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**Policy Number:** 203.200  
**Title:** Conditional Medical Release  
**Effective Date:** 12/15/20

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**PURPOSE:** To facilitate appropriate community placement for offenders who meet criteria for a conditional medical release (CMR).

**APPLICABILITY:** All facility services division, community services division, and health services

**DEFINITIONS:**

Community placement – placement of an offender in the community, including a hospital, long-term care facility, or private home that meets an offender’s medical needs and provides an appropriate level of security. Should placement occur in a private home, appropriate opportunities for agent surveillance and supervision must occur. Placement in the community may change for the duration of the offender’s CMR based on the care needs of the offender or for public safety reasons.

Conditional medication release paperwork – agent assignment packet, end of confinement review committee (ECRC) information, pre-admission screening (if applicable), State of Minnesota health care program application form, and health care facility application (if applicable).

Conditional medical release monitor – the DOC employee responsible for monitoring the offender while on CMR.

Conditional medical release packet – the paperwork reviewed by DOC staff outlining the rationale for the conditional medical release and the conditions of release.

COVID CMR team – a group of corrections professionals determined by the commissioner of corrections and the deputy commissioner of facility services. The group includes, at minimum, administrative and professional from case management, health services, re-entry, the office of special investigations (OSI), the hearing and release unit (HRU), and risk assessment/community notification (RA/CN).

Supervising agent – a state or county corrections agent or probation officer assigned to supervise an offender while in the community.

Terminal condition – a medical condition that is considered to result in death within the next twelve months.

**PROCEDURES:**

- A. The department must consider facilitating an appropriate community placement for offenders in adult correctional facilities who meet the following criteria:
1. An offender suffers from a grave medical illness, condition, and/or requires extended medical management, and the offender’s health care needs would be better met by specialized community services; or
  2. An offender’s condition is terminal as determined by a physician and the department’s medical director.

3. The offender is not deemed to be a risk to public safety.
- B. An offender placed on conditional medical release (CMR) is subject to the provisions relating to supervised release, including revocation procedures. The commissioner may rescind the release without a hearing if the medical condition improves to the extent that the continuation of the CMR presents a risk to the public or the offender no longer needs medical management. The commissioner may revoke the release if the conditions of release are violated.
- C. Health services staff must identify offenders who potentially meet CMR criteria.
1. On a monthly basis, each facility health services administrator evaluates the current facility population for CMR candidates.
  2. The health services administrator collects data from physicians and medical consultants on each CMR candidate to verify the offender's medical condition.
  3. Other health services staff must notify the facility health services administrator if there is an offender who may be a good candidate for a CMR.
  4. The health services administrator provides that information via electronic mail to the DOC health services director.
  5. The health services director forwards the medical information to the deputy commissioner of facility services for review and approval to proceed with the process.
  6. The health services director notifies the executive officer of the hearings and release unit (HRU) of the potential conditional medical release.
- D. If approved by the deputy commissioner of facility services, a multidisciplinary team consisting of the health services administrator; the caseworker; the CMR monitor; the medical release planner; the victim assistance director and the victim assistance manager or designees; the supervising agent; and the associate warden of operations meets to discuss the roles and responsibilities of each member of the team prior to the initiation of the process. The team also discusses and makes recommendations regarding the public safety aspect of a potential CMR. The team must make its recommendations to the warden of the facility in which the offender resides.
- E. Victim assistance and restorative justice program (VARJP) unit staff provide notice to the victim if appropriate. A designee from the VARJP unit may request a release of information from the offender for victim notification purposes.
- F. The caseworker or designee proceeds with the following once notified by the multidisciplinary team:
1. If the offender is being placed in a nursing home, the caseworker arranges for a MN Choices assessment to be completed by social services in the county where the offender is currently incarcerated. This process is initiated by contacting the county social services or public health nursing department.
  2. When the assessment for community placement is approved, the caseworker or medical release planner applies to the appropriate community placement facility. The caseworker

consults with the health services medical release planner as necessary to determine an appropriate community placement.

3. The caseworker and medical release planner complete the appropriate paperwork for health care funding with or without the offender's assistance. The caseworker must use the State of Minnesota health care program application form. The medical release planner submits the application once completed by the caseworker.
4. The caseworker must make a request for community supervision/agent assignment in the county or counties of the community placement(s) and in counties of potential placement, if known.
5. In the event the offender is eligible for community notification as a predatory offender, the caseworker schedules the case for review by the end-of-confinement review committee (ECRC).
6. The caseworker or designee must complete all necessary CMR paperwork (attached) within 20 working days of notice by health services.
7. There may be the potential for multiple community placements during an offender's stay on CMR. Whenever possible, these placements should be identified and addressed within the initial request for CMR. If those placements identified as potentials are located in different counties, back-up agent assignments are made in case these placements must be considered.
8. If, during the CMR period, the community placement changes and the new health care facility was not indicated in the original CMR packet, the caseworker must complete a new packet with the new facility indicated and route it for approval. At the same time, the supervising agent institutes an intra-state transfer if the facility is outside the supervising agent's area of supervision.
9. Once the community placement is agent-approved and the CMR is activated, the CMR monitor is the caseworker of record until the offender reaches the offender's supervised release date.
10. The caseworker must arrange for transportation to the community facility and must work with the medical release planner if the offender requires a medical transport.

