




U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

NOV 16 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: 
Andre Matevousian, Assistant Director
Correctional Programs Division


David Paul, Assistant Director
Reentry Services Division


M. D. Smith, Assistant Director
Health Services Division

SUBJECT: Home Confinement

To protect the health and safety of staff and inmates during the COVID-19 pandemic, institution Unit Teams and Case Management Coordinators (CMCs) should continue to review at-risk inmates for placement on home confinement. This memorandum provides additional guidance and rescinds previous memoranda on the subject. Please note, Home Confinement referrals related to the CARES Act will no longer routinely be forwarded to Central Office for review. Wardens are the final decision authority for these referrals. Inmates who fall outside of the criteria described below should not be approved for placement on Home Confinement under the CARES Act.

For public safety reasons, and in accordance with the Attorney General's memoranda dated, March 26, 2020, and April 3, 2020, and to ensure BOP is deploying its limited resources in the most effective manner, the BOP assesses the following factors to ensure inmates are suitable for home confinement:

- reviewing the inmate's institution discipline history for the last twelve months to ensure clear conduct has been maintained;
- ensuring the inmate has a verifiable release plan;
- verifying the inmate's primary or prior offense history does not include violence, a sex offense, or is terrorism related;
- confirming the inmate does not have a current detainer;
- ensuring the inmate is low or minimum security;
- ensuring the inmate has a Minimum PATTERN recidivism risk score;
- ensuring the inmate has not engaged in violent or gang-related activity while incarcerated; and
- reviewing the COVID-19 vulnerability of the inmate, in accordance with the CDC guidelines.

In addition, and in order to effectively deploy its limited resources, BOP has prioritized for home confinement those inmates who have served a certain portion of their sentences, or who only have a relatively short amount of time remaining in those sentences. BOP is at this time prioritizing for consideration those inmates who either:

- have served 50% or more of their sentences; or
- have 18 months or less remaining in their sentences and have served 25% or more of their sentences.

Additionally, pregnant inmates should be considered for viability of placement in a Community Program to include Mothers and Infants Together (MINT) programs and Home Confinement.

Referrals to a Residential Reentry Management (RRM) Office must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has provided a verifiable reentry plan that will prevent recidivism and maximize public safety, including verification that the conditions under which the inmate would be confined upon release

would be more effective in protecting their health than continued confinement at their present place of incarceration.

To this end, the inmate must be provided education on CDC guidance for persons in the community on how to protect themselves from COVID-19 transmission. This education includes but is not limited to: hand washing, social distancing, wearing of facial coverings and self-assessment for signs and symptoms of COVID-19.

If approved for referral, the inmates should understand how Home Confinement provides the opportunity for the inmate to practice optimal infection control measures, which may mitigate existing risks, based on rates of transmission in the local area, and exercising best practices decreases the inmate's risk of contracting COVID-19. The information (education) provided to the inmate must be documented on the BEMR exit summary.

All the below information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office:

- Unit Team staff will screen each of the inmates identified to determine if they have a viable release residence and ask questions of the inmates regarding:
 - Specific type of release residence (House/Apt/Group home etc.);
 - With whom the inmate will be living;
 - Any health concerns of individuals in the residence;
 - Contact phone numbers of the inmate should he/she be placed on Home Confinement; and
 - Transportation plan as to how the inmate will be transferred to the Home Confinement location.

Inmates determined to have a viable release residence will be further screened by Health Services and a determination made as to whether the inmate requires frequent and on-going medical care within the next 90 days. If frequent and on-going medical care is required:

- Health Services staff will coordinate with Naphcare and the RRM Branch's Health Services Specialists to determine if the inmate's medical needs can be met in the community at this time. Naphcare will establish follow-up care prior to

inmate transfer. The inmate must be transferred with at least 90 days of any prescribed medications.

- If the inmate's medical needs cannot be met in the community at this time, then the inmate will remain at their current institution.
- If inmates do not require frequent and on-going medical care, then referral to community will be processed.

All the above information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office.

Residential Reentry Management (RRM) Office staff must carefully review all institution CARES Act referrals to ensure that they meet the eligibility criteria outlined above. Any questions as to eligibility will be referred to the Residential Reentry Management Branch Administrator.

If an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** is required to be keyed.

In regards to litigation, Home Confinement referrals to Central Office will continue in cases where inmates are being considered outside of the criteria due to court orders, settlement agreements, or other legal matters. Central Office reviews will continue for FCI Danbury, FCI Elkton, and FCC Lompoc. Additional referrals for Home Confinement may be added if necessary by the Office of General Counsel.

Institutional CMCs must track all inmates determined to be ineligible for Home Confinement or the Elderly Offender Pilot Program and ensure the appropriate denial code is entered in SENTRY. Reports outlining reasons for denial must be forwarded to the Correctional Programs Administrator in the appropriate Regional Office.

The Correctional Programs Branch in Central Office is responsible for providing a weekly list to the Executive Office for United States Attorneys of all inmates approved for placement on Home Confinement under CARES Act authorities.

If an inmate does not qualify for CARES Act Home Confinement under the above criteria, they should be reviewed for placement

in a Residential Reentry Center and/or Home Confinement at a later stage in accordance with applicable laws and BOP policies.

If you have any questions, please contact David Brewer, Administrator, Correctional Programs Branch.