



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

# **COMPREHENSIVE ACCOMMODATION FORMULARY**

**June 2016**



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

## COMPREHENSIVE ACCOMMODATION FORMULARY TABLE OF CONTENTS

---

Bottom Bunk.....	1
Extra Time for Meals.....	2
Full Time Wheelchair User Accommodations.....	3
Ground Floor - Limited Stairs (fewer than six steps or stairs).....	4
Ground Floor - No Stairs.....	5
Inmate Attendant/Assistance.....	6
Limited Wheelchair User Accommodations.....	7
Special Cuffing for Non Emergent Escort or Transportation.....	8
Transport Vehicle with Lift.....	9
Work Restriction: No rooftop work, no ladders, no hazardous machinery, no sharp objects, and no operating a motorized vehicle.....	10
Work Restriction: Lifting Restriction - Unable to lift more than 19 pounds.....	11
Work Restriction: UV Exposure - Restricting direct unprotected sunlight exposure for more than 30 minutes between the hours of 1000 - 1600.....	12



**Bottom Bunk**

**Indications and Establishment of Medical Necessity**

- Patients with a documented motor seizure in the last year or a reduction or change of seizure medication within the last six months
- Post operation/post injury; abdominal, chest, or back surgery within the last six months
- Severe orthopedic conditions of hips, knees, ankles, feet or upper extremity
- Acute fractures of long bones and/or torso
- Severe mobility restrictions and uses an assistive device other than a wheelchair to ambulate, and cannot walk up or down stairs because of the disability
- Severe vision impairment which is not correctable to better than 20/200 with corrective lenses in at least one eye (history of retinal detachment)
- Dementia and all etiology
- Individual requires relatively level terrain/path of travel accommodation to ambulate due to mobility or health concerns which substantially limit walking
- Osteoporosis with a history of two long bone fractures
- Diagnosed disorder or treatment affecting equilibrium
- Ataxia/neurological impairment/Parkinson
- Amputation or severe weakness of upper or lower extremity
- Serious heart conditions/COPD (New York Heart Association, class 3 or O2 Dependant)
- Severe mobility restrictions but only uses a wheelchair intermittently as an accommodation to ambulate outside of cell/bed area
- Severe mobility restrictions and requires a full time wheelchair accommodation to ambulate in and out of cell/bed area
- Pregnancy



**Extra Time for Meals**

**Indications and Establishment of Medical Necessity**

- Oral pharyngeal or neuromuscular condition affecting ability to consume regular diet within allotted time (temporary or permanent)
- Post oral maxillo-facial surgery (may be short term)



**Full Time Wheelchair User Accommodations:**

Wheelchair accessible housing, level path of travel, bottom bunk, transport vehicle with lift, and ground floor-no stairs

**Indications and Establishment of Medical Necessity**

- Individual has severe mobility restrictions and requires a full time wheelchair accommodation to ambulate in and out of cell/bed area
- Alternative for in cell mobility, such as a walker, is not medically reasonable for this indication

Note: When permanent, this is Disability Code DPW- full time wheelchair.



**Ground Floor- Limited Stairs:**

Either housing is accessed by elevator or walks up/down 6 steps of stairs (but not an entire flight of stairs) from the housing corridor or day room floor. (If level path of travel is required, see Ground Floor- No Stairs)

**Indications and Establishment of Medical Necessity**

- Severe orthopedic condition of knee, ankle, hips (joints)
- Severe orthopedic conditions of hips, knees, ankles, feet or upper extremity
- Weakness of both lower extremities
- Ataxia/neurological impairment/Parkinson
- Serious heart conditions/COPD (New York Heart Association class 3)
- Post operation or post injury to only lower extremity in past six months
- Acute fractures of lower extremity, long bones only
- Dementia and all etiology
- Patients with a documented motor seizure in the last year or a reduction or change of seizure medication within the last six months
- Individual requires relatively level terrain/path of travel accommodation to ambulate due to mobility or health concerns



**Ground Floor-No Stairs:**

Generally no stairs or steps required to move between cell and dining hall, medical clinic, chapel, visiting room, education, showers, canteen, mental health, recreation yard, transport vehicle, and dental clinic. Work assignments that require stairs will need reasonable accommodation evaluation.

