



Communicating Effectively with Persons with Limited English Proficiency, Sensory Impairments, or Cognitive Disorders, Ensuring Accessibility to HealthSouth Facilities and Handling Patient's Grievance Regarding Alleged Civil Rights Violation

PURPOSE

Background

Federal laws, including the Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the Age Discrimination Act of 1975 prohibit health care providers from discriminating against patients seeking access to medical care.

SCOPE

DEFINITIONS

OCR: Office of Civil Rights

HHS: Health And Human Services

ADA: Americans with Disabilities Act

LEP : Limited English Proficiency

Policy Details

Policy ID

CMP-500

Audience

All

Effective Date

2/3/2009

Last Review Date

5/20/2015

LSA : Language Services Associate

PHI : Protected Health Information

TDD: Telecommunications Device for the Deaf

ROLES & RESPONSIBILITIES

POLICY

It is the policy of HealthSouth to provide meaningful program and service access to Limited English Proficient (LEP) persons and, sensory-impaired persons and individuals with cognitive disorders. It is also the policy of HealthSouth to afford its patients, including individuals with disabilities, access to and benefits of participation in the programs and services offered by HealthSouth and, to the fullest extent practicable, to remove barriers to such access and participation when doing so is readily achievable.

PROCEDURES

HealthSouth facilities are not to charge patients for providing meaningful physical access (i.e. translation and interpretation services or use of auxiliary aids.)

Also, on an ongoing basis, HealthSouth shall take reasonable steps to (1) identify and remove access barriers, (2) conduct periodic and/or recurrent training to staff to assure its meaningful and cost-effective implementation, and (3) keep well-informed on new developments, policies and technologies that provide new solutions for access and participation over time.

The facility will ensure that all patients receive The Patient Rights and Responsibilities document which is Attachment 5 to this policy.

1. Limited English Proficiency Procedures

In order to better determine a language someone is speaking, Attachment 1 of this policy may be provided to the patient. Attachment 1 is from the Department of Commerce, Bureau of the Census. It is an "I Speak" Language Identification Flashcard and is written in 38 languages which can be used to identify the language spoken by an individual accessing services provided by federally assisted programs or activities.

2. Oral Interpretation

- a. HealthSouth will provide oral interpretation for treatment purposes. HealthSouth has contracted with Language Services Associates ("LSA") to provide these services at a reduced cost to the facilities. To obtain a call-in number for the hospital, or to find out more about Language Services Associates, see Attachment 2 to this policy. You may utilize the State relay number listing (Attachment 3).

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters for treatment purposes unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the

hospital. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest should be considered. If the HealthSouth employee reasonably believes that the family member or friend is not competent or appropriate for any of these reasons, an alternate interpreter service should be provided to the LEP person.

In order to ensure confidentiality of information and accurate communication, other patients will not be used to interpret for treatment purposes.

- b. Contracted Oral Interpretation Services and HIPAA - A hospital is not required to obtain an individual's authorization to use or disclose protected health information ("PHI") to HealthSouth's nationally contracted interpreting service provider. However, if a hospital has a contractual relationship with an interpreting service provider other than Language Services Associates, a Business Associates Agreement (BAA) must be obtained.

3. Written Materials

- a. HealthSouth facilities have an obligation to provide translation of written materials for LEP patients. See Attachment 4 for a notice of the patients' rights that has been translated into Spanish.
- b. If a hospital needs additional languages translated for the notice of patients' rights, the facility should work with HealthSouth Print Solutions (866-711-7970) for these services.
 - i. If a hospital has any LEP language group that is 5% of admissions (applies to both inpatient and outpatient settings) or 1000 patients (whichever is less) eligible to be served or likely to be affected or encountered, then the hospital should work with HealthSouth Print Solutions (866-711-7970) for translations services.

4. Sensory Impairment Procedures

- a. Deaf and Hard of Hearing
 - 1. Each hospital will offer alternatives to interpreters as long as the result is effective communication. Any alternative should be discussed with deaf and hard of hearing patients, especially those unaware that alternatives are permissible under the law. Acceptable alternatives may include note taking, written materials, lip reading, and electronic mail.

In the event the person requests an interpreter or that the hospital determines that the information should be given by another party, then the following alternatives are available depending upon the person's situation. Some persons who are deaf and 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 who is deaf and hard of hearing will not be 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 hospital. Such an offer and the response will be documented in the person's file. If the person who is deaf and hard of hearing chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest should be considered. If the HealthSouth employee reasonably believes that the family member or friend is not competent or appropriate for any of these reasons, an alternate interpreter service should be provided to the person who is deaf and hard of hearing.

Other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication. Options for other services include:

- i. American Sign Language interpreter services: These services are available through LSA.
 - ii. Telecommunications device for the deaf (TDD): Each hospital will produce written documentation indicating where the TDD is located, how to operate it, and the telephone number. If a hospital does not have a TDD device, the hospital can contact the State in which it is located to determine how to utilize the State's Relay Services (see Attachment 3).
2. Depending upon the hospital's technological equipment, the hospital may choose to offer voice-to-text or video relay/remote interpretation. This service is offered through LSA.

b. Visual Impairment

1. For persons with visual impairments, the hospital will provide a reader, who may be a member of the staff, who will read out loud to the patient the content of any written material concerning benefits, services, waivers of rights, and consent to treat forms. When a reader is provided, the hospital should have a witness to the reading of the documents and make a notation in the patient medical record regarding the materials that were read and witnessed, or
2. The hospital may also provide large print, taped and Braille materials. The hospital must also have written documentation as to what aids are available, where they are located, and how they are used.

c. Speech Impairments

1. The hospital may use a combination of the methods above depending on the level and type of impairment. In any case, the hospital should have written documentation indicating what written materials, typewriters, TDD and computers are available to facilitate communication with speech impaired persons.

