I. Authority
In accordance with 22 AAC 05.155, the Department will maintain a manual comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

II. References
Alaska Administrative Code
6 AAC 65.010 - .990
Administrative Orders
Administrative Order 129

III. Purpose
To establish uniform procedures within the Department for processing prisoner ADA requests and to establish an internal method for tracking such requests.

IV. Application
All staff and prisoners.

V. Definitions
A. ADA Coordinator (facility):
   A staff person designated with the task of facility oversight of the Americans with Disabilities Act as it pertains to prisoners housed within that facility.

B. DOC ADA Coordinator
   The Standards Administrator, or alternatively, the administrative staff person designated by the Commissioner, who serve as ADA Coordinator for the Department.

C. Request for Accommodation Form:
   A signed, written statement by the prisoner or the prisoner’s authorized representative that contains the prisoner’s name, address, and offender number, and describes the discrimination believed to have occurred in enough detail to inform the institution of the nature and date of the occurrence.

VI. Policy
If a prisoner believes that he or she has been denied access to programs or services because of discrimination based on a disability, the prisoner is entitled to request relief. As with any issue concerning incarceration, it is always best for the prisoner to seek informal resolution through the use of a request for interview form (cop-out form). The written request should be addressed to the institution ADA Coordinator.

A. Request for Accommodation:
   If this attempt at accommodation does not resolve the issue, the prisoner may begin the informal procedure for requesting modification to programs and services within the institution. This informal procedure is referred to as the Request for Accommodation.
   1. A request for accommodation is filed by contacting the Institution ADA Coordinator within 90 days from the date of the alleged discriminatory practice or action.
   2. The 90-day time limit for filing can only be extended for good cause.
3. The request for accommodation must be filed on the form made available by the Institution ADA Coordinator and signed by the prisoner or his or her authorized representative.

B. Review

The ADA request for accommodation procedure is similar to the DOC institutional grievance procedure in that there are various levels of review available. Individuals, both inside and outside the institution where the request for accommodation was filed, conduct these reviews. The first two levels of review are within the institution. If requested, the ADA Coordinator conducts the next review, and the State ADA Coordinator is responsible for the final agency review. The final recourse is to the Alaska Human Rights Commission or the U.S. Department of Justice. The full Request for Accommodation process is outlined in the ADA Request for Accommodation form (form 808.16A).

VII. Procedures

A. Request for Accommodation:

1. Step 1

Address a Request for Accommodation (form 808.16A) in writing to the Institution ADA Coordinator. Also, when required, complete forms 808.16B (Accommodation Offender Release) and 808.16C (Health Care Provider Information). Forms are available from the Institution ADA Coordinator.

2. Step 2

a. Within 10 working days of having received the complete Request for Accommodation, the Institution ADA Coordinator shall meet with the prisoner personally. The purpose of the meeting will be to try to resolve the request. If the prisoner needs an auxiliary aid or service at the meeting (i.e., an interpreter, reader, larger print, Brailed materials, or an analog or digital recording), the prisoner must let the Institution ADA Coordinator know in advance so that there may be effective communication between the prisoner and the ADA Coordinator.

b. Upon receipt of a Request for Accommodation, the Institution ADA Coordinator shall build a file, with copies of all of the relevant information including form 808.16F (Department/Institution Review and Action), which will be updated throughout the process. A copy of this file will be forwarded to the DOC ADA Coordinator.

c. Unless the State ADA Coordinator extends the time for good cause, no later than 5 working days after receiving a request for accommodation, a copy will be forwarded to the State ADA Coordinator so that he or she is aware that a request has been filed with the institution.

3. Step 3

a. If a satisfactory resolution is reached at the meeting, a written agreement (form 808.16D) will be prepared. The agreement will be signed by the prisoner or the prisoner's representative, the Institution ADA Coordinator, and the Superintendent of the facility where the Request for Accommodation was filed. The formal agreement will be issued to the prisoner within 10 working days of the meeting. It will include:

i. A description of the request for accommodation;
ii. Findings of facts;
iii. A description of how the request for accommodation will be resolved;
iv. When the request for accommodation will be resolved; and
v. A statement that the facility and the prisoner agree to comply with the specific terms of the agreement.

If necessary, the agreement will be transcribed into another communication format so that the prisoner can understand it.

b. If the institution is unable to resolve the request for accommodation, the prisoner must be notified in writing (form 808.16E) and in another communication format if necessary for the prisoner to understand it, within 10 working days of the meeting of the reason(s) why the institution was unable to resolve the request. The notification must include:
   i. A description of the request for accommodation;
   ii. A summary of any resolution proposed; and
   iii. A statement concerning the issues that could not be resolved.

4. Step 4
   If the request for accommodation is not resolved at the institution level, the prisoner may request a review of the institution’s decision by the DOC ADA Coordinator. The DOC ADA coordinator will confer with the prisoner and attempt to resolve the request using the procedures and timelines outlined in step 2, above.

5. Step 5
   If the Request for Accommodation is not resolved in Step 4, the prisoner may then request a review by the State ADA Coordinator. The prisoner must request this review within 10 working days of the time the prisoner receives notification that the DOC Prisoner ADA Coordinator was unable to resolve the request for accommodation. The prisoner’s request must be in writing and must include:
   a. The prisoner’s name, address, and offender number;
   b. A detailed statement of the reason(s) for the request of a review;
   c. The name of the institution that was unable to resolve the request for accommodation; and
   d. The prisoner’s signature or that of the prisoner’s representative.

6. Step 6
   The State ADA Coordinator will issue a written response to the prisoner’s request for review within 30 working days after receipt of the request. The written response will be sent to both the prisoner and the Department of Corrections.
   If the State ADA Coordinator finds that the request for accommodation can be resolved, the State ADA Coordinator will work with the Commissioner of the Department of Corrections to resolve the complaint.
   If the State ADA Coordinator finds that the Department of Corrections is in compliance with the ADA or has not engaged in discriminatory activities against the prisoner, the state coordinator will advise the prisoner of the steps necessary to file a formal complaint with the Alaska Human Rights Commission or the U.S. Department of Justice, if the prisoner chooses to proceed.

7. ADA Coordinator Hierarchy:
VIII. Implementation

This policy and procedure is effective as of the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document.

Applicable forms:
808.16A ADA Accommodation Request form
808.16B ADA Accommodation Offender Release form
808.16C ADA Health Care Provider Information form
808.16D ADA Offender Resolution form
808.16E ADA Non-Resolution to Request form
808.16F ADA Department/ Institution Review & Action form

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