

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
103 DOC 408  
REASONABLE ACCOMMODATIONS FOR INMATES**

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<b>MASSACHUSETTS DEPARTMENT OF CORRECTION</b>	<b>DEPUTY COMMISSIONER OF CLASSIFICATION, PROGRAMS AND REENTRY</b>
<b>REASONABLE ACCOMMODATIONS FOR INMATES</b>	<b>103 DOC 408</b>

PURPOSE: 103 DOC 408 is intended to address Department of Correction (Department) inmate requests and/or needs for reasonable accommodations which may fall under the Americans with Disabilities Act (ADA) or other provisions of local, state and federal law.

REFERENCES: M.G.L. c. 19C  
M.G.L. c. 22, §13A  
M.G.L. c. 124, §1 (c) and (q)  
42 U.S.C. §12101 et seq.

APPLICABILITY: Inmates

PUBLIC ACCESS: Yes

Location: Department Central Policy File  
Each Superintendent's policy files  
Each Inmate Library or an alternative accessible location. In order to provide effective communication, policies may be available in other formats upon request and verification of the need for a reasonable accommodation.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:  
Deputy Commissioner of Clinical Services & Reentry  
Assistant Deputy Commissioner of Clinical Services  
Department ADA Coordinator for Inmates  
Director of Resource Management  
Superintendents  
Institution ADA Coordinators

EFFECTIVE DATE: 1/31/2017

CANCELLATION: 103 DOC 408 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of 103 DOC 408 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.

#### **408.01 DEPARTMENT POLICY**

It is the Department's policy not to discriminate against any person protected by the Americans with Disabilities Act (ADA). The Department shall ensure that its programs, activities and services, when viewed in their entirety, are readily accessible to, and usable by, inmates who are disabled.

The Department shall provide inmates access to trained, qualified individual(s) who are educated in the problems and challenges faced by inmates with physical and/or mental impairments. These individuals shall be knowledgeable in programs designed to educate and assist disabled inmates, as well as in all the legal requirements for the protection of inmates with disabilities.

Accommodations that may materially impair the safe and efficient operation of the program, activity, or service, shall not be made. Accommodations that may present a safety hazard to the individual inmate or staff, threaten the security of the institution, fundamentally alter the nature of the program, or may otherwise cause undue administrative or financial burden in the operation of the institution, shall also not be made.

#### **408.02 DEFINITIONS**

Americans with Disabilities Act (ADA) - A federal law that prohibits discrimination based on disability, as set forth in 42 U.S.C. §12101 et seq.

Auxiliary Aids and Services - Appropriate specialized equipment and/or services designed to assist in providing an inmate with a disability access to programs, services, activities and/or benefits within the Department. (Examples of auxiliary aids and services include, but are not limited to: qualified interpreters, note-takers, large-print written materials, telecommunication devices for the deaf (TDD), assistive listening devices and open/closed captioning, wheelchairs, canes.)

Blind - Refers to an inmate whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the fields of vision such that the widest diameter is 20 degrees or less.

Deaf - Refers to an inmate who has a hearing impairment that is so severe that the inmate is impaired in processing linguistic information through hearing, with or without amplification.

Department ADA Coordinator for Inmates - The individual designated by the Deputy Commissioner who is responsible for coordinating the Department's compliance with the ADA as it relates to inmates and the provisions of 103 DOC 408.

Disabled Inmate - An inmate who has a physical or mental impairment that substantially limits one or more major life activities; or who has a record or history of such impairment; or is perceived or regarded as having such impairment.

Disabled Persons Protection Commission (DPPC) - An independent state agency responsible for the investigation and remediation of allegations of abuse committed against persons with disabilities in the Commonwealth. Pursuant to its enabling statute M.G.L. c. 19C, the jurisdiction of DPCC includes adults with disabilities between the ages of eighteen (18) and fifty-nine (59), who are within the Commonwealth, whether in state care or in a private setting, and who suffer serious physical and/or emotional injury through the acts and/or omissions of their caregivers.

Hard of Hearing - An inmate who has some degree of hearing loss ranging from mild to profound.

Institution ADA Coordinator - The individual responsible for ensuring institution compliance with the ADA and 103 DOC 408 for inmates.

