



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: RSD/WSP
NUMBER: 5200.06
DATE: 11/22/2019

Management of Inmates With Disabilities

/s/

Approved: Kathleen Hawk Sawyer
Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

To ensure the Bureau of Prisons (Bureau) properly identifies, tracks, and provides services to inmates with disabilities.

a. **Program Objectives.** Expected results of this program are:

- Institutions ensure inmates with disabilities have appropriate access to programs, services and accommodations.
- Reentry planning includes referral to accommodation services and accessible housing.
- Sufficient resources will be allocated to deliver appropriate services to inmates with disabilities.
- Staff will be provided training in order to work with inmates with disabilities.

b. Summary of Changes

Policy Rescinded

P5200.05 Management of Inmates With Disabilities (10/27/17)

The following changes have been incorporated into the policy:

The requirements of section 301 of the First Step Act, codified at 18 § USC 3582 for dyslexia screening.

b. **Institution Supplement.** None required. Should local facilities make any changes outside changes required in national policy or establish any additional local procedures to implement national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

2. DEFINITIONS

Accommodation: A change or adjustment to practice, program, or facility that allows an inmate with disabilities to have appropriate access.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs): An inmate's abilities to perform actions that involve the management of basic bodily functions (ADL) or activities that permit independent living (IADL). For example, an inmate with an impairment to an ADL may have difficulty eating; an inmate with an impairment to an IADL may be able to physically eat, but could not plan the meal or follow the recipe.

Assistive Technology: Adaptive or rehabilitative devices used by inmates with disabilities. Examples include hearing aids, communication devices, wheelchairs, walkers and text magnifiers.

Disability: An impairment that substantially limits an individual from performing major life activities. Disabilities may be physical and/or cognitive, and many individuals have more than one disability or a single disability that impacts more than one life activity. Types of disabilities include but are not limited to visual, hearing, speech, mobility, educational, intellectual, and cognitive. Refer to Appendix A for Health Services Physical/Sensory guidance.

Prosthesis: An artificial limb or body part.

3. AGENCY RESPONSIBILITIES

The following Bureau components are responsible for ensuring consistent establishment of the programs, services, and resource allocations for necessary accommodations for inmates with disabilities. This will be done in accordance with all, laws, rules and regulations.

a. Central Office

(1) The **Women and Special Populations Branch** is the agency's primary source on classification, management, and intervention programs and practices for inmates with disabilities in Bureau custody, and oversees the Disabilities Management Program. A Disabilities Program Manager position is supervised within the Branch. The Branch is responsible for the following functions as they relate to inmates with disabilities:

- Ensuring the Bureau offers appropriate services to inmates with disabilities.
- Responding to or requesting responses to inquiries related to disabilities on behalf of Central Office.
- Providing guidance and direction to Regional staff and institution leadership on inmates with disabilities issues.
- Developing and implementing staff training on inmates with disabilities issues.
- Building a research-based foundation for the Bureau's work with inmates with disabilities.
- Presenting at internal and external conferences/events regarding the agency's practices for managing inmates with disabilities.
- Issuing an annual report on the state of inmates with disabilities in the Bureau.
- Advising agency leadership on needs of inmates with disabilities.
- Coordinating with the Office of Research and Evaluation to conduct an annual survey of inmates with disabilities in the Bureau.
- Providing national oversight of all pilot programs and initiatives serving inmates with disabilities, including reviewing programs proposed in other Divisions.
- Acting as the agency's primary point of contact on issues affecting inmates with disabilities.

(2) **Central Office Branches/Divisions** of Correctional Services, Psychology Services, Education, Correctional Programs, Reentry Affairs, Residential Reentry Management, Health Services, Social Work, Office of General Counsel, and Trust Fund meet annually with the Women and Special Populations Branch to discuss inmates with disabilities population needs and evaluate current services. The National Union will be invited to attend these meetings. Once a meeting is scheduled, a notification will be sent to all parties of the date and time of the meeting.

