



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

Central Office

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December 21, 2022

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

LINDA GETER Digitally signed by LINDA GETER
Date: 2022.12.21 07:35:44 -06'00'

FROM: Catricia Howard, Assistant Director
Correctional Programs Division

ALISON LEUKEFELD Digitally signed by ALISON LEUKEFELD
Date: 2022.12.21 09:58:47 -05'00'

Alison Leukefeld, Acting Assistant Director
Reentry Services Division

Handwritten signature of Chris A. Bina in cursive.

Digitally signed by CHRISTOPHER BINA
Date: 2022.12.21 14:34:54 -05'00'

RADM Chris A. Bina, Acting Assistant Director
Health Services Division

SUBJECT: Home Confinement Criteria and Guidance

This memorandum provides updated guidance and direction that supersedes the Home Confinement memorandum dated April 13, 2021.

As an agency, we must continue our duty to protect the public, while we also safeguard our most vulnerable inmates from COVID-19. We must continue to focus on potentially at-risk inmates who are non-violent, pose minimal risks of recidivism, who may be appropriate to serve the remainder of their sentences in Home Confinement, rather than in Bureau facilities.

With the issuance of this memorandum, the following factors are to be assessed in determining inmates who are suitable for Home Confinement under the CARES Act:

- Reviewing the COVID-19 vulnerability (risk factors) of the inmate, in accordance with the most recent [CDC guidelines](#).
- Ensuring the inmate has a Minimum or Low PATTERN risk score;

- Ensuring the inmate is Minimum or Low security level;
- Verifying the inmate's current offense or prior criminal history is not violent, a sex crime, nor terrorism-related.
- Ensuring the inmate has a verifiable release plan (at a minimum, verified telephonically by Unit Team) or approved in writing by United States Probation for relocation cases;
- Reviewing the inmate's institutional discipline history for the past twelve months. Inmates who have received a 100 or 200 series incident report in the past 12 months are not ordinarily eligible (inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement, if in the Warden's judgment such placement does not create an undue risk to the community);
- Confirming the inmate does not have a current detainer or pending charge. The Case Management Activity (CMA) assignment must be updated accordingly;
- Ensuring the inmate has not engaged in violent or gang-related activity while incarcerated (must be reviewed by SIS);
- Confirming the inmate has served 50% or more of the statutory sentence; or has 18 months or less remaining to serve on the sentence and has served 25% or more of the sentence (calculation does not to include First Step Act Time Credits). If, after satisfying this percentage of time served, the inmate has five (5) years or more remaining on the sentence, this is to be noted on the request for Home Confinement. Upon receipt, the Residential Reentry Management (RRM) Office will contact the Assistant U.S. Attorney's (AUSA's) office in the respective Court of Jurisdiction to solicit input regarding the request for Home Confinement. The input from the AUSA is to be considered among the factors used by the RRM Office in making a Home Confinement decision.
- Additional factors that should be considered when determining home confinement suitability include the community transmission levels of the home confinement location; the inmate's prior adjustment while on supervised release, bond or pre-trial supervision; prior instances of violating terms of supervised release, etc.

Referrals to a Residential Reentry Management (RRM) Office must

be made based on appropriateness for home confinement. The assessment should include 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 current location. The RRM's retain the final authority based on the referral and availability of community resources.

If the Warden determines there is a need to refer an inmate for placement in the community due to factors who is outside the criteria listed above, they may forward the home confinement referral as an exception case to the Home Confinement Committee (HCC) under the Correctional Programs Division (CPD) for further review. The HCC will contact the Assistant U.S. Attorney's (AUSA's) office for input regarding the request for Home Confinement. The input from the AUSA is to be considered among the factors used by the HCC in making a Home Confinement decision.

Inmates should understand home confinement provides the opportunity to practice optimal infection prevention measures that may mitigate existing risks based on community transmission level. This formal education provided to the inmate must be documented on the BEMR exit summary.

All referrals should clearly document the review of the following items prior to submission to the respective RRM office:

- Specific type of release residence (house, apartment, etc.)
- List of individuals with whom 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;
- Transportation plan as to how the inmate will be transferred to the Home Confinement location and how the inmate will be transported to the RRC for weekly check-ins.

Any questions as to eligibility in relation to the release plan will be referred to the Residential Reentry Branch Administrator.

Inmates determined to have a viable release residence will be further screened by Health Services and a determination made as to whether they require frequent and ongoing medical care within the next 90 days, including inmates prescribed medication-assisted treatment (MAT). If frequent and ongoing medical care is required, then:

- Health Services staff will coordinate with RRMB's Health

Services Specialists to determine if the inmate's medical needs can be met in the community. RRMB will establish follow-up care prior to the inmate's transfer. The inmate must transfer with a 90-day supply of current chronic medications as legally and clinically appropriate.

- If the inmate's medical needs cannot be met in the community, the inmate will remain at his/her current institution. If the inmate does not require frequent and on-going medical care, the referral will be processed.

If an inmate is referred or denied for Home Confinement once a review is completed, the appropriate CMA assignment should be entered. Once denied, subsequent requests for Home Confinement should only be submitted if circumstances have significantly changed since the denial decision. Examples of change in circumstances include worsening health condition/illness of the inmate, factors that were not known when the denial decision was made, etc.

For those exception cases that were denied home confinement by the HCC, all subsequent requests for Home Confinement should be sent to the HCC for review (regardless if the inmate meets all established criteria).

Case Management Coordinators must track all inmates determined to be ineligible for CARES Act Home Confinement or the Elderly Offender Home Confinement Pilot Program and ensure the appropriate denial code is entered in SENTRY. Reports outlining the reason for denial must be submitted to the Correctional Programs Administrator in the appropriate Regional Office.

If an inmate does not qualify for CARES Act Home Confinement under the above criteria, they should be reviewed at the appropriate time for placement in a Residential Reentry Center and/or Home Confinement with applicable laws and BOP policies.

If you have any questions, please contact (b)(6);(b)(7)(C)
Administrator, Correctional Programs Branch.