



## PRISON LAW OFFICE

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Hello:

You wrote to us about a disability. We apologize for this form letter. Unfortunately, it is the only way our office can quickly reply given the large number of letters we receive.

Our office tries to help people get disability accommodations and equal access to prison services, activities, and programs under a class action lawsuit called *Armstrong v. Brown*.

More information about *Armstrong* is in the enclosed handout. We hope this information is helpful to you. We update this handout periodically, so if you have a question that is not answered in the handout, or if you find information in the handout confusing, please write to us and let us know.

We have a limited ability to advocate for individual people. Typically, we cannot help you until you file an 1824 form asking for the help you need. More information about how to file an 1824 is in this handout. If you send us the response you receive to your 1824, we will review it to see if we can help at that time.

We are returning to you any documents that you sent to us.

Thank you for writing to us. We truly wish you the best.

*Prison Law Office*

Enclosure: *Armstrong* FAQs

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**Armstrong Frequently Asked Questions**

(Last Updated April 2018)

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**NOTE**

This handout is not intended to be legal advice about the facts in your case, but it will give you more information about your rights and what you can do to help yourself.

In most cases, we recommend that you file an 1824 on the issue you are facing. If you are unhappy with the response you get, we recommend that you appeal it through the Third Level.

You can send our office a copy of any response you receive to an 1824.

We cannot promise that we will be able to help, but we will review and consider any 1824 response you send us.

**I. Background on *Armstrong***

The Prison Law Office and Rosen Bien Galvan and Grunfeld (RBGG) filed the class action lawsuit *Armstrong* in federal court in 1994 against the Governor of California and CDCR because people with certain disabilities did not have equal access to prison programs, services, and activities, as required by the Americans with Disabilities Act (ADA). Over the years, the name of the case has changed as different Governors came into office. Currently the case is named *Armstrong v. Brown*, but it normally is referred to simply as *Armstrong*.

***Am I covered by the *Armstrong* lawsuit?***

Every person in CDCR custody (prisoners and parolees) with a vision, kidney, hearing, mobility, speech, or learning disability is a member of the *Armstrong* class. “Class” means the group of people covered by the *Armstrong* lawsuit.

The ADA covers a broader group of disabilities than the *Armstrong* case. For example, some chronic medical conditions are considered a disability under the ADA, but they are not covered by *Armstrong*.

***What does CDCR have to do?***

The federal court has ordered prison officials to follow the ADA, to provide disability accommodations, and to make sure that the prisons are accessible for class members. The *Armstrong* case was filed in 1994, and the *Armstrong* Remedial Plan (also known as “the ARP”) lists the various ways CDCR will provide people with disabilities accommodations and equal access. Since the case was filed, the federal court has issued a series of court orders directing CDCR to take additional steps to comply with the ADA and the ARP.

You can read more about the lawsuit, the ARP, and the court’s orders at your prison’s law library. If the ARP is not available, you can write to us and ask for a free copy of it.

***How can you help me?***

The Prison Law Office and RBGG continue to represent all people in the *Armstrong* class. Our work is focused on making sure that prison officials follow the ADA, as required by the court’s orders and the ARP.

We do this through regular monitoring trips to the prisons, where we interview class members and staff, and by reviewing letters, 1824 forms, and other documents. We also meet regularly with CDCR headquarters officials, to raise matters of statewide interest to class members. When necessary, we go to the federal judge and ask the federal court to issue further orders directing CDCR to do more to comply with the ADA.

We also sometimes advocate for individual people on disability-related issues under *Armstrong*. Typically we do this only after a person sends us a response to an 1824, as discussed later in this handout.

The *Armstrong* case did not seek money damages. If you want to file an individual lawsuit, we cannot represent you. We do have some free self-help material we can send you on how to file a lawsuit. If you would like this information, please write to us and ask.

We also have free self-help handouts on other issues, including parole planning, learning disabilities, benefits, legal mail, investigations, guard brutality, protective custody, and Proposition 57. You can write to us and ask for those handouts.

## **II. How to Request a Disability Accommodation (Form 1824)**

The 1824 form is how you request accommodations for your disability. It is a yellow form. Blank copies of the 1824 form should be available to you in your housing unit and in the library. You should submit the 1824 in the locked boxes for appeals (normally labeled for 602s and 1824s).

