

 <p style="text-align: center;">Massachusetts Department Of Correction POLICY</p>	Effective Date 4/30/2021	Responsible Division Deputy Commissioner, Clinical Services and Reentry		
	Annual Review Date 3/29/2021			
Policy Name 103 DOC 408 REASONABLE ACCOMODATIONS FOR INMATES	M.G.L. Reference: 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 <u>et seq.</u>			
	DOC Policy Reference: 103 DOC 473; 103 CMR 491; 103 DOC 630			
	ACA/PREA Standards: 2-CI-51-1; 4-ACRS-5A-19; 4-ACRS-6A-01-1; 4-ACRS-6A-04; 4-ACRS-6A-04-2; 5-ACI-2C-11; 5-ACI-2C-12; 5-ACI-2C-13; 5-ACI-5B-11; 5-ACI-5E-02; 5-ACI-5E-03; 5-ACI-5E-04; 5-ACI-7D-11; 5-ACI-7D-13; PREA: 115.16			
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Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<p>PURPOSE: 103 DOC 408 is intended to address Department of Correction (Department) inmate requests and/or needs for a Reasonable Accommodation which may fall under the Americans with Disabilities Act (ADA) or other provisions of local, state and federal law.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Clinical Services & Reentry Assistant Deputy Commissioner, Clinical Services Department ADA Coordinator for Inmates Director of Resource Management Superintendents Institution ADA Coordinators</p> <p>CANCELLATION: 103 DOC 408 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations which are inconsistent with this policy.</p> <p>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.</p>				

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408.01

DEPARTMENT POLICY

It is the Department's policy not to discriminate against any person protected by the ADA. The Department shall ensure that its programs, activities and services, when viewed in their entirety, are readily accessible to, and usable by, Inmates with a Disability.

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 Inmates with a Disability, as well as in all the legal requirements for the protection of Inmates with Disabilities.

The Department shall make its programs, services, and activities accessible to all Inmates with a Disability. Consistent with 28 C.F.R. §§ 35.130(h), 35.139(a)-(b), 35.150(a)(3), the Department need not provide accommodations in the following circumstances:

- (a) If the accommodation will result in a fundamental alteration in the nature of a program, activity, or service or in undue financial or administrative burdens. The decision that an accommodation would result in a fundamental alteration or in undue financial or administrative burdens must be made by the Commissioner or designee, after considering all resources currently available for use in the funding and operation of Department programs and services, and must be accompanied by a written statement of reasons documenting that conclusion, in accordance with 28 C.F.R. §§ 35.150(a)(3) and 35.164;
- (b) If the accommodation will result in actual risks or impairment of the safe operation of a Department program, activity, or service, in accordance with 28 C.F.R. § 35.130(h);
- (c) If the inmate seeking to participate in or benefit from the Department program, activity, or service, poses a Direct Threat to the health or safety of the inmate or others. To determine whether an inmate poses a Direct Threat, the Department must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of Auxiliary Aids or Services will mitigate the

risk, in accordance with 28 CFR § 35.139 (b).

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.*

ADA Record: File folder containing inmate ADA-related documents that shall follow the inmate if they transfer to another Department institution.

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.

CapTel Telephones: A specialized telephone that permits verbal communication in the same manner as a traditional telephone and automatically connects to a captioning service that transcribes the content of the conversation, which provides captions on the device's built-in screen.

Deaf: Denotes individuals who cannot hear or who, as a result of hearing loss, are 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.

Direct Threat: A significant risk to the health or safety of the Deaf or Hard-of-Hearing inmate or others that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of Auxiliary Aids and Services as provided in 28 CFR § 35.139.

Disability Accommodation Resources Assessment: An assessment by the Department's Institution ADA Coordinator and/or the Department's ADA Coordinator for Inmates of the inmate's hearing related or sight related needs so

that they may effectively communicate and have effective, meaningful, and substantially equal access to Department programs, services, and activities.

Effective Communication: Communication that is as clear and understandable to persons with disabilities as it is for persons who do not have disabilities.

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

Inmate with a Disability: 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.

Institution ADA Coordinator: The individual designated by the Superintendent responsible for ensuring institution compliance with the ADA as it applies to inmates and 103 DOC 408.

Late Deafened: An inmate who has a severe to profound hearing loss, which occurred after his/her/their 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 Commission for the Deaf and Hard-of-Hearing (MCDHH): MCDHH is the principal agency in the Commonwealth working on behalf of people of all ages who are Deaf and Hard-of-Hearing.

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 who can interpret effectively,

accurately, and impartially, both receptively and expressively, using American Sign Language (ASL).

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.

TTY device: A device which allows text communication over a telephone line designed for use by persons with a hearing disability.