(3) The **Disabilities Committee**, led by the Women and Special Populations Branch, consists of staff members from the Health Services, Psychology Services, Correctional Programs, and Education Branches, and the Office of General Counsel. The Committee will meet as needed to ensure appropriate coordination of inter-departmental services and to address particularly complex field issues. The Office of Security Technology is consulted on matters pertaining to assistive technologies. The Residential Reentry Management Branch and Reentry Affairs Branch are consulted on matters pertaining to transitional issues.

b. Regional Offices

- Provide oversight to institutions regarding services and other relevant trends managing inmates with disabilities.
- Assign a Collateral Duty as Regional Disabilities Program Manager. This individual meets quarterly with the Women and Special Populations Branch to discuss staffing, programming, and access needs.

c. **Institutions**

- Ensure inmates with disabilities have access to appropriate programs and services.
- Enter tracking information for inmates with disabilities by updating SENTRY and other databases (e.g., Psychology Data System (PDS) or Bureau Electronic Medical Record (BEMR)), as appropriate.
- Provide appropriate reentry resources.
- Allocate appropriate funds for accommodations or request additional funds, when necessary.
- Convene a local Disabilities Committee as described in Section 10.

4. **STAFF TRAINING**

All staff will complete the online training “Inmates with Disabilities,” while on duty time and within one year from the date of this policy. New staff will take the class within one year of the Entrance on Duty date. Participation in this class will be tracked by Human Resources.

Additionally, refresher information about managing the population of inmates with disabilities will be provided annually. Key topics that must be covered are listed on the Women and Special Populations Branch Sallyport page.

The Women and Special Populations Branch will be responsible for developing resource materials and current information on the management of inmates with disabilities. This information will be made available to staff on the Women and Special Populations Branch Sallyport page.

Chief Executive Officers (CEOs) ensure staff will be provided adequate time to complete trainings during duty hours.

5. **DESIGNATIONS**

Ordinarily, inmates suspected to have disabilities are designated via standard procedures specified in the Program Statement **Inmate Security Designation and Custody Classification**. If there is concern about the ability of the inmate to be accommodated at a particular facility, consultation will be sought with the Women and Special Populations Branch, Psychology Services Branch, or Office of Medical Designations, as appropriate.

6. DOCUMENTATION AND SENTRY ASSIGNMENTS

a. **Medical and Mental Health Information.** Medical and mental health information for inmates with disabilities will be maintained in the current electronic recordkeeping system and may be provided to staff in accordance with the Program Statement **Health Information Management**.

In some cases the presence of mental illness may comprise a disability. The management of inmates with mental health disabilities is directed by the Program Statement **Treatment and Care of Inmates with Mental Illness**.

b. **Initial Screening.** The Bureau utilizes a screening process to identify inmates with disabilities entering custody. The process begins at the Designation and Sentence Computation Center (DSCC), where the records of inmates are reviewed and suspected disabilities are coded in SENTRY. Upon arrival, staff identified below use these screening codes to engage in an assessment of inmates who has been screened, as well as any inmate who self-identifies as having a potential disability. Codes are not exclusive, and an inmate may have more than one assignment. The CMA codes indicating possible cognitive, physical/sensory, or unspecified disabilities entered at the DSCC are:

SCRN DIS C – This code is applied when the Pre-Sentence Report (PSR) indicates the inmate: 1) had an Individualized Education Program (IEP); 2) received special education services; 3) has an IQ of 70 or lower; or 4) was identified with a cognitive/intellectual or learning disability, an autism spectrum disorder, attention deficit/hyperactivity disorder, or traumatic brain injury; or 5) any other indication of intellectual or cognitive disability or neurodevelopmental disorder that affects learning.

SCRN DIS P – This code is applied when the PSR indicates the inmate: 1) has a sensory deficit such as blindness or deafness; 2) has physical limitations impacting activities of daily living (ADL's) or instrumental activities of daily living (IADL's), such as but not limited to: patient is wheelchair bound, inability to perform daily personal hygiene, inability to feed/clothe self, inability to move without assistance or assistive devices, or inability to walk up stairs.

SCRN DIS O – This code is applied when there is any other indication of a possible disability (e.g., limited information to conclusively define type).

In some cases, these screen codes will be used to guide designations, such that inmates believed to be in need of specific services may be designated to institutions with specialized services (e.g, inmates with intellectual disabilities may be designated to an institution with a Skills Program).

