resulted in a death, under circumstances which present a clear and imminent danger to other identifiable persons.

(c) When a mental health practitioner receives information concerning the exception categories listed in (b) above, the mental health practitioner shall immediately confer with the correctional facility Director of Psychology who will also contact the Health Services Unit, Director of Psychological Services to determine whether disclosure is necessary. Relevant considerations, in addition to the information given to the mental health practitioner may include, but are not limited to whether:

1. It is known that another individual is serving a sentence for the crime confessed by the inmate to the mental health practitioner;

2. It can be ascertained that the crime was in fact committed, but no one was prosecuted;

3. The inmate is under consideration for parole and the Administrator, Special Classification Review Board, or State Parole Board is unaware that the inmate has committed, or plans to commit, another serious crime;

4. The inmate has described the criminal event or plan in such intimate detail as to render the story credible; and/or

5. Consequences of the inmate's past or intended conduct are considered dangerous to the health or well-being of correctional facility residents or personnel.

(d) In any case in which the mental health practitioner, the correctional facility Director of Psychology, and the Health Services Unit, Director of Psychological Services agree and conclude that the information does not fall within the scope of the exception categories listed in (b) above, no disclosure need be made.

(e) If the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Psychological Services believe that the subject matter falls within the scope of an exception category(ies) listed in (b) above, the Director of Psychology shall immediately make this information known to the correctional facility Administrator providing the facts and background information that are necessary to give the Administrator a clear understanding of the case.

(f) In any case in which the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Psychological Services disagree as to whether disclosure should be made, the person who believes that the matter should be disclosed shall notify the Administrator immediately providing the

facts and background information that are necessary to give the Administrator a clear understanding of the case.

(g) The Administrator shall institute such action as is deemed appropriate considering the needs of the correctional facility and facts of the particular case. This action may include, but is not limited to:

1. Requesting the Internal Affairs Unit to investigate further or to administer a polygraph test;

2. Transmitting information to the Central Office Internal Affairs Unit to refer to the prosecutor;

3. Initiating disciplinary charges against the inmate;

4. Placing the inmate in close custody pending the result of the investigation; and/or

5. Increasing the inmate's custody status to maximum.

(h) Upon entry into therapy, the inmate shall be advised of the limitations on confidentiality. The therapist shall give and ensure the inmate reads Form 520 I Inmate Therapist Confidentiality. Verbal notice shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability. Notification of verbal notice shall be recorded by the therapist on the Form. The inmate shall be required to sign the Form before beginning therapy and the Form shall be filed in the psychological/ psychiatric section of the inmate's Medical/Dental Record.

(i) Questions concerning the interpretation of the policy on inmate/therapist confidentiality shall be addressed to the Health Services Unit, Director of Psychological Services.

10A:16-4.5 Mental health services manual

(a) The Director of Psychology of each correctional facility, in collaboration with the health care provider, shall develop and maintain a site-specific mental health services manual that shall specify mental health services, goals, objectives, policies and procedures for the correction facility, satellite units, correctional community based facilities and home confinement programs which are consistent with the requirements of this chapter and applicable contractual stipulations.

(b) The mental health services manual, shall be:

1. Approved by the Administrator and the Health Services Unit, Director of Psychological Services;

2. Reviewed at least annually;

3. Updated as needed; and

4. Immediately available to all mental health services staff.

(c) As mental health services manuals are revised, copies of the proposed revisions shall be forwarded to the Administrator and the Health Services Unit, Director of Psychologi-

cal Services for approval prior to promulgation by the health care provider.

(d) The mental health services manual shall include, but not be limited to, the following:

1. Procedures for making appointments for mental health services which include a method for establishing priorities of appointments;
2. Procedures for making recommendations and/or referrals to other persons or agencies and the condition under which such recommendations and/or referrals can be made;
3. Sequence of events in the delivery of services presented in writing or in the form of a flow chart;
4. Designation of the person(s) responsible for developing the mental health treatment programs in coordination with the Director of Psychology of the correctional facility;
5. Method of establishing accountability for and reporting results of mental health services;
6. Emergency procedures which shall include, but not be limited to, arrangements for an emergency on-call mental health staff person; and
7. Procedures as required by N.J.A.C. 10A:16-12, Suicide.

