 <p>Massachusetts Department of Correction</p> <h1>POLICY</h1>	Effective Date	Responsible Division  Executive Chief of Investigative Services
	8/13/2024	
	Annual Review Date	
	8/13/2024	
Policy Name	M.G.L. Reference: M.G.L. c. 124, § 1, and M.G.L. c. 127, §§ 48, 49 and 49A; M.G.L. c. 152.	
<p>103 DOC 468 ELECTRONIC MONITORING PROGRAM</p>	DOC Policy Reference: 103 CMR 430; 103 DOC 461; 103 DOC 525	
	ACA/PREA Standards: Click here to enter text.	
	Applicability: Staff/Inmates	
<p>Attachments</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Library</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>Public Access</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Location: Department Central Policy File Each Superintendent's Policy File</p>	
<p><b>PURPOSE:</b> To establish a Department of Correction (Department) policy for monitoring an inmate's movements and location via a global positioning system when residing at an approved residence or transitional housing program from a Department institution. The Electronic Monitoring Program promotes reentry by maximizing an inmate's time in the community prior to release which allows the inmate to demonstrate their ability to function in a realistic living environment while monitored under strict conditions of accountability.</p> <p><b>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</b> Executive Chief, Investigative Services Chief, Office of Investigative Services Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner of Reentry Superintendents</p> <p><b>CANCELLATION:</b> 103 DOC 468 cancels all previous institutional and Departmental policy statements, bulletins, directives, orders, notices, rules and regulations regarding Electronic Monitoring Procedures which are inconsistent with this policy.</p> <p><b>SEVERABILITY CLAUSE:</b> If any part of 103 DOC 468 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

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**DEFINITIONS**

Agency Transfer Coordinator (ATC): A Department staff member within the Classification Division, designated by the Deputy Commissioner of Clinical Services and Reentry or their Designee, to coordinate transfers to and from institutions.

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS): A case management and decision support tool developed and owned by Equivant, used to assess the likelihood of an inmate becoming a recidivist.

Criminal Offender Record Information (CORI): CORI is defined as records and data in any communicable form compiled by a Massachusetts criminal justice agency which concern an identifiable individual and relate to the nature or disposition of a criminal charge, an arrest, a pre-trial proceeding, other judicial proceedings, previous hearings conducted pursuant to M.G.L. c. 276, § 58A where the defendant was detained prior to trial or released with conditions under M.G.L. c. 276, § 58A(2), sentencing, incarceration, rehabilitation, or release. Such information shall be restricted to information recorded in criminal proceedings that are not dismissed before arraignment. Criminal offender record information shall not include evaluative information, statistical and analytical reports and files in which individuals are not directly or indirectly identifiable, or intelligence information. Criminal offender record information shall be limited to information concerning individuals who have attained the age of eighteen (18) and shall not include any information concerning criminal offenses or acts of delinquency committed by any individual before they attained the age of eighteen (18); provided, however, that if an individual under the age of eighteen (18) was adjudicated as an adult in superior court or adjudicated as an adult after transfer of a case from a juvenile session to another trial court department, information relating to such criminal offense shall be criminal offender record information. Criminal offender record information shall not include information concerning any offenses which are not punishable by incarceration.

Electronic Monitoring Program (ELMO): A program which promotes reentry by gradually transitioning an inmate to the community prior to release, thereby allowing the inmate to demonstrate their ability to function in a realistic living environment while being monitored under strict conditions of accountability.

ELMO Case Officer (Case Officer): An Officer assigned to the Office of Investigative Services (OIS) who is responsible for the management and oversight of each inmate participating in the Electronic Monitoring Program. These duties shall include, but are not limited to, providing orientation, conducting home checks, conducting home inspections, conducting urine and alcohol testing, conducting surveillance and apprehension and warrant service.

ELMO Inmate: An Inmate approved for transfer to ELMO, residing at an approved residence or transitional housing program and being monitored by a GPS device.

Global Positioning System (GPS): A system consisting of both hardware and software, used to monitor individuals wearing a GPS device twenty-four (24) hours a day, seven (7) days a week.

Home Host: An individual or a certified program that has agreed to allow an ELMO approved inmate to reside at their residence and comply with the rules and regulations of the ELMO program.

Home Host's Residence: The property where the home host lives, or program is located, and where the ELMO inmate shall reside.

Home Plan: The proposed residence that an inmate being considered for ELMO placement intends to reside at upon approval

Inmate Management System (IMS): The Department's automated information system which provides processing, storage, and retrieval of inmate related information needed by Departmental personnel and other authorized users within the criminal justice system.

Objective Classification: The standardized evaluation and custody assignment of an inmate based on objectively defined criteria. The criteria are weighed, scored, and organized into a valid and reliable classification instrument accompanied by an operational manual for applying the instrument to inmates in a systematic manner.

Office of Investigative Services (OIS): The office that is comprised of the following units: Central Intelligence Unit (CIU), Criminal Investigations Bureau (CIB), the Criminal Prosecution Unit (CPU), the Department Duty Station, the Electronic Monitoring Unit and the Fugitive Apprehension Unit (FAU).