The 1824 form should be used if CDCR will not let you participate in a program (such as a credit-earning job or school) or service (such as meals or library time) because you have a disability. You should file an 1824 if you need help (such as help reading and writing at school, or help getting to and from the medical building), or if a building is not physically accessible to you.

### ***Examples of when you should use an 1824 form:***

1. If you have trouble walking and cannot get to the law library because a curb is in the way, you can request that a ramp be installed to allow law library access.
2. If you need help reading because of a learning disability, you can request help. You also can verbally ask staff for assistance.
3. If you are unable to walk, you can request a cane, walker, or wheelchair.
4. If you are being harassed due to a disability, you can report that harassment.

The 1824 form is not a means to request medical treatment or attention. A pink 602-HC should be used if you have a concern about medical care and treatment. For example, if you want to request transfer to a medical facility or physical therapy, you should submit a 602-HC.

**How to file an 1824 form:**

1. Pick up a blank 1824 form. Blank forms should be available in all housing units and in the library. If you do not see one, ask staff for one.
2. Be very specific. Write your problem clearly and simply in two or three sentences. You should also write the action requested in the same way.
3. Be sure to sign and date the bottom of your appeal.
4. Submit your appeal to the Appeals Coordinator's Office in the same way that you would submit a 602 appeal. There should be an appeals box in your unit. You may also submit your 1824 by mail to the Inmate Appeals Office. Custody staff may not read the substance of your 1824.
5. If your concern is urgent, you should write "EMERGENCY" on the top of the form.

**What happens next?**

1. Your 1824 should be reviewed by a Reasonable Accommodation Panel (RAP) during the weekly RAP meeting. The RAP includes medical and custody staff.
2. The RAP should provide you with a substantive response within 30 calendar days of when your 1824 was received.

**What if I am unhappy with the response I receive?**

If you are unhappy with the response you receive to your 1824, follow the instructions near the bottom of the response to appeal the decision. The instructions should tell you to file either a 602-HC or a 602. Any request that will be addressed by medical staff should go on a 602-HC, and any request that will be addressed by custody staff should go on a 602. So, for example, if you requested a cane or a low bunk chrono on your 1824 and it was denied, you should file the 602-HC. If you requested to be allowed extra showers because of toileting accidents, and custody denied the request, you should file a regular 602 second level. In your new 602-HC or 602, you should explain why you disagree with the RAP response, request a Second Level Response, and attach a copy of the RAP response.

You can also send us a copy of your appeal and the response. We will review your concerns and see if we can help you under the *Armstrong* lawsuit. Do not send us the original, if that is the only copy you have. We do not want it to get lost in the mail. Handwritten copies are fine. You can also write to us while continuing to appeal to the Second and Third Levels.

Please understand that we may not be able to help if you have already been seen by your Primary Care Provider (PCP), and your PCP has decided that you do not need a certain accommodation. We are not medical doctors and do not have the medical training to challenge

your PCP’s decision if it is based on a complete evaluation of your disability. Please also understand that we cannot demand a certain accommodation for you; we can only ask that your PCP evaluate you to see if that accommodation is reasonable.

We know that there are problems with the way 1824s are processed at some prisons. We are working to improve appeals processing at prisons. It still is very important that you use the 1824 process because that is the only way we can help most people and, as explained below, you must go through the process before you can file a formal legal action in court.

**What if I want to file a lawsuit?**

Because the *Armstrong* lawsuit is not asking for money damages, you may bring your own ADA case for damages or personal injuries. If you would like to file a formal legal action in court, you must first take all necessary steps to receive a Third Level Response through the 1824 process to fix your issue. That is called “exhausting” your administrative remedies.

Please understand that our office does not represent individual prisoners in habeas actions or lawsuits for money damages about disability accommodations or disability discrimination. If you would like free handouts about how to exhaust your administrative remedies and file a personal injury lawsuit, however, please write to us and ask.

**III. Disability Placement Program (DPP)**

The *Armstrong* Remedial Plan creates several “DPP codes” that identify specific disabilities. You may be an *Armstrong* class member even if you do not have a DPP code.