10A:16-4.6 Records

(a) Documentation shall be made of the mental health services provided. Records kept of the mental health services shall include, but are not limited to:

1. Identifying data;
2. Date of service;
3. Types of services; and
4. Action taken.

(b) Mental health staff shall ensure that essential information concerning mental health services rendered is recorded by the end of the same day of contact in the psychological/psychiatric section of the inmate's Medical/Dental Record.

(c) Collection of mental health assessment data shall be performed by the appropriate licensed mental health professions within the scope of their respective licenses. Development of plans of treatment shall be done under the supervision of a licensed psychologist in consultation with the psychiatrist.

(d) Confidentiality of inmate records shall be maintained in accordance with N.J.A.C. 10A:22, Records.

10A:16-4.7 Psychological research

Psychological research projects shall be conducted in accordance with N.J.A.C. 10A:1-10, Research.

10A:16-4.8 Reporting responsibilities regarding all mental health services

(a) Monthly and annual reports shall be prepared by the Director of Psychology of the correctional facility and submitted to the correctional facility Administrator and to the Health Services Unit, Director of Psychological Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. Major developments and highlights;
2. Types of psychological services provided;
3. The testing program;
4. Problem areas;
5. Future plans for services;
6. Meetings, conferences, workshops, and the like attended by staff;
7. Official visits by government representatives and other community groups;
8. Statistical comparisons with the previous monthly or annual reports; and
9. Any information required by contract or as directed by the correctional facility Administrator and the Health Services Unit Supervisor or designee.

(c) Monthly reports, annual reports and, as required, special reports shall be prepared by the Health Services Unit, Director of Psychological Services and submitted to the Health Services Unit Supervisor.

10A:16-4.9 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Psychological Services shall visit and inspect each correctional facility at least annually in order to assess the provision of mental health services by the private mental health contractor.

(b) Within 15 business days after the annual inspection, a written report of findings shall be prepared by the Division of Operations, Health Services Unit, Director of Psychological Services and submitted to the:

1. Commissioner;
2. Chief of Staff;
3. Assistant Commissioner, Division of Operations;
4. Appropriate Division Director;
5. Administrator;

6. Director of Psychology of the correctional facility; and
7. Responsible health authority.

(c) The Director of Psychology of the correctional facility shall respond within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Psychological Services with a written action plan for correcting any deficiencies.

SUBCHAPTER 5. INFORMED CONSENT TO PERFORM MEDICAL, DENTAL OR SURGICAL TREATMENT

10A:16-5.1 Express written consent required

(a) The express written consent of the inmate shall be required for:

1. Surgery;
2. Invasive procedures; and
3. Medical and dental procedures governed by informed consent standards in the community.

(b) In order to obtain written informed consent, Form MR-021 Consent for Medical, Dental or Surgical Treatment shall be read, completed in entirety and signed by the inmate or guardian and a witness. The contents of the Form shall be presented verbally to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability. Notation of verbal notice shall be recorded on Form MR-021. The signed consent form shall be maintained in the inmate's Medical/Dental Record.

(c) The inmate or guardian must:

1. Have legal capacity to give written consent and be able to exercise free choice without any element of force or coercion; and
2. Be informed of the:
 - i. Nature, duration and purpose of the medical, dental or surgical procedure;
 - ii. Known alternative(s), if any, to the procedure;
 - iii. Known inconveniences, discomforts and risks that may occur; and
 - iv. Known effects upon health or person which can be reasonably expected.

(d) Information regarding the medical, dental or surgical procedure shall be provided to the inmate by the health care provider staff.

(e) If there is doubt as to the inmate's mental capacity to make an informed decision, the inmate shall be examined by the psychologist or psychiatrist and the Health Services Unit Supervisor shall be notified.