408.03

SELF-EVALUATION AND COMPLIANCE PLAN

Each Superintendent's objective shall be to provide an environment in their institution which is accessible to persons with a disability. Each Superintendent is required to annually conduct a self-evaluation of the 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 a Disability in its programs, activities and services. Each Superintendent 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 a Disability in its programs, activities or services;
 - c. Reviewing institution policies, procedures and practices to ensure Effective Communication with all inmates, including Inmates with a Disability;
 - 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 a Disability 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 (HSD), 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 a Disability;
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. Consult with institution and Department administrators to coordinate, plan, and purchase adaptive equipment for Inmates with a Disability;

4. Consult with the Director of Resource Management, and recommend structural changes, where warranted, to comply with ADA requirements;
5. Consult with the Assistant Deputy Commissioner (ADC) of Clinical Services and Reentry/designee, to implement practices which enable Inmates with a Disability 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 a Disability, consistent with safety and security;
7. Consult with the Director of the Division of Staff Development to:
 - 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 for Inmates. 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 their 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. Conduct Disability Accommodation Resources Assessment of inmates identified as having hearing-related or sight-related disability. The **Disability Accommodation Resources Assessment Form** is attached hereto as Attachment G;
8. 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;
9. Ensure that appropriate documentation concerning an inmate's Reasonable Accommodation(s) is maintained in the inmate's ADA Record;
10. 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/they require an accommodation because of a disability and shall record the inmate's response. Booking staff responsible for intake at each institution shall provide all newly admitted inmates to that institution with a copy of an **Inmate Orientation to ADA** form (Attachment E) to be reviewed and signed by the inmate and the staff providing the form. If an inmate states that they require an accommodation because of a disability, or

alternatively, where staff have reason to believe a disability exists, 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*. Additionally, staff shall notify inmates of all telecommunication services and devices available at the institution by providing the **Telecommunication Aids and Services for Effective Communication** form (Attachment F). 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 or Hard-of-Hearing, Blind, or has other physical or mental impairments which significantly limit access to programs and services in the institution, they 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. If an inmate is unable to effectively read or communicate through written English as a result of their disability, the Institution ADA Coordinator shall promptly provide the inmate with those Auxiliary Aids and/or Services necessary so the inmate may effectively communicate and receive effective and substantially equal access to all programs, services and activities. Inmates who are sight impaired shall receive large print copies or audio tape, if appropriate. Inmates who are Deaf and Hard-of-Hearing and whose primary language is American Sign Language (ASL) shall promptly be provided with a Qualified Sign Language Interpreter services. The Department shall ensure that all inmates have access to 103 DOC 408.

408.07

REQUESTS FOR REASONABLE ACCOMMODATIONS

A. How to Initiate a Request 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, including the Institution ADA Coordinator;
 - (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. 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 or verbal request. When a request for a Reasonable Accommodation is initiated by an inmate directly to a staff person it must be provided to the Institution ADA Coordinator the same day it is received. 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. The decision to modify or deny an accommodation that would result in a fundamental alteration or in undue financial or administrative burdens, or for safety and security concerns, or for the inmate seeking to participate in or benefit from a Department program, activity, or services who poses a Direct Threat to the health and safety of the inmate or others must be made by the Commissioner or their designee and documented with the basis for modifying or denying the accommodation. The Institution ADA Coordinator shall: (1) store this documentation in the inmate's ADA Record; and (2) shall give the inmate a hard copy of this documentation along with written notification of the decision modifying or denying the requested accommodation and notice of the inmate's right to appeal within no more than three (3) days after the decision is rendered.
3. Decisions on an inmate's Request for Reasonable Accommodation(s) shall be rendered by the Institution ADA Coordinator within twenty (20) business days from the receipt date.
4. Inmates may also initiate requests for a Reasonable Accommodation with the contracted medical/mental health provider via the special needs/restriction process. If the medical restriction is approved, the contracted 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.

5. 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 /their 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 /their Request for Reasonable Accommodation, their 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.
6. 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 /their impairment(s) which forms the basis of the request.
7. 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.
8. 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.

9. If the accommodation request requires a physical plant adjustment, the Institution ADA Coordinator shall consult with the Superintendent and 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. They 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, they 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.
10. If the accommodation request requires accessibility alternatives for a program or service, the Institution ADA Coordinator shall consult with the appropriate institution staff member who oversees 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. They 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, they 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.
11. The Institution ADA Coordinator shall store all approved, modified, and or denied Reasonable Accommodation

documentation in the inmate's designated ADA Record. Additionally, all completed Request for Reasonable Accommodation Forms shall be forwarded to the Department ADA Coordinator for Inmates.

12. 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, *Medical Service* 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.
13. Under no circumstances shall correctional staff substitute their judgment for that of medical/mental health staff where a medical accommodation has been prescribed. Additionally, a determination by medical/mental health staff to not prescribe a medical order or medical accommodation to an inmate shall not preclude the Institution ADA Coordinator or Department ADA Coordinator for Inmates from approving other accommodations that are necessary for the inmate's Effective Communication or effective, meaningful, and substantially equal access to Department programs, services, and activities. All medical orders are valid through the specified expiration date, and shall be reviewed no less than 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.
14. 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. The Institution ADA Coordinator shall store this approved Reasonable Accommodation

documentation in the inmate's designated ADA Record. The Institution ADA Coordinator shall also enter the accommodation(s) in the "ADA" screen of the Medical Module of the IMS. 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.

