

Minnesota provides compassionate release for eligible prisoners through its **Conditional Medical Release** program.¹

CONDITIONAL MEDICAL RELEASE

I. ELIGIBILITY

Medical Condition - To be eligible for Conditional Medical Release, a prisoner must:

- Suffer from a grave illness or medical condition, and/or require extended medical management, with health care needs that would be better met by “specialized” community services;² or
- Have a terminal condition, with death expected within the next 12 months.³

Exclusions - There are no specified prisoners excluded from consideration.

II. APPLICATION/REFERRAL

Identification - Each facility’s Health Services Administrator is directed to evaluate the current prisoner population on a monthly basis for Conditional Medical Release candidates. Medical staff are also directed to notify the facility’s Health Services Administrator if they believe there is a prisoner who would be eligible for Conditional Medical Release.⁴

III. DOCUMENTATION AND ASSESSMENT

Verification/Medical Personnel - The Health Services Administrator collects data on each identified prisoner from the facility’s doctors and medical consultants, verifying the medical condition. That information is sent to the Department of Corrections (Department) Director of Nursing, who forwards it to the Deputy Commissioner of Facility Services for review.⁵

Discussion/Multidisciplinary Team - A multidisciplinary team - made up of the Health Services Administrator, case manager, Conditional Medical Release Monitor, medical release planner, supervising agent, and Associate Warden of Operations - meets to discuss responsibilities related to the specific prisoner and the public safety aspects of his or her release.⁶

Pre-Release Planning/Case Manager - Once notified, the Case Manager has 20 working days to complete the following:

- Arrange for a pre-admission screening by the social services office in the county where the prisoner is incarcerated;⁷

- Apply to an appropriate community placement/facility, consulting with the Department’s Medical Release Planner if needed;⁸
- Complete and submit the paperwork for health care funding (e.g., Medicaid);⁹ and
- Make a request for a community supervision agent in the county of the community placement or potential placement.¹⁰

This information becomes part of the Conditional Medical Release packet, which is forwarded, with a recommendation, to the Warden.¹¹

Reviews and Recommendations -

- The Warden reviews and signs the Conditional Medical Review packet and forwards it, along with a recommendation, to the Department Hearings and Release Unit (HRU).¹²
- The HRU Executive Officer reviews and signs the packet, ensuring that an appropriate release plan has been developed, and forwards it with a recommendation to the Deputy Commissioner of Community Services.¹³
- The Deputy Commissioner reviews and signs the Conditional Medical Release packet, also ensuring that an appropriate release plan has been developed, and forwards it with a recommendation to the Central Office Health Services Unit.¹⁴
- The Director of Health Services reviews and signs the Conditional Medical Release packet, ensuring the prisoner meets the medical criteria and that the community placement is medically appropriate.¹⁵ The packet is then forwarded with a recommendation to the Deputy Commissioner of Facility Services.¹⁶
- The Deputy Commissioner of Facility Services reviews and signs the packet and forwards it with a recommendation to the Commissioner.¹⁷

The recommendation process must be completed “no later than five working days prior to the offender’s placement.”¹⁸

IV. DECISION-MAKING PROCESS

Decision Maker - The Department Commissioner is the ultimate authority in deciding if a prisoner is eligible for Conditional Medical Release.¹⁹

Decisions - The Commissioner does not hold hearings and there are no opportunities for others to express opinions on the release. Based on the documentation and recommendations, the Commissioner approves or denies the Conditional Medical Release. In making the decision, the Commissioner is directed to consider the prisoner’s age, medical condition and health care needs, custody classification, level of risk of violence, the needed level of community supervision, and the community placements available.²⁰

- A prisoner may not be placed on Conditional Medical Release unless the Commissioner decides that the prisoner’s health costs are likely to be borne by medical assistance, Medicaid, veteran’s benefits, or “any other federal or state medical assistance programs or by the prisoner.”²¹

Conditions and Pre-Release Planning - Once the Commissioner makes a decision, he or she forwards the packet to the Medical Release Planner. A case manager prepares a “reentry review,” which the Hearings and Release Unit must review and approve.²²

- The prisoner must be released to an “appropriate community placement,” defined as including a hospital, long-term care facility, or private home that meets his or her medical needs and provides an appropriate level of security.²³

Department medical providers refer prisoners for health services release planning if they have a chronic or acute medical condition that requires continuity of care after being released.²⁴ Specialized release planners provide assistance applying for health insurance, Social Security disability benefits, and other financial benefits, and arranging medical and mental health services, housing, transportation, personal needs (such as clothing and food), and other services.