Late Deafened - An inmate who has a severe to profound hearing loss, which occurred after his/her development of speech and language.

Major Life Activities - In general, activities that include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, standing, bending, communicating, learning and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, organs, skin, normal cell growth, digestive system, bowel and bladder.

Massachusetts Office on Disability (MOD) - The state agency created to oversee compliance by the Commonwealth with ADA and other disability related laws and regulations. MOD provides

technical assistance to state agencies for state compliance with all state and federal disability related laws and regulations.

Psychologically Disabled - An inmate who has a record of, or is regarded as having, one or more mental disorders, as defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

Physically Disabled or a Person with a Physical Disability - A term that refers to an inmate who has a chronic physical infirmity or impairment, whether congenital or resulting from bodily injury, organic processes, or changes from illness, including but not limited to, epilepsy, blindness, deafness or hearing impairment, or reliance on a wheelchair or other remedial appliance or device.

Qualified Sign Language Interpreter - A sign language interpreter certified by the national Registry of Interpreters for the Deaf or approved by the Massachusetts Commission for the Deaf and Hard of Hearing.

Reasonable Accommodation - Any modification or adjustment to a program, activity or service that enables an inmate with a disability to participate in the program, activity or service, but which modification or adjustment does not cause undue hardship to the Department.

Substantial Limitation - An impairment that significantly restricts an inmate's ability to perform a major life activity.

#### **408.03 SELF-EVALUATION AND COMPLIANCE PLAN**

Each Superintendent's objective shall be to provide an environment in his/her institution which is accessible to persons with disabilities. Each Superintendent is required to annually conduct a self-evaluation of his/her institution, including its programs, activities, services, administrative manuals, guides, policies, procedures, practices, directives, and memoranda. Each Superintendent shall ensure that a self-evaluation plan analyzes whether institution policies, procedures and practices adversely affect the full participation of inmates with disabilities in its programs, activities and services. He/She shall then develop a compliance plan to ensure that modifications, which do not fundamentally alter the program, service or activity, and/or which do not cause undue hardship to the Department, are made.

1. Each Superintendent shall self-evaluate by:

- a. Examining each program, activity and service in its entirety to determine whether any physical or other barriers to access exist;
- b. Reviewing institution policies, procedures and practices to determine whether any exclude or limit the participation of inmates with disabilities in its programs, activities or services;
- c. Reviewing institution policies, procedures and practices to ensure effective communication with all inmates, including those inmates with disabilities;
- d. Reviewing institution policies, procedures and practices to ensure they include provisions for inmates with visual impairment, hearing impairments and/or mobility impairments. This review shall include determining a method for securing these provisions, including guidance on when and where these provisions shall be provided. Where equipment is used as part of the program activity or service, an assessment shall be made to ensure the equipment is usable by inmates with visual, hearing, mobility, or other impairments and that said equipment is in working order;
- e. Reviewing institution procedures to ensure that all evacuation plans address the needs of inmates with disabilities during an emergency;
- f. Reviewing institution policies and procedures to ensure inmates with mobility impairments are provided access to group activity in accordance with 103 DOC 473, Inmate Self Improvement Groups;
- g. Ensuring staff are familiar with institution policies and procedures pertaining to inmates with disabilities and ensuring that training is provided to staff.
2. Each Superintendent shall develop a compliance plan that addresses the necessary modifications noted in the self-evaluation which does not fundamentally alter the program, activity or service, or cause undue hardship to the Department. The compliance plan shall

also justify any exclusionary or limiting policies or practices that will not be modified.

3. Each Superintendent shall submit a copy of the annual self-evaluation assessment or any updated self-evaluation assessment to the Department ADA Coordinator for Inmates and the Director of Resource Management.