15. The Department shall not assess the cost of approved accommodations to the Inmate with a Disability in accordance with 28 C.F.R. 35.130(f).
16. 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 within 10 business days from receipt from the Institution ADA Coordinator. Additionally the Institution ADA Coordinator shall store this denied Reasonable Accommodation documentation in the inmate's designated ADA Record.
17. The Department shall provide appropriate Auxiliary Aids and/or Services, including Qualified Sign Language Interpretation and writing assistance, to any inmate who cannot effectively complete the Department's Reasonable Accommodation process without such accommodations due to a disability. Auxiliary Aids and/or Services will be made available at all stages of the Department's Reasonable Accommodation process, including to assist the inmate in (1) completing the request for Reasonable Accommodation form; (2) Effectively Communicating with the Institution ADA Coordinator; (3) Effectively Communicating with the contracted medical provider staff conducting an evaluation related to a medically prescribed accommodation; (4) reading and fully understanding the content of a decision concerning a requested accommodation; and/or (5) completing the appeal form. Inmates who need Auxiliary Aids and Services to access the Reasonable Accommodation process will not be required to submit a written request or complete the Department's Reasonable Accommodation process in order to receive assistance in any stage of the Reasonable Accommodation process.

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 contracted 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

The Department shall provide inmates with disabilities opportunities for institutional work assignments that are consistent with the opportunities for the same assignments afforded to other inmates. 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 a Disability 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*. If the Department denies an Inmate with a Disability access to work assignments on the basis that the work assignment presents a Direct Threat of injury or death to the inmate, the reason for that decision must be documented in the inmate's ADA Record.

408.10

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:

- a. Educational/vocational/religious activities;
- b. Appeal procedures;
- c. Administrative or disciplinary proceedings, including protective custody and restrictive status hearings;
- d. Orientation and classification proceedings;
- e. Mental health counseling; and
- f. Medical services.

AUXILIARY AIDS AND SERVICES FOR INMATES WHO ARE BLIND, VISUALLY IMPAIRED, DEAF, HARD-OF-HEARING, AND LATE DEAFENED

1. When an inmate has been identified as Deaf or Hard-of-Hearing or Blind or visually impaired at any time during their incarceration, including at intake or by the Department's contracted medical provider, the Institution ADA Coordinator shall conduct a Disability Accommodation Resources Assessment that assesses the inmate's hearing related or sight related needs so that he/she/they may effectively Communicate and receive effective, meaningful, and substantially equal access to Department programs, services, and activities during their incarceration.
 2. Auxiliary Aids and Services shall be provided, when medically necessary or approved through the Disability Accommodation Resources Assessment or the Reasonable Accommodation process, as determined by the Department, 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.
 3. If an inmate arrives in Department custody with a hearing-related or sight-related medical device or hearing-related or sight-related Auxiliary Aid, they shall be permitted to retain such assistive device pending intake assessment by contracted medical provider staff, absent security concerns.
 4. If an inmate's hearing or vision impairment has been identified as a clinical condition that is not expected to resolve or improve through the passage of time, the contracted medical provider will designate a medically prescribed Auxiliary Aid or Service as an open-ended medical restriction, which will be subject to periodic reviews for appropriateness. If such medical restriction is modified or discontinued, the reasons for the modification or discontinuation will be documented.
- A. Deaf, Hard-of-Hearing and Late Deafened:
1. Auxiliary Aids and Services for Deaf, Hard-of-Hearing, and Late Deafened inmates may include the following:
 - a. Teletypewriter(TTY);
 - b. Inmate telephones with volume control/amplification;
 - c. Videophones (Inmates whose primary language is sign language);
 - d. Video Relay Services (VRS)(Inmates whose primary language is sign language);
 - e. Captioned telephone/CapTel telephone;
 - f. Hearing aid compatible telephone;

- g. Qualified Sign Language Interpreter;
 - h. Communication Access Real Time Translation (CART);
 - i. Closed caption television/VCR decoder;
 - j. Sound amplification and assistive listening devices when deemed medically necessary;
 - k. Sound signals and flashing alarms;
 - l. Visual and sound smoke alarms;
 - m. Vibrating watch;
 - n. Hearing aids and batteries, when deemed medically necessary;
 - o. Pictogram flashcard;
 - p. ID Card or Badge;
 - q. ID sign for room;
 - r. Visual and tactile notification devices (Pagers or Receivers; and
 - s. Other items that might be reasonably required due to medical necessity.
2. The Institution ADA Coordinator shall ensure that Deaf and Hard-of-Hearing inmates receive Auxiliary Aids and services to ensure Effective Communication during inmate orientation. All Deaf or Hard-of-Hearing inmates whose primary language is ASL shall receive Qualified Sign Language Interpretation for the purposes of inmate orientation, interpretation of the Inmate Handbook, and interpretation of the notification regarding the telecommunication services and devices available to Deaf and Hard-of-Hearing inmates at Department Institutions.
 3. The Institution ADA Coordinator shall make a written record of any accommodations provided to Deaf and Hard-of-Hearing inmates for the purposes of orientation in each inmate's ADA Record.
 4. The Department reserves the right to confiscate any Auxiliary Aid if the Deaf or Hard-of-Hearing inmate for whom it has been approved intentionally destroys, damages, and/or alters said Auxiliary Aid or intentionally misuses it to use it for an unintended purpose. If an Auxiliary Aid is confiscated, the Department shall take other action(s) to nevertheless ensure that the Deaf or Hard-of-Hearing inmate receives effective access to programs and/or services.
 5. The Department shall allow all Deaf and Hard-of-Hearing inmates who utilize hearing aids to keep their hearing aids on their person if placed in a Restrictive Housing Unit (RHU), absent a legitimate health or security risk specifically related to the inmate's retention of the hearing aid(s). If the Department denies a Deaf or Hard-of-Hearing inmate access to hearing aids on this basis, the reason for this decision must be documented in the inmate's ADA Record.