10A:16-5.2 Exception to inmates 18 years or older written consent requirement

(a) Written consent shall not be required in the case of inmates (18 years or older) in the following circumstances:

1. In a case certified by a licensed physician or dentist to be one of grave emergency which requires immediate surgical intervention or other treatment in order to prevent the death of, or serious consequences to such inmate; and
2. In any case in which a court of competent jurisdiction has determined that the inmate is incompetent to give informed consent on the inmate's own behalf, or is otherwise ordered to undergo treatment (see N.J.A.C. 10A:16-5.4).

10A:16-5.3 Inmate treatment refusal

In every case in which the inmate, after having been informed of the condition and the treatment prescribed, refuses treatment, this refusal shall be recorded on Form MR-021 Consent for Medical, Dental or Surgical Treatment in the space provided. Medical staff shall advise the inmate of the possible known medical/dental consequences and risks of such refusal.

10A:16-5.4 Special medical guardianship of inmates

The Department of Corrections shall follow the guidelines and procedures set forth by New Jersey Court Rule 4:86-12, Special Medical Guardianship.

10A:16-5.5 Written procedures

The Health Services Unit Supervisor in collaboration with the health care provider shall develop written procedures consistent with this subchapter which shall be made part of the medical and dental services manuals.

SUBCHAPTER 6. PREGNANT INMATES

10A:16-6.1 Care of pregnant inmates

(a) The Department of Corrections shall provide a pregnant inmate with medical and social services, which shall include:

1. Prenatal medical evaluation and care, including the routine pregnancy tests given to all female inmates upon admission to the correctional facility;
2. Nutritional supplements and diet as prescribed by the physician;

3. Counseling regarding:
 - i. Family planning;
 - ii. Birth control;
 - iii. Test results;
 - iv. Termination of pregnancy;
 - v. Child placement services;
 - vi. Religious counseling, if desired by the inmate; and
4. Appropriate postpartum care.

10A:16-6.2 Obstetrical services

When the pregnant inmate elects to carry the pregnancy to term, arrangements shall be scheduled in advance for the delivery at an appropriate medical facility.

10A:16-6.3 Maternity clothes, housing assignments, exercise and work schedules

(a) The correctional facility shall provide the pregnant inmate with:

1. Suitable maternity clothes;
2. Reasonable housing assignments, as permitted by available space and the inmate's security status; and
3. Appropriate exercise and reduced work schedules, as deemed medically advisable by the treating physician.

10A:16-6.4 Termination of pregnancy

(a) As soon as possible after the pregnancy is diagnosed, the health care provider shall provide the pregnant inmate with medical care and the Social Services Unit of the correctional facility shall offer her religious and social counseling to aid her in making the decision to continue or to terminate the pregnancy.

(b) Should the pregnant inmate elect to proceed with terminating the pregnancy, arrangements shall be made by the health care provider without undue delay to schedule and complete the procedure, unless the treating physician and/or obstetrician determines that the pregnancy cannot be terminated.

(c) An inmate who elects to terminate a pregnancy shall be required to sign a form indicating her desire to terminate the pregnancy and acknowledging that she has received medical care and has been offered religious and social counseling in reaching her decision.

(d) A pregnancy shall be terminated only at a state-licensed medical facility or hospital. Follow-up medical care shall be provided in the Edna Mahan Correctional Facility for Women.

10A:16-6.5 Father of the child

(a) The father, if not incarcerated, may attend the birth of his child in the delivery room.

(b) The father's presence in the delivery room is contingent upon approval by the:

1. Department of Corrections custody administrative authorities;
2. Hospital administration; and
3. Attending physician(s).

10A:16-6.6 Placement of infants

(a) The Director of Social Services or designee shall ensure that counseling and assistance shall be provided to the pregnant inmate in planning for her unborn child. Counseling and social services shall be available to assist the pregnant inmate in making decisions such as whether to keep her child or give the child up for adoption. Counseling shall not advocate any particular alternative to the inmate.

