

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**3.6.2 Comprehensive Accommodation**

**(a) Policy**

- (1) The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) shall provide medically necessary accommodations to patients to ensure equal access to prison services, programs, and activities. CCHCS shall maintain a formulary that contains statewide guidance for certain types of accommodations. Accommodations not listed in the formulary, or formulary accommodations based on medical necessity, may be requested via the nonformulary accommodation process, as outlined in Section (d)(4)(M).
- (2) Durable medical equipment provided as a part of an accommodation is addressed in Section (d)(4).

**(b) Purpose**

To provide patients standardized temporary or permanent medically necessary accommodations to ensure equal access to prison services, programs, and activities and to ensure continuity of all medically necessary accommodations.

**(c) Responsibility**

- (1) The Deputy Director (DD), Medical Services, is responsible for the statewide policy and oversight.
- (2) The Regional Deputy Medical Executives (DMEs) are responsible for implementation of the procedure at each of their respective institutions.
- (3) The Chief Executive Officer, Warden, and Chief Medical Executive (CME) at each institution are jointly responsible for the implementation of this policy and procedure.

**(d) Procedure**

**(1) Overview**

The provider shall order an accommodation for a patient when medically necessary or to ensure the patient has equal access to prison services, programs, and activities. Accommodation decisions shall be based on guidance provided in the Comprehensive Accommodation Formulary and clinical judgment, or may be ordered as a nonformulary accommodation as medically necessary.

**(2) Applicability**

This procedure applies to accommodations provided to outpatients in CDCR institutions. This procedure does not apply to durable medical equipment or medical supplies which are covered in the Health Care Department Operations Manual (HCDOM), Section 3.6.1, Durable Medical Equipment and Medical Supply.

**(3) Comprehensive Accommodation Formulary**

(A) A committee at CCHCS Headquarters shall be designated to develop, revise, and maintain the Comprehensive Accommodation Formulary.

1. Membership

- a. The committee shall consist of members designated by the DD, Medical Services, or designee.
- b. At least two members shall be physicians.
- c. Membership may include executive or managerial representation from Medical Services, Nursing Services, Mental Health program, Health Care Correspondence and Appeals Branch, Dental Services, and other health care and custody staff.
- d. The Headquarters-designated committee shall meet as directed by the DD, Medical Services, but at least annually.
- e. Review of the Comprehensive Accommodation Formulary will be completed on an annual basis or more often if necessary. Updates will be issued to institution and contract staff.

(B) The Comprehensive Accommodation Formulary shall contain criteria for the issuance of accommodations. The formulary shall address, as relevant, the following:

1. Accommodation type
2. Indications and establishment of medical necessity
3. Security considerations
4. Clinical references

(C) The following are not medically necessary accommodations and will not be ordered by health care staff:

1. Bedding:
  - a. Standard-issued custody mattresses
  - b. Extra pillows
  - c. Blankets

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2. Housing, except for control of infectious disease or for mental health reasons as recommended by a Mental Health Interdisciplinary Treatment Team:
  - a. Single cells
  - b. Cell housing
  - c. Dormitory housing
3. Clothing:
  - a. Shoes, including tennis shoes
  - b. Specific sizes of clothing
  - c. Thermal underwear
  - d. Hats
  - e. Long-sleeved shirts
4. Shower chairs
5. Extra toilet paper

**(4) Request or Recommendation for an Accommodation**

- (A) Patients shall request an accommodation by using the processes for requesting health care services or the process for requesting a disability accommodation.
- (B) A provider may initiate a request for an accommodation based on medical necessity or to ensure a patient has equal access to prison services, programs, and activities.
- (C) Custody or other staff may refer the patient for consideration of an accommodation if it appears an accommodation may be needed. The process for this referral shall be the same as the process to refer a patient for any other health care need.
- (D) Specialty consultants may provide recommendations for an accommodation through consultation reports. Such a recommendation shall be evaluated by the primary care provider as part of the review of specialist recommendations in accordance with the HCDOM.
- (E) When an accommodation is requested or recommended, the provider shall assess the need for the accommodation.
  1. The assessment may include an evaluation of the patient's ability to perform job related functions, activities of daily living, and any limitations or restrictions thereof.
  2. A duplicate request from any source, made within 90 days of an original request, may be denied if there is no change in the patient's clinical condition.
- (F) The provider shall document the assessment in the health record as follows:
  1. Using the guidance in the Comprehensive Accommodation Formulary to record whether or not the accommodation is indicated and why, or stating why a nonformulary request is medically necessary or needed to ensure equal access to prison services, programs, and activities.
  2. Indicating whether the accommodation is temporary or permanent.
- (G) The ordering provider shall electronically complete the required forms for the accommodation including the following:
  1. Medical Classification Chrono
  2. Face Sheet for the Combined Comprehensive Accommodation Chrono and Disability Placement Program Verification eForm
- (H) Accommodations designated as permanent do not require further review or renewal. The accommodation may be revised or removed by the provider as indicated by the patient's status.
  1. Any new Comprehensive Accommodation Chrono replaces in its entirety any prior Comprehensive Accommodation Chrono and must include all current accommodations. The provider is responsible for reviewing the current accommodations and for ensuring inclusion as appropriate.
  2. Patients may be referred by staff for provider re-evaluation of the need for an accommodation, if observation suggests that the accommodation may need to be modified or removed.
  3. The accommodation shall remain valid and in force unless a new Comprehensive Accommodation Chrono is generated indicating a new provider order.
  4. The accommodation may be updated or rescinded at any time, even if previously written as permanent.
- (I) Temporary accommodations shall remain in force until the documented timeframe has expired.

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- (J) The accommodation remains valid and in force, if clinically indicated, even if the patient transfers to a different institution.
- (K) All accommodation chronos shall be filed in the health record. A copy of the accommodation chrono shall be placed in the patient's Central File and a copy shall be provided to the patient.
- (L) An electronic copy of all accommodation chronos shall be provided automatically via email from the eForm application to the following staff:
  - 1. Americans with Disabilities Act Coordinator
  - 2. Class Action Management Unit Correctional Counselor II
  - 3. Classification and Parole Representative
  - 4. Assistant Classification and Parole Representative
- (M) Nonformulary request process
  - 1. Providers may request a nonformulary accommodation by indicating the medically necessary accommodation(s) in the appropriate section on the Comprehensive Accommodation Chrono. The provider shall transmit the Comprehensive Accommodation Chrono to the CME or Chief Physician and Surgeon for review and shall include necessary documentation to justify the nonformulary accommodation.
  - 2. The CME, or designee, shall review and approve or disapprove the request(s) and document the reason for the approval or disapproval in the patient's health record.
  - 3. A provider may appeal the denial of a nonformulary accommodation to the CME or Regional DME.

**References**

- Armstrong Remedial Plan, *Armstrong v. Newsom*, U.S. District Court of Northern California, Case No. C94-2307 CW, Amended January 3, 2001
- "Convention on the Rights of Persons with Disabilities." United Nations. Retrieved 2012-12-14.
- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.14, Medical Classification System
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.11, Outpatient Specialty Services
- Health Care Department Operations Manual, Chapter 3, Article 8, Section 3.8.8, Communicating Precautions from Health Care staff to Custody Staff

**Revision History**

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