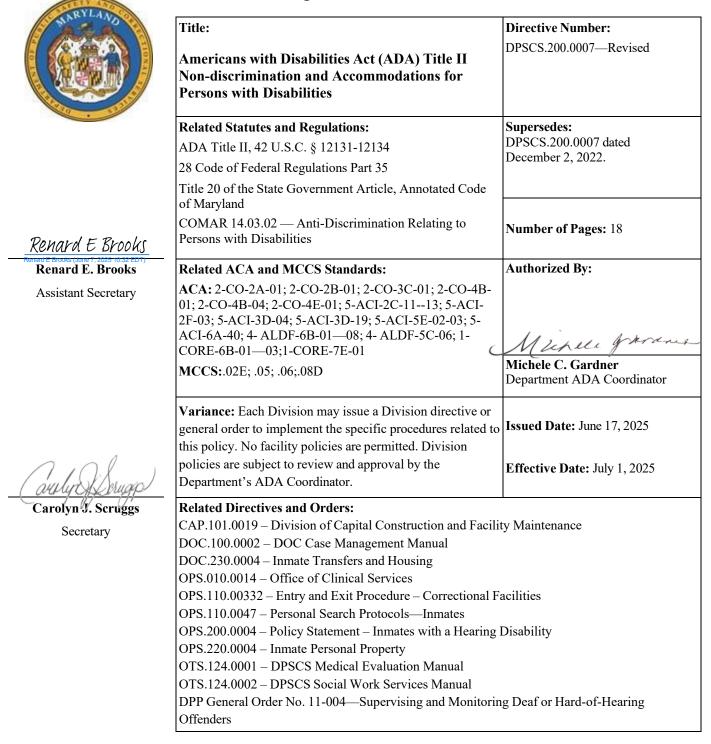
## **Department Directive**



### .01 Purpose.

The purpose of this directive is to establish and maintain policy and procedures ensuring that qualified individuals with disabilities, including incarcerated individuals in the custody of the Department of Public Safety and Correctional Services (Department), individuals under the supervision of the Department's Division of Parole and Probation, and volunteers, visitors, or other members of the public

will not be discriminated against on the basis of disability, as prohibited by the Americans with Disabilities Act, with regard to facility access, services, programs, and activities provided by the Department.

#### .02 Scope.

- A. This directive is applicable to all operational units of the Department to include the Division of Pretrial Detention and Services (DPDS), the Division of Correction (DOC), the Division of Parole and Probation (DPP), and Patuxent Institution.
- **B.** This directive does not apply to job application procedures; the hiring, promotion, or discharge of employees; employee compensation; job training; or any of the other terms, conditions, or privileges of employment.

#### .03 Policy.

- A. The Department shall comply with the Americans with Disabilities Act (ADA) by:
  - (1) Not excluding any qualified individual with a disability, on the basis of disability, from access to the facilities and participation in the services, programs, or activities of the Department, or subjecting any individual with a disability to discrimination on the basis of disability.
  - (2) Making reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the Department determines that making the modification would:
    - (a) Fundamentally alter the nature of the service, program, or activity;
    - (b) Pose a direct threat of substantial harm to the health and safety of the:
      - (i) Individual requesting the accommodation;
      - (ii) Incarcerated individuals, supervisees, employees, visitors, or other individuals; or
      - (iii) Physical structure of the building; or
    - (c) Result in undue financial and administrative burdens.
  - (3) Not retaliating or discriminating against any individual because that individual has opposed any act or practice made unlawful by this policy, or because that individual made a complaint of discrimination or request for accommodation, testified, assisted, or participated in any manner in an investigation of a complaint filed pursuant to this policy.
- **B.** Notice of Policy.

The Department shall:

- (1) Make this policy available to <u>individuals</u> in a pretrial status, incarcerated individuals, supervisees, visitors, and any other individual who seeks access to an office or facility operated by the Department or to participate in any service, program, or activity offered by the Department:
  - (a) By promoting the policy through videos, posters, handouts, and handbooks; and
  - (b) By maintaining a copy of the policy in the incarcerated individual library of each facility, providing a copy to incarcerated individuals or supervisees who after initial screening or intake have been assessed as disabled, and maintaining a copy on the Department's public website; and
- (2) Ensure that this policy and any associated promotional materials are made available in formats accessible to individuals with disabilities.
- C. Each Unit of the Department shall:
  - (1) Adopt and maintain a policy, authorized by the Department ADA Coordinator, that establishes the standard operating procedures necessary for employees, contractors, interns, and volunteers to comply with this Department Directive; and
  - (2) Provide for the assignment of appropriately trained individuals to assist disabled individuals gain equal access to the Department's facilities, services, programs, and activities.