**408.04 DEPARTMENT ADA COORDINATOR FOR INMATES**

The Deputy Commissioner of Clinical Services and Reentry shall appoint a Department ADA Coordinator for Inmates from the Health Services Division, who shall be knowledgeable regarding the ADA, as well as other provisions of relevant local, state and federal laws. The duties of the Department ADA Coordinator for Inmates shall include, but not be limited to, the following:

1. Develop procedures for the prevention of discrimination against inmates with disabilities;
2. Conduct annual reviews of the Department's administrative directives, policies and institution procedures and recommend changes to assist in compliance with the ADA;
3. In consultation with institution and Department administrators, coordinate the planning and purchasing of adaptive equipment for inmates with disabilities;
4. In consultation with the Director of Resource Management, recommend structural changes, where warranted, to comply with ADA requirements;
5. In consultation with the Assistant Deputy Commissioner of Reentry/designee, take steps to enable inmates with disabilities to be placed in institutions appropriate for specific disabilities, consistent with safety and security;
6. Coordinate with outside service providers for the provision of reasonable accommodations for inmates with disabilities, consistent with safety and security;
7. In consultation with the Director of Training and Staff Development:



- a. Coordinate training for all staff on the requirements of this policy;
  - b. Provide assistance to staff, including all Institution ADA Coordinators, in determining whether and how reasonable accommodations may be provided;
  - c. Facilitate ongoing specialized training for all Institution ADA Coordinators;
8. Review monthly Institution ADA Coordinator reports related to ADA activity and compile statistics for a semi-annual composite report to the Commissioner;
  9. Ensure prompt responses to questions regarding this policy and/or ADA requirements and full compliance with this policy and/or ADA requirements;
  10. Act as appellate authority regarding requests for reasonable accommodations.

#### **408.05 INSTITUTION ADA COORDINATOR**

Generally, the Deputy Superintendent of Reentry at each Institution shall act as the Institution ADA Coordinator. The Institution ADA Coordinator shall be trained in the requirements of this directive and all ADA requirements that are relevant to the Institution ADA Coordinator's duties. The Institution ADA Coordinator's duties shall include, but not be limited to, the following:

1. Review proposed and existing directives, policies and procedures to assess compliance with Department guidelines. Provide recommendations to the Superintendent for potential corrective action;
2. Receive copies of all inmate requests for reasonable accommodation;
3. Engage the inmate in dialogue regarding his/her request for a reasonable accommodation(s);
4. Conduct timely initial processing of all inmate requests for accommodations;
5. Consult with the appropriate staff to address requests for accommodation;

6. Ensure that each inmate request for a reasonable accommodation(s), whether verbal or in writing, is addressed. If the request is verbal, the Institution ADA Coordinator shall attempt to ensure that the inmate completes the Department's Request for Reasonable Accommodation Form, attached hereto as Attachment A. If the inmate refuses to or is incapable of completing the form, the Institution ADA Coordinator shall ensure that the form is completed by staff, noting the refusal or the reason assistance was needed;
7. Ensure that each housing unit, library, or alternative accessible location, has adequate copies of the Department's Request for Reasonable Accommodation Forms and that there is assistance available for those inmates who, for reason of disability, are not able to independently complete the form;
8. Ensure that appropriate documentation concerning an inmate's reasonable accommodation(s) is maintained in the inmate's six part folder;
9. Submit a monthly ADA activity report to the Superintendent and the Department's ADA Coordinator for Inmates as required.

**408.06 NEW INMATE ADMISSION**

1. Booking, medical, or orientation staff shall ask newly admitted inmates, within the first twenty-four (24) hours of arrival, if he/she requires an accommodation because of a disability. For those inmates who respond affirmatively, or alternatively, where staff have reason to believe a disability exists, then the designated staff person shall provide the inmate with the Inmates with Disabilities Notice of Rights Under the Americans with Disabilities Act and a copy of 103 DOC 408, Reasonable Accommodations for Inmates. Moreover, said staff person shall, as soon as practicable, inform the Institution ADA Coordinator or designee of the newly admitted inmate's request and/or need for an accommodation within twenty-four (24) hours of the inmate's arrival.
2. Whenever it is determined that a newly admitted inmate is deaf, blind, or has other physical or mental impairments which significantly limit access to programs and services in the institution, he/she shall

be evaluated by the appropriate medical/mental health staff within seventy-two (72) hours of admittance for assessment and classification consistent with safety and security. Those inmates who did not receive the Inmates with Disabilities Notice of Rights Under the Americans with Disabilities Act and a copy of 103 DOC 408, Reasonable Accommodations for Inmates, pursuant to 103 DOC 408.06 (1), shall receive a copy of the same. Inmates who are sight impaired shall receive large print copies or audio tape, if appropriate. The Department shall ensure that all inmates have access to 103 DOC 408.