Supervising Agency: The agency that will monitor an inmate placed into the community on the Electronic Monitoring Program, including but not limited to, the Massachusetts Probation Services, the Massachusetts Department of Correction, or a County Sheriff's Office.

## **468.02**

### **POLICY STATEMENT**

The Department's mission is to promote public safety by managing inmates while providing them care and appropriate programming in preparation for successful reentry into the community. The Electronic Monitoring Program (ELMO) is a tool used by the Department to effectively and cost-efficiently increase the supervision of eligible and suitable inmates in the community in line with the Department's established mission statement.

This policy also establishes guidelines to provide clear organizational directives for all field supervisory staff, officers, and support staff concerning ELMO. These guidelines are meant to ensure home plans are appropriately investigated and supervision of individuals placed on ELMO is consistent.

**468.03**

**ELECTRONIC MONITORING**

Inmates placed in the community while participating in the program shall be required to wear a tamper-proof, non-removable Global Positioning System (GPS) device, which will verify the inmate's location in the community. The GPS device is attached to the inmate's ankle and will be supervised to ensure compliance with ELMO. In addition, electronic monitoring staff members, working for the Department or the supervising agency in collaboration with the Department, monitor inmates placed on a GPS device.

The GPS device ensures reliable information concerning the inmate's location and whereabouts; however, it only serves to supplement a system of staff intervention, field checks, evaluations, urinalysis, etc., which will ensure accountability of all inmates participating in the program.

**468.04**

**ELIGIBILITY AND SUITABILITY**

- A. Inmates in the custody of the Massachusetts Department of Correction who are within fifteen (15) months of parole eligibility, or a confirmed discharge date (adjusted maximum date) are eligible for participation in ELMO. Inmates must also meet the following additional requirements:
1. Inmates who meet the statutory requirement for pre-release placement and have achieved pre-release status, and inmates who have achieved minimum security status and meet the statutory requirements of pre-release.
  2. Inmates who score as a low risk for violence.
  3. Inmates who score a moderate risk to recidivate on their COMPAS Risk Assessment.
  4. An inmate's objective point base classification score must have resulted in a preliminary custody level determination of minimum security or below;
  5. Inmates must attend an orientation that outlines the guidelines and protocols for ELMO program participation; the orientation will be administered by the Office of Investigative Services (OIS).

- a. Inmates identified as candidates for potential participation in the ELMO program will receive an orientation that highlights the program guidelines and protocols. During orientation, inmates will:
  - i. Identify the proposed Home Host and address.
  - ii. Review and sign the following:
    - Request to Inspect and/or Copy Criminal Offender Record Information (103 DOC 153, *CORI Regulations*, Attachment #1)
    - The Massachusetts Department of Correction GPS Rules and Procedures for Electronic Monitoring (Attachment #1)
    - Criminal Offender Record Information Waiver for Electronic Monitoring (Attachment #2)
    - ELMO Conditions (Attachment #3)
    - Massachusetts Probation Service Electronic Monitoring GPS Equipment Liability Acceptance Notice (Attachment #4)
    - Massachusetts Probation Service Electronic Monitoring Enrollment Form (Attachment #5)
  - iii. Have an opportunity to ask questions and express concerns.
6. Inmates shall be expected to participate in community programs noted on their individualized program plan.
7. Inmates shall be required to secure and maintain employment or an educational program during their participation in the Electronic Monitoring Program. Exceptions may include inmates who, due to a medical or mental health issue, cannot be employed or participate in an education program; however, a suitable alternative (e.g., a rehabilitative program) may be substituted, subject to approval of the supervising authority. Inmates released to the community whose employment was interrupted for reasons outside their control, must demonstrate that they are actively pursuing employment.
8. Inmates must have a suitable home plan.
9. Inmates approved for participation must sign an agreement for use of the electronic monitoring equipment, including but not limited to acceptance of financial responsibility for damaged, lost, or stolen equipment.

- B. The following conditions make an inmate *ineligible* for participation in ELMO:
  - 1. Sex offenders, sexually dangerous persons as identified in M.G.L. c.123A, §1, any person who commits a sexual offense as defined in M.G.L. c.123A, §1, or any person who violates M.G.L. c.265, §24B.
  - 2. An inmate serving a sentence containing a mandatory restriction from temporary release and/or work release (e.g., under M.G.L. c. 94C for drug related crimes, and M.G.L. c. 269 for crimes involving possession of dangerous weapons) while that mandatory component is being served.
- C. If deemed eligible, the totality of each inmate’s circumstances, which may include and not be limited to, nature of offense, criminal history, disciplinary history, prior failures in lower security, and issues/arrests while on bail, will be assessed to determine suitability.
  - 1. An inmate with a lifetime restraining order and inmates with other domestic violence incidents or restraining orders will be considered on a case-by-case basis.