G. Approval process for CMR

1. The program review team reviews the CMR packet for completeness and forwards the packet and a recommendation to the warden.
2. The warden/designee reviews and signs the CMR packet and forwards the packet and a recommendation to the director of health services.
3. The director of health services/designee reviews and signs the CMR packet to ensure the offender meets the criteria medically and the community placement is medically appropriate. The director of health services forwards the packet and a recommendation to the deputy commissioner of facility services.

4. The deputy commissioner of facility services/designee reviews and signs the packet and forwards the packet and a recommendation to the executive director of the HRU.
5. The executive director of the HRU/designee reviews and signs the CMR packet to ensure an appropriate release plan has been developed and forwards the packet, and a recommendation, to the deputy commissioner of community services.
6. The deputy commissioner of community services/designee reviews and signs the CMR packet to ensure an appropriate release plan has been developed and forwards the packet and a recommendation to the commissioner.
7. The recommendation process must be completed no later than five working days prior to the offender's placement.
8. The commissioner approves or denies the CMR. The packet is forwarded to the medical release planner for retention and for distribution to the warden and the health services administrator of the facility in which the offender is residing, the executive director of the HRU, the victim assistance director, the victim assistance manager, the caseworker, the supervising agent, and the CMR monitor.
9. Once approved by the commissioner, the caseworker completes the reentry review in the correctional operations management system (COMS) and notifies the executive director of the HRU for final approval.
10. HRU must review and approve the reentry review.

#### H. Record keeping

1. The releasing facility sends the offender's medical, dental, and mental health records to the central office records unit within five working days of the offender's release.
2. All other offender files must remain at the releasing facility.
3. The offender's medical, dental, and mental health files are maintained in the central office records unit or electronic records system for seven years past the expiration of the offender's sentence.

#### I. Supervision of offenders on CMR

1. In addition to procedures in Policy 201.010, "Adult Community Supervision," the supervising agent must:
  - a) Meet with designated community placement contact staff to inform the staff about the offender's offense characteristics, prior to the activation of the CMR;
  - b) Report any violations of release to the HRU when there is reason to believe a violation has been committed;
  - c) Notify the caseworker if there is a different community placement being considered or if the community placement has changed and is not the original placement indicated in the CMR packet; and
    - (1) If, during the CMR period, the community placement changes and the new health care facility was not indicated in the original CMR packet, the caseworker must complete a new packet with the new facility indicated, and route it for approval.

(2) At the same time, the supervising agent must institute an intra-state transfer if the new health care facility is outside of the supervising agent's area of supervision.

2. Process an intra-state transfer if the new considered or actual community placement is outside their areas of supervision.
3. Once the community placement is agent-approved and the CMR paperwork is approved, the CMR monitor is the caseworker of record until the offender reaches the offender's supervised release date.

J. Director of nursing responsibilities

The department director of nursing must:

1. Contact the community placement health services staff upon the offender's placement to establish a contact person;
2. Send a copy of this policy and the release packet to the community placement contact person to ensure the community placement is knowledgeable of the procedures;
3. As mutually agreed between the department director of nursing and the community placement contact person, establish a written reporting system to ensure the department maintains current information on the offender's health status. Nursing to nursing reports must be kept in the offender's medical file; and
4. Notify the department health services director, upon knowing the offender's medical condition has improved and my no longer meet the criteria for CMR.

K. If the department medical director is the offender's health care decision maker of record pursuant to Policy 500.126, "Offender Health Care Decisions," the DOC medical director must continue to direct the offender's care for the duration of the CMR. Once the offender reaches their supervised release date, the DOC medical director is no longer responsible for making health care decisions.

L. The department's health services director must, upon notification of the offender's improved medical condition from the director of nursing, consult with the HRU executive officer to arrange transportation and placement of the offender in a correctional facility. The department health services director must complete the Cancellation of Conditional Medical Release form (attached) and distribute as indicated on the form.

M. Supervised release procedures

1. The case manager must develop a placement plan per Policy 203.010, "Case Management Process," with the offender 120 days prior to the offender's supervised release date.
2. If the proposed residence is in a different county than the current community placement, the case manager submits an agent assignment request for transfer to the county to which the offender is requesting residence, including the placement plan, accompanying conditions, and medical financial responsibilities. The transfer request must be sent immediately following establishment of the placement plan.

3. Following agent assignment acceptance, the case manager must complete the reentry review in COMS for final HRU approval sixty days prior to the offender's supervised release date.
4. The case manager prepares the supervised release papers, sends the release papers to the supervising agent for signature, distributes the papers according to policy, and forwards any remaining papers to the central office records unit for processing.

