

SUBJECT: SERVICES FOR INMATES WITH AUDITORY, MOBILITY, OR VISION
IMPAIRMENTS AND DISABILITIES

EFFECTIVE DATE: 12/15/2019

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to identify inmates who are impaired and or disabled and to implement guidelines to provide appropriate services for impaired and disabled inmates in the custody of the Department of Corrections. Additional guidelines for specific impairments/disabilities can be found in this HSB's subsections:

- A. HSB 15.03.25.01, *Auditory Care Services*
- B. HSB 15.03.25.02, *Mobility Services*
- C. HSB 15.03.25.03, *Vision Care Services*

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS:

- A. **Comprehensive Health Care Contractor (CHCC)** refers to contracted staff that has been designated by the Department to provide medical, dental and mental health services at designated institutions within a particular region.
- B. **Disabled Inmate** refers to an inmate who has a physical or mental disability that substantially limits one (1) or more major life activities. Defined as:
 - 1. A permanent condition of such severity as to require special housing, assistance, resources, and program services to meet daily living requirements or to participate in available inmate activities, or
 - 2. A need for required equipment to support or take the place of a part of the body, such as braces, cane, crutches, hearing aid, medical devices, walker, or wheelchair. (See HSB 15.03.25.02, *Mobility Services*.)
- C. **Impaired Inmate** is any inmate who has a professionally determined limitation in the performance of daily living activities, work, or participation in the programs and services available to the general inmate population. An impaired inmate may still be considered disabled under the Americans with Disabilities Act and entitled to any needed accommodations for the duration of their impairment. An impaired inmate is defined as one who currently has, or is expected to have, in the reasonably near future:
 - 1. A sensory medical, mobility or mental limitation, or
 - 2. A temporary condition of such severity as to require special accommodations for up to six (6) months.

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3. A temporary need for required equipment to support a part of the body, such as braces, cane, crutches, medical devices, walker, or wheelchair. See HSB 15.03.25.02 *Mobility Services*.
- D. **Impaired Inmate Services Coordinator** refers to the Office of Health Services staff member having central office program responsibilities for impaired and or disabled inmate services.
- E. **DISABLED Inmate Committee** refers to the institutional staff members functioning as a multidisciplinary team working together for the development, implementation, and monitoring of an individualized management & services plan for each disabled inmate.
- F. **Individualized Management & Services Plan** identifies inmate service needs.
- G. **Institutional ADA Coordinator** refers to each facility staff member designated by the warden who has the responsibility of coordinating all services planning and provision for impaired and/or disabled inmates assigned to the institution.
- H. **Medical disability** is a sub-normal physical health condition (as determined by a qualified physician) with one or more of the following characteristics: (1) permanent; (2) leaves a residual disability; (3) caused by nonreversible pathological alteration; (4) requires a sustained supervision, observation, or care.
- I. **Intellectual disability** means significantly sub-average general intellectual functioning performance, which is two or more standard deviations from the mean on a standardized intelligence test, and resulting in behavioral adaptability deficit. Adaptive behavior means the effectiveness or degree by which an individual meets normal expectations of personal autonomy and social responsibility within his/her age cohort, and cultural group.
- J. **Physical disability** is a professionally determined permanent sensory or motor condition that deviates from normal.
- K. **Sensory impairment or disability** may involve auditory, visual, and/or vocal total or partial limitation.
- L. **Health Services Profile (DC4-706)** is the form used to identify inmates with a medical and/or mental health need that includes impairment and or disability status and activity restrictions related to work, transportation and work camps.