Once they arrive at the designated institution, all inmates are assessed via routine intake procedures in Health Services and Psychology. Inmates will receive in-person screening by Education staff in accordance with Education intake procedures. Additional assessment may be required per guidance in each department. Such guidance will be made available on Sallyport.

Inmates in pretrial status may request accommodations to complete ADLs or in order to participate in the programs and services offered at that facility. The agency will evaluate these requests on a case-by-case basis and document findings. See Section 10 for procedures. Procedures in this section apply to pretrial inmates.

Health Services staff complete all assessments pertaining to the SCRN DIS P and SCRN DIS O assignments. Education is responsible for all SCRN DIS C assignment screenings as well as screening for dyslexia. If either department discovers the disability referenced may exist, but is better assessed by a psychologist or medical provider, a referral is made. Examples of this scenario include the presence of dementia, traumatic brain injury, or autism spectrum disorders.

Upon conclusion of the assessment, the screen code is removed. If the presence of one or more disabilities is affirmed, a permanent SENTRY assignment is applied (this may replace a screening code or be newly added). This assignment does not disclose protected health or sensitive information, but simply makes staff aware accommodations may be required. The codes entered at the institution are:

DIS C – This code is applied to any inmate with a neurodevelopmental disorder, which may include an intellectual disability, an autism spectrum disorder, attention deficit/hyperactivity disorder, or a learning disability/disorder when this condition causes impairment in functioning. It may also be applied to individuals who experienced dementia, brain injuries, or other insults that produced cognitive impairment after adulthood.

DIS P – Indicates the presence of a sensory or physical disability requiring accommodation. While details of the specific disability cannot be disclosed, the accommodations required within the correctional setting while incarcerated should be known to all applicable staff.

DIS D – This code is applied when an inmate has been assessed and a determination has been made that the inmate has dyslexia. The inmate can then be identified and tracked so that programs and accommodations for dyslexia can be provided.

Any inmate who arrives without a screening code but self-identifies as having a disability during intake, or at any time during the incarceration period, is referred to the appropriate department for evaluation via normal procedures.

Dyslexia Screening —

(1) SCREENING.—The Attorney General shall incorporate a dyslexia screening program into the System, including by screening for dyslexia during—

- (A) the intake process; and
- (B) each periodic risk reassessment of a prisoner.

(2) TREATMENT.—The Attorney General shall incorporate programs designed to treat dyslexia into the evidence-based recidivism reduction programs or productive activities required to be implemented under this section. The Attorney General may also incorporate programs designed to treat other learning disabilities.

Dyslexia is assessed in two phases. This occurs at intake and then biannually as part of the reassessment process.

The first step of the two-part process begins with education staff completing the Screening Checklist for Dyslexia (SCD) which consists of sections focusing on historical information related to learning disorders, processing skills and perceptual problems. This checklist will be read aloud to inmates by education staff at the time of screening. A threshold score is set that indicates the possible presence of dyslexia. If this threshold is reached or if additional information suggesting dyslexia is present, the inmate proceeds to the second step of the assessment process.

For inmates who reach the threshold on the SCD, a qualified, trained staff member will administer the necessary sections of the Woodstock-Johnson IV, or a Reentry Services Division approved assessment tool, following the guidance provided by its authors. The results of the screening will be forwarded to the SOE to determine if the propensity for dyslexia exists. This information will be shared with the unit team, psychology services and all other appropriate staff to ensure the inmate receives appropriate, individually-determined accommodations. If necessary, staff may consult with the School Psychologist in the Reentry Services Division.

7. INSTITUTION PSYCHOLOGY SERVICES

Assessment of intellectual and cognitive disabilities is a specialized skill. Typically, institution Psychology Services Departments do not provide routine assessment of inmates with SCRN DIS C SENTRY codes unless the presence of an autism spectrum disorder is suspected.

Additionally, Psychology Services will assess referrals to specialized psychology treatment programs such as Skills. Alternately, based upon the psychologist's preliminary assessment

during routine intake, a referral to the Clinical Director and/or the Education Department may be generated for the possibility of a disability in an area best assessed by those departments.

