AUTHORITY:

A. NMSA 1978, Section 33-1-6, as amended.
B. Policy CD-010100.

REFERENCE:

A. Policy CD-172800
B. Policy CD-080100

PURPOSE:

To establish effective care programs that meet the needs of inmates who have physical limitations that restrict them from general population.

APPLICABILITY:

All inmates and staff of the New Mexico Corrections Department.

FORMS:

A. Mission Specific Facility Request/Approval form (CD-172901.1)

ATTACHMENTS:

None

DEFINITIONS:

A. Classification Committee: For purposes of this policy: Committee shall be composed of the Unit Manager or Classification Supervisor, as well as a security representative, Sergeant or above. If a Unit Manager or Classification Supervisor is not available; a classification officer with over one year of experience in classification may serve on the Classification Committee as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.
B. *Elevated Needs Unit (ENU):* A comprehensive program of care for inmates who need assistance with physical health. The goal of the Elevated Needs Unit is to allow quality of life to the greatest extent possible.

C. *Geriatric Inmate:* An inmate who is age 55 – 64 with an age related illness or an inmate who is 65 or older.

D. *Inmate Companion:* Inmate assigned to provide companionship to inmates assigned to the Elevated Needs Unit, and to perform other duties as assigned.

E. *Multi-Disciplinary Treatment Team (MDTT):* A team of facility personnel comprised of the following: Deputy Warden, Unit Manager, Administrative Captain, Director of Nursing, and Physician

F. *Unit Management Team (UMT):* The staff and employees assigned responsibilities within the unit, including treatment, security, programs and support staff that work together to perform the essential functions of the unit, fostering communications, team work and cooperation within the prison.

**POLICY:**

A. Inmates eligible for the ENU
   1. Inmates who suffer from chronic infirmity.
   2. Inmates who are eligible for classification custody level override from III to II.

B. Inmates not eligible for ENU
   1. Inmates convicted for 1\textsuperscript{st} degree murder or extensive escape history.
   2. Inmates found guilty of a Major misconduct report within the last 12 months. Minor reports will be reviewed by the Unit Manager/designed on a case by case basis.
   3. Inmates who, as determined by the MDTT or Warden, are likely to evoke an adverse public reaction or present an undue risk of harm to the public.

C. Inmates eligible for the Geriatric Unit
   1. 55 – 64 with an age related illness.
   2. 65 or older.
   3. Eligible for classification custody level III or II.
D. Inmates requirements for eligibility:

1. must have no history of known management/behavior problems and/or predatory behavior.
2. No extensive history of institutional violence or disruptive behavior.
3. No extensive history of gang or STG involvement.
4. No first degree murder charges
5. No extensive escape history.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department
AUTHORITY:

Policy CD-172900

PROCEDURES:

A. Referrals to the Elevated Needs Unit

1. Inmate must initially be placed in the Long Term Care Unit (LTCU) for evaluation.

2. The Director of Nursing (DON) from LTCU, in conjunction with the site physician at CNMCF, shall determine referral for this program and the appropriateness of placing the inmates in the ENU. The MDTT of the ENU will complete an interview process with each inmate deemed appropriate for placement.

4. The MDTT will make the decision for placement into the ENU.

5. The decision to place the inmate into ENU will be forwarded to the Deputy Warden of the ENU for final approval. The Deputy Warden may deny placement into ENU if an approved placement may evoke an adverse public reaction or present on an undue risk of harm to the public.

6. An Elevated Needs Unit Assessment Plan will be completed by the Medical Department. The plan may be modified at any time, and will be reviewed every six (6) months.

B. Inmate criteria for placement:

1. Must be referred from LTCU.

2. Must be able to do daily living function on themselves. Such as transferring to and from one area to area another.

3. Must be able to feed themselves.

4. Must be able to toilet themselves and handle their own Peri-care.

5. Must be able to shower themselves.

6. Must be able to take medication independently.

7. Must suffer from chronic infirmity.

8. Eligible for classification custody level override from III to II.

9. MDTT will review each inmate on a case by case basis.
C. Removal from ENU

An inmate may be removed from the ENU if their condition improves, an institutional/public safety threat emerges or as determined by the MDTT.