#### .04 Definitions.

A. In this directive, the following terms have the meanings indicated.

- **B.** Terms Defined.
  - (1) "Americans with Disabilities Act" or "ADA":
    - (a) The ADA is federal legislation enacted by the United States Congress in 1990 that prohibits discrimination against people with disabilities.
    - (b) <u>The ADA makes it illegal to discriminate against a person on the basis of a disability</u> <u>in employment, public services, public accommodations, telecommunications, and</u> <u>it protects from retaliation.</u>
    - (c) Title II of the ADA applies to the services, programs, and activities provided by State and local governments.
  - (2) "Auxiliary aids and services" has the meaning stated in 28 C.F.R. § 35.104.

- (3) "Correctional facility" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: 'Correctional facility' means a facility that is operated for the purpose of detaining or confining adults who are charged with or found guilty of a crime.
- (4) "Direct threat" has the meaning stated in 28 C.F.R. § 35.104.
- (5) "Disability" means an individual:
  - (a) With a physical or mental impairment that substantially limits one or more major life activities of the individual;
  - (b) With a record of such an impairment; or
  - (c) Regarded as having such an impairment as described in 28 C.F.R. § 35.108
- (6) "Discrimination" has the meaning stated in the ADA, 42 U.S.C. § 12112(a) and (b).
- (7) "Facility ADA Coordinator" means a full-time Department employee designated by the managing official to coordinate a Department correctional facility's activities and responsibilities under the ADA Title II.
- (8) Incarcerated Individual.
  - (a) <u>"Incarcerated individual" has the meaning stated in Correctional Service Article, §1-101, Annotated Code of Maryland which states, ""Incarcerated individual" means an individual who is actually or constructively detained or confined in a correctional facility."</u>
  - (b) <u>"Incarcerated individual" includes the term "inmate" as stated prior to October 1,</u> 2023 Correctional Service Article, §1-101, Annotated Code of Maryland.
  - (c) "Incarcerated individual" includes the term incarcerated person.
- (9) "Major life activities" has the meaning stated in 28 C.F.R. § 35.108.
- (10) "Managing official" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland.
- (11) "Qualified individual with a disability" has the meaning stated in 28 C.F.R. § 35.104.
- (12) "Regional Administrator" means the individual responsible for the management of all offices within a Division of Parole and Probation region.
- (13) "Regional ADA Coordinator" means a full-time Department employee designated by the regional administrator to coordinate a DPP Region's activities and responsibilities under the ADA Title II.

- (14) "Retaliation" has the meaning stated in 28 C.F.R. § 35.134.
- (15) "Supervisee" means an individual who is on parole, probation, mandatory supervision, or under lifetime supervision and who is not an incarcerated individual.
- (16) "Unit head" means the appointed and authorized individual of a Unit of the Department authorized to provide oversight for and issue a decision regarding an incarcerated individual's, supervisee's, or other individual's complaint, grievance, or administrative remedy procedure request.
- (17) "Unit of the Department" has the meaning stated in Correctional Services Article, § 2-201, Annotated Code of Maryland.
- (18) "Wheelchair or other power-driven mobility device" have the meanings stated in 28 C.F.R. § 35.104.

#### .05 Responsibilities.

- A. Department ADA Coordinator.
  - (1) The Secretary shall designate a Department-wide ADA Coordinator, who shall:
    - (a) Report directly to a Deputy or Assistant Secretary;
    - (b) Be employed full-time in the service of coordinating the Department's efforts to comply with and carry out its responsibilities under the ADA Title II, including:
      - (i) Oversight of investigations into complaints alleging non-compliance with the ADA Title II or Departmental policy related to compliance with ADA Title II; and
      - (ii) Approval of any final denial of a request for accommodation under this policy or any other Department policy; and
    - (c) Provide guidance and oversight in the administration of ADA Title II responsibilities to Facility and Regional ADA coordinators within the Division of Corrections (DOC), Division of Pretrial and Detention Services (DPDS), and Division of Parole and Probation (DPP).
  - (2) The Department ADA Coordinator shall be responsible for:
    - (a) Making available to all detainees, incarcerated individuals, supervisees, employees, volunteers, and visitors the name of the Department's ADA Coordinator, as well as that individual's office address, email, and telephone number.

- (b) Ensuring that qualified individuals with a disability who are located within all Department correctional facilities, supervised by the DPP, or other individuals who otherwise qualify to participate in the Department's services, programs or activities, have an equal opportunity to participate in such activities;
- (c) Directing, planning, developing, implementing, and coordinating the needs of the Department relating to implementation and compliance with ADA Title II;
- (d) Developing, implementing, and monitoring all Departmental policies and procedures for the:
  - (i) Identification and resolution of issues of discrimination, unequal access, and retaliation; and
  - (ii) Collection of statistical data regarding accommodations made on behalf of incarcerated individuals, supervisees, and other qualified individuals with disabilities;
- (e) Overseeing the coordination of auxiliary aids and services for incarcerated individuals, supervisees, and other qualified individuals with disabilities; and
- (f) Ensuring all materials published for incarcerated individuals and supervisees, to include policies, handbooks, orientation materials, and forms are available in formats accessible to visually impaired individuals;
- (g) Providing regular training to and consultation with the Facility and Regional ADA Coordinators;
- (h) Serving as the ADA Coordinator for any Unit of the Department that provides services or programs to incarcerated individuals and supervisees but is not under the authority of a Commissioner or Division Director;
- (i) <u>Ensuring Monthly ADA Reports provided by the medical vendor are reviewed, to</u> <u>ensure that ADA Alert code entries are accurate and applicable;</u> and
- (j) Serving as the Department's subject matter expert in the area of ADA Title II compliance by continued education, research, and analysis of updates or changes in the law, best practices in the field, and evolving assistive technologies and services.
- **B.** The Deputy and Assistant Secretaries shall ensure that:
  - (1) Administrative and operational units adopt and maintain policies in accordance with §.07 of this directive.