#### **408.07 REQUESTS FOR REASONABLE ACCOMMODATIONS**

Inmates may initiate requests for reasonable accommodations with the contracted medical/mental health provider via the special needs/restriction process. If approved, the contractual medical/mental health provider shall inform the Institution ADA Coordinator. The Institution ADA Coordinator shall review the accommodation to determine whether the accommodation would present any safety or security concerns, whether it would fundamentally alter the nature of the service, program or activity, whether it would create an undue financial burden and, if necessary, whether there are feasible alternative ways of accommodating the special need.

When a request for a reasonable accommodation is initiated by an inmate directly to the Institution ADA Coordinator, the request shall be reviewed within three (3) business days of receiving a written request. The Institution ADA Coordinator shall evaluate the requested accommodation to determine whether it would present any safety or security concerns, whether it would fundamentally alter the nature of the service, program or activity, whether it would create an undue financial burden, and, if necessary, whether there are feasible alternative ways of accommodating the special need. In making these determinations, the Institution ADA Coordinator shall consult with the Superintendent and may consult with the appropriate correctional, medical and/or mental health staff. Decisions on an inmate's Request for Reasonable Accommodation(s) shall be rendered within twenty (20) business days from the receipt date. The Institution ADA Coordinator shall take the following steps to assess Requests for Reasonable Accommodations:

1. An inmate's request for reasonable accommodation may be initiated in one of three (3) ways:

- (a) by verbal or written request to any Department staff member;
  - (b) by a verbal or written request to or from medical/mental health staff for a medically prescribed accommodation; or,
  - (c) by completion of the Request for Reasonable Accommodation Form (Attachment A);
2. An inmate requesting a reasonable accommodation, whether through medical/mental health staff or directly to the Institution ADA Coordinator, shall expressly agree in writing to cooperate with the institution in the handling of his/her request. Cooperation shall include, but is not limited to, agreeing to be interviewed by institution and/or medical/mental health staff, as well as agreeing to an examination by medical/mental health staff in an effort to resolve the request. Although an inmate's refusal to agree to such cooperation may not result in the outright denial of his/her Request for Reasonable Accommodation, his/her refusal may affect the outcome decision, i.e., the omission of necessary information may cause a denial. An inmate who refuses to cooperate in the handling of a request for reasonable accommodation through medical/mental health staff shall sign a medical treatment refusal form;
3. Upon receiving notification of a request for reasonable accommodation pursuant to 103 DOC 408.07 (1), the Institution ADA Coordinator shall attempt to engage in dialogue with the inmate. The Institution ADA Coordinator shall discuss with the inmate his/her impairment(s) which forms the basis of the request;
4. After discussing the accommodation with the inmate, the Institution ADA Coordinator shall first assess whether the accommodation is reasonable. If so, the Institution ADA Coordinator shall assess whether the request impacts any safety or security concerns, necessitates any physical plant adjustments, requires accessibility alternatives for a program or service or, whether the request for a reasonable accommodation requires a further assessment of the inmate's physical/mental condition;
5. If a safety or security concern exists which prohibits the granting of the request, the Institution ADA

Coordinator shall assess whether an alternative to the original request exists. If so, and provided this alternative does not present any medical/mental health concerns, the Institution ADA Coordinator shall discuss the alternative with the inmate. After this discussion, if the inmate accepts the alternative, the Institution ADA Coordinator shall indicate a modification decision on the Request for Reasonable Accommodation Form. If there is no alternative, or if the inmate refuses the proposed alternative, the Institution ADA Coordinator shall indicate a denial decision on the Request for Reasonable Accommodation Form. In either instance, the basis for the decision shall be clearly documented;