In addition to a referral to medical or educational services, inmates with cognitive or physical disabilities may be offered individual psychotherapy. Coping with a disability may cause symptoms of distress, or unrelated mood disorders, anxiety disorders, substance use disorders, personality disorders, etc., may also be present; a treatment plan will be developed to fully address these symptoms.”

If an institution has multiple inmates with disabilities, a support group may also be a component of the treatment plan. If staffing levels allow, such groups are facilitated by Social Workers based upon a referral from Psychology Services. At institutions with no Social Workers, the Disabilities Program Manager in Central Office is consulted about ways to support this population.

8. INSTITUTION EDUCATION AND RECREATION SERVICES

Opportunities for educational and vocational services, provided by Education staff, and recreational services, provided by Recreation staff, are afforded to all inmates, including those with disabilities.

Inmates who participate in mandatory education programs, such as the Literacy Program, will be administered a standardized placement test as a base measure of assessment. If an education-related cognitive or intellectual disability is suspected, either due to a SCRN DIS C assignment or a lack of academic progress, a referral may be made for further assessment. Procedures for determining which tests to provide under various circumstances are determined by the Education Branch. This may include achievement testing, along with a referral for intelligence testing through a qualified education staff member. If an institution is not staffed to support this testing, the Supervisor of Education at the institution will make contact with local colleges and universities offering graduate degrees in school psychology to determine if qualified individuals are available to provide these services. Additionally, contracted licensed school psychologist services may be acquired in accordance with applicable laws, rules, and policies. Consultation must be made with the Central Office Chief Education Administrator in these situations. Exemptions, such as those related to program participation, will be made in accordance with the Program Statement **Literacy Program Standard**.

Inmates with cognitive, intellectual, or physical disabilities may require educational accommodations, even if they do not require additional accommodations for daily living.

9. INSTITUTION MEDICAL SERVICES

All inmates are screened upon arrival by medical staff during intake, and providers have the opportunity to note information in BEMR about disabilities in accordance with the Program Statement **Patient Care**. During the history and physical examination, a functional assessment should be completed for any inmate with a suspected disability (e.g., any inmate with a SCRN DIS assignment, any inmate with a possible disability detected during the intake screening, or any inmates who identify a disability during the history and physical) to determine the level of deficit based on the established definitions for sensory and physical disabilities. Appendix A provides general guidance on categories and definitions. Once the level of disability is determined, applicable information pertaining to the disability must be recorded in the functional assessment, as well as the Medical Duty Status (MDS), if applicable, along with any issued durable medical equipment.

If no disabilities are noted, a negative response in BEMR is indicated.

Normally, permanent SENTRY assignments are loaded by Health Information Technicians upon notification by clinical medical providers. Institutions follow similar procedures to those used for entering and updating MDS assignments.

10. ACCOMMODATIONS AND PROGRAM ACCESS

Staff members may provide accommodations to inmates with obvious disabilities without a formal inmate request (e.g., missing limb, documented history of hearing loss or blindness, etc.). Inmates also may request an accommodation or a modification to accommodations already provided by making an Inmate Request to Staff (BP-A0148). As described below, the institution will evaluate the request and make a final determination on the accommodation to be provided.

Inmates with disabilities are not denied access to programs and services solely based on the presence or suspected presence of a disability. When a disability creates barriers for an inmate's program participation, Bureau staff will modify the program to the extent possible to accommodate the individual while maintaining program integrity, or provide an appropriate accommodation to the inmate unless an undue burden exists.

Accommodation needs vary from person to person, and therefore must be individualized. If an accommodation is needed, it will be provided by the department that verified the disability. When a determination is made that an inmate's needs go outside the scope of the department, different professions must work collaboratively to meet the needs of the inmate. For particularly complex cases, accommodations are determined by a team (known as a local disabilities committee), comprised of a Psychologist, medical provider, an educator, Recreation Specialist,

Unit Manager, Reentry Affairs Coordinator, and Captain. This team is led by the Associate Warden, Programs, whose responsibility is to serve as the local coordinator on disabilities. Legal staff are consulted as needed. A Social Worker is part of the team if the position is filled.