- (2) Buildings that are newly constructed, leased, owned, or operated by the Department meet the minimum ADA requirements for accessibility by incarcerated individuals, supervisees, and the public;
- (3) Buildings currently leased, owned, or operated by the Department are, as funds are available, renovated and retrofitted to the maximum extent feasible to provide greater access for Departmental services, program, and activities; and
- (4) Contracts, memorandums of understanding, and other agreements are reviewed to ensure that procured services provide alternatives or are equally available to qualified individuals with disabilities.
- (5) Designated employees are properly trained in the Department's obligations under this policy and the ADA Title II;
- (6) Incarcerated individuals with disabilities are transported in a manner that provides for their safety and security;
- (7) Qualified individuals with disabilities in the custody of the Department are housed in the most integrated setting appropriate to their needs, and, unless it is appropriate to make an exception, are not:
  - (a) Placed in inappropriate security classifications because no accessible cells or beds are available;
  - (b) Placed in designated medical areas unless they are actually receiving medical care or treatment;
  - (c) Placed in facilities that do not offer the same programs as the facilities where they would otherwise be housed; and
  - (d) Deprived of visitation with family members by placing them in distant facilities where they would not otherwise be housed; and
- (8) All qualified individuals with a disability under the supervision of the Division of Parole and Probation are not:
  - (a) Assigned to an intake or reporting office that is inaccessible to or unusable by individuals with disabilities;
  - (b) Excluded from participation in, or denied the benefits of, the Department's services, programs, or activities; or
  - (c) Subjected to discrimination.
- C. A Managing Official or Regional Administrator shall:

- (1) Ensure that a correctional facility or <u>regional ADA coordinator</u> is assigned to each correctional facility and Division of Parole and Probation regional office;
- (2) Ensure that reasonable accommodations are made within the facility or region to provide

qualified individuals with a disability with equal access to:

- (a) An office or correctional facility; and
- (b) A program, service, or activity.
- (3) Ensure that appropriate steps are taken to ensure that communications with a qualified individual with a disability, are as effective as communications with others by furnishing appropriate auxiliary aids and services necessary to ensure effective communication;
- (4) Provide authorized policies and procedures to correctional facility or regional employees, contractors, interns, and volunteers regarding:
  - (a) The process by which an incarcerated individual, supervisee, or other individual makes a request for accommodation under the ADA;
  - (b) The Department's responsibilities to provide a reasonable accommodation; and
  - (c) What constitutes a reasonable accommodation includes, but is not limited to:
    - (i) Sign language or interpreter services;
    - (ii) An auxiliary aid or service;
    - (iii) Durable medical equipment;
    - (iv) A wheelchair or other mobility device;
    - (v) A prosthesis;
    - (vi) Adapted transportation and mobility vehicles; and
    - (vii) Adapted showers, toilets, and other related personal hygiene needs;
- (5) Upon receipt of a reasonable request for accommodation under this directive:
  - (a) Review the request for accommodation;
  - (b) Consult with the Facility or Regional ADA coordinator; and
  - (c) Render a decision in concert with the Department ADA Coordinator pursuant to §.06 of this directive; and

- (6) If necessary, in evaluating a request for accommodation, consult with a qualified medical professional or other applicable person to determine if the request is reasonable and appropriate for the individual's particular disability or circumstance.
- D. DPP, DOC, DPDS, and Patuxent Correctional ADA Coordinators.
  - Each Regional or Correctional Facility Coordinator shall be designated by the Managing Official of the correctional facility or the Regional Administrator of the DPP region.
  - (2) The role of the Regional or Correctional Facility ADA Coordinator is to:
    - (a) Ensure proper implementation of this policy and agency policy within the assigned facility or region;
    - (b) Process initial complaints and requests for accommodation submitted by incarcerated individuals, supervisees, or other individuals pertaining to that correctional facility or region;
    - (c) Make a written recommendation to the Managing Official or Regional Administrator on the appropriate resolution; and
    - (d) Serve as a correctional facility's or regional office's liaison with the Department ADA Coordinator on all issues pertaining to ADA Title II compliance.
  - (3) A Regional or Correctional Facility ADA Coordinator shall be responsible for:
    - (a) Coordinating all activities required under provisions of ADA Title II at the assigned facility or in the DPP region related to participation in, and physical access to, Department services, programs, and activities by an incarcerated individual or supervisee;
    - (b) Coordinating the provision of auxiliary aids and services at the correctional facility or within a DPP region;
    - (c) Ensuring that all need-to-know employees are aware of the presence of incarcerated individuals and supervisees qualified as individuals with disabilities at the facility or office; and advised of the auxiliary aids and services authorized for each incarcerated individual or supervisee;
    - (d) Ensuring that employees at an intake/receiving correctional facility or DPP office are notified that an incarcerated individual or supervisee qualified as an individual with a disability is being transferred, as well as advised of the auxiliary aids and services that are to be provided;
    - (e) Maintaining records of all complaints and/or requests for accommodation

submitted to the ADA Coordinator or any other employee within the ADA Coordinator's correctional facility or DPP region;