5. Cognitive Disorder Procedures

For persons with cognitive disorders, including learning disabilities, a hospital will need to utilize various means, which would depend on the type and severity of the patient's disorder, to address special communication needs.

Examples of access features for individuals with cognitive disorders may include:

- Provision of reading services and/or verbal service descriptions, upon request.
- Depending upon the hospital's technological equipment, the hospital may offer voice-to-text or video relay/remote interpretation.
- The hospital contacting a disability service organization such as local affiliates of The ARC of the US, United Cerebral Palsy, Easter Seals, Na.

6. Accessibility Rights and Procedures:

- a. All HealthSouth facilities must ensure that all of its programs and activities are accessible to and usable by persons with disabilities, including persons with impaired hearing and vision. Accessibility encompasses both physical access to the building and examination rooms or equipment, as well as programmatic access to HealthSouth services.

Examples of access features for physical or environmental considerations may include:

- Convenient off-street parking designated for individuals with disabilities.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Accessible offices, bathrooms, public waiting areas, cafeterias, patient treatment areas, including examining rooms and patient areas.
- A full range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills without additional charge for such aids.

Generally, barriers to physical access (in existing facilities) shall be removed from a facility when "readily achievable." Readily achievable barrier removal or modification is that which is easily accomplishable and able to be carried out without much difficulty or expense. Examples of readily achievable barrier removal or modification are: ramping of a few steps, installations of wall grab bars where only minor structural modification of the wall is required, and the lowering of public telephones to accommodate wheelchair users and others.

A facility is not required to make every part of the facility physically accessible to and usable by persons with disabilities. However, reasonable efforts will be made to do so. If a facility is unable to accommodate an individual with a disability, the facility must find an alternate provider(s) and refer the person to services that are accessible, with follow-up to assure the individuals' needs were properly met by the referral provider.

- b. Service Animals: [Service animals are trained to perform tasks such as: guiding the visually impaired, alerting those who are deaf and hard of hearing, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks.](#) Individuals with disabilities must be allowed to bring their service animals into all areas of the hospital where patients and/or visitors are normally allowed to go unless doing so would create a fundamental alteration to the hospital flow/premises or is a direct threat to the safety of others or to the hospital.

Note the following:

- Hospitals may ask if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID cards for the animal or ask about the person's disability.
- People with disabilities who use service animals cannot be charged extra fees, isolated from other patrons, or treated less favorably than other patrons. However, if a hospital normally charges guests for damage that they cause, a patient or guest with a disability may be charged for damage caused by his or her service animal.
- A person with a disability cannot be asked to remove his/her service animal from the premises unless: (1) the animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly that disturbs patients) or (2) the animal poses a direct threat to the health or safety of others.

For more information please see Attachment 6.

7. Patient's Civil Complaint Process:

Discrimination Grievance

- a. All patients seeking treatment at a HealthSouth facility are to be treated with respect and dignity. Patients will not be denied treatment based on race, ethnicity, national origin, color, creed/religion, sex, age, sexual orientation, mental disability or physical disability.
- b. Discrimination Grievance

Patients should be made aware of the process for filing a written complaint or grievance with HealthSouth or directly to the Office for Civil Rights with respect to patients' complaints of discrimination based on disability. Patients who wish to file a complaint or

grievance against HealthSouth for violation of this policy must be given a copy of the Statement of Non-Discrimination and How to File a Grievance (Attachment 7).

All written complaints or grievances relating to alleged discrimination under this policy must be forwarded within thirty (30) days of the incident to:

HealthSouth Corporation

Attn: Legal Services Department

3660 Grandview Parkway, Suite 200

Birmingham, AL 35243

Accessibility Barrier Grievance

If a patient wishes to file a complaint alleging violations regarding accessibility, a facility shall direct him or her through the following process:

- a) The individual will first discuss the problem at issue with the individual's provider or HealthSouth staff (physician, nurse, etc.) to ascertain whether the issue can be immediately resolved.
- b) If the individual's provider is unable to offer an acceptable solution, the individual will be directed to the facility's designated accessibility coordinator, who will then attempt to provide an agreeable solution.

The Corporate Director of Facility Management has responsibility for coordinating HealthSouth's efforts for this facility access. The Corporate Director of Facility Management shall serve as the centralized resource and technical assistance specialists for compliance with facility access requirements in order to enhance accountability and to coordinate meaningful and cost-effective solutions among HealthSouth facilities and the with Corporate Headquarters.

The HealthSouth Corporate Director of Facility Management [205-970-5951] must be contacted for assistance if:

- A facility is unsure as to its adherence to this policy or if there are any issues or concerns regarding facility accessibility.
- A facility is planning to make renovations to any part of its premises. (Department personnel will assist in the design in order to remove barriers to access during the planning or renovation processes.)
- An inspector calls to schedule an ADA-related inspection of the facility.

Other Grievance

If a patient in an Inpatient facility wishes to make a grievance/complaint related to quality of care or other matters not addressed by this policy, such complaints/grievances shall be addressed in accordance with the Risk Management Policy, #625- Patient and Customer Complaint/Grievance Policy.

GUIDELINES

n/a

REFERENCES

n/a

NOTES

Contact Person: Maresha Watts, Director – Compliance Audit maresha.watts@healthsouth.com