SUBJECT: MEDICALLY RECOMMENDED INTENSIVE SUPERVISION (MRIS)

APPLICABILITY: Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) MRIS staff and Human Service Specialists (HSS)

PURPOSE: To provide guidelines regarding the identification, screening, approval and continuity of care monitoring of clients specific to the MRIS program.

AUTHORITY: Texas Government Code 508.146; Texas Health and Safety Code Chapters 614.013, 614.014, 614.015, 614.017, and 614.0032; Texas Code of Criminal Procedure 42A.561; Senate Bill 1, Article V, Rider 38, 87th Legislature Rider

DISCUSSION: State law allows for the early release of certain inmates approved by the Board of Pardons and Paroles or the sentencing judge, as applicable, to provide for continuity of care in the community as a result of terminal illness or a requirement for long term care. Additionally, inmates identified as elderly by the Agency are eligible for screening and processing for MRIS consideration as well, regardless of current medical condition.

TCOOMMI works in cooperation with Correctional Managed Health Care providers to not only identify inmates who may be MRIS eligible but also coordinate the continuity of care necessary for the post release environment. MRIS staff, working closely with Medical Continuity of Care (COC) staff, ensure post-release COC service coordination specific to the inmate’s medical condition to include coordination of nursing home and assisted living facility placement as required and post release case monitoring and coordination. Continuity of care is defined as the identification of medical, psychiatric, psychological, educational, or rehabilitative service needs that allows for the development and coordination of a plan for the treatment, care and services between various agencies for clients with special needs to allow for medical services to continue in the community.

PROCEDURES:

I. Referral to MRIS

A. Referrals of inmates who may be eligible for the MRIS program for medical purposes are received from various sources, both internal and external. Internal referrals are received directly from medical staff on a Correctional Institutions Division (CID) unit while external referrals may be received from sources such as family members, elected officials, social service agencies, attorneys, the inmate,
Correctional Managed Healthcare data systems (through listings generated by the TDCJ – Information Technology Division), or from TCOOMMI COC staff.

B. A medical summary completed by a physician, physician’s assistant, or nurse practitioner, or, if applicable, a mental health provider such as a licensed psychiatrist is provided to MRIS staff as part of the referral process. If a current medical summary is not available at the time the referral is received, MRIS staff will request a new medical summary. Note: In some instances, a medical screening form may be received from the physician but a medical summary will need to be requested if the screening form indicates initial clinical criteria has been met for further processing.

C. As part of the referral, an MRIS qualifying diagnosis must have been confirmed by a physician or mental health provider and have that diagnosing medical professional’s signature on the medical summary or medical screening form.

D. Each month, the TDCJ – Information Technology Division will provide the TCOOMMI MRIS staff with a report listing of inmates who met the agency defined criteria of elderly for MRIS screening and review.

II. Eligibility Screening

A. All referrals received will be initially evaluated by the MRIS Program Supervisor V, or designee, to ensure the inmate’s case meets statutory requirements.

B. Should an elderly inmate screened for eligibility not meet clinical criteria based on a medical condition but does meet criteria solely due to age, the inmate referral is to continue in MRIS processing as elderly only and presented to the appropriate approving authority.

C. For medical referrals that do not meet the initial MRIS eligibility as outlined in statute and are not classified as elderly (other than medical condition), written notification is to be sent to the requesting party indicating the inmate is not eligible for MRIS consideration by the appropriate approving authority, i.e. sentencing court judge or Board of Pardons and Paroles.

D. If the inmate is not eligible due to the medical condition, and is not elderly, the requesting party is to be notified that the inmate is not eligible as clinical criteria was not met based on medical staff opinion.

E. Medical referrals that meet the initial eligibility criteria will be provided to the MRIS Program Specialist I for further document examination and preparation for consideration of MRIS review by the Board of Pardons and Paroles or sentencing judge, as applicable.

III. MRIS Consideration and Review Authority Parties

A. The Board of Pardons and Paroles is the only approving authority for prison sentenced inmates, except in the case of an inmate who has a concurrent state jail felony to be served upon completion or release of the prison sentence.

B. Should an inmate have an additional state jail felony, the Board of Pardons and Paroles will be the initial review authority and, if approved, will require a subsequent submission to the sentencing judge for
secondary review and decision.

C. Inmates with only a state jail felony are subject to review and approval by the sentencing judge.

IV. Board of Pardons and Paroles MRIS Transmittal Presentation

A. Once the prison sentenced inmate’s case is authorized to move forward after it has been determined that eligibility criteria has been met by the MRIS Program Supervisor V, or designee, the MRIS Program Specialist I is to immediately request the inmate’s parole case file and begin to prepare the case for presentation to the Board of Pardons and Paroles. The case preparation is to include the medical summary with the medical provider’s recommendation and a presentation summary voting document known, also known as a transmittal. **Note:** Should the inmate be submitted due to elderly criteria only, any available medical information is to be provided but new documentation is not required.

B. If, upon request of the parole case file, it is determined that a current case summary for the inmate is not available, a request will be sent to the appropriate Institutional Parole Office for the preparation of a new case summary.