- (f) Advising the managing official or regional administrator of all issues regarding qualified individuals with a disability needing accommodations at the correctional facility or DPP region;
- (g) Submitting information reports as directed by the Department ADA Coordinator reflecting any auxiliary aides and services provided at the correctional facility or in a DPP office; and
- (h) Conducting all follow up activities to ensure compliance with the ADA Title II requirements at the correctional facility or DPP office.
- (4) A Correctional Facility ADA Coordinator is responsible for conducting ADA security rounds in all applicable housing units twice a month to interview the individuals with disabilities and address concerns regarding the provision of medical, assistive devices, and housing.
- E. The Correctional Training Commission and the Department ADA Coordinator shall:
  - (1) Adopt and maintain policies in accordance with §.07 of this directive; and
  - (2) Ensure that pre-service and routine in-service training related to working with qualified individuals with a disability are provided to all custody and supervision staff.
- F. The Department's Office of Incarcerated Individual Health and Clinical Services shall:
  - (1) Adopt and maintain policies in accordance with §.07 of this directive.
  - (2) Ensure that a qualified medical professional:
    - Upon request, referral, or during a routine medical examination evaluates an incarcerated individual to determine if the incarcerated individual is disabled and ascertain if the disability substantially limits the incarcerated individual's ability to engage in a major life activity;
    - (b) Provides a written recommendation to custody and case management staff regarding the need for a reasonable accommodation by a qualified individual with a disability; and
    - (c) Communicates instructions for a reasonable accommodation directly to a Shift Commander of a pretrial or correctional facility, or designee, whenever immediate action is required to protect the health or safety of qualified individual with a disability.

- **G.** A Managing Official or Unit Head shall:
  - Ensure each employee, contractor, intern, and volunteer within the chain of command, reads and acknowledges the receipt and understanding of this directive using the "Receipt and Acknowledgement of Department Directive DPSCS.200.0007 Americans with Disabilities Act ("ADA") Title II Non-discrimination and Accommodations for Persons with Disabilities" Form (*form # DPSCS 200-07dR*) attached as Appendix D to this directive;
  - (2) Maintain each signed *DPSCS 200-07dR* form for contractors and volunteers in accordance with their Division or Unit's retention schedule; and
  - (3) Forward each signed *DPSCS 200-07dR* form for employees and interns to the Human Resources Services Division (HRSD) for record retention.
- **H.** HRSD shall maintain the "Receipt and Acknowledgment of Americans with Disabilities Act ("ADA") Title II Non-discrimination and Accommodations for Persons with Disabilities" Form (form # DPSCS 200-07dR) as a personnel file document in accordance with HRSD retention schedule.

#### .06 Reasonable Accommodation Request and Complaint Procedures.

- **A.** The Department shall adopt and maintain procedures providing for prompt and equitable resolution of:
  - (1) Requests for reasonable accommodation for equal access to a facility, service, program, or activity provided or overseen by the Department; and
  - (2) Complaints alleging any action that would be prohibited by the ADA Title II as set forth in this directive.
- **B.** Requests for Accommodation.
  - An incarcerated individual, supervisee, or Departmental visitor <u>who is</u> seeking a reasonable accommodation may initiate a request for accommodation with:
    - (a) A Regional or Correctional Facility ADA Coordinator; or
    - (b) The Department ADA Coordinator.
  - (2) An incarcerated individual, supervisee, or Departmental visitor may:
    - (a) Use the "Individual Reasonable Accommodation Request (IRAR)" Form (form #

DPSCS 200-07aR) attached as Appendix A to this directive; or

- (b) In the event of an emergency or exigent circumstance make a verbal or written request to obtain immediate assistance from Departmental employees.
- (3) An incarcerated individual, supervisee, or Departmental visitor may obtain a copy of this directive and the IRAR Form from:
  - (a) Any Department employee;
  - (b) A facility's incarcerated individual library; and
  - (c) The Department's public website.
- (4) Assistance with completion of the IRAR Form.
  - (a) An incarcerated individual, supervisee, or Departmental visitor may request assistance with completing the IRAR Form from:
    - (i) An ADA Coordinator;
    - (ii) A private or Department medical provider;
    - (iii) A Case Management Supervisor;
    - (iv) The individual's legal representative;
    - (v) The individual's guardian; or
    - (vi) In the event of an emergency or exigent circumstance, a Department employee not specifically identified in § .06(B)(4)(a) of this directive.
  - (b) An incarcerated individual, supervisee, or Departmental visitor receiving assistance with completing the IRAR Form shall indicate on the form:
    - (i) The name and contact information for person providing the assistance;
    - (ii) The person's relationship to the individual; and
    - (iii) The date assistance was received.
  - (c) The person assisting with the completion of the IRAR Form shall also sign and date the document.
- (5) Responses to a Request for Reasonable Accommodation.
  - (a) A managing official, regional administrator, or unit head may not deny a request for an accommodation without the written approval of the Department ADA

Coordinator.