**468.05**

**SCREENING, SELECTION, AND TRANSFER**

- A. Inmates who meet eligibility and suitability requirements may be recommended for ELMO through the reclassification process.
- B. The Case Officer will conduct an inspection of the Home Host’s Residence and forward the outcome of this investigation to the Classification Division to be considered with regard to the final placement decision.
- C. If the inmate is approved by the Commissioner/designee, OIS shall prepare the inmate for participation in ELMO. The preparation includes, but is not limited to, employment verification, site visits, housing placement, preparation of initial itinerary, completion of all related and required forms, and an orientation for the inmate.
- D. In conjunction with OIS and the Reentry Services Division, the Classification Division’s County, Federal and Interstate Unit Designee shall coordinate the transfer from the institution to ELMO, pursuant to 103 DOC 461, *Inmate Transfer*.
- E. In conjunction with OIS, the Classification Division’s County, Federal and Interstate Unit Designee and/or the supervising agency’s designee, shall arrange for the inmate transfer. The Reentry Services Division shall ensure that all required information (MA Health status) is provided to the OIS’

ELMO Case Officer or supervising agency's designee at the time of the inmate's transfer.

- F. OIS or the supervising agency's designee shall coordinate the electronic monitoring process and monitor inmates participating in ELMO.
- G. Inmates screened and approved for placement in a county facility may be eligible for ELMO at the respective county as long as the program meets the requirements outlined in 103 DOC 468.04.

**468.06**

**STANDARD HOME INVESTIGATION**

Before ELMO is approved, a Case Officer will conduct an inspection of the Home Host's Residence. Inspection of a certified program host facility is not required however, ELMO staff shall request a tour of the program host facility and familiarize themselves with program facility staff and points of contact. Inspection of the Home Host's residence shall include, at a minimum:

- A. Contact the Home Host to verify willingness to host.
- B. Coordinate a time to meet with the Home Host to conduct a residence inspection.
- C. Proceed to the address indicated in the proposed Home Plan.
- D. Identify themselves, provide proper credentials, advise the Home Host of their purpose, and request to meet with the proposed Home Host listed in the proposed Home Plan.
- E. Obtain positive identification via a photo ID from the proposed Home Host. If not indicated on the ID, request and record the proposed Home Host's name, date of birth, and social security number. The Case Officer should ask the Home Host if they have a criminal history, and if so, request they explain to include dates, charges, and dispositions.
- F. While interviewing the proposed Home Host, the Case Officer will obtain the following information:
  - 1. The nature of the relationship between the Home Host and the potential ELMO Inmate. If not related by blood, the length of the relationship shall be obtained.
  - 2. The Home Host's place of employment, work schedule, and contact information.



3. Names and dates of birth of all individuals residing in the Home Host's Residence.
  4. Name, address, and contact number for the landlord if the Home Host Residence is not owned by the Home Host.
  5. Names, approximate ages, and any known addresses of the Home Host's close family members and/or associates who are not listed as residing at the Home Host's Residence who may frequent the Home Host's Residence.
  6. Any information obtained by the Case Officer concerning family members, associates, addresses, etc. shall be documented in each respective ELMO inmate's case file.
- G. If the Home Host's Residence is leased, the ELMO Inmate must be listed on the lease agreement and a copy placed in the case file.
- H. Request that the Home Host explain to the Case Officer what the ELMO inmate's current offense(s) are and the details of the case.
- I. Explain the general conditions of ELMO and all special conditions.
- J. Explain how the conditions of ELMO will be monitored and enforced, what will be expected of the ELMO inmate, what will be expected of the Home Host, and what they can expect from the Case Officer and Department staff.
- K. Discuss the need of the Case Officer and other agency staff regarding access to the Home Host's Residence, and under what circumstances.
- L. Request to walk around the Home Host's Residence or Program Hosts facility, observing, making note of and taking pictures of all entrance and exit points, access to attics and basements, number and locations of bedrooms, particularly the bedroom the ELMO inmate will utilize, and any other items of interest that will be beneficial information for any and all field staff to have throughout all aspects of the supervision period, including warrant investigations.
- M. Explain any special requirements for ELMO, GPS and/or the ELMO Inmate that may need to be utilized during the supervision period.
- N. Ensure that the Home Host reads and signs the Electronic Monitoring Agreement form (Attachment #6).

- O. Ensure that the Home Host and all residents over the age of fifteen (15) read and sign the Commonwealth of Massachusetts Home Host Waiver form (Attachment #7).
- P. Explain the transfer to ELMO supervision, to include that the ELMO inmate may be transferred to the proposed Home Plan any time on or after that date, depending on the outcome of the Home Plan inspection and review.
- Q. Leave a business card with contact instructions and procedures.
- R. After the Home Host investigation interview, the Case Officer will run Department of Criminal Justice Information Services (DCJIS) checks, to include, at a minimum, Board of Probation (BOP), Warrant Management System (WMS) and Interstate Identification Index (III) checks on the ELMO inmate and the Home Host. It is recommended, but not mandated, that the Case Officer conduct DCJIS background checks on all residents who were reported as living in the proposed Home Host's residence (excluding children under the age of fifteen (15)); (See Commonwealth of Massachusetts Home Host Waiver form (Attachment #7)).
- S. Contact the local police department to determine the history of requests for assistance, problems, or other pertinent information about the Home Host and associated family residing at the proposed residence and the proposed residential address itself that will be beneficial to the investigator in determining recommendations on the approval/denial of the home plan.
- T. Record all findings in the ELMO inmate's case file.