6. The Department shall ensure that, if a Deaf or Hard-of-Hearing inmate who utilizes hearing aids is placed on a Mental Health watch, the Department's contracted medical provider shall not confiscate their hearing aids unless the contracted medical provider determines that the inmate's retention of the hearing aids presents a risk to the inmate's health, safety, or security. If the contracted medical provider confiscates a Deaf or Hard-of-Hearing inmate's hearing aid(s) in such circumstances, the reason for that decision shall be documented in the inmate's medical records.

7. Qualified Sign Language Interpreters: When it has been determined that a Deaf or Hard-of-Hearing inmate needs an ASL interpreter to have communications that are substantially as effective as communications by hearing inmates, the Department shall ensure that Qualified Sign Language Interpreter services are available at the programs, appointments and/or major events listed below without requiring the inmate to submit a request for accommodation pursuant to the 408 Policy:
 - a. Inmate orientation;
 - b. Classification hearings;
 - c. Sex Offender treatment programming;
 - d. Inner Perimeter Security or other Department investigations and related questioning;
 - e. Disciplinary proceedings;
 - f. Medical appointments, evaluations, mental health services, and the bi-weekly mental health rounds for inmates in Restrictive Housing, (but excluding routine medical events like daily insulin shots or trips through the medication line) that occur within DOC Facilities (to be provided by the Department's medical provider);
 - g. RHU proceedings at which the inmate has the opportunity to appear in person;
 - h. Grievance interviews;
 - i. Scheduled meetings with the Institutional ADA Coordinator, Department ADA Coordinator for Inmates, or Contract Medical Provider concerning request for accommodations;
 - j. Educational and vocational classes in which the inmate is enrolled;
 - k. All programs included on the inmate's Personalized Program Plan in the Need Areas of Substance Abuse, Criminal Thinking, Anger, Cognitive/Behavioral, Academic Education/Vocational, and Sex Offender Treatment;
 - l. Any programs in which the inmate is enrolled for which earned good time may be awarded, leading to a possible reduction in sentence, or where a liberty interest may be implicated;
 - m. Programs and meetings concerning reentry and discharge planning;
 - n. Religious Services; and

- o. Any specific pre-release Department program recommended by the Parole Board.
8. Inmate requests for Qualified Sign Language Interpretation for events and circumstances other than the ones listed above shall be considered and processed in accordance with the 408 Policy. When circumstances prevent the Department from providing necessary interpreter services for the programs, appointments, and/or major events listed above, the Department must document in writing the reason(s) that such services could not be provided and must take any other action to ensure that, to the maximum extent possible, the Deaf or Hard-of-Hearing inmate receives substantially equal access to the benefits or services provided by the Department.
9. ASL is the most commonly encountered form of sign language in the United States. If the Institutional ADA Coordinator requires assistance or guidance in accommodating a non-ASL sign language speaker, they should contact the Department ADA Coordinator for Inmates.
10. The Department is not required to provide a Qualified Sign Language Interpreter for a program or event if: (1) (1) the inmate knowingly and voluntarily waives in writing /their right to a Qualified Sign Language Interpreter; (2) the Department can demonstrate that another substantially equal and effective means of communication is available; or (3) provision of a Qualified Sign Language Interpreter would result in a fundamental alteration in the service, program, or activity, in undue financial or administrative burdens, or in actual risks or impairment of the safe operation of a Department institution or the service, program, or activity..
11. Telecommunication Services: The Department offers telecommunication devices and services to Deaf and Hard-of-Hearing individuals and to other Inmates with a Disability to enable Effective Communication with people outside Department facilities. These devices and services include Videophones, Video Relay Services (VRS), Teletypewriters (TTY), Captioned Telephones (CapTel), amplification on traditional phones, and hearing aid compatible traditional phones.
12. Videophones are available to Deaf and Hard-of-Hearing inmates whose primary language is sign language. The purpose of videophones is to enable approved inmates who communicate using sign language to Effectively Communicate with sign language speakers outside of DOC facilities through point-to-point video communication and to communicate with hearing individuals outside of DOC facilities through the use of VRS, which allows communications between signing inmates and hearing individuals through a sign language interpreter.
13. Deaf and Hard-of-Hearing inmates may be approved for and receive

regular access to more than one of the above telecommunication service(s) or device(s).