- (b) Upon receipt of a verbal request for an accommodation by an incarcerated individual, supervisee, or Departmental visitor, a Department employee shall:
  - (i) Immediately comply with the request if the request is:
    - 1. Reasonable; and
    - 2. Within the employee's authority and ability to provide;
  - (ii) If unable to immediately comply with the accommodation request for any reason:
    - 1. Refer the request to the employee's supervisor and the appropriate Regional or Facility ADA Coordinator before the end of the employee's shift;
    - 2. Inform the individual of the Department's accommodation request procedure and, if requested, provide the individual with the IRAR form attached as Appendix A to this directive; and
    - 3. Document the request for accommodation in a manner appropriate to facility, region, or unit practice.
- (c) Absent an exceptional circumstance, a managing official, regional administrator, or unit head shall respond to a request for reasonable accommodation within seven (7) calendar days of the date of the individual's submission of the IRAR Form to the appropriate Regional or Facility ADA Coordinator or the Department ADA Coordinator by providing the individual with a written determination:
  - (i) Granting the request;
  - (ii) Denying the request; or
  - (iii) Granting the request with a modification.
- (d) A Regional or Facility ADA Coordinator shall contact the incarcerated individual, supervisee, or Departmental visitor within 3 business days of receipt of the IRAR Form if an individual's request is delayed due to:
  - (i) Incomplete or unverifiable information provided on the form; or
  - (ii) The need for supporting medical documentation.
- (e) The Department shall utilize the "Response to a Request for Reasonable Accommodation" (RRRA) Form (*form # DPSCS 200-07bR*) attached as

Appendix B to this directive to respond to all requests for reasonable accommodation.

- (f) An individual may choose to either provide supporting documentation with the IRAR Form or authorize a waiver that gives the Department limited access to medical information required for evaluating the request for reasonable accommodation.
- (g) In making the decision to grant the requested accommodation, the Department may consider less costly, but equally effective alternatives methods to provide the individual with reasonable access to a facility, program, service, or activity.
- (h) Reasonable modifications to policies, practices, or procedures shall be made when necessary to avoid discrimination on the basis of disability, unless the managing official, regional administrator, or unit head, with the approval of the Department ADA Coordinator, determines that making the requested modification would fundamentally alter the nature of the facility, program, service, or activity.
- (i) Legitimate safety requirements necessary for the safe and secure operation of the Department's facilities, programs, services, or activities may be imposed. The managing official, regional administrator, or unit head in consultation with the Department ADA Coordinator, must determine that safety requirements are based on actual risks, not on speculation, stereotypes, or generalizations about individuals with disabilities.
- (j) No individual shall be permitted to access a Department facility or office, or participate in a program, service, or activity when that individual poses a direct threat to the health or safety of others.
- (k) No individual with a disability, with or without an accommodation, shall be allowed to access a Department facility or office, or participate in a program, service, or activity if that individual does not also possess the other qualification(s) required to participate in the program, service, or activity.
- I. In determining whether an individual poses a direct threat to the health or safety of others, the managing official, regional administrator, or unit head in consultation with the Department ADA Coordinator shall make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain:
  - (1) The nature, duration, and severity of the risk;
  - (2) The probability that the potential injury will actually occur; and
  - (3) Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

- J. Complaint Procedures Administrative Remedy Procedure.
  - (1) There are two internal processes available for an incarcerated individual to file an ADA complaint, including the:
    - (a) Administrative Remedy Procedure (ARP) as described in COMAR 12.02.28; or
    - (b) Complaint of Discrimination under ADA Title II as set forth in § 06.E of this directive.
  - (2) If an incarcerated individual files an ARP complaint through the facility's Administrative Remedy Coordinator (ARC) and the ARC considers the complaint to be a request for accommodation under the ADA, the ARC shall forward the request to the Facility ADA Coordinator.
  - (3) The Facility ADA coordinator and the ARC shall review the ARP complaint and determine whether it is a request for accommodation under the ADA.
  - (4) If the ARP complaint is determined to be:
    - (a) An initial request for accommodation under the ADA, the ARC and the Facility ADA Coordinator shall work to resolve the incarcerated individual's request by:
      - (i) Following the procedures established in §.06B(5) of this directive; and
      - (ii) Documenting the accommodations given or denied as part of the ARP formal resolution process under COMAR 12.02.28; or
    - (b) An incarcerated individual's complaint regarding a denial of a request for accommodation under the ADA, or other complaint of discrimination under the ADA, then the facility ARC shall initiate an investigation in accordance with the procedures established in COMAR 12.02.28.
- K. Complaint Procedures Complaint of Discrimination under ADA Title II
  - (1) Each unit of the Department shall comply with the complaint procedure described herein.
  - (2) By using the "Complaint of Discrimination under ADA Title II" Form (*form* # *DPSCS* 200-07*cR*) attached as Appendix C to this directive, an individual who believes that his or her rights under ADA Title II have been violated may initiate a complaint with the:
    - (a) Department ADA Coordinator;
    - (b) Appropriate Correctional Facility or DPP Regional ADA Coordinator; or
    - (c) Appropriate Unit Head.

