ACCESSIBILITY FOR PERSONS WITH DISABILITIES: HEARING, VISION, AND OTHER SENSORY IMPAIRMENTS

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The following Template Policy and Procedure titled “Accessibility for Persons with Disabilities: Hearing, Vision, and Other Sensory Impairments” is a sample template provided by the Arizona Hospital and Healthcare Association for the benefit of its member hospitals, critical access hospitals, skilled nursing facilities, home health agencies, providers of home health care, hospices and religious nonmedical health care institutions that participate in CMS’ Medicaid and Medicare programs in Arizona.

This Template is not legal advice, and it does not take the place of legal advice. Please consult your legal counsel for advice and counseling in your particular circumstances.
Accessibility for Persons with Disabilities: Hearing, Vision, and Other Sensory Impairments

Applicability: All workforce members will be provided written notice of this Policy and Procedure, and those who may have direct contact with individuals with Disabilities will be trained in effective communication techniques, including the use of interpreters.


PURPOSE

[Insert Organization Name] is committed to advancing health equity and compliance with disability laws. This Policy and the Procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services, and benefits, including information contained in important documents, such as waivers of rights, consent to treatment forms, or financial and insurance benefits forms. [Note: insert any documents applicable to your facility.]

POLICY

[Insert Organization Name] will take 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 our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients 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 waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. [Note: include those documents applicable to your
All necessary Auxiliary Aids and Services shall be provided as soon as possible and without cost to the person being served.

**DEFINITIONS**

“**Auxiliary Aids and Services**” refers to the communication tools or assistance required for persons with a sensory disability.

“**Companion**” means any family member, friend, or associate of a person seeking or receiving an entity’s goods or services who is an appropriate person with whom the entity should communicate.

“**Deaf or Hard of Hearing**” means anyone with mild, moderate, or profound levels of hearing loss. Note that the use of the lowercase “d” in the word “deaf” refers to the audiological condition of hearing loss and does not designate language use or cultural affiliation. The use of the uppercase “D” in the word “Deaf” may be a cultural designation referring to individuals who use sign language as their primary language. This policy generally capitalizes all defined terms, including “Deaf.” Individuals who are Hard of Hearing may not have a cultural affiliation with the Deaf community and often do not use sign language as their primary mode of communication.

“**DeafBlind**” means anyone who has combined vision and hearing loss, limiting access to both auditory and visual information.

“**Disability**” means a physical or mental impairment that substantially limits one or more major life activities.

“**Qualified Interpreter**” means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary, and who has a valid license of competency authorized by the Arizona Commission for the Deaf and the Hard of Hearing.

“**Qualified Reader**” means someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary.

“**Real-Time Captioning**” (also known as computer-assisted real-time transcription, or CART) means a service similar to court reporting in which a transcriber types what is being said at a meeting or event into a computer that projects the words onto a screen. This service, which can be provided on-site or remotely, is particularly useful for people who are Hard of Hearing but do not use sign language.

“**Support Service Providers**” (SSP) provide mobility, orientation, and environmental information for DeafBlind individuals, enabling them to independently access the community at large.

“**Telecommunications Relay Service**” (TRS) means a free nationwide service, reached by calling 7-1-1, that uses communications assistants (also called CAs or relay operators) who serve as intermediaries between people who have hearing or speech disabilities who use a text telephone.
(TTY) or text messaging and people who use standard voice telephones. The communications assistant or other authorized intermediaries such as automated speech recognition (ASR) tells the telephone user what the other party is typing and types to tell the other party what the telephone user is saying. TRS also provides speech-to-speech transliteration for callers who have speech disabilities.

“Telecommunication Device for the Deaf” (TDD) is special communications equipment (such as a TTY) that is designed for use by persons with hearing or speech difficulties.

“Text telephone” (TTY) means a machine that employs graphic communication in the transmission of coded signals through a wire or radio communication system.

“Videophone” (VP) is a device used by Deaf sign language users to make telephone calls via video to other sign language users or to non-signing individuals through the Video Relay Service.