(b) The Director of Social Services or designee shall ensure that plans for the placement of the anticipated infant(s) shall be developed well in advance of the delivery date.

(c) The Division of Youth and Family Services (D.Y.F.S.), Department of Human Services, shall be contacted by the Social Work Unit staff of the correctional facility when adoption or foster home placement is being contemplated by the prospective mother.

(d) If the inmate chooses to grant temporary custody of the child to a family member, the Department of Corrections shall not be responsible for any of the infant's medical costs.

(e) If the inmate chooses to place the child in a foster home or release the child for adoption, the Division of Youth and Family Services (DYFS) shall be granted custody of the child and the Department of Corrections shall assume no responsibility for any of the infant's medical costs.

10A:16-6.7 Written procedures

The health care provider and Administrators of correctional facilities housing female inmates shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter and shall incorporate these procedures in the correctional facility Inmate Handbook and the health care provider's Medical Services Manual (see N.J.A.C. 10A:16-2.22).

SUBCHAPTER 7. CRITICAL ILLNESS OR DEATH OF INMATES

10A:16-7.1 Notification of next of kin

(a) In the event of an inmate's critical illness or death, the inmate's next of kin shall be notified within 24 hours by the Administrator or designee of the correctional facility that maintains the classification and medical files of the inmate.

(b) "Next of kin" shall be interpreted to mean:

1. Spouse;
2. Mother;
3. Father;
4. Guardian;
5. Persons connected by birth or marriage; or
6. Other persons indicated on official records.

(c) Initial contact with the next of kin shall be by telephone. In cases where the next of kin cannot be reached by phone, the local law enforcement authority or New Jersey State Police shall be contacted and requested to advise the next of kin to contact the correctional facility immediately.

(d) A letter confirming the telephone conversation shall be forwarded to the next of kin, and a copy of the letter shall be placed in the inmate's classification file.

(e) In the event the inmate is removed from the critical list, the next of kin shall again be informed in accordance with this section.

(f) In the case of a death of an inmate, the Administrator or designee shall be responsible to ensure that the following individuals have immediately been notified:

1. The inmate's next of kin;
2. The Assistant Commissioner, Division of Operations;
3. The Health Services Unit, Director of Medical Services; and
4. The county medical examiner's office.

(g) All reports shall be prepared in accordance with N.J.A.C. 10A:21, Reports.

10A:16-7.2 Advance directive

At the inmate's request, an advance directive which complies with N.J.S.A. 26:2H-55 et seq. shall be placed in the inmate's Medical/Dental Record.

10A:16-7.3 Security procedures upon the death of an inmate

(a) If death is confirmed other than in a hospital, the body cannot be moved to a hospital without the approval of the county medical examiner.

(b) Prior to release of a body from the correctional facility or hospital, photographs and fingerprints shall be taken for the records.

(c) An autopsy shall be performed when regulations by the county medical examiner so require and/or when re-

quested by the medical or surgical staff of the medical facility where the inmate expired.

10A:16-7.4 Claiming bodies of deceased inmates

(a) Persons claiming the body of a deceased inmate must contact the hospital where the inmate expired or appropriate medical examiner's office where the body was taken in order to obtain the release of the body.

(b) The Department of Corrections shall not be responsible for the costs of burial or cremation for bodies of deceased inmates that are claimed.

10A:16-7.5 Burial or cremation of unclaimed bodies

(a) The correctional facility shall arrange for the burial or cremation of unclaimed bodies of inmates. The county medical examiner's office shall be contacted for assistance in such cases.

(b) An unclaimed body shall be cremated where it is reasonably believed that it would not violate the religious tenets of the deceased inmate.

(c) The Social Security Administration, Veteran's Administration and Public Welfare shall be contacted by the correctional facility for any possible death benefits.

(d) Money remaining in the account of a deceased inmate may be used for burial or cremation expenses.

