DEPARTMENT OF CORRECTIONS

Policy Number: 203.200
Title: Conditional Medical Release
Effective Date: 7/29/22

PURPOSE: To facilitate appropriate community placement for incarcerated persons 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 incarcerated person in the community, including a hospital, long-term care facility, or private home that meets the incarcerated person'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 incarcerated person's CMR based on the care needs of the incarcerated person 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 incarcerated person 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.

Supervising agent – a state or county corrections agent or probation officer assigned to supervise an incarcerated person 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 incarcerated persons in adult correctional facilities who meet the following criteria:
   1. An incarcerated person suffers from a grave medical illness, condition, and/or requires extended medical management, and the incarcerated person's health care needs would be better met by specialized community services; or

   2. An incarcerated person's condition is terminal as determined by a physician and the department's medical director.

   3. The incarcerated person is not deemed to be a risk to public safety.

B. An incarcerated person 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 incarcerated person no longer needs medical management. The commissioner may revoke the release if the conditions of release are violated.

C. Health services staff must identify incarcerated persons 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 incarcerated person's medical condition.

3. Other health services staff must notify the facility health services administrator if there is an incarcerated person 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 safety and security 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 safety and security 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 incarcerated person 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 incarcerated person for victim notification purposes.

F. The caseworker or designee proceeds with the following once notified by the multidisciplinary team:

1. If the incarcerated person 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 incarcerated person 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 incarcerated person is eligible for community notification as a registrant as having been convicted of a predatory offense, 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 incarcerated person'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 incarcerated person reaches their supervised release date.

10. The caseworker must arrange for transportation to the community facility and must work with the medical release planner if the incarcerated person 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 incarcerated person 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 safety and security.

4. The deputy commissioner of facility safety and security/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 reintegration and restorative services.

6. The deputy commissioner of reintegration and restorative 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 incarcerated person'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 incarcerated person 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 incarcerated person's medical, dental, and mental health records to the central office records unit within five working days of the incarcerated person's release.

2. All other of the incarcerated person's files must remain at the releasing facility.

3. The incarcerated person'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 incarcerated person's sentence.

I. Supervision of incarcerated persons 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 incarcerated person'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 incarcerated person reaches their supervised release date.

J. Director of nursing responsibilities
The department director of nursing must:

1. Contact the community placement health services staff upon the incarcerated person'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 incarcerated person's health status. Nursing to nursing reports must be kept in the incarcerated person's medical file; and

4. Notify the department health services director, upon knowing the incarcerated person's medical condition has improved and may no longer meet the criteria for CMR.

K. If the department medical director is the incarcerated person'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 incarcerated person's care for the duration of the CMR. Once the incarcerated person 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 incarcerated person's improved medical condition from the director of nursing, consult with the HRU executive officer to arrange transportation and placement of the incarcerated person 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 caseworker must develop a placement plan per Policy 203.010, "Case Management Process," with the offender 120 days prior to the incarcerated person's supervised release date.

2. If the proposed residence is in a different county than the current community placement, the caseworker submits an agent assignment request for transfer to the county to which the incarcerated person 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 caseworker must complete the reentry review in COMS for final HRU approval sixty days prior to the incarcerated person's supervised release date.

4. The caseworker 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.

INTERNAL CONTROLS:

A. The CMR packet for all incarcerated persons on CMR is retained by the medical release planner.

B. The director of nursing retains the medical records of incarcerated persons on CMR in their office.

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," 12/15/20.
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)

APPROVALS:
Deputy Commissioner, Reintegration and Restorative Services
Deputy Commissioner, Facility Safety and Security
Assistant Commissioner, Organizational and Regulatory Services
Assistant Commissioner, Chief of Staff
Assistant Commissioner, Health, Recovery, and Programming
Assistant Commissioner, Education and Interagency Partnerships