“Video Relay Service” (VRS) means a free, subscriber-based service for people who use sign language and have videophones, smart phones, or computers with video communication capabilities. For outgoing calls, the subscriber contacts the VRS interpreter, who places the call and serves as an intermediary between the subscriber and a person who uses a standard voice telephone. The interpreter tells the telephone user what the subscriber is saying and signs to the subscriber what the telephone user is saying. VRS can only be used when callers are in different locations (i.e. callers cannot be in the same room).

“Video Remote Interpreting” (VRI) means a fee-based service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are Deaf or Hard of Hearing. VRI can be used between people in the same room or between people who are meeting virtually (such as telehealth).

PROCEDURE

I. Identification and Assessment of Need

[Insert Organization Name] provides notice of the availability of and procedure for requesting Auxiliary Aids and Services through notices in our [brochures, handbooks, letters, print/radio/television/social media advertisements, etc.] and through notices posted [in waiting rooms, lobbies, etc.]. 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, workforce members will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

[Insert Organization Name] shall provide an individualized assessment to each patient and an opportunity to state their preferences given their particular abilities as soon as reasonably possible. The patient and a workforce member shall complete the Arizona Commission for the Deaf and the Hard of Hearing Communication Access Plan and shall document this individualized assessment in the medical record. [Note: Organizations may substitute a facility-specific form similar to the Communication Access Plan as appropriate. Organizations may
II. Provision of Auxiliary Aids and Services

[Insert Organization Name] shall provide Auxiliary Aids and Services when needed to communicate effectively with people who have communication disabilities, taking into consideration the nature, length, complexity, and context of the communication as well as the person’s typical method(s) of communication. The purpose of this Policy and Procedure is to ensure that the person with a communication disability can receive information from, and convey information to, [Insert Organization Name].

[Insert Organization Name] shall provide the following services or aids to achieve effective communication with persons with disabilities:

A. For Persons who are Deaf, Hard of Hearing, or DeafBlind

1. Interpreting and Real-Time Captioning

For persons who use sign language as their primary means of communication, [identify responsible workforce member or position and contact information] is responsible for providing effective interpretation or arranging for a Qualified Interpreter when needed. For persons who are Hard of Hearing and use English as their primary means of communication, [identify responsible workforce member or position and contact information] is responsible for providing CART services or arranging for a CART captioner when needed.

The following are examples of circumstances when it may be necessary to provide a Qualified Interpreter or CART captioner to a patient or Companion for effective communication:

- Obtaining a patient’s medical history or description of symptoms and medical condition;
- Discussing or explaining a patient’s diagnosis, current condition, prognosis, treatment options, or recommendation for treatment;
- Discussing or explaining procedures, tests, or treatments;
- Discussing or explaining test results;
- Discussing or explaining prescribed medications, instructions for how and when medication is to be taken, and possible side effects and interactions of medications;
- Obtaining informed consent or permission for procedures, surgery, or other treatment options;
- Communicating during treatment and testing;
- Communicating during labor and delivery;
- Communicating during discharge or post-operative planning and instruction;
- Providing mental health evaluations, group or individual therapy, counseling, or other therapeutic activities, including grief counseling and crisis intervention;
- Providing information about blood or organ donations;
- Explaining living wills or powers of attorney (or their availability);
- Discussing complex financial or insurance matters;
• Providing educational presentations, such as classes concerning birthing, nutrition, CPR, and weight management; and
• Any other circumstance in which a Qualified Interpreter is necessary to ensure a patient’s rights provided by law.

In the event that an interpreter is needed, the [identify responsible workforce member] is responsible for:

• Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability [provide the list];
• Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or
• Obtaining an outside interpreter if a qualified interpreter on staff is not available. [Identify the agency(s) name with whom you have contracted or made arrangements] has agreed to provide interpreter services. The agency’s/agencies’ telephone number(s) is/are [insert number(s) and the hours of availability].

