



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

# **COMPREHENSIVE ACCOMMODATION FORMULARY GUIDELINES**

**July 2021**

**COMPREHENSIVE ACCOMMODATION FORMULARY**  
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## Bottom Bunk

### Medical Necessity Guidelines

- 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 etiologies
- 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 Dependent)
- 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
- Patients on anticoagulant therapy (low bunk can be offered, but is not mandatory)

**Extra Time for Meals****Medical Necessity Guidelines**

- 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

**Medical Necessity Guidelines**

- 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)

**Medical Necessity Guidelines**

- 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 etiologies
- 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.

**Medical Necessity Guidelines**

- 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 activities.

**Medical Necessity Guidelines**

- Patients who need assistance in order to have equal access to prison programs, services, and 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 etiologies
- 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.

**Medical Necessity Guidelines**

- 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

### Medical Necessity Guidelines

- 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****Medical Necessity Guidelines**

- 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.

**Medical Necessity Guidelines**

- 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 etiologies
- 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
- Patients on anticoagulant therapy (should be informed of additional risk of bleeding and intracranial hemorrhage if they fall or are otherwise injured. Patient can operate motorized vehicle, and unless otherwise prohibited to operate machinery or work at height may continue to do so with informed consent of increased risk for bleeding and intracranial hemorrhage)

**Work Restriction: Lifting Restriction**

Unable to lift more than 19 pounds.

**Medical Necessity Guidelines**

- 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.

**Medical Necessity Guidelines**

- Photo sensitizing medication
- Blistering photo sensitivity
- Ocular albinism