<b>Mobility</b>	
<b>DPW</b>	You have a severe mobility restriction and require full time wheelchair accommodation to ambulate in and out of your cell/bed area.
<b>DPO</b>	You have a severe mobility restriction but only use a wheelchair intermittently as an accommodation to ambulate <u>outside</u> of your cell/bed area. This means you can walk a few steps inside your cell.
<b>DPM</b>	You have a severe mobility restriction and use an assistive device (but not a wheelchair) to ambulate, and you cannot walk up or down stairs.
<b>DLT</b>	You require relatively level terrain/path of travel accommodation to ambulate and cannot climb more than six stairs.
<b>DNM</b>	You have a disability and may or may not require an assistive device. Your disability is not severe enough to require special housing or level terrain.
<b>PLEASE NOTE:</b> If you have an upper extremity disability (for example, if you have trouble using your arms or hands) you may still require special accommodations and be covered under <i>Armstrong</i> even though you do not have a DPP code.	

## ARMSTRONG FREQUENTLY ASKED QUESTIONS

Prison Law Office

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Hearing	
<b>DPH</b>	You are deaf or severely hearing impaired and require written notes, sign language, or lip reading accommodation.
<b>DNH</b>	You have a hearing impairment and use an assistive hearing device such as a hearing aid.

Vision	
<b>DPV</b>	You have a severe vision impairment which is not correctable to better than 20/200 with corrective lenses in at least one eye.
<b>PLEASE NOTE:</b> If you have a vision disability that is not severe enough to warrant a DPV code, you still may require special accommodations and be covered under <i>Armstrong</i> .	

Speech	
<b>DPS</b>	You have difficulties communicating due to a permanent speech impairment.

Kidney	
<b>DKD</b>	You have a kidney disease and require dialysis.

Learning Disability	
<b>LD</b>	You have a verified learning disability.
<b>PLEASE NOTE:</b> If you would like help getting a learning disability verified, please write to us.	

The DPW, DPO, DPM, DLT, DPV, DPH, and DPS codes are called “impacting-placement” codes. That means that people with those codes can only be housed in specific prisons that are designed to accommodate them—for example, a prison where there are wheelchair-accessible cells, or a prison with a full-time sign language interpreter on staff.

At the end of this handout, we include the latest chart from CDCR (dated March 9, 2017) explaining where people can be housed based upon their disability codes. Please note that this chart may not be up-to-date, and that some prisons may not be accepting new people at this time. In addition, some prisons are “designated” to house people with disabilities only on specific yards/housing units. Depending upon your points level, and whether you are SNY or GP, you may not be able to go to these units. You should speak with your Correctional Counselor for more information about housing options.

#### **IV. ADA Worker Program**

CDCR must provide reasonable accommodations to people with disabilities to ensure access to programs, services and activities. To meet this requirement, CDCR has created the ADA worker program. This program is sometimes called the “IDAP” or “Inmate Disability Assistance Program.”

ADA workers are incarcerated individuals who CDCR has trained to assist people with disabilities. At some prisons, these people wear yellow shirts and are called “gold coats.” ADA workers are required to help people regardless of race, religious beliefs, or gang affiliation.

#### ***What ADA workers can do***

There are two types of ADA workers: Group A and Group B. Group A workers have an education equivalency to the 9th grade and can perform physical duties, as well as help with reading and writing. Group B workers can perform only physical duties; they cannot help with reading or writing. Group B workers do not necessarily have a 9th grade education. ADA workers can:

1. Assist or guide people with mobility or vision impairments to and from:
  - a. Education, Vocational programs, and Work assignments
  - b. Classification or Disciplinary Hearings (ADA workers are not allowed to attend the actual Hearings)
  - c. Dining Rooms (ADA workers may help with food trays, beverages, and seating)
  - d. Recreational Activities
  - e. Self Help or Other Support Groups
  - f. Law & Regular Libraries (Group A workers may remain and assist with reading and writing)
  - g. Facility Canteen and/or where people receive their quarterly packages
  - h. Healthcare appointments
  - i. Visiting
2. Assist with linen exchanges.
3. Provide *limited* help to clean bed/cell area but **only** when staff is present to supervise the ADA worker **and** the individual who lives in the cell provides permission.
4. Assist with bed moves but **only** when staff are present.
5. Assist with reading or writing letters, requests, forms, etc. Only Group A workers are able to provide this assistance.



6. Provide instruction on how to use grooming tools **without actually using the tools on the individual**, or arrange for barber services by others.
7. Communicate staff announcements made over the loudspeakers.
8. Provide instruction and assistance to individuals with hearing and vision impairments in the use of specialized equipment such as the Galileo Reader, Optelec Video Magnifier, Tape Player/Recorder, Digital Talking Machine, and the Telecommunication Device for the Deaf.

NOTE: At many prisons, ADA workers are referred to as “pushers” or “wheelchair pushers.” Staff and incarcerated people (including the ADA workers) sometimes think that their only task is to push people in wheelchairs to and from appointments. However, as you can see from the list above, there are many more tasks that ADA workers should be doing.

#### ***What ADA workers cannot do***

1. Request or accept property or other forms of payment in exchange for their ADA worker services.
2. Attend another individual’s Classification Committee Hearing, Disciplinary Hearing, or Health Care/Mental Health Consults/Treatment appointments; this includes interpreting or translating at these encounters.
3. Assist with personal hygiene by using grooming tools on another individual.
4. Perform maintenance on health care appliances or durable medical equipment.
5. Handle canteen or property in the owner’s absence or without staff supervision.
6. Provide assistance in Administrative Segregation or Security Housing Units.
7. Access an individual’s locker and/or assigned cell, unless they are assisting with minimal cleaning (for example, sweeping and mopping) **and** they are supervised by staff **and** have the individual’s permission.
8. Access another person’s CDCR documents (for example, Form 128, General Chrono; Form 115; Form 602 Inmate/Parolee Appeal) except with the person provides consent and the ADA worker notifies custody staff.

**V. Disability Vests**

***What is the purpose of a disability vest?***

Medical staff issue disability vests to certain individuals. These vests are yellow and say “hearing impaired,” “vision impaired,” and/or “mobility impaired” on the back.

Disability vests allow staff to easily identify people with disabilities that may prevent them from complying with specific orders, especially in emergency situations. Staff must provide people wearing vests with certain accommodations. For instance, an individual with a “mobility impaired” vest is not required to get down during alarms. Instead, he or she can remain standing and should not be issued an RVR or be shot at.

***Do I need a disability vest?***

<b>Mobility Vest</b>	
<b>DPW</b>	You do <u>not</u> need a mobility vest.
<b>DPO</b>	You should have a mobility vest. You need to wear it when (1) you are not seated in your wheelchair or walker; <b>and</b> (2) you are outside of your assigned bed area or cell.
<b>DPM, DLT, DNM, or No Code</b>	You should have a mobility vest only if you are unable to sit down on the ground and assume a “seated” position during an emergency alarm or if you are unable to stand without assistance. You need to wear it when you are outside of your assigned bed area or cell.

<b>Hearing Vest</b>	
<b>DPH</b>	You have to wear your hearing vest whenever you are outside of your assigned bed area or cell.
<b>DNH</b>	You have to wear either your working hearing aids or your hearing vest. <u>You do not have to wear both.</u> Staff cannot give you a 115 or 128 for not wearing your vest if you are wearing your hearing aids and your hearing aids are working properly. However, you do have to wear your vest when your hearing aids are not working properly (for example, when the battery does not work). When your hearing aids are not working, you need to wear the vest when you are outside of your assigned bed area or cell.

<b>Vision Vest</b>	
<b>DPV</b>	You have to wear your vision vest whenever you are outside of your assigned bed area or cell.
<b>Other Vision Impairment</b>	You have to wear either your prescription lenses or your vision vest. <u>You do not have to wear both.</u> Staff cannot give you a 115 or 128 for not wearing your vest if you are wearing your prescription lenses. If you are not wearing your prescription lenses, you need to wear the vest when you are outside of your assigned bed area or cell.

***Can I choose not to wear my disability vest?***

Some people may not want to wear their vests because the vests are uncomfortable, hot, or they believe it increases the chances of victimization. Staff at some prisons have issued RVRs to people who refuse to accept or wear disability vests.

We have advocated to end this practice because we do not think people should be punished for not wearing their vests. Unfortunately, we have not yet come to an agreement with CDCR on this issue.

If you have been given an RVR for refusing to accept or wear your vest, you can try appealing the RVR by filing a CDCR Form 602 (a green, administrative appeal form) or a Form 1824. If you have refused to wear your disability vest because of safety or victimization reasons, you should be sure to explain this on your 602 or 1824. You will need to file and get responses at all three levels if you want to challenge the disciplinary charge in court. It is very important that you meet the time limits for filing your 602 appeal or Form 1824 to each level of review.

**VI. Charges for Durable Medical Equipment**

Starting on March 1, 2018, CDCR will no longer charge people for assistive devices or durable medical equipment (DME), as defined in the Inmate Medical Services Policies & Procedures, Volume 4, Medical Services, Chapter 32, 4.32.1, Durable Medical Equipment and Medical Supply Procedure. A copy of the CDCR memorandum is at the end of this handout.

The DME that CDCR will no longer require you to purchase includes:

- accommodations for hearing disabilities (such as hearing aids and hearing vests),
- accommodations for mobility disabilities (such as wheelchairs, walkers, canes, braces, foot orthoses, therapeutic shoes/orthotics, crutches, prosthetic limbs, and mobility vests), and
- accommodations for vision disabilities (such as eyeglasses, eyeglass frames, and vision vests).

**The new policy went into effect on March 1, 2018.** This means that CDCR is not allowed to charge you for any DME ordered for you on or after March 1, 2018, and that any existing holds on your trust account for DME that you had already received as of March 1, 2018, should have been lifted.

However, CDCR will **not** reimburse any payments you made for DME before March 1, 2018. We disagree with CDCR's decision not to reimburse people who were charged for DME under the old policy. Unfortunately, we do not think there is a way to require them to do so.

Please let us know if you are charged for an assistive device or other DME after March 1, 2018, or if CDCR did not lift a hold on your trust account to pay for an assistive device that you had already received as of March 1, 2018. If you are improperly charged for a DME, we also recommend that you file a Form 1824 explaining that you were charged for a DME in violation of CDCR's new policy and asking that you be reimbursed.

## **VII. Single-Cell Status**

If you would like to be considered for single-cell status as a result of a disability-related concern, you should submit a CDCR Form 1824 (yellow form), CDCR Form 22, or CDCR Form 602 (green form). If, however, you have *immediate* safety concerns, you should speak with staff as soon as possible. Do not wait to file an appeal.

When determining whether to grant single-cell status, CDCR must consider the vulnerability of people with disabilities or certain medical or mental health conditions. When making housing decisions, staff may ask medical and mental health staff for recommendations of whether an individual should be considered for single-cell status. If you would like a copy of CDCR's memorandum that describes all of the factors that could indicate a need for single-cell status, please write to us. If your letter raised this issue, a copy of the memo is enclosed with this fact sheet.

Conditions may make a person less capable of protecting himself or herself from attack, threats, or extortion by a cellmate. Staff must consider, among other things:

- Vulnerability of the individual due to medical condition(s), mental health, and disabilities.
- Incontinence or use of diapers or colostomy supplies (for instance, people who have uncontrollable toileting accidents and need to clean themselves throughout the day and night).
- History of being a victim of in-cell assaults and/or violence.
- Adaptive support needs (identified as part of the Clark / "DDP" class).

If any of the above factors apply to you, you should explain this on the form you submit requesting evaluation for single-cell status. It is not necessary to demonstrate a history of in-cell abuse in order to be granted single-cell status.

If you are unhappy with the response you receive, you can send a copy to us. Please note that we cannot make CDCR put you in a single cell. Depending on the individual facts, however, we may be able to request that the classification committee conduct another review of the relevant factors and reconsider their previous denial of single-cell status.

### **VIII. TTY/TDD and Videophones**

If you have a severe hearing or speech impairment, you may use a Telecommunication Device for the Deaf (TDD). Your need for the TDD may first be verified by medical staff, your Correctional Counselor, or through your CDC Form 1845. You should ask staff how to sign up to use the TDD. That information also may be in your prison's inmate handbook. TDD calls are 40 minutes. You may use the California Relay Service.

If you do not require use of a TDD but want to call someone who requires use of a TDD, the person first needs to send a physician's statement of TDD verification to your Correctional Counselor.

Defendants plan to install 69 videophones at 11 institutions: CCWF, RJD, LAC, NKSP, SQ, CIM, CMF, COR, DVI, SAC, and CHCF. We are monitoring the roll-out of videophones. If you are having problems using or accessing a videophone, we recommend that you file an 1824 and also write to us to let us know.