In the event that a captioner is needed, the [identify responsible workforce member] is responsible for:

• Maintaining a list of qualified captioners on staff showing their names, phone numbers, qualifications and hours of availability [provide the list];
• Contacting the appropriate captioner on staff; or
• Obtaining an outside captioner if a captioner on staff is not available. [Identify the agency(s) name with whom you have contracted or made arrangements] has agreed to provide Real-Time Captioning services. The agency’s/agencies’ telephone number(s) is/are [insert number(s) and the hours of availability].

[Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.]

2. **Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing**

[Listed below are three methods for communicating over the telephone with persons who are Deaf or Hard of Hearing. Select the method(s) to incorporate in your policy that best applies/apply to your Organization.]

a. [Insert Organization Name] utilizes a Telecommunication Device for the Deaf (TDD) or videophone for external communication. The telephone number for the TDD/videophone is [insert number]. The TDD or videophone and instructions on how to operate it are located [insert location] in the facility; OR

b. [Insert name of provider] has made arrangements to share a TDD or videophone. When it is determined by staff that a TDD or videophone is needed, we contact [identify the entity, provide address and telephone numbers]; OR
c. [Insert Organization Name] utilizes relay services for external telephone with TTY users/videophone users. We accept and make calls through a Video Relay Service Provider. The relay service number is [insert telephone number].

3. Additional Auxiliary Aids and Services

For the following Auxiliary Aids and Services, staff will contact [responsible workforce member or position and contact information], who is responsible to provide the aids and services in a timely manner:

Qualified note-takers; computer-aided transcription services; 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 or TDDs; videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are Deaf or Hard of Hearing.

Auxiliary Aids and Services include a wide variety of technologies, including but not limited to: (1) assistive listening systems and devices; (2) open captioning, closed captioning, real-time captioning, and closed caption decoders and devices; (3) telephone handset amplifiers, hearing-aid compatible telephones, text telephones (TTYS), videophones, captioned telephones, and other voice, text, and video-based telecommunications products; (4) videotext displays; (5) screen reader software, magnification software, and optical readers; (6) video description and secondary auditory programming (SAP) devices that pick up video-described audio feeds for television programs; and (7) accessibility features in electronic documents and other electronic and information technology that is accessible (either independently or through assistive technology such as screen readers).

Real-Time Captioning (also known as computer-assisted real-time transcription, or CART) is a service similar to court reporting in which a transcriber types what is being said at a meeting or event into a computer that projects the words onto a screen. This service, which can be provided on-site or remotely, is particularly useful for people who are Hard of Hearing and do not use sign language.

[Insert Organization Name] shall accept telephone calls placed through TRS, and workforce members who answer the telephone must treat relay calls just like other calls. The Federal Communications Commission (FCC) has clarified that relay services “can be used to facilitate calls between health care professionals and patients without violating HIPAA’s Privacy Rule.” Public Notice: Clarification of the Use of Telecommunications Relay Services (TRS) and the Health Insurance Portability and Accountability Act (HIPAA), 69 Fed. Reg. 41264.

The free nationwide TRS, reached by calling 7-1-1, uses communications assistants (also called CAs or relay operators) who serve as intermediaries between people who have hearing or speech disabilities who use a text telephone (TTY) or text messaging and people who use standard voice telephones. The communications assistant tells the telephone user what the other party is typing...
and types to tell the other party what the telephone user is saying. TRS also provides speech-to-speech transliteration for callers who have speech disabilities.

[Insert Organization Name] shall accept calls placed through a Video Relay Service or VRS, and workforce members who answer the telephone must treat relay calls just like other calls. VRS is a free, subscriber-based service for people who use sign language and have videophones, smartphones, or computers with video communication capabilities. For outgoing calls, the subscriber contacts the VRS interpreter, who places the call and serves as an intermediary between the subscriber and a person who uses a standard voice telephone. The interpreter tells the telephone user what the subscriber is signing and signs to the subscriber what the telephone user is saying.

Video Remote Interpreting or VRI is a fee-based service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss. Providers may use VRI or on-site interpreters in situations where either would be effective. VRI can be especially useful in rural areas where on-site interpreters may be difficult to obtain. Additionally, there may be some cost advantages in using VRI in certain circumstances. However, VRI will not be effective in all circumstances. For example, it will not be effective if the person who needs the interpreter has difficulty seeing the screen (either because of vision loss or because he or she cannot be properly positioned to see the screen, because of an injury or other condition). In these circumstances, an on-site interpreter may be required.