- (3) The Correctional Facility or DPP Regional ADA Coordinator, shall investigate the complaint and, within 30 calendar days of receipt, issue a final decision using the "Complaint of Discrimination Under the ADA Title II" Form (*form # DPSCS 200-07cR*) attached as Appendix C to this directive, and a copy of that decision shall be provided to the complainant or individual requesting an accommodation.
- (4) All complaints of discrimination determined to be unfounded by a DPP Regional or Correctional Facility ADA Coordinator shall be immediately forwarded to the Department ADA Coordinator for review and approval.
- (5) If the Department ADA Coordinator concludes that the decision regarding the complaint was appropriate, the Department ADA Coordinator shall forward the complaint to the Unit Head for final approval.
- (6) If the Department ADA Coordinator concludes that the decision regarding the complaint was not appropriate, the Department ADA Coordinator shall work with the Correctional Facility or DPP Regional ADA Coordinator to resolve the complaint.

### .07 Mandatory Procedures and Duties to be Incorporated into Departmental Policies.

- A. Consistent with § .03(C) of this directive, each unit of the Department shall adopt and maintain a policy, authorized by the Department ADA Coordinator, that establishes the standard operating procedures necessary for employees, contractors, interns, and volunteers to comply with this Department Directive. Each unit's policy shall, at minimum include procedures for:
  - (1) Advising an incarcerated individual, supervisee, or other individual who is disabled of the right to request a reasonable accommodation;
  - (2) Advising an incarcerated individual, supervisee, or other individual who is disabled of the process for requesting a reasonable accommodation;
  - (3) The effective and efficient communication between and among:
    - (a) The Department ADA Coordinator and the Correctional Facility or DPP Regional ADA Coordinators;
    - (b) Department employees and the public;
    - (c) Medical, custody, security and administrative staff; and
    - (d) Units of the Department.
  - (4) Properly documenting requests for accommodation and approved accommodations in the Offender Case Management System (OCMS), the Department's electronic system of record;

- (5) Properly entering required <u>ADA alert codes</u> in to OCMS indicating the specific disability and properly removing the alert code from OCMS if the disability is resolved;
- (6) The annual review of all ongoing and approved reasonable accommodations to determine if the accommodation is still required; and
- (7) Record keeping and document retention.
- **B.** Department employees who become aware of an individual's disability or claimed disability may not disclose the individual's status to other incarcerated individuals, supervisees, employees, or individuals, except as necessary to carry out the requirements of this and any related Department policy.
- **C.** The Department shall establish an annual review process for all policies, procedures, practices, and manuals related to the provision of a disabled individual's access to Department facilities, services, programs, and activities.

### .08 Appendix.

- Appendix A "Individual Reasonable Accommodation Request" (IRAR) Form # DPSCS 200-07aR
- Appendix B "Response to a Request for Reasonable Accommodation" (RRRA) Form # DPSCS 200-07bR
- Appendix C "Complaint of Discrimination under ADA Title II" Form # DPSCS 200-07cR
- Appendix D "Receipt and Acknowledgement of Department Directive DPSCS.200.0007 -Americans with Disabilities Act ("ADA") Title II

Non-discrimination and Accommodations for Persons with Disabilities" Form #DPSCS 200-07dR

Reference 1 — 28 Code of Federal Regulations §§ 35.104 and .108

## .09 Revision History.

- A. This directive supersedes provisions established in DPSCS.200.0007 dated December 2, 2022 and any other prior existing Departmental policy or communication with which it may be in conflict.
- **B.** This directive was issued on December 2, 2022 and supersedes the provisions established in DPSCS.200.0007, effective June 5, 2019.

**C.** This directive was adopted on June 4, 2019 and supersedes provisions of any other prior existing Departmental policy or communication with which it may be in conflict.

## .10 Distribution.

All DPSCS employees, contractors, interns, and volunteers

- A Facility and Office Reference Copy
- L Incarcerated Individual Library



## STATE OF MARYLAND

## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

## Individual Request for Reasonable Accommodation

To request a reasonable accommodation, complete this form and present it to your Correctional Facility or Division of Parole and Probation (DPP) Regional ADA Coordinator.

I am requesting reasonable accommodation due to my impairment. I understand that this is only a request, which will begin the inquiry into whether or not I am entitled to receive a reasonable accommodation. I also understand that there will be no immediate changes while my request is under consideration. I will be within my rights to file a grievance through the Incarcerated Individual Grievance Program should I not agree with the determination made regarding this request for reasonable accommodation.

**Note:** A Facility ADA Coordinator or other authorized employee may assist an incarcerated individual or supervisee in the completion of this form.

| Requesting Individual's Name:                          | Program, Service, or Activity Requiring an Accommodation: |               |  |
|--|---|---------------|--|
| Identifying Number (SID, DOC, or DPP #):               | Location of Program, Service, or Acti                     | vity:         |  |
| Address:   | Phone Number (if applicable):                             | Request Date: |  |
| Please Check One:                                      |   |               |  |
| What are the functional limitations that yo            | ou experience as a result of your healt                   | h condition?  |  |
| <b>NOTE:</b> SPECIFIC DISABILITY NEED NOT BE DISCLOSED |   |               |  |
|  |   |               |  |
|  |   |               |  |
|  |   |               |  |
|  |   |               |  |
| My limitation(s) makes me unable to, or p              | revents me from:  |               |  |
|  |   |               |  |
|  |   |               |  |
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| I am requesting the following accommodation(s):  |                      |  |           |
|--|----------------------|--|-----------|
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|  |                      |  |           |
| A request for accommodation may be denied if the Department cannot adequately evaluate the request<br>without being provided with limited medical information relevant to the accommodation you may be<br>seeking. Your medical information is private and cannot be revealed to Department employees without<br>your permission. You may provide a waiver that allows the Department to obtain medical information<br>from the Department's Office of Incarcerated Individual Health and Clinical Services or any other medical<br>personnel, private physician, or clinic for the limited purpose of evaluating your accommodation request.<br>You may revoke your waiver at any time by providing the Department with written notice of revocation. |                      |  |           |
| <b>I will</b> to provide a wavier that gives the Department limited access to my medical information for the purpose of evaluating my request for an accommodation.  |                      |  |           |
| Requestor's Signature:   |                      |  |           |
| □ I will not provide a waiver that gives the Department access to my medical information for the purposes of evaluating my request for an accommodation. I understand that if the Department determines that my request cannot be properly evaluated without access to my medical information, my request for an accommodation may be denied for this reason.  |                      |  |           |
| Requestor's Signature:   |                      |  |           |
| Have you received any assistance in completing this form? Yes No If yes, please provide the following information for the person who assisted you:   |                      |  |           |
| Name:  | Contact Information: |  |           |
| Date Assistance Received: Relationship to You:   |                      |  |           |
| To Be Completed by the Facility or DPP Regional ADA Coordinator  |                      |  |           |
| Date Accommodation Request Received: Response Due Date (7 calendar days from Date Received)  |                      | e (7 calendar days from Date Received) |           |
|  |                      |  |           |
| ADA Coordinator Name (Print)   | Location             |  | Signature |

Distribution: Requesting Individual, Requesting individual's file, Case Manager or Supervising Agent, Facility or Regional ADA Coordinator, Approving Authority, and the Department ADA Coordinator

## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

# Response to a Request for Reasonable Accommodation (RRRA)

| Requesting Individual's Name:                                   |   | Program, Service, or Activity Requiring an Accommodation:  |  |  |
|---|---|--|--|--|
| Identifying Num   | ber (SID, DOC, or DPP #):   | Location of Program, Service, or Activity:   |  |  |
| Response:   | More Information Needed   | Request Approved   |  |  |
| Response.   |   |  |  |  |
|   | Request Approved with Modific   | ation Request Deffied  |  |  |
| Facility or Region  | al ADA Coordinator Name:  | Date:  |  |  |
| Facility or Region  | al ADA Coordinator Signature:   | Date   |  |  |
| Explanation of d  | lelay in response, if any:  |  |  |  |
| -   |   | 200-07aR) was incomplete. Please provide   |  |  |
| the following info  | •   |  |  |  |
|   |   |  |  |  |
| visitor within 3 bus<br>unverifiable inform<br>Accommodation Fe | iness days of receipt of the IRAR Form if<br>nation provided on the form or the need<br>orm is incomplete, the form must be retu<br>n the acknowledgment below that the i | the incarcerated individual, supervisee, or Departmental<br>an individual's request is delayed due to incomplete or<br>for supporting medical documentation. If the Request for<br>urned to the individual requesting the accommodation. The<br>ndividual received this communication and the individual's |  |  |
| _   | of receipt of this communication quest for accommodation form:  |  |  |  |
|   |   | uestor's Signature Date  |  |  |
| Exigent Ci  | rcumstances. A formal response shall be   | e provided to you by:<br>Date  |  |  |
| Other Rea   | ason (describe):  |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
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| ne reasonable accommodation to     | o be provided (if applicable):                                  |
|------------------------------------|---|
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| he explanation of the modified i   | reasonable accommodation or denial (if applicable):             |
|                                    |   |
|                                    |   |
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|                                    |   |
|                                    |   |
| a denial complete the information  | on below:   |
| I,<br>or reasonable accommodation. | , Department ADA Coordinator authorize a denial of this request |
| ignature                           | Date:   |
|                                    | Dute.   |