C. In coordination with unit staff, the MRIS Program Specialist I will provide the inmate an overview of the MRIS program and obtain the inmate’s signature of agreement along with a current photo of the inmate for inclusion in the transmittal packet. If the inmate refuses to participate with the MRIS program, documentation of the refusal is to be obtained and the referral will be closed.

D. Trial officials associated with the inmate’s instant offense are to be notified by the MRIS Program Specialist I of the pending MRIS consideration and serves as notification of possible release. This process is known as the Notice to Trial Officials (NTO). Additionally, the TDCJ - Victim Services Division are to be notified via email of the consideration and possible release.

E. The transmittal for the reviewing authority is to provide a summary overview of the inmate’s current medical condition to include prognosis and limitations as well as criminal history and institutional adjustment information allowing the reviewing authority to have a full synopsis of information regarding the inmate, not only the medical information. Supporting medical documentation is to be included.

F. After the above has been completed and associated documents are ready for final review, the transmittal packet is to be submitted to the first reviewing authority, as designated by the MRIS Program Supervisor V. The MRIS Program Supervisor is responsible for verifying all elements of the transmittal are complete and accurate prior to submission to the reviewing authority.

V. Sentencing Judge MRIS Transmittal Presentation

A. After the state jail inmate’s case is authorized to move forward after determination that eligibility criteria has been met by the MRIS Program Supervisor V, or designee, the MRIS Program Specialist I will immediately begin to prepare the case for presentation to the sentencing judge. The case preparation is to include the medical summary with the medical provider’s recommendation and a transmittal. **Note:**
Should the inmate be submitted due to elderly criteria only, only available medical information is to be provided but new documentation is not required.

B. A notice to trial officials is not required for state jail felony cases nor is there a parole file or case summary for these cases.

C. In coordination with unit staff, the MRIS Program Specialist I will provide the inmate an overview of the MRIS program and obtain the inmate’s signature of agreement for inclusion in the transmittal packet. If the inmate refuses the MRIS program, documentation of the refusal is to be obtained and the referral will be closed.

D. The transmittal for the sentencing judge will only provide a summary overview of the inmate’s current medical condition, if any, to include prognosis and limitations as well as institutional adjustment.

E. After the above has been completed and associated documents are ready for final review, the transmittal packet is to be submitted to the next reviewing authority as designated by the MRIS Program Supervisor V who will be responsible for ensuring all elements are complete and accurate. The Program Supervisor will then review the transmittal packet for final approval prior to submission to the reviewing authority.

VI. Reviewing Authority Consideration and Decision

A. *For BPP reviewed cases only:* the Board will initially vote regarding whether the case will be considered for MRIS. If the vote is to deny consideration, the process will end and the referral will be closed by MRIS staff for further processing at that time. If the Board approves consideration of the case, the Board will then move forward with a vote on MRJS release approval or denial.

B. If, after review of the transmittal regarding approval of MRJS by either the Board or the sentencing judge, the inmate is denied MRJS by the reviewing authority, the process will end with the denial vote and the referral will be closed by MRIS staff for further processing at that time.

C. Should the inmate’s case be approved for MRIS by the reviewing authority, MRIS staff will initiate release planning.

D. MRIS staff will provide written notification of the decision to the inmate, the referral source, and, if applicable, the medical staff at the unit of assignment. Notice will also be provided to the Parole Division and Victim Services for prison sentenced inmate votes.

E. Medical cases denied consideration for MRIS by the reviewing authority that have a mandatory release date or sentence completion date in the upcoming six months are to be referred by the MRIS Program Specialist I to the Continuity of Care (COC) Program Supervisor V for review and processing as appropriate.

F. Medical cases may be re-presented for consideration to the reviewing authority if there is a new medical summary received that clearly indicates significant worsening of the inmate’s medical condition or after six (6) months. Should a new referral be received within six (6) months of a vote to either deny
consideration or deny MRIS release, the referral will be reviewed to determine if there has been significant worsening of their medical condition.

G. Submissions that were based solely on elderly status that have been denied by the reviewing authority will be eligible for re-review in one (1) year.

VI. Pre-Release Processing

A. Should the reviewing authority approve MRIS release for a prison sentenced inmate, MRIS staff are to immediately send written notification to the Parole Division via email with any requested documentation so that parole pre-release processing may be initiated. The parole case file is to be returned to the Parole Division within two (2) working days.

B. For state jail sentenced inmates approved for release, notification will be provided to the TDCJ Community Justice Assistance Division (CJAD) for similar pre-release processing needs.

C. Copies of all documents associated with the processing and presentation to the reviewing authority are to be retained in the MRIS file maintained in the TCOOMMI administrative office for future reference.

D. Within one (1) working day of receipt of the MRIS approval, the MRIS Program Specialist I is to request a Social Security pre-release benefits application be completed by the assigned Special Needs Case Manager, or designee, for immediate completion and submission to the Social Security Administration within two (2) working days of the request. For MRIS approvals based solely on elderly status, appropriate age based social security benefits paperwork is to be completed and submitted, if eligible based on current age.

E. Immediately upon receipt of the reviewing authority’s approval of MRIS release, the MRIS Human Service Specialist (HSS) VII, or designee, is to initiate pre-release planning so that appropriate release and, if applicable, continuity of care (COC) plans as recommended by unit medical staff may be coordinated (refer to PGP-01.12, Continuity of Care – Medical Services).

F. The HSS VII, or designee, will submit the proposed release plan to the Parole Division or CJAD, as applicable, for investigation. For medical MRIS approved cases, a medically appropriate residential placement must be secured prior to submission of the plan. Additionally, a request for parole certificate issuance will also be submitted to the Parole Division for prison sentenced inmates.

G. The MRIS HSS VII, or designee, is to coordinate with TDCJ Health Services and TDCJ Correctional Institution Division (CID) Field Services staff to determine and secure the appropriate mode of release transportation (based on medical need) to the approved residential plan. If MRIS approval was based on elderly status alone, standard reentry release and transportation processes will apply.

H. Once release planning is complete and the inmate has been authorized and is ready for release, the MRIS Program Supervisor V is to immediately provide written notification to all appropriate parties as noted above.
I. For medical MRIS cases, should a determination be made at any point in the pre-release process that there has potentially been a significant improvement in the inmate’s medical condition, a request for updated medical documentation will be made, if not already provided. Upon receipt and review of the updated medical documentation by the MRIS Program Supervisor V, if it is validated that significant improvement was made, a request (with updated supporting medical documentation) to withdraw the vote will be submitted to the reviewing authority. In the event the approval vote is withdrawn, the case will be processed for closure and notifications provided to interested parties.

J. One business day before the medical MRIS inmate’s scheduled release, the MRIS Program Supervisor V will obtain a current medical summary signed by a treating medical provider. The determination to proceed or cancel the release will be made based on the medical provider’s recommendation. If cancelled, notification of the cancellation is to be sent immediately via email to all appropriate parties to include unit medical, unit classification, and community supervision staff to halt releasing activities.

VII. Post Release Case Management

A. The MRIS HSS VII, or designee, is to verify the inmate’s release did occur on the scheduled date and time and was not delayed due to any unforeseen medical or transportation issues. The MRIS HSS VII is to also verify the inmate arrived at the approved release plan based on the estimated time to travel to the approved release plan, documenting the date and time.

B. Upon verification of the successful release, the MRIS HSS VII is to refer the medical MRIS case to the designated HSS VII for post-release case management and continuity of care coordination. MRIS cases approved based on elderly status alone and do not have significant medical issues are to assigned to a community reentry case manager for monitoring and case management services.

C. Should an elderly inmate develop medical concerns post release that result in continuity of care needs, the case is to be re-assigned to the appropriate HSS IVV as determined by the MRIS Program Supervisor V.

D. Inmates released under MRIS are to remain under post release case management and monitoring for the remainder of the sentence or until death, whichever comes first.

E. Contact standards for MRIS cases are more intensive than standard medical COC post release contacts due to the inmate’s MRIS status. As such, MRIS case contact standards are as follows:

1. Contact with the Supervising Officer by phone or e-mail within three (3) working days and monthly thereafter. Contacts are to obtain information regarding supervision status and provide updates as needed regarding the releasee’s medical condition.
2. Contact the MRIS releasee, nursing home or group home staff, as appropriate, within one (1) working day of release to determine status and needs.
3. Each month, the HSS VII, or Reentry case manager for elderly MRIS as assigned, will contact the MRIS releasee and, as appropriate, nursing home or group home staff, one (1) time per month.
in a manner designated by the MRJS Program Supervisor V to obtain status updates and determine the client’s need for services and treatment.

4. The HSS VII is to conduct monthly status checks of submitted benefits applications until such time as a decision has been rendered. Results of status checks are to be reported to the TCOOMMI mailbox at tcoommi@tdcj.texas.gov and documented in the TCOOMMI Web Application.

5. All contacts are to be documented in the TCOOMMI Web Application within three (3) working days.

F. Incident reporting is to be completed in accordance with PGP-01.06 – Incident Reporting.

G. Upon receipt of any information regarding any changes in status, behavior or residence location, the MRIS Program Supervisor V is to be immediately notified in writing.

VIII. Statistical Reporting

A. Statistical reporting regarding MRIS cases is provided to the Legislature, Executive Administration, the Board of Pardons and Paroles as well as other TDCJ Divisions on regular intervals and upon request. As such, all statistical reports are to be submitted timely and must be accurate upon submission.

B. Monthly statistical reports are to be compiled and submitted by MRIS staff and reentry case managers, as applicable, to the MRIS Program Supervisor V no later than the third (3rd) working day of the month. Final monthly reports are due to the TCOOMMI Manager no later than the fifth (5th) working day of the month.

C. Quarterly statistical reports are to be compiled and submitted by MRIS staff each fiscal quarter to the MRIS Program Supervisor V no later than the fifth (5th) working day of the month. Final quarterly reports are due to the TCOOMMI Manager no later than the tenth (10th) working day of the month.

D. Annual statistical reports are to be compiled by the MRIS Program Supervisor V and submitted to the TCOOMMI Manager on the designated date following the close of the previous fiscal year.

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