In determining whether a Qualified Interpreter via VRI service is appropriate to provide effective communication, relevant factors may include:

- The patient or Companion is limited in his or her ability to see the video screen, either due to limited vision or the physical positioning of the patient;
- The patient or Companion has limited ability to move his or her head, hands, or arms;
- The patient has cognitive limitations, consciousness issues or pain issues;
- There are multiple people in a room and the information exchanged is highly complex or fast-paced;
- The patient or Companion may move repeatedly to areas that do not have a designated high-speed internet line;
- The patient will be treated in a room where there are space restrictions; and
- Whether the VRI can be provided in accordance with the performance standards below.

Where possible, serious consideration should be given to using an on-site Qualified Interpreter in these additional situations:

- High-risk situations and highly-sensitive communications (e.g., discussions immediately after surgery involving general anesthesia, communications relating to a life-threatening or life-changing condition or event, and discussion about hospice, palliative care, or other end-of-life considerations);
- The patient or Companion is in shock or shows violent tendencies;
- A psychological examination or psychotherapy;
- The patient is a young child; and
• The healthcare provider or Qualified Interpreter believes that an on-site interpreter might provide more effective communication with the patient and/or Companion due to the patient and/or Companion’s communication or emotional needs.

If VRI is chosen, all of the following specific performance standards must be met:
• Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
• A sharply delineated image that is large enough to display the interpreter’s face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;
• A clear, audible transmission of voices; and
• Adequate staff training to ensure quick set-up and proper operation.

If the VRI service does not function properly, workforce members will take the following steps as quickly as possible:
• Restart and/or reboot the VRI device;
• If a second VRI device is available, replace the non-working device with such second device;
• Place a call to [the Help Desk, IT department, or similar resource with contracted VRI provider] for assistance with the VRI device to determine if the problem can be resolved promptly;
• If unable to ensure proper functioning of the VRI device, and connection to a Qualified Interpreter is not achieved, request an on-site Qualified Interpreter; and
• Maintain a log of specific problems with VRI that could not be resolved.

On-site Qualified Interpreters are not always available and weather or other conditions might adversely affect how quickly a Qualified Interpreter can arrive at a facility. In such situations, [Insert Organization Name] may use VRI or other aids even in situations where an on-site interpreter is required or suggested by this Policy until such time as an on-site interpreter becomes available.

Certified Deaf Interpreters (CDI) are Deaf individuals who are native users of sign language with the same training and credentials as hearing Qualified Interpreters. CDIs are linguistic specialists that provide interpreting or translation services in communication forms used by Deaf and DeafBlind individuals with atypical language. A CDI may be needed when the communication mode of a Deaf or DeafBlind individual is so unique that it cannot be adequately addressed by a hearing Qualified Interpreter. CDIs work in tandem with a hearing Qualified Interpreter to reformulate messages into a linguistic form that can be understood by the Deaf or DeafBlind individual. Examples where CDIs may be necessary for effective communication include if an individual uses idiosyncratic non-standard signs or gestures unique to their family (“home signs”), uses a foreign sign language, has minimal or limited communication skills, is a minor with developing communication skills, has severe developmental or cognitive delays affecting their communication, has communication characteristics reflective of Deaf culture not familiar to most hearing interpreter, or if the information shared contains highly specialized language.
4. Use of Companions as Interpreters

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 shall not be used as interpreters unless specifically requested by that individual and after an offer of a Qualified Interpreter at no charge to the person has been made by the facility. Such an offer and the response must be 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 will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

In an emergency involving an imminent threat to the safety or welfare of an individual or the public, an adult accompanying a person who uses sign language may be relied upon to interpret or facilitate communication only when a Qualified Interpreter is not available.

Note: Minor children 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

1. Written materials

Staff will 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.

The following types of large print, taped, Braille, and electronically formatted materials are available: [description of the materials available]. These materials may be obtained by calling [responsible workforce member’s name or position and contact information].

2. Additional Auxiliary Aids and Services

For the following Auxiliary Aids and Services, staff will contact [responsible workforce member or position and contact information], 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 are 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

The [identify responsible workforce member or position with contact information] is responsible for providing a qualified speech-to-speech transliterator (a person trained to recognize unclear speech and repeat it clearly), when needed.
To ensure effective communication with persons with speech impairments, staff will contact [responsible workforce member or position and contact information], who is responsible to provide the aids and services in a timely manner:

Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; [include those aids applicable to your facility] and other communication aids.

In some situations, keeping paper and pencil on hand so the person can write out words that staff cannot understand or simply allowing more time to communicate with someone who uses a communication board or device may provide effective communication. Workforce members should always listen attentively and not be afraid or embarrassed to ask the person to repeat a word or phrase they do not understand.

D. For Persons with Manual Impairments

Workforce members 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:

Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other Auxiliary Aids and Services, workforce members will contact [responsible workforce member or position and contact information] who is responsible to provide the aids and services in a timely manner.

E. Additional Facility Services

Telecommunications: Where [Insert Organization Name] makes the use of a telephone available for patients or others, [Insert Organization Name] will offer telephones with amplified sound and that are hearing-aid compatible, as appropriate, for persons who are Deaf, Hard of Hearing, or DeafBlind. [Insert Organization Name] will supply an amplified sound device to a patient’s room on request, and will post, by courtesy phones, a sign indicating that amplified sound devices are available.

Captioned Televisions: In patient rooms containing televisions, televisions with caption capability (or caption decoders for standard television sets) will be provided by [Insert Organization Name] for persons who are Deaf, Hard of Hearing, or DeafBlind while they are using such rooms.

Fire Alarms: While visual alarms are not specifically required in patient rooms, [Insert Organization Name]’s facility evacuation procedures will include specific measures to ensure the safety of patients and Companions.

Call Bells and Other Auditory Equipment: [Insert Organization Name] will place call bells and other auditory equipment in a patient’s room to ensure that patients and Companions are
provided with a full and equal means of obtaining assistance from nursing and other workforce members.

III. Documentation

Workforce members shall document any assessment regarding the provision of Auxiliary Aids and Services to a patient or Companion in the patient’s medical record. Workforce members shall document the offering, use, or refusal of Auxiliary Aids and Services in the patient’s medical record. Workforce members shall document significant dialogue with the patient or Companion about auxiliary aids, including satisfaction expressed by the patient or Companion; any disagreements, objections, or complaints from the patient or Companion about auxiliary aids; and any measures taken to address any such disagreements, objections, or complaints. The workforce member requesting language assistance is responsible for documenting the use of an interpreter or communication aids in the medical record. Documentation should include the:

- Type of interpretation used, such as VRI, over-the-phone interpretation (OPI), or in-person staff or agency interpreter;
- Qualified Interpreter’s name or identification number (optional);
- Communication aids used (if applicable);
- Any technical difficulties or other problems encountered with equipment; and
- Nature of the communication.

[Note: if any forms related to communication are completed, they should also be included in the medical record.]

IV. Ongoing Training and Monitoring

A. Workforce Members

[Insert Organization Name] shall instruct all workforce members, including security personnel and volunteers, on the provisions of this Policy through its normal channels of communicating information to workforce members, including but not limited to its Intranet site, and at employee or volunteer orientations. [Insert Organization Name] shall also conduct periodic employee training to ensure its employees are familiar with this Policy and best practices for communicating effectively with people who have communication disabilities.

Workforce members shall be trained to document every use of an auxiliary aid in the medical record as described in Section III.

