

## Auxiliary Aids And Services For Persons With Disabilities

<b>Federal Regulations:</b> Section 504 of the Rehabilitation Act of 1973: 45 CFR Part 84	<b>Effective Date:</b> February 2014
<b>State Regulations:</b>	<b>Revision Date(s):</b>

**PURPOSE:** To ensure patients with disabilities have an equal opportunity to participate in hospice services,

**POLICY:** Hospice takes appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in hospice services. The procedures outlined below are intended to ensure effective communication with patients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including patient rights, consent and election forms, financial and insurance benefits forms. All necessary auxiliary aids and services are provided without cost to the person being served.

All staff are provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities are trained in effective communication techniques, including the effective use of interpreters.

### PROCEDURES:

- 1) Identification and assessment of need: Hospice provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our handbooks or letters and through notices posted in reception area. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.
- 2) Provision of Auxiliary Aids and Services: Hospice provide the following services or aids to achieve effective communication with persons with disabilities:
  - a) For Persons Who Are Deaf or Hard of Hearing
    - For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the clinical manager/designee is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.
    - In the event that an interpreter is needed, the clinical manager/designee is responsible for having the resources available to secure a qualified interpreter which includes staff and/or outside interpreter.
    - The outside interpreter to be used if a qualified interpreter on staff is not available. The clinical manager will provide the contact information for outside interpreters.
    - Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

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Hospice utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is **800-735-2929**.

- For the following auxiliary aids and services, staff contact clinical manager who is responsible to arrange the aids and services in a timely manner:
    - Note-takers; computers; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.
  - Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person are not used as interpreters unless specifically requested by that individual and *after* an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response is documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest are considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services are not provided.
    - NOTE: Children and other residents will *not* be used to interpret, in order to ensure confidentiality of information and accurate communication.
- b) For Persons Who are Blind or Who Have Low Vision
- Staff communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
  - Large print, taped, Braille, and electronically formatted materials are available. These materials may be obtained by contacting the clinical manager.
  - For the following auxiliary aids and services, staff contact clinical manager/designee, who is responsible to provide the aids and services in a timely manner: Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff is available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.
- c) For Persons with Speech Impairments: To ensure effective communication with persons with speech impairments, staff contact clinical manager/designee who is responsible to provide the aids and services in a timely manner: Aids include writing materials; TDDs; communication boards; and other communication aids.
- d) For Persons With Manual Impairments
- Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:
  - Notetakers or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff contacts clinical manager/designee who is responsible to provide the aids and services in a timely manner.