David Jablonski, Secretary of Corrections  
New Mexico Corrections Department  
10/31/18  
Date
AUTHORITY:

Policy CD-172900

PROCEDURES:

A. Referrals to the Geriatric Unit

1. The Mission Specific Facility Request/Approval form (CD-172901.1) will need to be filled out by sending facility. This form will need to be scanned to the Administration at CNMCF Level II/Geriatric Unit.

2. Upon receiving the form from the sending facility, the MDTT at CNMCF II/Geriatric Unit will make the determination if the inmate meets the criteria for placement.

3. The decision to place the inmate into the Geriatric Unit will be forwarded to the Deputy Warden of the Geriatric Unit for final approval. The Deputy Warden may deny placement if an approved placement may evoke an adverse public reaction or present on an undue risk of harm to the public.

B. Inmate criteria for placement:

1. Must be able to do daily living function on themselves. Such as transferring to and from one area to area another.

2. Must be able to feed themselves.

3. Must be able to toilet themselves and handle their own peri-care.

4. Must be able to shower themselves.

5. Must be able to take medication independently.

6. Must suffer from chronic infirmity.

7. Eligible for classification custody level override from III to II.

8. 55 – 64 with an age related illness.

9. 65 or older.

10. Must have no history of known management/behavior problems and/or predatory behavior.

11. No extensive history of institutional violence or disruptive behavior.

12. No extensive history of gang or STG involvement.
13. No first degree murder charges
14. No extensive escape history.
15. MDTT will review each inmate on a case by case basis.

C. Removal from the Geriatric Unit

An inmate may not be removed from the Geriatric unit if an institutional/public safety threat emerges or as determined by the MDTT.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

10/31/18
Mission Specific Facility Request/Approval

CONFIDENTIAL

Inmate Name: ___________________________  NMCD# __________  DATE: __________

Sending Facility: ___________________________  Custody Level: ______________

INFORMATION FROM SENDING FACILITY:

1. What type of medical care available within NMCD institutions best describes the inmate’s needs?

   _____ Placement into Elevated Needs Unit
   _____ Placement into CNMCF Level II/Geriatrics Unit

2. Does inmate meet criteria to be in Elevated Needs Unit?

   _____ Inmate has been referred from LTCU
   _____ Inmate is able to perform daily living functions on themselves, such as transferring to and from one area to another area.
   _____ Inmate is able to feed themselves
   _____ Inmate is able to toilet themselves and handle their own peri-care
   _____ Inmate is able to shower themselves
   _____ Inmate is able to take medication independently/can inmate come to medline

   What is the inmate’s chronic illness that will qualify him to be in the Elevated Needs Unit: ___________________________

3. Does inmate meet criteria to be in Geriatrics General Population Facility?

   _____ Inmate is 65 or older
   _____ Inmate is between 55 and 64 with an age related illness

   Onset date of age related illness: ___________________________

   Current Medications: ___________________________
Current Medical problem list: ______________________________________________________

________________________________________________________

What is inmate’s illness that will qualify him to be in the Geriatric facility: __________

________________________________________________________

4. Does inmate currently pose a threat to the security of the institution, public safety or is likely to evoke an adverse public reaction to placement in the requesting unit?

Unit Manager Comments: ______________________________________________________

________________________________________________________

5. Has the inmate been found guilty of misconduct within the last 12 months?

Classification comments: ______________________________________________________

________________________________________________________

SENDING FACILITY APPROVING SIGNATURES:

Classification Officer (print/sign): ___________________________ Date: ______________

Unit Manager/Contract Monitor (print/sign): ______________________ Date: ______________

Medical Provider (print/sign): ________________________________ Date: ______________

INFORMATION FROM RECEIVING FACILITY:

1. Does it appear that there are resources available to support the above plan?

_______ Available appropriate bed space at the facility that meets the inmate’s needs

_______ Available Inmate Companion, if needed

RECEIVING FACILITY APPROVING SIGNATURES:

Unit Manager (print/sign): ___________________________ Date: ______________
Medical Provider (print/sign):

Deputy Warden (print/sign):

Date:

Date: