



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

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| CD-050400 Parole of Geriatric Permanently Incapacitated or Terminally Ill Inmates | Issued: 7/1/94 Effective: 7/1/94 | Reviewed: 03/01/22 Revised: 03/01/22 |
| Alisha Tafoya Lucero, Cabinet Secretary | | <i>Original Signed and Kept on File</i> |

AUTHORITY:

- A. NMSA 1978, Section 31-21-25.1.
- B. NMSA 1978, Section 31-21-10, as amended.
- C. NMSA 1978, Section 31-26-1 through 14, as amended.

REFERENCES:

- A. State Parole Board Policy #94-1, Geriatric/Incapacitated/Terminally Ill.
- B. APPFS 3-3198 Hardship and Exceptional Cases.

PURPOSE:

To provide guidelines regarding parole applications for geriatric inmates or inmates who are permanently incapacitated or terminally ill.

APPLICABILITY

All inmates of the New Mexico Corrections Department (NMCD) serving New Mexico sentences who have not been convicted of First-Degree Murder and who are geriatric or who are medically certified as permanently incapacitated or terminally ill and all employees of the NMCD involved in the administration of this policy.

FORMS:

None

ATTACHMENTS:

- A. **Geriatric/Incapacitated/ Terminally Ill Parole Consideration Application Attachment** Attachment (CD-050401.A) (2 Pages)
- B. **Medical Parole Application Worksheet Attachment** Attachment (CD-050401.B)
- C. **Geriatric/Incapacitated/Terminally Ill Parole Policy/Procedure Acknowledgement Attachment** Attachment (CD-050401.C)

DEFINITIONS:

- A. Geriatric Inmate: Person who is sentenced to be incarcerated by the NMCD and who is 65 years of age or older who suffers from permanent chronic infirmity.
- B. Permanently-Incapacitated Inmate: Person who is sentenced to be incarcerated by the NMCD who is medically-certified as permanently and irreversibly physically-incapacitated.
- C. Terminally-Ill Inmate: Person who is sentenced to be incarcerated by the NMCD who has an incurable condition caused by illness or disease that would, within reasonable medical judgment, result in death within six months.

POLICY

Staff may make recommendations to parole authorities for the movement forward of parole dates in hardship or exceptional cases, unless prohibited by law.

Inmates who are geriatric or who are permanently incapacitated or terminally ill, may seek parole consideration by written application to the New Mexico Parole Board (Parole Board). On a yearly basis, inmates over the age of 65 will be provided with a copy of this policy and applicable attachments by their Classification Officer. Inmates arriving at a Long-Term Care or Geriatric Unit will be provided with a copy of this policy and applicable attachments during orientation. Inmates will be asked to sign the **Geriatric/Incapacitated/Terminally Ill Parole Policy/Procedure Acknowledgement** Attachment (*CD-050401.C*).

A copy of this policy will be placed and maintained in the law library at each institution of the NMCD.



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AUTHORITY

Policy *CD-050400*

PROCEDURES:

A. Parole Application:

1. An inmate, a family member of an inmate, an attorney, or an NMCD Health Care Provider, may submit an application through the inmate's classification officer using the **Geriatric/Incapacitated/ Terminally Ill Parole Consideration Application** Attachment (*CD-050401.A*) (2 Pages).
2. The classification officer will review the completed application, make his/her recommendation, attach any appropriate documents and forward the application to the Medical Services Unit.
3. The State Medical Director for the healthcare vendor will review the application, evaluate the health status of the individual including all diagnostic tests and consultation reports, attach any pertinent medical records and provide a letter of review to the NMCD Medical Director. A **Consent to Release Medical Information** Attachment (*CD-171401.A*) must accompany the information.
4. The NMCD Medical Director will review the documentation and make summary recommendations as to the severity of the illness; disease or infirmity and future medical needs and forward these documents to the mental health unit.
5. Mental Health Unit staff will review the application, particularly with respect to whether the inmate would constitute a danger to him/herself or society if released on parole, and make recommendations, attach any pertinent mental health reports and forward the application to the Institutional/Unit Classification Supervisor.
6. The Institutional/Unit Classification Supervisor will review the application for completeness and attach a progress report and any other pertinent documentation and forward them to the Facility Warden.

7. The classification supervisor will ensure that the inmate participates in accelerated reentry planning in accordance with policy (*CD-083000*) "Reentry Planning".
8. The Facility Warden will review the application, all attached documents and recommendations, and add his/her comments. The Facility Warden or a designee will forward the original application packet to the originating classification officer.
9. The classification officer or designated "committee" - as determined by each Facility Warden will review the packet and complete the **Medical Parole Application Worksheet Attachment** (*CD-050401.B*) before sending the completed packet to the Cabinet Secretary for comment. The Cabinet Secretary will send packets to the Parole Board for review. A copy of all materials shall also be sent to the Probation and Parole Division (PPD) Field Office for immediate investigation.