10A:16-7.6 Distribution of money and personal belongings of deceased inmates

(a) Before money remaining in the account of a deceased inmate is distributed in accordance with (b) through (d) below, these funds shall be used to pay:

1. Court ordered penalty assessments, restitution and fines;
2. Other revenue obligations or fees;
3. Fees for medical and/or dental treatment; and
4. Fees for prescription or nonprescription drugs or medicine.

(b) When an inmate expires without a will and the amount of money in the inmate's account and/or the value of personal property is \$2,000 or less, such money and personal property may be turned over to the next-of-kin shown in the most recent classification records. The next-of-kin shall be required to sign an itemized list/receipt of such money and personal property, and a statement in which the next-of-kin certifies no knowledge of the existence of an official will. The Administrator or designee shall take the necessary steps to verify the identity of the next-of-kin.

(c) When an inmate expires without a will and the amount of money in the account and/or the value of personal property exceeds \$2,000, these assets may be released to

the inmate's relative or other claimant only after the relative or claimant presents to the Administrator or designee a certified, filed copy of Letters Testamentary, Letters of Administration, or a filed Affidavit from the Office of County Probate which entitles the claimant to assets without administration (see N.J.S.A. 3B:10-3 and 4).

(d) In the event an inmate dies without leaving a will, and there are no known relatives, the funds in the inmate's account, if any, shall be closed out and pursuant to the Uniform Unclaimed Property Act (1981), N.J.S.A. 46:30B, transferred to the Department of Treasury after deductions for burial or cremation.

10A:16-7.7 Written procedures

The Administrator of each correctional facility shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter.

SUBCHAPTER 8. EXECUTIVE CLEMENCY AND MEDICAL PAROLE

10A:16-8.1 Eligibility requirements for executive clemency

(a) Application for executive clemency may be made in cases when the health care provider physician at the correctional facility has determined that an inmate's medical condition is such that:

1. The inmate has a terminal illness;
2. Death is imminent; or
3. The inmate has become so ill that the inmate is without prospect of recovery.

(b) A confirming second opinion regarding the medical condition in accordance with (a) above, by a second physician must be obtained by the health care provider.

(c) Upon receipt of the second opinion, the responsible health authority shall immediately advise the Administrator of the inmate's medical condition.

(d) All executive clemency procedures shall be handled as expeditiously as possible.

10A:16-8.2 Petition for executive clemency

(a) The petition for executive clemency may be initiated either by the inmate or the Administrator of the correctional facility.

(b) The inmate who wishes to apply for executive clemency shall obtain and complete Form Petition for Executive Clemency. The completed Form shall be forwarded to the Administrator for submission to the Office of the Chief of Staff.

(c) The Administrator or designee may complete Form Petition for Executive Clemency on behalf of an inmate.

10A:16-8.3 Role of the Administrator

(a) Upon receipt of a completed Form Petition for Executive Clemency, the Administrator shall obtain from the Classification Office up-to-date classification material which shall include, but is not limited to:

1. Criminal history;
2. Presentence investigation reports; and
3. Progress reports.

(b) The Administrator shall obtain from the Medical Department a copy of the following:

1. Charted records, if deemed necessary;
2. Psychological/psychiatric reports; and
3. Current medical status reports which include:

i. A letter from the health care provider physician which includes the physician's diagnosis(es) and prognosis(es) of the inmate's medical condition and a description of the continuing medical/nursing care which will be required; and

ii. A letter from the second physician confirming the opinion of the first physician.

(c) The Administrator shall send the following to the Chief of Staff, Department of Corrections:

1. Three copies of the classification materials;
2. One copy of the medical material as outlined in (b) above;
3. Completed Form Petition for Executive Clemency; and
4. A cover letter which includes the Administrator's recommendations regarding the petition and whether a medical transfer should be granted (see N.J.A.C. 10A:16-10).

10A:16-8.4 Role of the Commissioner

(a) The Commissioner or designee, upon receipt of the material outlined in N.J.A.C. 10A:16-8.3(c), shall notify the Health Services Unit Supervisor and request that the Health Services Unit, Director of Medical Services review the inmate's medical status and submit a report of the findings.