**468.07**

**SCHEDULES AND ITINERARIES**

- A. Inmates classified to ELMO shall submit and obtain advance approval of all proposed itineraries from OIS or the supervising agency's designee.
- B. Regularly scheduled meetings shall be scheduled between the inmate and designee for the purpose of submitting, reviewing, and approving itinerary activities.
- C. Approved or restricted zones shall also be created within the GPS monitoring software. If an inmate enters a restricted area or fails to appear in an area they are scheduled to be, an alert is generated, and the supervising agency is immediately notified.
- D. Inmates are expected to adhere to arrival and departure times as scheduled on their itinerary unless a change has been authorized. They are also expected to adhere to pre-arranged transportation and to notify the designee

immediately of any change in transportation method, schedule, and/or itinerary.

**468.08**

**RULES OF CONDUCT**

- A. All inmates who participate in ELMO shall agree to abide by the rules of conduct of the program. Inmates shall be required to read and sign an agreement which specifies those rules. Each inmate shall sign the agreement in the presence of a staff person, acknowledging the inmate's responsibilities.
- B. A graduated sanction in accordance with the policies and procedures of the supervising agency and/or a disciplinary report pursuant to 103 CMR 430, *Inmate Discipline* may be issued whenever there is a violation of the disciplinary code of offenses or program agreement.
- C. Inmates cannot take a bath or go swimming, as such activity could damage the GPS device. Inmate shall showers only.
- D. Inmates must ensure the GPS device is charged at all times.
- E. Inmates must stay out of restricted zones and be in by curfew.

**468.09**

**INMATE ACCOUNTABILITY AND SUPERVISION**

- A. All inmates participating in ELMO are expected to conduct themselves in an appropriate manner while residing in the community. They are required to comply with all federal, state, and local laws, as well as Department regulations, policies, and procedures.
- B. Scheduled and random checks, both by telephone and by on-site visits, will be conducted by OIS or the supervising agency's designee.
- C. Inmates shall not leave the Commonwealth of Massachusetts.
- D. Inmates shall contact OIS or the supervising agency's designee in any emergency or unforeseen incident.
- E. Inmates shall be observed for restricted zone violations, the use of alcohol, and the use of marijuana or illegal/unauthorized drugs. Inmates shall be subject to the rules and regulations of the supervising agency's 103 DOC 525, *Inmate Substance Use Monitoring and Testing* policy.
- F. OIS or the supervising agency shall be responsible for monitoring inmates participating in ELMO and for the review and approval of changes to all itineraries. The supervising agency shall maintain copies of all itineraries

and shall provide copies of these documents to the Department upon request.

- G. Inmates shall report in person when directed by the supervising agency's designee.
- H. Inmates will be required to make at least one (1) telephone call each day, at a time determined by the supervising agency's designee, including weekends and holidays.
- I. When an inmate is terminated from ELMO, OIS or the supervising agency's designee shall notify the Department Duty Station, ensure that the inmate is taken into custody, and arrange for the removal of the GPS device.
- J. Inmates participating in ELMO shall be responsible for all issued global positioning equipment. Any damage to such equipment shall result in the replacement cost being charged to the inmate and/or disciplinary action pursuant to 103 CMR 430, *Inmate Discipline*.

**468.10**

**ESCAPE AND/OR DISCIPLINARY ACTION**

An escape may be declared, or disciplinary action may result if the inmate:

- A. Fails to return to their home within two (2) hours of the designated time of return.
- B. Fails to arrive at a location specified on the itinerary by the scheduled time and does not arrive there or return to their home within two (2) hours.
- C. Leaves the location specified on the itinerary prior to the approved departure time and does not return to the location within two (2) hours.
- D. Fails or refuses to return to the designated location within two (2) hours after being ordered to do so by the designee of the supervising agency.
- E. Is determined not to be at a location specified on the itinerary as confirmed by a telephone spot check, physical spot check or GPS notification.
- F. Destroys, tampers, removes, or otherwise renders inoperable, the electronic monitoring equipment.
- G. Leaves the boundaries of the Commonwealth of Massachusetts at any time while on the program.
- H. Becomes whereabouts unknown.

**In all cases of escape, the Department Duty Station shall be notified by OIS or the supervising agency immediately. The Fugitive Apprehension Unit will then be deployed.**

**468.11**

**ELMO CASE OFFICER RESPONSIBILITIES**

- A. Process the ELMO inmate's case file in accordance with the procedures. For home plans that are being approved for transfer to ELMO, the case file and all necessary documents will be properly filed and ready for the case officer to conduct the ELMO placement on the day of transfer to ELMO.
- B. Record the Home Host's or program host's address as the residential address that the inmate will be residing at in IMS (Release, Reentry, Reentry Planning screen) along with the date of transfer to ELMO and the name of the assigned case officer.
- C. ELMO staff should be aware that the inability to obtain any of the aforementioned information during the home inspection process is not necessarily grounds to deny a Home Plan. The Case Officer should always use discretion in determining whether a Home Plan is suitable for supervision and conducive to the conditions that have been set by the Office of Investigative Services and in accordance with policy for each offender.
- D. No Home Plans should be approved by any case officer without a face-to-face interview by a Case Officer with the proposed Home Host, unless otherwise authorized by the Executive Chief of Investigative Services. In such cases, this authorization should be noted in the case file.
- E. Case Officers should be aware that situations may arise that require an ELMO inmate to change and/or transfer residences. In these cases, the investigating case officer shall interview the proposed Home Host and conduct a complete home inspection/investigation, which is subject to approval prior to transfer.