The accommodation provided does not have to be the accommodation requested by the inmate. Multiple options can be considered. Appropriate accommodations should promote improvement to ADLs and IADLs to the extent possible. Wardens should request assistance from the Regional Disabilities Coordinator if needed in evaluating accommodation requests. The Regional Disabilities Coordinator will consult with the Office of General Counsel and the Women and Special Populations Branch as needed.

In deciding whether to grant an accommodation, institutions may consider whether the program or activity would be fundamentally altered, or whether it would result in undue financial or administrative burden. Before denying a request for accommodation on this basis, the appropriate legal office should be consulted.

Accommodations may include, but are not limited to, accessibility of all relevant areas of the compound, assistive devices or technologies, specialized approaches to learning, interpreters, additional time to complete tasks, modified materials (e.g. large print), enhanced reentry planning, and inmate companions. Information about accommodations authorized for a particular inmate is documented by the department approving them, and a notification is sent to the Unit Team.

Education staff with knowledge of learning disabilities will determine the appropriate use of audio technology for program course materials with an understanding of dyslexia.

Some inmates with physical or mobility impairments may require the use of assistive technologies (e.g., hearing aids, wheelchairs, prostheses). Under certain circumstances, inmates may not need to use these devices all of the time. Therefore, staff are reminded that failure to use these devices by the inmate is not a disciplinary infraction or an indicator the device is not needed. The Clinical Director or appropriate medical provider should be consulted prior to removing a device from an inmate's possession, unless exigent circumstances exist. If the device is to be removed, an alternative accommodation should be provided if appropriate.

Peer support, such as inmate companions, are considered at institutions housing inmates with disabilities.

11. CLOTHING AND COMMISSARY ITEMS

Ordinarily, inmates with disabilities will have access to the same clothing and commissary items

as other inmates. At times, there may be a need for modified clothing to address certain physical disabilities (i.e., missing limb). Medical staff will provide guidance when needed for this issue.

The Warden may authorize the purchase of special commissary items for inmates with disabilities, based on the recommendation of a medical provider, in accordance with the Program Statement **Trust Fund/Deposit Fund Manual**.

12. INSTITUTION PHYSICAL STRUCTURE

Institutions should be accessible to the extent required under the Rehabilitation Act, the Architectural Barriers Act, relevant Federal standards concerning Government buildings (e.g., U.S. Access Board Standards), and Bureau policies including the Program Statements **Design and Construction Procedures** and **Facilities Operations Manual**.

13. REENTRY NEEDS

The Residential Reentry Management Branch must be notified in the referral packet of any releasing inmate with a SENTRY CMA disabilities assignment. With the exception of immediate releases, Unit Team notifies the Social Worker or Reentry Affairs Coordinator when they are working on release plans for inmates with disabilities releasing directly to the community.

Institution Social Workers and Reentry Affairs Coordinators locate resources, specialized services, and direct placements in the community serving individuals with disabilities, and should be consulted. Reentry Affairs Coordinators collaborate with the department identifying the disability and assist in locating appropriate volunteers or mentors for this population.

The Women and Special Populations Branch can also be contacted to provide guidance and resources for reentry needs of inmates with disabilities.

14. ADMINISTRATIVE REMEDIES

Inmates may use the procedures of the Program Statement **Administrative Remedy Program** concerning any issues relating to this policy. After receiving a response to a BP-11, inmates alleging violations of the Rehabilitation Act must also use additional procedures required by the Department of Justice (DOJ) in order to exhaust available administrative remedies on these issues. The DOJ procedures are found at 28 C.F.R. § 39.170.

The Equal Employment Opportunity (EEO) Officer, Central Office, has been designated by DOJ and Bureau as the “Responsible Official” or “Official” as used in these regulations.

Inmates should file complaints with the EEO Officer, Central Office. All complaints should be sent to the Bureau's EEO Office, and include copies of the administrative remedies and responses received. (i.e., BP-9, BP-10, and BP-11).

Any costs incurred from the administrative process will be paid from the budget of the institution where the claim arose.

REFERENCES

Statutes

Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq.
Architectural Barriers Act, 42 U.S.C. § 4151 et seq.