14. Inmates who have been approved to use videophones, VRS, TTY, and/or CapTel devices will be allowed **twice the amount of time** to complete calls using these devices as is afforded to inmates who complete telephone calls using traditional telephones, subject to operational or security concerns or administrative constraints (e.g., institutional emergencies).
15. Visual and/or tactile notification devices: Vibrating watches that can be set to vibrate at specified times (major counts, for example) shall be available to approved Deaf and Hard-of-Hearing inmates.
16. Deaf and Hard-of-Hearing inmates whose primary language is sign language are not required to complete a request for Reasonable Accommodation or to complete the Reasonable Accommodation process to be approved for access to videophone, CapTel, or TTY devices or to be provided a vibrating watch. Deaf and Hard-of-Hearing inmates whose primary language is sign language shall also be offered a pager/receiver that will allow Department staff to send an alert to the inmate's device.
17. 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 with a Disability in a manner which could be understood by the inmate.

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.

B. Blind and Visually Impaired:

1. Assistive devices for Blind and visually impaired inmates may include the following:
 - 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;
 - f. Pictogram flashcard;

- g. ID Card or Badge;
 - h. ID Sign for room;
 - i. Note takers;
 - j. Talking/vibrating watch;
 - k. Braille materials;
 - l. Braille Teletypewriter (TTY); and
 - m. Other items that might be reasonably required due to medical necessity.
2. The Institution ADA Coordinator shall ensure that Blind or visually impaired inmates receive such Auxiliary Aids and Services to ensure Effective Communication during inmate orientation, interpretation of the Inmate Handbook, and interpretation of the notification regarding the telecommunication services. The Institution ADA Coordinator shall make a written record of any accommodations provided to Blind or visually impaired inmates for the purposes of orientation in each inmate's ADA Record.
 3. When circumstances prevent the Department from providing necessary aids and services for programs, appointments, and/or major events, the Department must document in writing the reason(s) that such aids and services could not be provided and must take any other action to ensure that, to the maximum extent possible, the Blind or visually impaired inmate receives substantially equal access to the benefits or services provided by the Department.
 4. The Department reserves the right to confiscate any Auxiliary Aid if the Blind or visually impaired inmate for whom it has been approved intentionally damages and/or destroys said Auxiliary Aid, or intentionally misuses or alters said Auxiliary Aid in order to use it for an unintended purpose. If an Auxiliary Aid is confiscated, the Department shall take other action(s) to nevertheless ensure that the Blind or visually impaired inmate receives effective access to benefits and/or services.

The Department shall allow all Blind or visually impaired inmates who utilize Auxiliary Aids to have them on their person if placed in a RHU, absent a legitimate health or security risk specifically related to the inmate's retention of the Auxiliary Aid(s). If the Department denies a Blind or visually impaired inmate access to Auxiliary Aids on this basis, the reason for this decision must be documented in the inmate's ADA Record.

The Department shall ensure that, if a Blind or visually impaired inmate who utilizes Auxiliary Aids is placed on a Mental Health Watch, the Department's contracted medical provider shall not confiscate their Auxiliary Aids unless the contracted medical provider determines that the

inmate's retention of the Auxiliary Aids presents a risk to the inmate's health, safety, or security. If the contracted medical provider confiscates a Blind or visually impaired inmate's Auxiliary Aid(s) in such circumstances, the reason for that decision shall be documented in the inmate's medical records.

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

408.12

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.

408.13

INTER-INSTITUTIONAL TRANSFERS

1. The Superintendent of each institution shall ensure that the written and automated records of all admissions to the institution 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, they 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.

408.14

STAFF ACCESS

The Department will provide appropriate Auxiliary Aids and/or Services including, Qualified Sign Language Interpretation and writing assistance, to any Inmate with a Disability to ensure that they have effective access to Staff Access periods that is substantially equal to the access available to other inmates at the same institution, or, alternatively, that they have effective access to Department staff who are available during Staff Access periods in a separate meeting at least as frequently as other inmates who have access to such staff during Staff Access periods at the same institution. Inmates who, by reason of their disability, cannot effectively access the Department's Staff Access period shall not be required to submit a written request or complete the Department's Reasonable Accommodation process in order to receive assistance regarding Staff Access.

The Department will engage in dialogue with the inmate who needs Auxiliary Aids and/or Services which must be scheduled in advance (e.g. Qualified Sign Language Interpreters, CART services, etc.) to establish the frequency the inmate intends to attend Staff Access periods.

408.15

GRIEVANCE PROCEDURE UNDER THE ADA

The Department provides an inmate grievance procedure, 103 CMR 491, *Inmate Grievances*, as required by the American with Disabilities Act (ADA). It may be used by an inmate who wishes to file a complaint alleging discrimination on the basis of disability with regard to services, activities, programs, or benefits that are provided by the Department. 103 CMR 491, *Inmate Grievances*, is available for inmates to view in the institution library.

The Department will also provide appropriate Auxiliary Aids and/or Services including, Qualified Sign Language Interpretation and writing assistance, to any

inmate who needs accommodation(s) to effectively complete the Department's grievance process. Auxiliary Aids and/or Services will be made available at all stages of the Department's grievance process. Inmates who, by reason of their disability, cannot effectively complete the Department's grievance process shall not be required to submit a written request or complete the Department's Reasonable Accommodation process in order to receive assistance with the grievance process.

Any inmate who is unable to initiate the grievance process in writing as a result of their impairment may inform a Correctional Program Officer or the Institution ADA Coordinator that they require assistance to initiate or complete the grievance process.