**468.12**

**MONITORING**

- A. Substance Use monitoring shall be conducted as outlined in the 103 DOC 525, *Inmate Substance Use Monitoring and Testing* policy. All testing shall be recorded in the case notes.
- B. Physical accountability checks shall be conducted with regular frequency, to include off hours and weekends at any programming, work, community, and home locations. All checks shall be conducted by no less than two (2) staff members and recorded in the case notes.

- C. ELMO inmates shall have daily contact with the assigned Case Officer at a time determined by the Case Officer. If an inmate does not have a cell phone, a DOC issued cell phone may be issued to them on a temporary basis until such time as they are able to obtain one. This is to ensure that regular contact is maintained, for emergency situations, and to prevent any potential curfew or transportation issues. In such cases, the ELMO inmate must sign the Inmate Cell Phone Use Agreement (Attachment #8).
- D. ELMO inmates shall have an open schedule from 8:00 a.m. - 4:00 p.m., Monday-Friday, to allow for job search, programs, school, and errands. If necessary, the schedule may be altered upon approval by the Case Officer. All itineraries will be reviewed and approved by the Case Officer.
- E. ELMO inmates may earn a modified schedule on weekends after a fourteen (14) day adjustment/monitoring period. If earned, the itineraries for the modified weekend schedule shall be reviewed and approved by the assigned Case Officer on a case-by-case basis and the approved time modified accordingly.
- F. Community activities to include, but not limited to, religious services, the gym, movie theaters and going to restaurants, may be approved at the discretion of the Case Officer.
- G. ELMO inmates shall not be allowed to visit any residence unless special circumstances exist, in which case they will be reviewed by ELMO staff and approval may be granted on a case-by-case basis.
- H. If authorized by the Executive Chief of Investigative Services or their designee, a cell phone search of photos, text messages, phone calls, app usage and history, and any browser history shall be conducted. All searches shall be recorded in the case notes. NOTE: A search warrant may be required to conduct such a search.
- I. If at any time the ELMO inmate does not respond to a request to call the Case Officer, the case officer must make physical contact with the ELMO inmate to ensure the ELMO inmate is where they are required to be. The case officer shall make notification to the Executive Chief of Investigative Services as to the findings for the failure to respond. When all relevant facts are received, a determination will then be made by the Executive Chief of Investigative Services regarding the ELMO inmate's future involvement in the program.

**468.13**                    **RECORD-KEEPING AND EVALUATION**

A copy of all approved itineraries, a record of all telephone and spot checks, and all other relevant documents shall be maintained by the supervising agency, and copies of these documents shall be provided to the Department upon request.

**468.14**                    **HEALTH SERVICES/MEDICATION**

During the period of eligibility determination, the Department shall utilize existing re-entry resources to enroll the inmate in MassHealth or the equivalent for the provision of medical, dental, and mental health services.

If the ELMO inmate is not eligible for MassHealth or the equivalent, or if a determination on eligibility is pending, the supervising agency’s designees, along with re-entry staff, shall coordinate arrangements for medical, dental, and mental health care through a community health center located near the ELMO inmate’s home.

Should an ELMO inmate receive emergency medical care, or routine preventative care while on ELMO, all such care shall be reported by the inmate to the supervising agency’s designee.

**468.15**                    **INDUSTRIAL ACCIDENTS**

Any injury sustained by an ELMO inmate while at their work site shall not be treated as an industrial accident, in accordance with M.G.L. c. 152, §74. The work release employer may be responsible for the cost of related medical treatment arising from an inmate’s participation in an outside work release program. In no case shall the supervising agency or Department be deemed the “employer” of the inmate laboring under the provisions of M.G.L. c. 127, §§ 48-49A. Any inmate participating in ELMO is deemed to be an incarcerated inmate laboring under the provisions of M.G.L. c.152, §§ 48-77.

**468.16**                    **EMERGENCIES**

Whenever, in the opinion of the Commissioner or their designee, an emergency exists which requires suspension of all or part of this policy, the Commissioner or their designee may authorize such suspension.