N. COVID-19 CMR process for offenders incarcerated after August 24, 2020

During the first months of the COVID-19 pandemic, a COVID-19 CMR process was instituted to consider offenders at higher risk for bad outcomes if COVID-19 were contracted. Objectives of the program were to allow offenders to apply for CMR if they felt they were at higher risk for a bad outcome from contracting COVID-19. The COVID-19 CMR program ended on August 24, 2020.

1. Any further conditional medical releases based on the potential for a bad outcome if COVID-19 were contracted will be handled based on the process outlined below.
2. CMR based on risks associated with COVID-19 applies to:
  - a) Offenders admitted to Minnesota DOC custody **after** August 24, 2020, **unless** there has been a significant change in the medical condition warranting consideration for CMR based on the higher risks of a bad outcome should COVID-19 be contracted.
  - b) Release violators who were not currently on a COVID-19 CMR when the violation occurred.
  - c) Offenders for whom, after assessment of the congregate environment available, the conclusion is that the offender cannot be adequately protected should there be an outbreak of COVID-19 in the facility.
  - d) To qualify, the offender must be determined to pose no risk to the public if on CMR and confined to a non-congregate residence.
3. Process:
  - a) Intake
    - (1) If the offender's intake medical history includes red flags for chronic medical conditions or immune-compromising conditions that could have a higher risk of bad outcomes if COVID-19 were contracted, the registered nurse (RN) completes the COVID-19 Facility Assessment Form (attached) and has the offender complete the Offender Information for Conditional Medical Release Form (attached). Facility health services staff e-mail the name of the offender to the CMR e-mail ([CMR.Requests.DOC@state.mn.us](mailto:CMR.Requests.DOC@state.mn.us)) to determine if the offender was previously denied a CMR for public safety reasons.
    - (2) The COVID CMR team receives the e-mail and reviews the database to determine if the offender was previously denied for public safety reasons.
      - (a) If the offender was previously denied, facility health services staff determine whether regular CMR review is appropriate.
      - (b) If the offender was not previously denied, the COVID CMR team notifies facility health services staff to, in turn, notify the offender

and have them complete a new Offender Information for Conditional Medical Release form (attached).

- (c) Health services staff sends the new form to the CMR e-mail, and the COVID CMR team uploads it from the e-mail into the database.
  - (3) The DOC Medical Director will review the Facility Assessment Form and the new Offender Information for Conditional Medical Release form and determine whether the offender is potentially at higher risk for a bad outcome should COVID-19 be contracted and could not safely be managed in the facility to decrease the likelihood of contracting COVID-19 during an outbreak.
  - (4) If the DOC medical director determines that the offender would warrant consideration for a CMR, the medical director will make a notation in the database accordingly.
  - (5) DOC public safety staff review the request to determine if the offender meets the public safety threshold.
  - (6) The commissioner of corrections reviews the request and confers with the COVID CMR team for the commissioner's final approval or denial of the request.
- b. Current Offenders
- (1) The director of clinical operations (DCO) and/or the provider identifies an offender who is deemed at higher risk for a bad outcome should COVID-19 be contracted, and:
    - (a) The offender either has been incarcerated **after** August 24, 2020; or
    - (b) If incarcerated **before** August 24, 2020 has a condition that would increase the likelihood of a bad outcome should COVID-19 be contracted, e.g., new diagnosis of cancer, chemotherapy, immunocompromising condition, or on immunocompromising medications.
  - (2) Steps N.3.a)(1) through a)(6), above, are then followed.

#### **INTERNAL CONTROLS:**

- A. The CMR packet for all offenders on CMR is retained by the medical release planner.
- B. The director of nursing retains the medical records of offenders on CMR in their office.
- C. The COVID CMR team maintains and retains all the documentation and the database for Covid-19 CMR requests.

**ACA STANDARDS:** None

#### **REFERENCES:**

Minn. Stat. §§ [241.07](#); [243.166](#); [244.05, subd. 8](#)  
[Policy 201.010, "Adult Community Supervision"](#)  
[Policy 205.220, "Predatory Offender: Registration, Notification, Public Registrant Website, and Risk Level Reassessment Request"](#)  
[Policy 203.010, "Case Management Process"](#)  
[Policy 203.205, "Predatory Offender Management in a Care Facility"](#)  
[Policy 500.126, "Offender Health Care Decisions"](#)  
Department of Human Services Instruction Bulletin 94-57A

**REPLACES:** Policy 203.200, “Conditional Medical Release,” 10/20/20.  
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** [Conditional Medical Release Summary and Recommendation Document](#) (203.200A)  
[Conditional Medical Release Placement Agreement](#) (203.200C)  
[Cancellation of Conditional Medical Release](#) (203.200D)  
[Offender Information for Conditional Medical Release](#) (203.200E)  
[COVID-19 Facility Assessment Form](#) (203.200F)

**APPROVALS:**

Deputy Commissioner, Reintegration and Restorative Services  
Deputy Commissioner, Facility Safety and Security  
Assistant Commissioner, Organizational and Regulatory Services  
Assistant Commissioner, Research, Policy, and Organizational Performance  
Assistant Commissioner, Health, Recovery, and Programming  
Assistant Commissioner, Orientation, Assessment, and Program Planning