408.16

**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.

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: _____

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: _____ **Date** _____
**Deputy Superintendent
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.**

**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 the 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: _____

Department ADA Coordinator for Inmates

Date: _____

MEDICAL SERVICE PROVIDER FORM
MEDICAL RESTRICTIONS

INSTITUTION: _____
NAME: _____ **ID #:** _____ **D.O.B.:** _____
DATE: _____ **EXPIRATION DATE:** _____
TO: _____
(D.O.C. DESIGNEE)

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: _____ FROM: _____

INMATE NAME **ID#** **Deputy Superintendent, IAC**

RE: Inmate With A Disability 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>Dates</u> | |
|----|----------------------------------|---------------------|------------------|
| | | <u>From</u> | <u>To</u> |
| 1. | <u>Work Program:</u> | | |
| | () No Work | _____ | _____ |
| | () Light Work | _____ | _____ |
| | () No Heavy Machinery/Heights | _____ | _____ |
| | () Other _____ | _____ | _____ |
| 2. | <u>Physical Activity:</u> | <u>From</u> | <u>To</u> |
| | () Difficulty with Ambulation | _____ | _____ |
| | () Prosthetic Device | _____ | _____ |
| | () Other _____ | _____ | _____ |

SPECIAL NEEDS/ACCOMMODATIONS:

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

TRANSPORTATION RESTRICTIONS:

- | | | <u>From</u> | <u>To</u> |
|-----|-------------------------------|--------------------|------------------|
| () | Modified Restraint(s) due to: | | |
| | _____ | | |
| | _____ | | |
| () | Sedan | _____ | _____ |
| () | Wheelchair Van | _____ | _____ |
| () | Other _____ | _____ | _____ |

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**

Massachusetts Department of Correction Inmate Orientation to ADA

If you have a disability (defined below), you have the right to request reasonable accommodations per DOC policy **103 DOC 408, Reasonable Accommodations for Inmates**, in order to make programs and services you are receiving, or will receive, more accessible and usable to you. Under the Americans with Disabilities Act (ADA), an individual with a disability is a person who has:

- A physical or mental impairment that substantially limits one or more major life activities, such as: walking, talking, hearing, seeing, caring for oneself, or working;
- A record of such impairment; or
- Is regarded as having such an impairment.

A reasonable accommodation is any change in the environment or the way in which tasks are completed that allows you to participate in the program or service. Accommodating a disability is always evaluated in the context of it not being an undue burden on the Department, not jeopardizing safety or security, or not resulting in a fundamental alteration in the nature of a program or activity. The Department will attempt, upon request, to provide appropriate auxiliary aids and services to enhance communication for qualified inmates with disabilities so that they may participate fully in Department programs and services. The Department will also provide other means of making information and communications accessible to inmates who have speech, hearing, or vision impairments.

How to Ask for a Reasonable Accommodation

If you need a reasonable accommodation at any point while in the custody of the Massachusetts Department of Correction, ask any staff for a Request for Reasonable Accommodation form to fill out. Request forms can also be found in housing units and the facility library. Fill out the Request Section of the form, sign, and date it. If you need help filling out the request, ask a staff person. Your request will be reviewed and responded to within twenty (20) business days after the staff member receives your request. You will receive the decision regarding your request in writing.

How to Make a Complaint/Seek Review

If your request for accommodation is denied or modified by the Institution ADA Coordinator, or if you disagree with the decision, you have the right to file an appeal to the Department ADA Coordinator for Inmates by completing the Appeal from Denial of Request for Reasonable Accommodation which any staff can give you or which you can obtain in the library.

By signing below, you are stating that you have been oriented and understand your rights under the ADA while in the custody and/ or supervision of the Massachusetts Department of Correction.

NO, I am not requesting an accommodation at this time. I have been provided the Telecommunication Aids and Services for Effective Communication form.

Inmate Printed Name: _____
 Inmate Signature: _____ Inmate ID #: _____
 Facility: _____ Date: _____
 Staff Printed Name: _____ Staff Signature: _____

YES, I am requesting a reasonable accommodation at this time.

I have been given a Request for Reasonable Accommodation form to complete. I have been provided the Inmates with Disabilities Notice of Rights Under the Americans with Disabilities Act, copy of policy 103 DOC 408, Reasonable Accommodations for Inmates, and the Telecommunication Aids and Services for Effective Communication form.

Inmate Printed Name: _____
 Inmate Signature: _____ Inmate ID #: _____
 Facility: _____ Date: _____
 Staff Printed Name: _____ Staff Signature: _____

cc: Institution ADA Coordinator, Inmate ADA Record

Telecommunication Aids and Services for Effective Communication

Video Phone, Video Relay Service (VRS), Teletypewriter Telephone (TTY), Captioned Telephone (CapTel),
Amplification Enabled Telephone and Hearing Aid Compatible Telephone



Videophone and Video Relay Service (VRS)

Videophones can be used by inmates who are Deaf and/or Hard of Hearing and whose primary or secondary language is American Sign Language (ASL) or another Sign Language.

Inmates can make direct videophone calls to effectively communicate with sign language speakers through point-to-point video communication.

VRS calls allow the inmate to communicate in sign language with hearing individuals via an interpreter who will translate the sign language of the inmate back to the called party and then translate via sign language back to the inmate from the called party.