6. If the accommodation request requires a physical plant adjustment, the Institution ADA Coordinator shall consult with institution engineering staff to determine the feasibility of the adjustment. If necessary, the Department's Director of Resource Management shall be consulted. If it is determined that an adjustment shall be made, the Institution ADA Coordinator shall ensure that appropriate steps are taken to accommodate the request. He/She shall indicate on the Request for Reasonable Accommodation Form that the request is granted, indicating the basis for the decision. If it is determined that the adjustment is not able to be provided, the Institution ADA Coordinator shall assess whether an alternative exists. If so, he/she shall discuss the alternative with the inmate. After this discussion, if the inmate accepts the alternative, the Institution ADA Coordinator shall indicate a modification decision on the Request for Reasonable Accommodation Form. If there is no alternative, or the inmate refuses the proposed alternative, the Institution ADA Coordinator shall indicate a denial decision on the Request for Reasonable Accommodation Form. In either instance, the basis for the decision shall be clearly documented;
7. If the accommodation request requires accessibility alternatives for a program or service, the Institution ADA Coordinator shall consult with appropriate institution staff who oversee the program or service to determine the feasibility of the request. If necessary, the Department's Director of Program Services shall be consulted. If it is determined that accessibility is warranted, the Institution ADA

Coordinator shall ensure that appropriate steps are taken to accommodate the request. He/She shall indicate on the Request for Reasonable Accommodation Form that the request is granted, indicating the basis for the decision. If it is determined that the accommodation is not able to be provided, the Institution ADA Coordinator shall assess whether an alternative exists. If so, he/she shall discuss the alternative with the inmate. After this discussion, if the inmate accepts the alternative, the Institution ADA Coordinator shall indicate a modification decision on the Request for Reasonable Accommodation Form. If there is no alternative, or the inmate refuses the proposed alternative, the Institution ADA Coordinator shall indicate a denial decision on the Request for Reasonable Accommodation Form. In either instance, the basis for the decision shall be clearly documented;

8. If the request for reasonable accommodation requires an assessment of the inmate's physical/mental health condition, then the Institution ADA Coordinator shall arrange for the inmate to be evaluated by the institution's appropriate medical or mental health care provider. If medical/mental health staff determine that a medically prescribed accommodation is warranted, they shall convey the medical/mental health order to the Institution ADA Coordinator via the Medical Restrictions Form (Attachment C) per the 103 DOC 630 policy, and shall enter the order in the "Restrictions/Limitations/Special Needs" section of the "Medical Restrictions" screen of the Medical Module of the IMS;

Under no circumstances shall correctional staff substitute their judgment for that of medical/mental health staff where a medical accommodation has been prescribed. All medical orders are valid for one year, and shall be reviewed annually. Medically prescribed accommodations will also be reviewed annually, which review will include addressing institution safety and security concerns. Should a medically prescribed accommodation require a modification under these circumstances, the Institution ADA Coordinator shall notify medical/mental health staff of the safety/security concerns so that medical/mental health staff can appropriately modify the prescribed accommodation;

9. Upon approval of a reasonable accommodation, regardless of how the request was initiated, the Institution ADA Coordinator shall prepare and send an Accommodation Approval Memorandum (Attachment D) to the concerned inmate and distribute copies as indicated on the form and to whomever else the Institution ADA Coordinator deems necessary in order to properly implement the accommodation. Additionally, if the approval of a reasonable accommodation indicates a medical or mental health need, it shall be forwarded to the institution Health Services Administrator, who shall upon receipt of the Memorandum, enter a brief but informative description of the accommodation(s) in the "Restrictions/Limitations/Special Needs" section of the "Medical Restrictions" screen of the Medical Module of the IMS;
10. If the request is denied, the inmate shall be notified in writing and advised of the right to appeal the decision to the Department's Inmate ADA Coordinator.

#### **408.08 APPEAL**

Whenever an accommodation is either modified or denied, the inmate may appeal the decision to the Department's ADA Coordinator for Inmates. The appeal must be filed within ten (10) business days from receipt of the Institution ADA Coordinator's decision unless the Department ADA Coordinator for Inmates waives the time limitation for good cause. The appeal must be submitted on the Department's Request for Reasonable Accommodation Appeal Form, (Attachment B). Upon request, inmates with disabilities shall be provided assistance in completing the appeal form. The Department ADA Coordinator for Inmates shall review the appeal and may consult with the Institution ADA Coordinator or any other appropriate Department, institution or contractual medical/mental health staff in order to render a decision. The Department ADA Coordinator for Inmates may take any action that an Institution ADA Coordinator may take (e.g., consult with the inmate or appropriate institution staff). The Department ADA Coordinator for Inmates shall render a decision on the appeal within twenty (20) business days.