**MASSACHUSETTS DEPARTMENT OF CORRECTION  
GPS Rules and Procedures for Electronic Monitoring**

- A. You can NOT leave Massachusetts.
- B. You can NOT take a bath or go swimming, showers ONLY.
- C. You Must:
1. **KEEP THE GPS CHARGED AT ALL TIMES**
    - a. **When your charge is getting low the power light on the top of the bracelet will flash red and give three (3) bursts of vibration.** This means you have less than an hour left and need to charge ASAP or your unit will die and a warrant may be issued.
    - b. **To charge:** Attach the magnetic charger into the port located at the bottom of the bracelet which will cause a vibration and the power light will display solid red. When the charge is complete the power light will display solid green. When you remove the power cord the unit will blink green and this means you are in compliance.
    - c. **Charge the unit for at least two (2) hours uninterrupted every day.**
    - d. **Do not charge the unit while sleeping.** There will be a chance that it will not charge at all if you move and it disconnects.
  2. **STAY OUT OF EXCLUSION ZONES AND BE IN BY CURFEW**
    - a. **If you enter a stay away (exclusion) zone, or if you are late for curfew, your bracelet will give three (3) bursts of vibration and the zone light will flash red.** You must leave the exclusion area immediately & get into your house for curfew or a warrant may be issued.
  3. **IF YOUR BRACELET VIBRATES AND THE GPS LIGHT FLASHES**
    - a. This means that you will need to go outside to an open area away from buildings to get a GPS point. The power light will start blinking green when the problem is solved, and you are in compliance.
    - b. **If the bracelet vibrates for ten (10) consecutive times and all three (3) lights flash red, this means that you MUST CALL THE CENTER AT 978-365-2970 or 866-490-1166 to resolve the problem.** If you don't call, a warrant may be issued.
  4. **IF YOU HAVE BEEN GIVEN A BEACON**
    - a. When you return home, **you must plug in the beacon.**
    - b. **Beacon should be placed in a central location in the home** and should not be placed near any electronic devices (especially kitchen appliances).
    - c. Once the beacon is plugged in, **DO NOT** move or unplug it.

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 ELMO Case Officer

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 Date

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 ELMO Inmate

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 Date



**MASSACHUSETTS DEPARTMENT OF CORRECTION  
CRIMINAL OFFENDER RECORD INFORMATION (C.O.R.I.) WAIVER  
FOR ELECTRONIC MONITORING PURPOSES**

I agree to waive my criminal offender record information (C.O.R.I.) rights in connection with my proposed Home Plan. My ELMO Case Officer has my permission to discuss my case with any persons connected with the Home Plan I submit. Such information may include, but not be limited to, the sentence I am now serving, crimes in my criminal history, conditions of my placement on Electronic Monitoring, anticipated release dates and any other information that may be relevant to the Home Host and any other individuals residing in the Home Host's residence.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Commitment #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**MASSACHUSETTS DEPARTMENT OF CORRECTION  
ELMO CONDITIONS**

1. I will obey all local, state, and federal laws; and conduct myself in the manner of a responsible citizen.
2. I will immediately notify my Case Officer of any possible changes or concerns regarding my employment or residence. I will also immediately advise my Case Officer if arrested and of any other law enforcement involvement.
3. I will make earnest efforts to find and maintain legitimate employment, unless engaged in some other program previously approved by my Case Officer. I understand that I must be employed, actively seeking employment and/or involved in approved programming upon transfer to ELMO.
4. I will not associate with persons whom I know to have a criminal record, or who are known to be engaged in a violation of law. This prohibition does not apply where such association is incidental to my place of residence or employment.
5. I will not leave the state of Massachusetts.
6. I will not serve as an informant or special agent for any law enforcement agency.
7. I agree to be subject to drug and alcohol testing.
8. I must call DOC Reentry at 508-422-3416 within 48 hours of transferring to a home or program from a DOC institution.
9. I must call/text my Case Officer daily, including weekends and holidays, at a time predetermined by my Case Officer.
10. Daily itineraries must be provided to my Case Officer at least 24 hours in advance for prior approval.
11. I must immediately notify my Case Officer of all emergencies or situations of concern so that appropriate parties can be notified, and any home plan/scheduling issues can be rectified (e.g., emergency medical situation, sick family member, police involvement, DCF involvement, etc.).
12. Special Conditions (if approved): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


I hereby certify that I have read and fully understand the above conditions of transfer to the Department of Correction (DOC) Electronic Monitoring (ELMO) program, and I agree to faithfully abide by the rules and regulations of the DOC and the conditions set forth above.

\_\_\_\_\_   
 ELMO Inmate

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Witness

\_\_\_\_\_   
 Date



## Massachusetts Probation Service

### Electronic Monitoring

Phone: (978) 365-2970 | e-mail: [elmoclinton@jud.state.ma.us](mailto:elmoclinton@jud.state.ma.us)

#### GPS EQUIPMENT LIABILITY ACCEPTANCE NOTICE

Print
Save
Reset

---

**Enrollee information:**

Enrollee's name:  PCF#:

Court:  Parole region:  DOC OIS:  Yes  No

Supervising probation / parole / DOC officer:  Phone:

---

**Liability acceptance:**

I accept full financial and legal responsibility for the GPS monitoring equipment that is being issued to me. I understand the equipment is the property of the Attenti company and I will be held accountable for its whereabouts. In the event any portion of the monitoring equipment is damaged, lost, or stolen from me, I understand I will be held responsible for it both legally and financially. I will be required to reimburse Attenti for the value of the equipment in the following amounts:

Please check one of the following:

- WMTD (\$900.00) + Beacon (\$350.00) + Charger (\$15.00) = Total of \$1,265.00
- WMTD (\$900.00) + Charger (\$15.00) = Total of \$915.00
- XT Phone (\$1,200.00) + XT Base (\$350.00) + Transmitter (\$100.00) = Total of \$1,650.00

I understand and agree as a condition of this agreement **I will charge the WMTD** assigned to me for at least two (2) hours daily. Also **I will not move the Beacon** assigned to me without the authorization of my probation / parole / DOC OIS officer.