B. Parole Investigation

1. The PPD will investigate all parole plans to include but not be limited to determining the following:
 - a) Residence;
 - b) Other means of support and the accessibility of support systems;
 - c) Determination of the level of supervision required;
 - d) Other factors as outlined in *CD-052600*; and
2. PPD shall forward the Parole Plan Investigation report to the Parole Board and provide a copy to the inmate's institutional classification officer prior to the inmate's hearing before the Board.

C. Adult Parole Board Determination:

1. If an inmate is approved for parole:
 - a. The inmate will not be released until the classification officer makes telephone contact with the inmate's respective Probation Parole officer to provide him or her with any updated medical information, the inmate's date and time of departure, the inmate mode of transportation, and any other pertinent information.
 - b. Inmates under determinate sentence will serve the remainder of their basic sentence and parole period on parole.
 - c. Inmates under indeterminate sentence will serve their remaining sentence on parole.

- d Offenders will not be eligible for good time deductions while on parole.
 - e Inmates returned on a parole revocation may not be reconsidered for two years from the date of revocation by the Parole Board.
 - f The Parole Board may consider early parole discharge based on the recommendation of the supervising probation and parole officer in accordance to CD-051600.
2. If an inmate is denied parole:
- a. The Parole Board will notify the inmate within ten (10) working days with the reasons for the decision, and a copy of the decision will be sent to the Secretary of Corrections and to the Facility Warden.
 - b Inmates who have been denied parole may reapply if additional information is received and/or if the inmate's conditions so warrant.
3. The Adult Parole Board may consider early parole discharge based on the recommendation of the supervising parole officer.

NEW MEXICO CORRECTIONS DEPARTMENT
GERIATRIC/INCAPACITATED/TERMINALLY ILL
PAROLE CONSIDERATION APPLICATION

I, _____ NMCD# _____ AT _____
(Name) (Facility)

am applying for Parole Consideration based on State Parole Board Policy #94-1 under Geriatric/Incapacitated/Terminally Ill (Circle applicable) needs.

Briefly describe your condition: _____

Signed: _____

CLASSIFICATION OFFICER REVIEW:

Date Received: _____

Is application complete: Y ___ N ___

Recommendation: _____

Signed: _____ Date: _____

MEDICAL SERVICES REVIEW:

Recommendation: _____

Report Attached: Y ___ N ___

Signed: _____ Date: _____
(Vendor's Medical Director)

Comments: _____

Signed: _____ Date: _____
(NMCD Medical Director)

**NEW MEXICO CORRECTIONS DEPARTMENT
GERIATRIC/INCAPACITATED/TERMINALLY ILL
PAROLE CONSIDERATION APPLICATION
(Continued)**

MENTAL HEALTH SERVICES:

Recommendation: _____

Report Attached: Y__N__

Signed: _____ Date: _____
.....

CLASSIFICATION SUPERVISOR'S REVIEW:

Recommendation: _____

Progress Report Attached: Y__N__

Medical Parole Application and Worksheet Y__N__

Case Materials: Y__N__

Parole Investigation Packet Complete: Y__N__

All Other Reports Attached: Y__N__

Current Photograph: Y__N__

Signed: _____ Date: _____
.....

FACILITY WARDEN'S REVIEW:

Comments: _____

Signed: _____ Date: _____
.....

DIRECTOR OF ADULT PRISONS REVIEW:

Comments: _____

Signed: _____ Date: _____
.....

DEPUTY SECRETARY OF OPERATIONS REVIEW:

Comments: _____

Signed: _____ Date: _____
.....

CABINET SECRETARY'S APPROVAL:

Comments: _____

Signed: _____ Date: _____

FORWARDED TO:

Adult Parole Board: _____ Date: _____
PPD Field Office: _____ Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
MEDICAL PAROLE APPLICATION WORKSHEET

At the time of release:

1. What type of medical care best describes subject's needs?

- Hospitalization
 Convalescent Care (e.g. nursing home, 24-hour home care)
 General Home Care
 Other

Comments: _____

2. Is the above care addressed by the inmate's parole plan and does it appear that there are resources available to support the plan?

yes no Explain: _____

3. The inmate's mobility can best be described as:

- Can move about a room without aide for short periods.
 Can move about a house without aide for longer periods.
 Can move around a town without aide.
 Can move about a room with aide for short periods.
 Can move about a house with aide for longer periods.
 Can move around a town with aide.

Type of aide required for movement:

- none
 cane
 walker
 wheelchair
 physically being aided
 oxygen
 other: _____

4. Are there any extraordinary concerns surrounding this parole plan (e.g. medication types, contagious disease, isolation, etc.)

Comments: _____

Classification Officer: _____ Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Policy/Procedure Acknowledgement

I, _____, acknowledge that I have received a copy of policy (CD-050400) and Procedure (CD-050401) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure. If I have questions or if I do not understand any provision of this policy/procedure, I will ask a staff member.

Parole of Geriatric, Permanently Incapacitated, or Terminally Ill Inmates

Inmate's Signature

Date

Witness's Signature

Date

Original = Inmate File
Copy = Parole Board