



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-172900 Geriatric and Elevated Needs Unit	Issued: 05/16/16 Effective: 05/16/16	Reviewed: 06/29/23 Revised: 06/29/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## 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, teamwork and cooperation within the prison.

**POLICY:**

- A. Inmates eligible for the Elevated Needs Unit:
  - 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 Elevated Needs Unit:
  - 1. Inmates with an 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/assigned on a case-by-case basis.
  - 3. Inmates who, as determined by the Multi-Disciplinary Treatment Team 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. Inmate's requirements for eligibility:
  - 1. 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 security threat group involvement.
4. No extensive escape history.



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CD-172901 Geriatric and Elevated Needs Unit

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Alisha Tafoya Lucero, Cabinet Secretary

*Original Signed and Kept on File*

## AUTHORITY:

Policy CD-172900

## PROCEDURES:

### A. Referrals to the Elevated Needs Unit

1. Inmate must initially be placed in the Long-Term Care Unit for evaluation.
2. The Director of Nursing from Long-Term Care Unit, in conjunction with the site physician at the Central New Mexico Correctional Facility, shall determine referral for this program and the appropriateness of placing the inmates in the Elevated Needs Unit. The Multi-Disciplinary Treatment Team of the Elevated Needs Unit will complete an interview process with each inmate deemed appropriate for placement.
3. The Multi-Disciplinary Treatment Team will make the decision for placement into the Elevated Needs Unit.
4. The decision to place the inmate into Elevated Needs Unit will be forwarded to the Deputy Warden of the Elevated Needs Unit for final approval. The Deputy Warden may deny placement into Elevated Needs Unit if an approved placement may evoke an adverse public reaction or present on an undue risk of harm to the public.
5. 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 Long-Term Care Unit.
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. Multi-Disciplinary Treatment Team will review each inmate on a case-by-case basis.

**C. Removal from Elevated Needs Unit**

An inmate may be removed from the Elevated Needs Unit if their condition improves, an institutional/public safety threat emerges or as determined by the Multi-Disciplinary Treatment Team.



# NEW MEXICO CORRECTIONS DEPARTMENT

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CD-172902 Geriatric and Elevated Needs Unit	Issued: 05/16/16 Effective: 05/16/16	Reviewed: 6/29/23 Revised: 6/29/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## 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 Multi-Disciplinary Treatment Team 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. 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 security threat group involvement.
13. No extensive escape history.
14. Multi-Disciplinary Treatment Team will review each inmate on a case-by-case basis.

**C. Removal from the Geriatric Unit**

An inmate may be removed from the Geriatric unit if an institutional/public safety threat emerges or as determined by the Multi-Disciplinary Treatment Team.

**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 med line

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): \_\_\_\_\_

Date: \_\_\_\_\_

Deputy Warden (print/sign): \_\_\_\_\_

Date: \_\_\_\_\_

