DEPARTMENT OF CORRECTIONS

Policy Number:	**204.059**
Title:	**Challenge Incarceration Program – Phase I Medical Screening**
Effective Date:	**2/19/26**

PURPOSE: To provide procedures for medical and physical screening of prospective Challenge Incarceration Program (CIP) candidates addressed in Policy 204.060, "Challenge Incarceration Program – Phase 1."

APPLICABILITY: Minnesota Department of Corrections (DOC); Minnesota Correctional Facility-Willow River/Moose Lake (MCF- WR/ML), Minnesota Correctional Facility-Shakopee (MCF-SHK), and Minnesota Correctional Facility-Togo (MCF-TOGO), and their respective CIP Programs (CIP-WR, CIP-SHK, CIP-TOGO)

DEFINITIONS:

Alternate Physical Programming - For all activities deemed unsafe for the participant by the Nursing Services team alternate physical activities will be assigned with the goal of progression and improvement throughout the program's duration.

Work details - Incarcerated people in CIP participate in manual labor activities, which may last from several minutes to several hours, and are trained in the proper use of all involved tools and equipment.

PROCEDURES:

A. Physical Programming

1. All incarcerated people are required to meet minimum participation standards in all areas of the CIP; however, these may be modified to reasonably accommodate participation in the program.

2. Incarcerated people in CIP must participate in the following physical programming:
   a) Physical training (PT);
   b) Pre/post physical training warm-up exercises;
   c) Push-ups/crunches;
   d) power walk/run;
   e) Step/floor aerobics; and
   f) Weightlifting.

3. Alternate physical programing will be developed and managed on a case-by-case basis by Nursing Services for incarcerated persons who cannot meet the minimum levels of activity but can still safely participate in CIP programming. Alternative physical programs will center around the individual. Physical abilities and participation levels will be modified as the participants abilities progress or regress throughout the program.

4. For incarcerated persons who have been determined to have, or medical staff have reason to believe a disability exists, the designated staff member must inform the individual of their right to request modifications under Policy 203.250, Modifications for Incarcerated Persons with Disabilities, and provide them with a copy of the policy.

B. Medical Conditions

1. Incarcerated people with significant medical conditions may be unsuitable for a boot camp setting due to increased risk of injury, complications related to existing conditions, death, or the need for ongoing medical monitoring or treatment.

2. Whenever feasible, nursing services staff will work with the incarcerated person to assess their risk and improve their health or functional capacity to allow for safe participation in the program. Staffing resources, as well as risk and liability concerns are taken into consideration.

3. The CIP program manager determines participation eligibility or disqualification based on the information provided by the medical practitioners, athletic trainers and director of clinical operations/designee).

4. If an incarcerated person meets all qualifications for CIP except being prescribed a directly observed medication, then the DOC medical director must be contacted for further review.

C. Screening Process – Medical

1. After a candidate is identified as eligible for CIP participation:
   a) The CIP office and administrative specialist (OAS):
      (1) Enters the updated list of eligible candidates into COMS; and
      (2) Notifies the transfer coordinator to begin the process of transferring the candidate to MCF-WR/ML.

   b) Behavioral health staff complete the mental health assessment (see policy 500.303, “Mental Health Assessment.”)

   c) Nursing services nursing staff:
      (1) Complete and document the pre-CIP health history in the electronic health record;
      (2) Initiate a treatment plan to assist the candidate in meeting medical criteria, if indicated;
      (3) Discuss any medical concerns with the director of clinical operations (DCO) or medical practitioner.
      (4) Schedule the CIP physical exam; and
      (5) Meet with the incarcerated person to review the program, obtain signatures on forms, and provide a general overview of expectations while in the program. This includes preparation for CIP, skin care recommendations, and transfer information.

   d) The facility practitioner:
      (1) Reviews the pre-CIP health history and Completes the CIP physical exam;;
      (2) Initiates a treatment plan to assist the candidate in meeting medical criteria if indicated;
      (3) Identifies and discusses medical concerns that may delay or require program modification for a candidate with the DCO; and

(4) Indicates if the candidate has the physical capacity to proceed with the standard fitness screening process or requires a modified screening.

e) The athletic trainer:
(1) Completes the CIP pre-admission joint and muscle function assessment in the electronic health record;
(2) Initiates any treatment plan to assist the candidate in meeting medical criteria;
(3) Identifies and discusses any concerns that may delay or require modifications for a candidate with the DCO and practitioner;
(4) Completes the pre-CIP fitness screen; and
(5) Discusses any concerns with the DCO and/or practitioner.

f) The director of clinical operations/designee:
(1) Ensures the completion of the pre-CIP health history, physical exam, and fitness screenings within 90 days of CIP intake; and
(2) Verifies that all medical concerns have been addressed.

2. Candidates who do not currently possess the physical ability to complete the initial health screening process may have their intake delayed by up to three months or longer beyond the original scheduled intake date.

3. Candidates who have physical or psychological limitations that may restrict or require modifications to programming are monitored, and individualized care plans designed to support their success in the program are re-evaluated at intervals determined by clinicians based on the individuals current assessed abilities.

D. Screening of Incarcerated Person with Limited Abilities.
1. If an incarcerated person does not pass their medical screening due to limited abilities or permanent or chronic physical limitations, the incarcerated person may request a review of their situation. The review process must ensure compliance with the Americans with Disabilities Act (ADA) and related state laws. The following factors must be considered during the review and decision-making process:
a) Potential program modifications must allow the incarcerated person to safely and meaningfully participate in all required elements of CIP and must be made in conversation with the incarcerated person.

b) The incarcerated person must participate and show progress in any cardio-vascular and/or strength conditioning requirements established by nursing services staff and any contracted providers prior to final fitness screening by the athletic trainers.

c) The incarcerated persons must pass an alternative fitness screen that demonstrates an ability to safely participate in a modified program that meets the purposes of CIP as described in policy 204.060, "Challenge Incarceration Program -Phase I," and Minn. Stat. §§ 244.17 through 244.173.

d) The following must be considered in the decision-making process regarding incarcerated people with limited abilities:
   (1) The availability of staff and resources to facilitate individualized or specialized conditioning.
   (2) The risk of injury or likelihood of developing injuries or complications while participating in CIP; and
   (3) The availability of staff and resources to perform necessary medical care during CIP.

2. The following situations require re-evaluation of an incarcerated person ability to successfully participate in CIP programming:
   a) Insufficient progress in required conditioning or treatment plan objectives;

   b) Development or worsening of a medical condition that contraindicates continued participation;

   c) Instability of a medical or psychological condition affecting safe participation; or

   d) Failure to pass the alternative fitness screen.

INTERNAL CONTROLS:

A. Pre CIP health histories, physical exams, and fitness screens are documented in the electronic health record.

REFERENCES: Minn. Stat. §§ 244.17 through 244.173
Policy 204.060, "Challenge Incarceration Program -Phase I"
Policy 500.100, "Offender Co-Payments for Health Services"
Policy 203.250, “Modifications for Incarcerated Persons/Residents with Disabilities”

REPLACES: All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVED BY:
Commissioner of Corrections