---

**Protocol for GPS equipment failure:**

In the event the monitoring equipment assigned to me becomes faulty or inoperable, I will follow instructions to remain in my home until the equipment is repaired or replaced. Alternatively, I agree to follow instructions to travel at a pre-arranged time to a location where my equipment will be repaired or replaced. I understand if I fail to comply with these instructions a warrant may issue for my arrest.

---


**GPS data disclosure:**

I understand that coordinates and other data related to my physical position on GPS are recorded by equipment at the ELMO Center and can be shared with my probation / parole / DOC OIS officer, the court, attorneys and law enforcement. I understand the data generated by the GPS equipment assigned to me is not private and confidential.

---

Enrollee:	Witness:
<p>ENROLLEE SIGNATURE: By signing I acknowledge that I have read, understand and accept the above rules and information.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Enrollee's signature)</p> </div> <div style="width: 20%; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Date)</p> </div> </div> <div style="margin-top: 20px; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Enrollee's name printed)</p> </div>	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Witness's signature)</p> </div> <div style="width: 20%; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Date)</p> </div> </div> <div style="margin-top: 20px; border-bottom: 1px solid black; text-align: center;"> <p style="font-size: small; margin: 0;">(Witness's name printed)</p> </div>

Internal use only - revised 01/29/21



## Massachusetts Probation Service

### Electronic Monitoring

Phone: (978) 365-2970 | e-mail: elmoclinton@jud.state.ma.us

Equipment and Date

GPS Monitoring

Alcohol Monitoring

Date submitted:  

\*Date field required

### ENROLLMENT FORM

**Enrollee information:**

Enrollee's name:  DOB:  SSN:

Alias or other name(s) used:

Home phone:  Cell phone:

Address:  City:

State:  Zip:  County:  Sex:  Height:

Weight:  Eyes:  Hair:  Language:

Race:  Ethnicity:

Contact Person #1:  Contact #1 phone:

Contact Person #2:  Contact #2 phone:

Click to upload enrollee photo

**Enrollee employment information:**

Employer:  Employer phone:

Address:  City:  State:  Zip:

**Offense and supervision information:**

PCF#:  Docket#(s):

**Probation:** Check box and complete below fields if enrollee is under probation supervision:

Supervising court:

Probation officer:  Phone:  Fax:

**Parole:** Check box and complete below fields if enrollee is under parole supervision:

Parole region:

Parole officer:  Phone:  Fax:

**DOC:** Check box and complete below fields if enrollee is under supervision of the DOC Office of Investigative Services:

DOC officer:  Phone:  Fax:

Supervision status category: Enrollee is being monitored for the following:

Conviction for a criminal offense (identify the nature of the offense/disposition):

Conditions of release (identify the statute):

Interstate compact (identify the sending state):

Pre-arraignment *\*Victim Notification Form is not required for cases with a supervision status category of pre-arraignment*

**Victim information:**

Does this case involve a victim(s)?  Yes  No

If yes, has the victim(s) address been impounded by the Court?  Yes  No

If yes, does the victim(s) request notification if a warrant is issued?  Yes  No

\*Required: Victim Notification Form is required, on non pre-arraignment cases, if the victim is requesting notification if a warrant is issued.

**Assigned monitoring equipment:**

Enrollee has been assigned the following equipment (include serial number in space provided):

WMTD:   XT Phone:

Beacon:   XT Base:

SCRAM RB:   Bracelet:

Submitted as part of enrollment package
Internal use only - Revised: 01/19/2021

**MASSACHUSETTS DEPARTMENT OF CORRECTION  
ELECTRONIC MONITORING AGREEMENT**

I, \_\_\_\_\_, agree to allow \_\_\_\_\_  
Print Home Host Name Print ELMO Inmate's Name

to reside in my home during their participation in the Electronic Monitoring Program (ELMO) of the Massachusetts Department of Correction.

A. If the inmate is approved for a Home Plan, I agree that I am willing and able to financially support the ELMO inmate until they can secure full time employment and will provide the following assistance:

- I will contact the Massachusetts Department of Correction, Reentry Employment Manager, at 508-422-3416 between the hours of 8:00 a.m. to 4:00 p.m. within one (1) week to discuss the Department's employment assistance process.
- Within two (2) days of the ELMO inmate's arrival at my home, I will remind the inmate to contact the Massachusetts Department of Correction, Reentry Employment Manager by phone at the above-mentioned number.