**Indications and Establishment of Medical Necessity**

- Wheelchair user
- Walker user
- Severe mobility restrictions and cannot walk up or down stairs because of the disability



**Inmate Attendant/Assistance:**

Inmate Disability Assistance Program-Assistance for inmates to read, to write, and to access programs, services, and or activities.

**Indications and Establishment of Medical Necessity**

- Patients who need assistance in order to have equal access to prison programs, services, or activities
- Wheelchair users who are unable to wheel themselves to programs, services, and activities
- Patients who need assistance to move their dining tray or laundry because of their use of assistive devices
- Dementia and all etiology
- Learning disabled patients who are unable to read or write at an adequate level to access programs, services, and activities
- Visually impaired patients who are unable to navigate the path of travel to programs, services, and activities
- Vision, hearing, or motor impaired patients who do not read or write at an adequate level to access programs, services, and activities



**Limited Wheelchair User Accommodations:**

Ground Floor-No Stairs and bottom bunk.

**Indications and Establishment of Medical Necessity**

- Individual has severe mobility restrictions but only uses a wheelchair intermittently as an accommodation to ambulate outside of cell/bed area
- Wheelchair accessible cell not required/Wheelchair can be kept outside of cell  
Note: When permanent Disability Code DPO - intermittent wheelchair



**Special Cuffing for Non Emergent Escort or Transportation**

**Indications and Establishment of Medical Necessity**

- Post operation upper extremity surgery in past six months (shoulder, elbow, wrist)
- Amputation of the hand or arm
- Amputation or severe weakness of upper extremity
- Upper extremity prosthesis
- Severe arthritis-rheumatoid
- Torn rotator cuff
- Acute fracture of upper extremity, long bones only
- Moderate to severe adhesive capsulitis
- Grade IV shoulder separation
- Balance issues; Cerebral Palsy and Multiple Sclerosis
- Pregnancy
- Contracture of upper extremities
- Actively healing burns or wounds in wrists, open abscess
- Frequent dislocations
- Active infection (like cocci)
- Use of walker, crutches, or cane



**Transport Vehicle with Lift**

**Indications and Establishment of Medical Necessity**

- Full time wheelchair
- Limited wheelchair user unable to access the regular transport vehicle
- Uses hands to assist with mobility, e.g., with a cane, walker, crutches, and even with staff assistance, cannot access regular transport vehicle



**Work Restriction:**

No rooftop work, no ladders, no hazardous machinery, no sharp objects, and no operating a motorized vehicle.

**Indications and Establishment of Medical Necessity**

- Patients with a documented motor seizure in the last year or a reduction or change of seizure medication within the last six months
- Ataxia/neurological impairment/Parkinson
- Dementia and all etiology
- Disorder or treatment affecting equilibrium
- Balance issues; Cerebral Palsy and Multiple Sclerosis
- Patients with suicidal ideation or self-injurious behavior over the last six months



**Work Restriction: Lifting Restriction**

Unable to lift more than 19 pounds.

**Indications and Establishment of Medical Necessity**

- Post operation ocular surgery two months
- Post operation spinal surgery six months
- Post operation upper extremity surgery (shoulder, elbow, wrist)
- Significant upper extremity injury (shoulder, elbow, wrist)
- Major abdominal or thoracic surgery
- Severe neuropathic pain exacerbated by lifting
- Bone disease of spine
- Ataxia/neurological impairment/Parkinson
- Amputation or severe weakness of upper or lower extremity
- Severe arthritis of knee, ankle, hips, shoulder (joints)



**Work Restriction: UV exposure**

Restricting direct unprotected sunlight exposure for more than 30 minutes between the hours of 1000 - 1600.

**Indications and Establishment of Medical Necessity**

- Photo sensitizing medication
- Blistering photo sensitivity
- Ocular albinism