Inmates can request this reasonable accommodation through the Reasonable Accommodation process in DOC 408, Reasonable Accommodations for Inmates or through the Disability Accommodations Resources Assessment process.

Telephones will be placed in accessible locations for inmates with disabilities who have been granted access to Videophones.

Posters on Placing a Direct and VRS call shall be available to view above all stationary Videophones and in the respective housing units.

Teletypewriter Telephone (TTY)

TTY can be used by inmates with disabilities who have the ability to type written messages to either MA Relay Services or to another person with a Teletypewriter Telephone.

Inmates can request this reasonable accommodation through the Reasonable Accommodation process in DOC 408, Reasonable Accommodations for Inmates or through the Disability Accommodations Resources Assessment process.



Telephones will be placed in accessible locations for inmates with disabilities who have been granted access to TTY phones.

Captioned Telephone (CapTel)



CapTel telephones can be used by inmates who have disabilities and have the ability to hear conversations on the telephone and read text from the person speaking on the other end of telephone.

Inmates can request this reasonable accommodation through the Reasonable Accommodation process in DOC 408, Reasonable Accommodations for Inmates or through the Disability Accommodations Resources Assessment process.

Telephones will be placed in accessible locations for inmates with disabilities who have been granted access to CapTel telephones.

*Telephone hours of operation and accessibility need to be equal to that which is available to all inmates in the Institution. Also, telephone calls utilizing Videophones, VRS, TTY and CapTel phones shall be afforded **twice the amount of time** to complete calls as is afforded to inmates who complete telephone calls using traditional telephones, subject to operational or security concerns or administrative constraints (e.g., institutional emergencies).*

Telecommunication Aids and Services for Effective Communication

Videophone, Video Relay Service (VRS), Text Telephone (TTY), Caption Telephone (CapTel), Amplification Enabled Telephone and Hearing Aid Compatible Telephone

Traditional Telephones Adapted for Use by Deaf and Hard of Hearing

Amplification Enabled Traditional Telephones

Traditional telephones include a built in volume button that allows the user to amplify the call volume.

Hearing Aid Capable Traditional Telephones

Traditional telephones are hearing aid compatible in accordance with Federal Communication Commission Guidelines.



*Telephone calls utilizing amplified traditional telephones and hearing aid compatible traditional telephones shall be afforded the **same amount of time** to complete calls as is afforded to inmates who complete telephone calls using traditional telephones.*

The Department will attempt, upon request, to provide appropriate aids and services to enhance communication for qualified inmates with disabilities so that they may participate fully in Department programs and services. The Department will also provide other means of making communications accessible to inmates who have speech, hearing, or vision impairments. Supervisory staff on all shifts are trained on the location of the telephones, how to access the telephones, and how to properly utilize the equipment.

Disability Accommodation Resources Assessment

Inmate Name: _____ Date of Assessment: _____

Assessment conducted by: _____

Which describes you?



I am HARD OF HEARING Right Ear Left Ear Both Ears



I am DEAF Right Ear Left Ear Both Ears



I am BLIND Deaf-Blind Partially Blind Legally Blind

Which device(s) do you presently use?

Hearing Aid(s) Right Ear Left Ear Both Ears

Cochlear Implant(s) Right Ear Left Ear Both Ears

Other: _____

Please indicate what, if any, telecommunication device accommodations you are requesting:

CapTel Captioned Telephone Telephone with Amplified Volume Control Video Phone

TTY / TDD Teletypewriter Video Relay Services (VRS) Braille TTY

Please indicate what, if any, aid(s) and/or service accommodations you are requesting:

Block Letter Communicator Closed Captioned Video Hearing Aid(s)

I.D. Card or Badge I.D. Sign for Room Picture Flashcard(s)

Pocket Talker Device Receiver / Pager Vibrating Watch

Please indicate what, if any, secondary aid(s) and/or communication accommodations you are requesting:

- | | | |
|--|--|---|
| <input type="checkbox"/> Braille Materials | <input type="checkbox"/> Face-to-Face Lip Reading | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Large Print Materials | <input type="checkbox"/> Nothing in or Obstructing the Mouth of a Person Speaking to You | |
| <input type="checkbox"/> No Noise Environment | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Slow Rate of Speech |
| <input type="checkbox"/> Sound Amplification | <input type="checkbox"/> Writing Materials | <input type="checkbox"/> Written Communications |
-

Please indicate what, if any, communication, interpretation, translation, or transliteration accommodations you are requesting:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> CART Provider | <input type="checkbox"/> Certified Deaf Interpreter |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Oral Interpreter | <input type="checkbox"/> Pidgin Sign Language |
| <input type="checkbox"/> Signed Exact English | <input type="checkbox"/> Tactile American Sign Language | |
| <input type="checkbox"/> Transliterator | <input type="checkbox"/> Other: _____ | |
-

Results of Disability Accommodation Resources Assessment:

- Referred Inmate for Medical Assessment Date of Referral: _____

Request(s) for reasonable accommodation(s) above are:

- Request(s) Granted Request(s) Denied Request(s) Partially Granted / Denied

Explanation of Denial: _____

Signature: _____ Date: _____

Institution ADA Coordinator

- Inmate Appealing Decision to Department ADA Coordinator for Inmates

Date of Appeal: _____

Disability Accommodation Resources Assessment

Index of Terms

Telecommunication Devices:

CapTel (Captioned Telephone) – is a telephone that displays real-time text captions throughout the conversation, allowing the user to both listen to the call and/or read the written captions.