### **IX. Accommodations for Vision Disabilities**

We are concerned about the lack of adequate accommodations for persons with vision impairment, including DPV class members. This includes accessible-format CDCR forms, screen readers, refreshable Braille displays, screen magnification systems, Optical Character Recognition (OCR) systems, Braille reading and writing materials, and inclusive exercise equipment.

If there is an accommodation you believe you need, please write to us and let us know. Although we may not be able to help you immediately, the information is helpful to us as we advocate for improved accommodations for vision impaired class members.

### **X. Toileting Supplies**

If you have a toileting accident—such as diarrhea or urinating on yourself—you can ask custody staff for a shower, extra toilet paper, new laundry, and clean bed sheets. Custody staff should provide you reasonable accommodations as soon as possible. Medical staff should also provide you an adequate number of catheters, urine bags, etc., if medically necessary.

**XI. Physical Plant**

If you have difficulty getting around the prison because of physical barriers, please write to us and let us know. Please describe the problem and where it is happening. That way, the next time we visit your prison, we can look at the area and see if it needs to be modified or fixed. You should also file an 1824 about the problem.

For example, you can tell us about:

1. Cracks in the sidewalk that make it difficult to use a wheelchair.
2. A curb that makes it difficult to access the shower or the library.
3. Standing water on the floor from leaks when it rains, making it slippery.
4. Not enough ADA tables in the dining hall.
5. Not enough space to navigate a wheelchair or walker in the education building.



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## MEMORANDUM

**Date:**

FEB 14 2018

**To:**

CHIEF EXECUTIVE OFFICERS  
WARDENS

**From:**

VINCENT S. CULLEN, Director  
Corrections Services  
California Correctional Health Care Services

KATHLEEN ALLISON, Director  
Division of Adult Institutions  
California Department of Corrections and Rehabilitation

**Subject:**

**DISCONTINUATION OF PAYMENT FOR DURABLE MEDICAL EQUIPMENT**

The purpose of this memorandum is to provide policy direction regarding charges for Durable Medical Equipment (DME).

Effective March 1, 2018, patients within the California Department of Corrections and Rehabilitation (CDCR) will no longer be required to purchase DME as defined in the Inmate Medical Services Policies & Procedures (IMSP&P), Volume 4, *Medical Services, Chapter 32, 4.32.1, Durable Medical Equipment and Medical Supply Procedure*. This policy change does not include Health Care Appliances, such as dentures. If there is any confusion as to what constitutes DME, staff shall reference the DME Formulary on Lifeline under the IMSP&P link. Our current practice is not consistent with other government run healthcare organizations. It also leads to inconsistencies in policy application, drives appeal workload, and results in unnecessary workload for little gain.

The benefits of this change will include:

- Consistent application of policy throughout the state.
- Reduction in grievances and appeals for both California Correctional Health Care Services (CCHCS) and CDCR.
- Reduction in workload for staff.
- Patient access to DME will be consistent with Medi-Cal practices.
- Patients will not refuse to be issued medically-necessary DME in order to avoid losing funds from their trust account.

# MEMORANDUM

Any existing trust account holds for previously-issued DME will be lifted, effective March 1, 2018. Full or partial payments that have already been made prior to March 1, 2018 will not be reimbursed. Accounting staff should not receive any further auto-printed notices for patient DME charges after March 1, 2018.

Nursing staff will continue to have the patient sign for receipt of the Electronic Health Records System (EHRS)-generated CDCR Form 7536, *DME Receipt*, which is sent to Health Information Management for scanning into the EHRS. Nursing will continue to send a copy to the Health Care Compliance Analyst.

Institutions should review any Inmate Orientation materials or media that address the requirements for patients to pay for DME and revise accordingly. Policy and Risk Management Services will expedite the necessary revisions to IMSP&P, Volume 4, *Medical Services, Chapter 32, 4.32.1, Durable Medical Equipment and Medical Supply Procedure*.

If you have any questions or concerns, please contact Vincent Cullen, Director, CCHCS, Corrections Services, at (916) 691-2887.