U.S. Codes Referenced

Title 18 CFR, Section 3582.
Title 28 CFR, Section 39.170
Title 28 CFR, Sections 39 & 500

Program Statements

P1330.18 Administrative Remedy Program (1/6/14)
P4200.12 Facilities Operations Manual (7/18/17)
P4220.06 Design and Construction Procedures (6/15/2017)
P4500.12 Trust Fund/Deposit Fund Manual (3/15/18)
P5100.08 Security Designation and Custody Classification Manual (9/4/19)
P5290.15 Intake Screening (3/30/09)
P5310.16 Treatment and Care of Inmates with Mental Illness (5/1/14)
P5310.17 Psychology Services Manual (8/25/16)
P5322.13 Inmate Classification and Program Review (5/16/14)
P5325.07 Release Preparation Program (8/15/19)
P5350.28 Literacy Program Standard (12/1/03)
P5800.15 Correctional Systems Manual (9/23/16)
P6031.04 Patient Care (6/3/14)
P6090.04 Health Information Management (3/2/15)

Additional Resources For Medical Providers

American Academy of Ophthalmology and International Ophthalmology
American Speech Language and Hearing Association

ACA Standards (see Program Statement Directives Management Manual, Section 2.5 and 10.3)

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4142, 4-4143, 4-4144, 4-4169, 4-4429, 4-4429.1, 4-4450, 4-4475.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2A-34, 4-ALDF-6B-02, 4-ALDF-6B-04,, 4-ALDF-6B-05, 4-ALDF-6B-06, 4-ALD-6B-07, 4-ALDF-6B-08.
- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: None.

- American Correctional Association Standards for Correctional Training Academies: None.

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

Appendix A: Health Services Physical/Sensory Guidance

These definitions provide clinical medical staff with ranges of clinical evidence for the purposes of determining severity of a disability in physical/sensory arenas. Individualized determinations of needed accommodations should be made, but broad guidance is provided by the Health Services Division.

Visual Disabilities. Low vision is uncorrectable vision loss that interferes with daily activities and is usually described as permanently reduced vision that cannot be corrected with regular glasses, contact lenses, medicine, or surgery. Sudden losses of vision require immediate ophthalmology referrals.

Vision Impairment Classification		Visual Acuity* and/or Visual Field
Normal	Normal range	Equal to 20/20 or less than 20/40
		Worse than 20/40 or better than 20/70
Low Vision	Moderate	Worse than 20/70 or better than 20/200
	Severe (Legally Blind)	Worse than 20/200 or better than/equal to 20/400 OR Visual field of 20 degrees or less
Blindness	Profound	Worse than 20/400 OR Visual field of 10 degrees or less to No Light Perception (NLP) or Form Perception

Auditory Disabilities. Auditory disabilities refer to hearing-related issues.

Hearing Impairment Classification	Hearing Range
Normal range	0 dB to 15 dB
Slight	16dB to 25dB
Mild	26 dB to 40 dB
Moderate	41 dB to 55 dB
Moderately Severe	56 dB to 70 dB
Severe	71 dB to 90 dB
Profound	over 91+ dB

Physical Disabilities. Physical disabilities interfere with an inmate's ability to participate fully in institutional programs or services without accommodation.

Independence Level Classification	Definition
Independent	Able to do task without assistance
Modified Independent	Able to do task with adaptive equipment to assist or requires extra time to perform the task
Dependent	Unable to do task without assistance of another person

Activities of Daily Living (ADL). These are activities or tasks that individuals undertake routinely in their everyday life. Together, Basic ADLs and Instrumental ADLs represent the skills that people usually need to be able to manage in order to live as independent adults.

Types of ADL	Definition	Sample activities
Basic (BADL)	Activities involving functional mobility and personal care	• Ambulation • Wheelchair mobility • Bed mobility • Transfers • Feeding • Hygiene • Toileting • Bathing • Dressing
Instrumental (IADL)	Functions concerned with a person's ability to cope with her/his environment	• Shopping • Preparing meals • Housework and basic home maintenance • Laundry • Use of transportation • Managing finances (money) • Managing medication • Use of the telephone or other communication device