III. GENERAL:

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- A. The Office of Health Services is responsible for coordinating services of all impaired and disabled inmates. This process begins at reception and includes institutional assistance, external liaison and implementation of inmate individualized service and/or prerelease plans.
- B. Each impaired and disabled inmate must have access to appropriate services. Such services shall be professionally determined, within acceptable standards, and shall be available in an impaired and or disabled inmate's assigned institution or through other resources available to the department.
- C. An impaired or disabled inmate must have an equal opportunity to participate in work and programs within their capabilities.
- D. An individualized management & services plan shall be available at the assigned institution or other facility for each disabled inmate. Service availability shall be guided by the contents of this HSB and its sub-sections, to meet the interrelated medical and personal/social needs of an impaired and or disabled inmate, and the mainstreaming concept, when suitable, for assignment to an institution and for program participation.

IV. ACTION:

- A. All new inmates with a known or suspected medical or physical impairment and or disability or intellectual disability shall be referred to health services department, in accordance with procedure 401.014, Reception Intake and 15.01.06, Reception Intake of New Inmates.
- B. Inmates who are currently incarcerated with worsening or new onset medical, physical, or intellectual impairment and/or disability can be referred to health services via DC4-529, Staff Request/Referral.
- C. A physician or specialist shall be responsible for the diagnosis of a medical or physical condition, determination of the inmate's capabilities for work and program participation, and determination of the need for services or special accommodations, in accordance with procedure 604.101, Americans with Disabilities Act Provisions for Inmates. A Psychologist shall have these responsibilities, in consultation with the physician and the use of an individualized psychological assessment, for intellectually disabled inmates. The Psychologist shall also be a member of the Disabled Inmate Committee for all inmates with identified disabilities.
- D. Inmates classified as impaired and/or disabled will be identified by placing the letter description of the major category under the medical grading system on the

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Health Services Profile, DC4-706, in accordance with HSB 15.03.13, Assignment of Health Classification Grades to Inmates.

1. Impaired and/or disabled inmates who wish to be more easily identified may choose to sign the DC4-711N- Impaired/Disabled Inmate PHI Identifier Consent indicating their consent to have their Protected Health Information (PHI) displayed on their badge. Consent for this identification is voluntary at the discretion of the inmate. For example, hearing impaired and/or disabled, vision impaired and/or disabled, or any medical condition that can be perceived as disruptive or disorderly (i.e. Tourette's syndrome). This consent will be discussed at the quarterly Disabled Inmate Meeting and the inmate will be reminded that he/she can refuse or rescind this consent at any time.
2. The warden or designee of each institution shall be notified of the identification of inmates who become disabled for the availability of an individualized management & service plan, and for required services of all assigned disabled inmates. Service needs will be input on DC4-691, Disabled Inmate Management and Service Plan. This form will be maintained by the institutional Impaired Inmate Nurse and shall be monitored periodically with progress reviews.
3. Institutional assignment of impaired and disabled inmates shall be in accordance with HSB 15.03.13, Assignment of Health Classification Grades to Inmates. Inmates who are visually disabled, hearing disabled, or physically disabled, or who have more specialized housing and/or service needs shall be assigned to an institution designated for such custody and care.
4. The decision to house impaired or disabled inmates in the infirmary shall be made only by the Chief Health Officer/ Institutional Medical Director and only when required for medical care. Appropriate program services in accordance with physician directions shall be available for impaired and/or disabled inmates who require infirmary housing for an extended time.
5. Appropriate facilities shall be available within the department for the confinement or protection of impaired or disabled inmates when required.
6. Disabled Inmate Committee