Telephone with Amplified Volume Control – these phones feature amplification controls that allow the user to turn the volume up higher than on a traditional phone.

Videophone – is a video device for those who use sign language to communicate with others.

TTY / TDD-Teletypewriter – these are text-based telecommunication devices that allow people to type messages back and forth.

Video Relay Services (VRS) – is a telecommunications service that enables people who use sign language to communicate with voice telephone users through video equipment, rather than through typed text.

Braille TTY – is a device that enables a deaf-blind person who reads braille to use the telephone. This device can also be used as a face-to-face communication device with which a deaf-blind person can communicate with a sighted individual who does not know braille.

Aids and Services:

Block Letter Communicator - is a communication device for individuals who are deaf-blind and who do not know Braille to communicate with sighted individuals. When a sighted person types on the unit's keyboard, the characters are presented as extra-large tactile block letters which a deaf-blind individual can feel.

Closed Caption Video – provides synchronized text of speech associated with a video, computer or television presentation.

I.D. Card or Badge – identifies the wearer as deaf or hard of hearing.

I.D. Sign for Room – identifies an occupant as deaf or hard of hearing.

Picture Flashcard(s) – these are visual aids that employ pictures to facilitate communication with deaf and hard of hearing individuals.

Pocket Talker Device – is a small unit, about the size of a deck of cards, with an attached microphone that transmits sound signals to someone wearing earphones or earbuds.

Receiver / Pager – is a small wearable device that can be used to alert or notify a deaf or hard of hearing individual by vibration, sound, or flashing lights.

Vibrating Watch – is a watch that uses vibrations to enable a deaf or hard of hearing person to set reminder alerts; i.e. appointments, count time, etc.

Secondary Aids and Communication Accommodations:

Braille – is a communication system that enables blind and/or deaf blind individuals to read and write through touch.

Face-To-Face Lip Reading – this is form of speech reading that helps individuals with hearing loss to understand speech by watching the speaker’s mouth and face.

Gestures – are non-verbal communications that add emphasis to spoken communication; i.e. facial expressions, body postures, hand movement, etc.

Large Print Materials – these are written materials which feature larger printing or font size.

Nothing in or Obstructing the Mouth of a Person Speaking to You – an unobstructed view of a speaker’s mouth is necessary for deaf and hard of hearing individuals who read lips. It is important that the speaker face the lip reader and does not have food and/or gum in his/her mouth while speaking.

No Noise Environment – quiet environments enable hard of hearing individuals to better hear, understand, and/or concentrate.

Sign Language – is a language that employs signs made with the hands and other movements, including facial expressions and postures of the body.

Slow Rate of Speech – speaking slowly and clearly, but naturally, without shouting enable hard of hearing individuals to better hear and/or understand.

Sound Amplification – is a means of increasing the volume of sound by natural means and/or devices; i.e. speaking loudly and/or using an assistive device.

Writing Materials – these may be helpful tools to facilitate short communications with some deaf and hard of hearing individuals.

Written Communications – text based communications such as traditional text, TTY/TDD devices, closed captioning features, etc.

Communication, Interpretation, Translation, and Transliteration:

American Sign Language Interpreter – American Sign Language (ASL) is the primary language of many North Americans who are deaf and hard of hearing. An ASL interpreter is specially trained to convert messages from ASL to spoken language.

CART Provider – Communication Access Real-time Translation (CART) is a service in which a certified CART provider listens to speech and instantaneously translates all the speech to text, which is then displayed on a monitor or mobile device.

Certified Deaf Interpreter – A Certified Deaf Interpreter (CDI) is a specialist who provides interpreting, translation and transliteration services, utilizing American Sign Language and other visual and tactual communication forms used by individuals who are deaf, hard of hearing, and deaf-blind.

Fingerspelling – is a form of sign language in which individual letters are formed by the fingers to spell out words.

Oral Interpreter – is an individual who can transliterate spoken messages between a person who hears and a person who is deaf or hard of hearing. They possess the ability to understand and repeat the message and intent of the speech and mouth movements of the person who is deaf or hard of hearing.

Pidgin Sign Language Interpreter – Pidgin Sign Language (PSE) is a combination of English and American Sign Language. A PSE interpreter is specially trained to convert messages from PSE to spoken language.

Signed Exact English Interpreter – Signed Exact English (SEE) is a system of language that matches sign language to the exact English translation. An SEE interpreter is specially trained to convert messages from SEE to spoken language.

Tactile American Sign Language – Primarily used by deaf-blind individuals, tactile sign language is a method of receiving sign language and/or fingerspelling by placing one's hands over a communication partner's hands to feel their shape and movement.

Transliterator – is an individual who signs word-for-word; not to be confused with an interpreter who is an individual who signs an equivalent and conceptually correct sign for a spoken word, phrase, or sentence.