#### **408.09 INMATE WORK PROGRAMS**

No eligible inmate with a disability shall be prevented from participation in, or from enjoying the benefits of, existing work programs. The work assignment plan shall provide that

eligible inmates with disabilities have work opportunities in existing work programs available commensurate with their abilities and which are consistent with the institution's safety and security operations in accordance with 103 CMR 450, Institution Work Assignments.

**408.10 SUSPENSIONS DURING EMERGENCY OR TO FURTHER LEGITIMATE SECURITY INTERESTS**

In an emergency or disruption of normal institutional operation, or in furtherance of the legitimate security interests of an institution or the Department, any provision or section of this policy may be suspended, for any inmate or all inmates, by the Commissioner or designee.

**408.11 AUXILIARY AIDS AND SERVICES**

Unless legitimate penological interests warrant otherwise, auxiliary aids and services shall be provided when necessary to assist an inmate in effectively accessing existing programs and services, including but not limited to:

1. Educational/vocational/religious activities;
2. Appeal procedures;
3. Administrative or disciplinary proceedings, including protective custody and restrictive status hearings;
4. Orientation and classification proceedings;
5. Mental health counseling; and
6. Medical services.

**408.12 ASSISTIVE DEVICES FOR INMATES WHO ARE BLIND, VISUALLY IMPAIRED, DEAF, HARD OF HEARING, AND LATE DEAFENED**

The following assistive devices shall be provided, when medically necessary, to assist an inmate who is disabled to ensure access with a reasonable accommodation to existing programs, services, activities and/or benefits within the Department.

1. Deaf, Hard of Hearing and Late Deafened:
  - a. TDD/TTY for telephone use by and for deaf, hard of hearing or late deafened inmates - access to TDD/TTY shall be equivalent to access to telephones by hearing inmates except that additional time allowances shall be provided within reason for deaf, hard of hearing or late deafened inmates in order to facilitate communication via keyboard;



- b. inmate telephones with volume control;
- c. closed caption television/VCR decoder;
- d. sound amplification and assistive listening devices when deemed medically necessary;
- e. sound signals and flashing alarms;
- f. visual and sound smoke alarms;
- g. hearing aids and batteries, when deemed medically necessary; or
- h. any other item that might be reasonably required due to medical necessity.

Oral announcements and commands, whether through a public address system or other means, shall be communicated to inmates who are deaf, late deafened and hard of hearing, in a manner which can be understood. Deaf, late deafened and hard of hearing inmates shall not be disciplined for failure to obey an order or rule which may not have been communicated to the inmate in a manner which could not be understood by the inmate who is deaf, late deafened or hard of hearing.

The institution shall ensure a means of notifying inmates who are deaf, late deafened and hard of hearing, of such things as emergencies, counts, and announcements whenever and wherever the inmate may be in the institution, either manually, in writing, or otherwise..

2. Blind and Visually Impaired:

- a. large print books;
- b. books on tape;
- c. trained inmate assistants designated by the Superintendent;
- d. orientation and inmate handbooks in large print or audio as needed;
- e. cane, when deemed medically necessary; or
- f. any other item that might be reasonably required due to medical necessity.

The institution shall ensure that a trained inmate assistant designated by the Superintendent be provided for inmates who are visually impaired during an emergency or any type of movement, as necessary.

**408.13 TRAINING**

The Director of Staff Development shall develop an ADA training Curriculum in conjunction with the Department's ADA Coordinator for Inmates for all Department employees and contractors. All

new employees and contractors shall receive ADA training as a component of pre-service training and Institution orientation. Existing employees shall receive ADA training as needed by the ADA Institution Coordinator.

The ADA Coordinator at each institution shall receive specialized training by a competent authority related to ADA and trained in the requirements of this directive.