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- a. The warden of each reception center and of each institution having disabled inmates shall designate an institutional ADA Coordinator and a Disabled Inmate Committee with the appropriate authority and required adjustments in other duties to perform the responsibilities pertaining to disabled inmates.
- b. The committee may be specifically organized or function as an expanded classification team, but should be composed of the institutional ADA Coordinator, the Impaired Inmate Nurse who will act as chairperson, and a designee from each of the following disciplines: classification, custody, education, health services, mental health services and housing. The chairperson shall use Appendix M- Quarterly Disabled Inmate Committee Meeting Checklist to prepare and complete the meetings.
- c. The committee shall have the primary responsibility for the development of an individualized management & services plan for each disabled inmate for the warden's approval, monitoring the inmate's progress, and for assistance as required for prerelease planning.
 - i. An individualized management & services plan shall be completed on each disabled inmate by the Disabled Inmate Committee quarterly in the months of January, April, July, October, and/or as needed on the DC4-691, Disabled Inmate Management and Service Plan.
 - ii. The original plan will be placed in the individual's health record.
 - iii. A copy of the plan will be offered to the inmate at no charge. If the inmate declines a copy, future requests for a copy of the initial plan, as well as any requested revised plans, will be provided at no charge.
 - iv. The service recommendations of the committee, with the participation of the inmate (unless refused), and as approved by the warden, shall be the disabled inmate individualized management & services plan.
- E. Referral for health or impairment and/or disability specialty services, including determination of the need for a prosthetic device, shall be made in accordance

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with the appropriate health services bulletin. Whenever possible, an inmate's capabilities for independence with a required prosthetic device for daily living needs should be evaluated by a physical therapist or other qualified person.

- F. All impairments and/or disabilities that qualify for consideration under the Americans with Disabilities Act shall be handled in accordance with Rule 33-210-201, ADA Provisions for Inmates, and Procedure 604.101, Americans with Disabilities Act Provisions for Inmates.
- G. The transfer of impaired or disabled inmates should be minimized. Priority shall be upon the provision and continuity of required services within the assigned institution. All transfers shall be in accordance with departmental procedure 401.016, Medical Transfers.
- H. A prerelease plan shall be prepared for all impaired or disabled inmates in accordance with HSB 15.03.29, Prerelease Planning for Continuity of Health Care.

V. SERVICE PLAN GUIDE:

- A. A service plan should meet the needs of the inmate as both an offender and an disabled person and focus upon the total person and the mainstreaming service concepts, the continuity of required services, and inmate self-responsibility within the limitation required by incarceration. A complete plan should include:
 - 1. housing and management,
 - 2. work assignments,
 - 3. history of disability,
 - 4. health services classification grades,
 - 5. medical needs,
 - 6. EOS date,
 - 7. form of communication,
 - 8. current diagnoses and passes,
 - 9. inmate assistant needs,
 - 10. adaptive devices,
 - 11. status of DC4-711N, and
 - 12. referral needs.
- B. The institutional Impaired Inmate Nurse shall provide a copy of each plan to the Central Office Impaired Inmate Services Coordinator.

VI. REFERENCES:

- A. HSB 15.03.25.01 *Auditory Care Services* *NEW*

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

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- B. HSB 15.03.25.02 *Mobility Services*
- C. HSB 15.03.25.03 *Vision Care Services*
- D. Departmental procedure 401.016, Medical Transfers
- E. Departmental procedure 403.011, Inmate Assistants for Impaired Inmates
- F. HSB 15.03.13, *Assignment of Health Classification Grades to Inmates*
- G. HSB 15.03.29, *Prerelease Planning for Continuity of Health Care*
- H. Comprehensive Health Services Plan
- I. Procedure 604.101, *Americans with Disabilities Act Provisions for Inmates*
- J. DC4-691, *Disabled Inmate Management and Service Plan*
- K. DC4-707, *Health Appraisal*
- L. DC4-711N, *Impaired Inmate PHI Identifier Consent*
- M. Appendix A, Quarterly Disabled Inmate Committee Meeting Checklist

Health Services Director

Date

This Health Services Bulletin Supersedes:

Impaired Inmate Services Manual dated 7/17/91
HCS 25.02.07 dated 10/30/87, 10/1/89, and 2/22/94
HCS 25.07.10 dated 10/30/87 and 10/1/89
HSAM 95-1 dated 4/12/95 TI 15.03.25 dated 3/7/01,
4/10/03, 08/07/09, 11/20/12, 08/27/13, 02/06/14,
05/26/15, 5/10/16, 2/2/18, AND 11/1/18