- In Fiscal Year 2016, 114 medical release plans, 13 brain injury release plans, and 386 mental health release plans were prepared.²⁵ The planning covers all prisoners with health conditions released into the community, including those granted Conditional Medical Release, and shows the Department’s staffing, resources, and commitment to meaningful medical care in the community after getting out of prison.

V. POST-DECISION

Denials and Appeal Rights - There is no information in state law or Department policy on appealing a Commissioner’s denial of Conditional Medical Release.

Supervision - For prisoners who are released to private homes, Department policy states that there must be “appropriate opportunities for agent surveillance and supervision.”²⁶ Supervising agents must meet with community placement contacts to inform them of a prisoner’s “offense characteristics” prior to the Conditional Medical Release being activated.²⁷ After that, a supervising agent is responsible for reporting any violations of release to the Department’s Hearings and Release Unit, and notifying the former prisoner’s case manager if a different community placement is being considered or changes.²⁸

- *Medical Follow-Up* - The Department’s Director of Nursing establishes a contact person in the community placement, who receives the Conditional Medical Release policy and the former prisoner’s release packet. They mutually agree to a written reporting system to ensure that the Department has current information on the former prisoner’s health status. If his or her medical condition improves, the Director of Nursing must notify the Department’s Health Services Director.²⁹

Revocation/Termination - Conditional Medical Release can be rescinded without a hearing if the former prisoner’s medical condition improves to the extent that (1) continuation of the Conditional Medical Release presents a more serious risk to the public³⁰ or (2) he or she no longer needs medical management.³¹

- If the Director of Nursing notifies the Department’s Health Services Director that the former prisoner’s medical condition has improved, the Health Services Director is supposed to consult with the Hearings and Release Unit Director to arrange transportation for the prisoner’s return to a correctional facility.³²

VI. REPORTING/STATISTICS

Minnesota law does not require the Department to report on how many prisoners were granted or denied Conditional Medical Release. However, in 2016, the Department reported that seven former prisoners were on Conditional Medical Release.³³

NOTES

¹ Minn. Stat. § 244.05, Subd. 8.

² Id.; see also Minnesota Department of Corrections Policy (DOC Policy) 203.200.

³ DOC Policy 203.200.

⁴ Id. at § A.

⁵ Id.

⁶ Id. at § B.

⁷ Id. at § C.

⁸ Id. When possible, the case manager identifies all possible community placements within the initial paperwork. If the possible placements are in different counties, “back-up agent” assignments are made in case these placements need to be considered.

⁹ Id.

¹⁰ Id. If the prisoner is eligible for community notification as a “predatory offender,” the Case Manager must schedule the case for review by the “End-of-Confinement Review Committee, or ECRC.” Id. at § C.5.

¹¹ Id. at § D.

¹² Id.

¹³ Id.

¹⁴ Id.

¹⁵ Id.

¹⁶ Id.

¹⁷ Id.

¹⁸ Id.

¹⁹ Minn. Stat. § 244.05, Subd. 8.

²⁰ Id.

²¹ Id.

²² DOC Policy 203.200, § D.

²³ DOC Policy 203.200. Note that this policy also covers Minn. Stat. § 241.07, “Transfer of Inmates to Other State Institutions,” which is for temporary medical care/treatment that isn’t available at any of the state correctional facilities. The policy does not distinguish between Conditional Medical Release and this temporary transfer, so it’s unclear whether all the provisions, including the one about “agent surveillance,” apply equally to both.

²⁴ See Minnesota Department of Corrections, Health Services Release Planning (2017), [https://mn.gov/doc/assets/Health%20Services%20Release%20Planning%20\(April%202017\)_tcm1089-294969.pdf](https://mn.gov/doc/assets/Health%20Services%20Release%20Planning%20(April%202017)_tcm1089-294969.pdf).

²⁵ Id.

²⁶ DOC Policy 203.200.

²⁷ Id. at § F.

²⁸ Id.

²⁹ Id. at § G.

³⁰ Minn. Stat. § 244.05 Subd. 8; DOC Policy 203.200.

³¹ DOC Policy 203.200.

³² Id. at § I.

³³ Minnesota Department of Corrections, 2016 Probation Survey (Apr. 2017), 39,
<https://mn.gov/doc/data-publications/research/publications/publications-list.jsp?id=1089-297101>.