| Common of Deens and A state                       |                   |  |              |
|---|-------------------|--|--------------|
| Summary of Response and Authorized Determination: |                   |  |              |
|   |                   |  |              |
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|   |                   |  |              |
| Name of approving authority for this              | response and de   | ecision:   |              |
|   |                   | Managing Official, Regional Administrator, E<br>Commissioner | Pirector, or |
| Signaturo   |                   | Date:  |              |
| Signature:  |                   | Date   |              |
|   |                   |  |              |
|   |                   |  |              |
|   |                   |  |              |
|   |                   |  |              |
| This Section                                      | n to be Complet   | ed by the Requestor  |              |
|   | -                 | ompleting this form. See Dept. Directive DPSCS.20            | 0.0007       |
| ,<br>   | •                 |  |              |
|   |                   |  |              |
| Do you agree with the determinatio                | n shown above?    |  |              |
|   |                   |  |              |
| Yes, I agree with this determinat                 | tion.             |  |              |
|   |                   |  |              |
| No, I disagree with this determine                | nation and have l | been informed of my right to file a compl                    | aint with    |
| the Department ADA Coordinate                     | or.               |  |              |
|   |                   |  |              |
|   |                   |  |              |
|   |                   |  |              |
|   |                   |  |              |
| Name of Requestor                                 | SID #:            | Signature  | Date         |

Distribution: Requesting Individual, Requesting individual's file, Case Manager or Supervising Agent, Facility or Regional ADA Coordinator, Approving Authority, and the Department ADA Coordinator



#### STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

## Complaint of Discrimination under the Americans with Disabilities Act

To: Division of Parole and Probation Regional (DPP) or Correctional Facility ADA Coordinator

## Emergency

**Request**: Check only if your complaint poses a continued threat to your health, safety, or welfare.

| Complainant Name:  | Location of Program, Service, or Activity:   |
|--|--|
| Identifying Number (SID, DOC or DPP #):  | Date of Complaint:   |
| Subject of Complaint (choose one):   |  |
| Classification Program or Service  | ce Complaint Against Staff or  |
| Others Auxiliary Aid or Service Dietary  | Facility or Office Operations  |
| Telephone Visitation   | Other  |
| Complaint:   |  |
| Briefly describe your complaint, including the date of the in you are seeking:                             | ncident, the persons involved, and the accommodation                               |
|  |  |
| Date   | Signature of Incarcerated individual   |
| RECEIPT Case No  | -  |
| RETURN TO:   |  |
| Last Name First Name Middle Initi  | ial SID Number Location  |
| I acknowledge receipt of your ADA complaint dated<br>Directive DPSCS.200.0007 §.06D a response will be pro | In accordance with Department<br>ovided to you within 30 calendar days of receipt. |
| Date   | Signature of ADA Coordinator   |

| Correctional Facility or DPP Regional ADA Coordinator Response to Complaint: |                  |         |              |              |             |       |
|--|------------------|---------|--------------|--------------|-------------|-------|
|  |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
| Date   |                  | Si      | gnature of A | ADA Coordina | tor         |       |
| This Section to be Completed   | l by the Departm | ent AD  | A Coordind   | ntor If Comp | laint Unfou | ınded |
| Date Unfounded Complaint Received: Approved: Yes No                          |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
| Dept. ADA Coordinator Name (Print)   | Location         | Signatı | ıre          |              |             | Date  |
| Summary of Response and Authorized Determination:                            |                  |         |              |              |             |       |
| Complaint: Founded Unfounded   |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
|  |                  |         |              |              |             |       |
| Name of approving authority for this response and decision:                  |                  |         |              |              |             |       |
| Managing Official, Regional Administrator, Director, or<br>Commissioner      |                  |         |              |              |             |       |
| Signature:   |                  |         |              | Date:        |             |       |

Distribution: Requesting Individual, Requesting individual's file, Case Manager or Supervising Agent, Facility or Regional ADA Coordinator, Approving Authority, and the Department ADA Coordinator

## **Reset Form**

## **Department of Public Safety and Correctional Services**

## RECEIPT AND ACKNOWLEDGEMENT OF DEPARTMENT DIRECTIVE DPSCS.200.0007

My signature below acknowledges receipt of Department Directive DPSCS.200.0007 - Americans with Disabilities Act (ADA) Title II Non-discrimination and Accommodations for Persons with Disabilities. I understand that I am responsible for reviewing and following the lawful requirements of the Directive.

Further, I understand that an investigation of allegations of discrimination resulting in a finding of probable cause against me may result in disciplinary action, up to and including, termination.

Date Directive Received by Employee: \_\_\_\_\_

| Employee's Printed Name: |  |
|--------------------------|--|
|                          |  |

Employee's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Supervisor's Printed Name:

Supervisor's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_