B. **I understand and acknowledge the following responsibilities of the ELMO Case Officer:**

1. Case Officers will supervise the ELMO inmate according to the conditions imposed by the Massachusetts Department of Correction and the Officers are to assist this ELMO Inmate in reintegrating into the community as a responsible citizen. I have been informed of the conditions that may be associated with this inmate's participation in the Electronic Monitoring Program and my responsibilities pursuant to this Agreement.
2. Any information that I provide to officers will be helpful in the reintegration of the ELMO inmate. However, I also understand that if this information indicates that the ELMO inmate is violating conditions of the Electronic Monitoring Program, or that the ELMO inmate is a danger to themself or others, the Officers must take some type of action.
3. Department of Correction Officers assigned to the Office of Investigative Services are Special State Police Officers. They may serve warrants, arrest the ELMO inmate or anyone interfering with the arrest, search my home and property and seize contraband, forcibly enter my premises to arrest the ELMO inmate if necessary, visit my residence unannounced at reasonable hours including weekends, or at any hour if there is an emergency situation involving the ELMO inmate, and make decisions regarding the ELMO inmate that are necessary to ensure compliance with the conditions of the Department's Electronic Monitoring Program .

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

Home Host: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SEARCH:** A search is an inspection or examination of persons or places closed from general public view, with some measure of intrusion, for the purpose of detecting. Visual observation of an open space is not a search.

**SEIZURE:** A seizure is the taking into possession or custody of a person or thing, or significantly limiting the freedom of movement of a person.

C. Answers to the following will be used in making a determination whether this home plan will be approved for the above-named inmate.

INDICATE YES OR NO TO THE FOLLOWING	PLEASE CHECK ONE
1. Is there Department of Children and Families (DCF) involvement in this household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If Yes, the ELMO inmate is not the subject of any order regarding children in the home. Please describe any involvement: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If this residence is public housing or Section 8 housing, arrangements have been made to comply with rules required by the Public Housing Authority or housing agency for persons living here.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I am aware of the offense(s) for which the inmate is serving their sentence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. To the best of my knowledge, no person who currently resides with me is a convicted felon and/or on probation or parole.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. No firearms are kept or maintained on the premises or in any other area under my control that the ELMO inmate may have access to.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I shall cooperate with the Case Officer's supervision efforts and report any irregularities that may come to my attention.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I understand that I can decide at any time not to be the home host for the ELMO inmate, and I will immediately inform the Case Officer of that decision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. I will allow my phone line to be used for electronic monitoring purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there is a change in any of the above circumstances, I will notify the supervising Case Officer immediately.

\_\_\_\_\_  
Signature of Home Host

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ELMO Case Officer

\_\_\_\_\_  
Date

PRINT ON CURRENT LETTERHEAD

MASSACHUSETTS DEPARTMENT OF CORRECTION  
HOME HOST WAIVER

HOME HOST PERSONAL DATA:

Name: \_\_\_\_\_  
                                Last  First  Middle

Previous Name and/or Alias: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
  Number                Street                City                State                Zip Code

Have You Ever Resided in Another State? \_\_\_\_\_ If Yes, Which State(s)? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Massachusetts Department of Correction will conduct a Home Host Investigation which will include a criminal record check with the local police department, the State Police, the Massachusetts Board of Probation, and the Registry of Motor Vehicles. The Department of Correction will conduct these checks as the Department deems necessary.

Signature of Home Host: \_\_\_\_\_ Date: \_\_\_\_\_

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

**MASSACHUSETTS DEPARTMENT OF CORRECTION  
INMATE CELL PHONE USE AGREEMENT**

I, \_\_\_\_\_, agree to the following terms and conditions in connection with the temporary use of a cell phone owned and provided to me by the Massachusetts Department of Correction (DOC).

Cell Phone #: \_\_\_\_\_ IMEI/MEID: \_\_\_\_\_

**AGREEMENT**

1. The provided cell phone is the property of the Massachusetts Department of Correction. No expectation of privacy exists with regard to an ELMO inmate’s possession or use of a DOC provided cell phone while on electronic monitoring with the Department of Correction. The DOC reserves the right to inspect and/or search the provided cell phone for any data sent, received, or contained therein, upon request by the assigned ELMO Case Officer, or other designee.
  
2. The use of a DOC provided cell phone is strictly reserved for the purpose of contacting your assigned ELMO Case Officer, employer, program, transitional housing contact, transportation service, or emergency (911). The use of the provided cell phone for any other purpose is strictly prohibited to include the downloading of any applications. Users may not tamper with or alter any configured security controls or settings. An ELMO inmate’s use of a cell phone in any manner contrary to local, state, or federal laws, telephone company regulations, or Department of Correction rules or regulations constitutes misuse and may result in disciplinary action or criminal prosecution.
  
3. The provided cell phone is only to be used by the inmate to which it is issued. The ELMO inmate is personally and solely responsible for the care and security of their assigned cell phone. The Department of Correction assumes no responsibility for theft, loss, damage, or vandalism to inmate cell phones or the unauthorized use of such devices.

Users must report any lost, stolen, or damaged cell phone to their assigned case officer upon realization that the device is missing or damaged using the most practical means necessary. Earnest efforts shall be made to obtain a personal cell phone upon transfer to ELMO. The use of the DOC provided cell phone is strictly temporary and is only to be provided until a cell phone is obtained, at which time the DOC cell phone will be returned to the assigned Case Officer. The personal cell phone number shall also be provided to the ELMO Case Officer at this time to provide uninterrupted communications between the ELMO inmate and ELMO staff.

\_\_\_\_\_  
ELMO Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ELMO Case Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ELMO Supervisor Signature

\_\_\_\_\_  
Date