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**SUMMARY OF DPP DESIGNATED AND RECEPTION CENTER MISSIONS**

Revised 3/9/17

INSTITUTION	HOUSING TYPE	CATEGORIES OF DISABILITY						
		DPW	DPO	DPM	DLT	DPH	DPV	DPS
CHCF*	Facility E	X	X	X	X	X	X	X
	Specialized Medical	X	X	X	X	X	X	X
CIM	I (Facility D)	X	X	X	X	X	X	X
	II SNY (Facility A)				X	X		X
	RC (Central Only-Facility B)	X	X	X	X	X	X	X
CMF	II	X	X	X	X	X	X	X
	III	X	X	X	X	X	X	X
	EOP	X	X	X	X	X	X	X
COR	SHU	X	X	X	X	X	X	X
	PHU	X	X	X	X	X	X	X
DVI	RC	X	X	X	X	X	X	X
HDSP	I (MSF)	X	X	X	X	X	X	
	III (Facility A)	X	X	X	X	X	X	
	IV (Facility C&D)	X	X	X	X	X	X	
	IV SNY (Facility B)	X	X	X	X	X	X	
KVSP	I (MSF)	X	X	X	X			
	IV 180 (Facility A&B)	X	X	X	X			
	IV 180 SNY EOP (Facility C)	X	X	X	X			
	IV 180 SNY (Facility C&D)	X	X	X	X			
	IV 180 THU (Facility D)	X	X	X	X			
LAC	IV 270 (Facility B)	X	X	X	X	X		X
MCSP	II SNY (Facility D and E)	X	X	X	X	X	X	X
NKSP	RC	X	X	X	X	X	X	X
PVSP	I (MSF)	X	X	X	X			
	III (Facility C)	X	X	X	X			
	III SNY (Facility D)	X	X	X	X			
RJD	III SNY (Facility B)	X	X	X	X	X		X
	III SNY (Facility D)			X	X	X		X
	III EOP (Facility A)	X	X	X	X	X		X
	III (Facility A)	X	X	X	X	X		X
	IV SNY (Facility C)	X	X	X	X	X		X
	IV SNY EOP (Facility C)	X	X	X	X	X		X
	II (Facility E)	X	X	X	X	X	X	X
	INS	X	X	X	X	X	X	X
SAC	PSU	X	X	X	X	X	X	X
SATF	II (Facility B)	X	X	X	X	X	X	X
	II SNY EOP (Facility F)	X	X	X	X	X	X	X
	IV 180 (Facility C)	X	X	X	X	X	X	X
	II SNY (Facility A, F & G)	X	X	X	X	X	X	X
	II SNY EOP (Facility G)	X	X	X	X	X	X	X
	III SNY (Facility E)	X	X	X	X	X	X	X
SQ	IV SNY (Facility D)	X	X	X	X	X	X	X
	CONDEMNED	X	X	X	X	X	X	X
SVSP	I (MSF)	X	X	X	X			
	III SNY (Facility A)	X	X	X	X			
	III SNY EOP (Facility A)	X	X	X	X			
	IV 270 (Facility B)	X	X	X	X			
	IV 180 (Facility C)	X	X	X	X			
	IV SNY 180 (Facility D)	X	X	X	X			
VSP	IV SNY EOP 180 (Facility D)	X	X	X	X	X	X	X
	II SNY	X	X	X	X			
WSP	RC	X	X	X	X			
<b>FEMALE INSTITUTIONS</b>								
CCWF	I-IV	X	X	X	X	X	X	X
	RC	X	X	X	X	X	X	X
	CONDEMNED	X	X	X	X	X	X	X
	EOP	X	X	X	X	X	X	X
CIW	SHU/PSU	X	X	X	X	X	X	X
FWF	III GP	X	X	X	X	X	X	X

1) CHCF specialized medical beds endorsement controlled by HCPOP. DPP Matrix does not include other HCPOP controlled endorsements such as GACH, CTC, SNF, and OHU.

2) Reception Centers (RC) with partial or no DPP Designated mission must transport inmates with disabilities that impact placement within seven days to other nearby designated RC's.

3) Except for DPW and DPO, Developmental Disability Program (DDP) placement needs override DPP placement need.

4) DLT designated inmates may be placed at non-designated institutions. Exclusions to this are: CMC-E, CRC, FSP, SQ-GP, SCC I & II, and CCI.

5) MCSP, SVSP, and HDSP will accept DPH and DPS inmates. Exclusions to this are DPH or DPS inmates requiring SLI services. There are no SLI services available at these three institutions.