#### **408.14 INTER-INSTITUTIONAL TRANSFERS**

1. The Superintendent of each facility shall ensure that the written and automated records of all admissions to the facility are reviewed for approved accommodations as part of the admissions process. Additionally, the institution's admission procedures shall include a mechanism by which the Institution ADA Coordinator, or Shift Commander during non-business hours, is either notified upon the arrival of transferred inmates with approved accommodations or proactively ensures the review of the applicable screen(s) in IMS to note such arrival.
2. Pending a review by the receiving institution's medical staff, all medically prescribed accommodations that were approved at the sending institution shall be honored at the receiving institution, subject to any adjustments made as a result of the initial medical screening process. Upon review, should medical staff determine that a modification or discontinuance of the medically prescribed accommodation is appropriate, he/she shall convey such changes to the Institution ADA Coordinator pursuant to the procedure set forth in 103 DOC 408.06.

Under no circumstances shall correctional staff at the receiving institution substitute their judgment for that of medical staff where a medical accommodation has been prescribed at the sending institution.

3. Pending a review by the receiving institution's ADA Coordinator, all accommodations, other than those medically prescribed, that were approved at the sending institution, shall be honored at the receiving institution to the extent possible, given the receiving institution's differing security level, rules and requirements.

The ADA Coordinator at the receiving institution may alter the accommodation in a manner consistent with 103 DOC 408.07, based upon factors or conditions at that institution. In doing so, the Institution ADA Coordinator

should consult with the appropriate correctional, medical and/or mental health staff.

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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION

REQUEST FOR REASONABLE ACCOMMODATION

Name of Inmate:	Inmate's #:
Institution:	
Describe your disability:	
How does this disability limit your daily activities?	
What accommodation(s) are you requesting for your disability?	

I expressly agree to cooperate in the handling of my request, including but not limited to, agreeing to be interviewed by medical/mental health staff, as well as agreeing to an examination by medical/mental health staff in an effort to resolve the request.

\_\_\_\_\_  
Inmate Printed Name

\_\_\_\_\_  
Inmate Signature and Date

**Received by:**

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature and Date

**Please send completed form to: Institution ADA Coordinator**

\*\* DENIED REQUESTS FOR REASONABLE ACCOMMODATIONS MAY BE APPEALED TO THE DEPARTMENT INMATE ADA COORDINATOR WITHIN 10 BUSINESS DAYS FROM THE DATE OF THE INSTITUTION ADA COORDINATOR'S DECISION.

**To be completed by the Institution ADA Coordinator:**

Request for reasonable accommodation received on: \_\_\_\_\_  
Date

Medical/mental health staff has been consulted regarding request  
(circle one):

YES NO

Name of Medical/Mental Health Staff

Consulted: \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

A medical order exists concerning inmate's accommodation:

YES (please attach) NO

Date of Inmate Dialogue: \_\_\_\_\_

Summary of Dialogue with inmate:

Request for reasonable accommodation is:

Granted ( ); Modified ( ); Denied ( )

Basis for decision:

Signatures: \_\_\_\_\_

Deputy Superintendent  
Institution ADA Coordinator

Date \_\_\_\_\_

\*\* DENIED REQUESTS FOR REASONABLE ACCOMMODATIONS MAY BE APPEALED TO THE DEPARTMENT  
INMATE ADA COORDINATOR WITHIN 10 BUSINESS DAYS FROM THE DATE OF THE INSTITUTION ADA  
COORDINATOR'S DECISION.

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
APPEAL FROM DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Name of Inmate:	Inmate's #:
Institution:	
Rationale for appeal:	
What accommodation(s) are you requesting for your disability?	

I expressly agree to cooperate in the handling of my request, including but not limited to, agreeing to be interviewed by medical/mental health staff, as well as agreeing to an examination by medical/mental health staff in an effort to resolve the request. Additionally, I understand that my Request for Reasonable Accommodation (Attachment A) will be reviewed by the Department ADA Coordinator for Inmates during the appeal process.

\_\_\_\_\_  
Inmate Printed Name

\_\_\_\_\_  
Inmate Signature and Date

**Please send completed form to:**

Department Inmate ADA Coordinator  
Health Services Division  
50 Maple Street  
Milford, MA 01757

-----  
**To be completed by** Department ADA Coordinator for Inmates:

Request for reasonable accommodation appeal received on: \_\_\_\_\_  
Date

Medical staff has been consulted regarding appeal (circle one):  
YES                      NO

Name of Medical/Mental Health Staff Consulted:

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

A medical order exists concerning inmate's accommodation:  
YES (please attach) NO

Request for reasonable accommodation is:  
Granted ( ); Modified ( ); Denied ( )

Basis for decision:

Signatures: \_\_\_\_\_ Date \_\_\_\_\_  
Department ADA Coordinator for Inmates

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**MEDICAL SERVICE PROVIDER FORM**  
**MEDICAL RESTRICTIONS**

_____		_____	_____
<b>NAME</b>		<b>ID #</b>	<b>INSTITUTION</b>
_____		_____	_____
<b>DATE</b>		<b>EXPIRATION DATE</b>	
_____		_____	
<b>TO: _____</b>			
<b>(D.O.C. DESIGNEE)</b>			

The above named inmate has been determined to have the following needs/restrictions due to a current medical condition:

<u>TYPE</u>	<u>DATE</u>	<u>(FROM)</u>	<u>(TO)</u>
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____
_____	_____	_____	_____
OTHER (DESCRIBE BELOW)	_____	_____	_____
_____	_____	_____	_____

**TRANSPORTATION RESTRICTIONS:**

MODIFIED RESTRAINTS TYPE: \_\_\_\_\_

\_\_\_\_\_

SEDAN: \_\_\_\_\_

WHEELCHAIR VAN: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL REASON:**

\_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY: _____	DATE: _____	TIME: _____
MD/PA/NP		
REVIEWED BY: _____	DATE: _____	TIME: _____
HSA		
APPROVED BY: _____	DATE: _____	TIME: _____
SITE MEDICAL DIRECTOR		
REVIEWED BY: _____	DATE: _____	TIME: _____
DEPUTY SUPT, IAC		



(ORIGINAL IN MEDICAL RECORD AFTER APPROVAL)  
 (COPY TO DOC DESIGNEE)

TO: INMATE \_\_\_\_\_ ID# \_\_\_\_\_

FROM: \_\_\_\_\_, Deputy Superintendent, IAC

RE: **Disabled Inmate Reasonable Accommodation**

DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Be advised the above named inmate is authorized for the following reasonable accommodation(s) due to a limitation or impairment in one or more major life activities.

**LIMITATIONS:**

	<u>From</u>	<u>To</u>
1. <u>Work Program:</u>		
<input type="checkbox"/> No Work	_____	_____
<input type="checkbox"/> Light Work	_____	_____
<input type="checkbox"/> No Heavy Machinery/Heights	_____	_____
<input type="checkbox"/> Other _____	_____	_____
2. <u>Physical Activity:</u>	<u>From</u>	<u>To</u>
<input type="checkbox"/> Difficulty with Ambulation	_____	_____
<input type="checkbox"/> Prosthetic Device	_____	_____
<input type="checkbox"/> Other _____	_____	_____

**SPECIAL NEEDS/ACCOMMODATIONS:**

1. <u>Special Housing:</u>	<u>From</u>	<u>To</u>
<input type="checkbox"/> Close Proximity to H.S.U.	_____	_____
<input type="checkbox"/> H.S.U. Bed	_____	_____
<input type="checkbox"/> Floor Level	_____	_____
<input type="checkbox"/> Other _____	_____	_____
2. <u>Handicapped Accessibility:</u>	<u>From</u>	<u>To</u>
<input type="checkbox"/> Wheelchair	_____	_____
<input type="checkbox"/> Handicapped Cell	_____	_____
<input type="checkbox"/> Bottom Bunk	_____	_____
<input type="checkbox"/> Other (e.g. Visual, Hearing) _____	_____	_____
3. <u>Special Items (Describe Below):</u>	<u>From</u>	<u>To</u>
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

DATES

TRANSPORTATION RESTRICTIONS:

( ) Modified Restraint(s) due to:

From

To

( ) Sedan

( )

( ) Wheelchair Van

COMMENTS:

\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_

**COPY:** Assistant Deputy Commissioner of Clinical Services  
Superintendent  
Deputy Superintendent of Programs  
Director of Security  
Shift Commanders, 7-3, 3-11, 11-7  
Health Services Administrator

Institutional Assignment Officer  
Property Officer  
Inmate's Six-Part Folder  
File