B. Vendors

[Insert Organization Name] shall ensure that all vendors, including contractors and subcontractors, comply with applicable licensure requirements, including the licensing of interpreters and video remote interpreters with the Arizona Commission for the Deaf and the Hard of Hearing. Video remote interpreters who provide interpreting services to persons in Arizona must be licensed with the Arizona Commission for the Deaf and the Hard of Hearing regardless of where the interpreter resides.
[Insert Organization Name] uses reasonable efforts to ensure that vendors, including contractors and subcontractors, comply with W3C WAI’s Web Content Accessibility Guidelines 2.1, Level AA conformance with respect to digital content offered on behalf of [Insert Organization Name]. [Note: Compliance with these guidelines is a best practice to ensure that health programs and activities provided through information and communication technology are accessible to individuals with disabilities. Please see Section VI for more information about Digital Accessibility.]

[Insert responsible workforce member or position and telephone number] is responsible for confirming that contractors and subcontractors are appropriately licensed and able to meet these standards.

V. Sharing Protected Health Information with Interpreters and Family Members, Friends and Others Involved in Care

Workforce members will follow [Insert Organization Name]’s health information policies and procedures with respect to using and disclosing protected health information, including without limitation its [please insert here cross references to the Organization’s relevant health information policies and procedures, such as its HIPAA Policies and Procedures and its No Information Blocking Policy].

HIPAA allows covered health care providers to share a patient’s health information with an interpreter without the patient’s written authorization under the following circumstances:

- A health care provider may share information with an interpreter who works for the provider (e.g., a bilingual employee, a contract interpreter on staff, or a volunteer). For example, an emergency room doctor may share information about an incapacitated patient’s condition with an interpreter on staff who relays the information to the patient’s family.

- A health care provider may share information with an interpreter who is acting on its behalf (but is not a member of the provider’s workforce) if the health care provider has a written contract or other agreement with the interpreter that meets HIPAA’s business associate contract requirements. For example, providers often have contracts with private companies, community-based organizations, or telephone interpreter service lines to provide language interpreter services. These arrangements must comply with the HIPAA business associate agreement requirements at 45 C.F.R. § 164.504(e).

- A health care provider may share information with an interpreter who is the patient’s family member, friend, or other person identified by the patient as his or her interpreter, if the patient agrees, or does not object, or the health care provider determines, using his or her professional judgment, that the patient does not object. For example, if a health care provider is aware of an Auxiliary Aid or Service that may be helpful, the provider may have that interpreter tell the patient that the service is available. If the provider decides,
based on professional judgment, that the patient has chosen to continue using the interpreter, the provider may talk to the patient using the interpreter.

Patients who are Deaf, DeafBlind, or Hard of Hearing should be communicated with directly by all workforce members. If there are family members, friends or others present, they should generally be excluded from one-on-one dialogues with patients, unless the patient does not object to their presence and/or has agreed that a Companion will act as an interpreter, consistent with this Policy and Procedure.

If a patient is receiving healthcare services that are subject to more stringent privacy laws—such as treatment related to substance use disorders, communicable diseases, sexually transmitted diseases, reproductive health, or genetic testing information—additional privacy protections and restrictions may apply. If workforce members have questions as to whether health information may be shared with an interpreter or other provider of Auxiliary Aids and Services, they shall contact [insert name or position and contact information] for additional guidance.

VI. Digital Accessibility

[Insert Organization Name] is committed to ensuring the accessibility of its web content to people with disabilities. [Insert Organization Name] uses reasonable efforts to make content on our website compliant with W3C WAI’s Web Content Accessibility Guidelines 2.1, Level AA. [Note: Compliance with these guidelines is a best practice to ensure that health programs and activities provided through information and communication technology are accessible to individuals with disabilities. If your Organization has not met these guidelines, or has implemented a previous version of the guidelines, then consider including in this Procedure clear and measurable milestones, including dates, by which each guideline will be met. In some cases, a phased approach might be appropriate. First, quickly fix significant accessibility barriers. Then implement fixes for other issues. You could do this as part of a planned maintenance update. Clearly outline any details of this type of approach in your policy. Organizations should also confirm that their vendors are also meeting these guidelines.]

Report any issues to [insert name and contact information]. This Policy and Procedure applies to all new, updated, and existing web content on [insert organization’s public-facing website url] and all content provided internally at [insert organization’s intranet].

VII. Guidelines for Good Language Practices

A. Communicating about Disabilities

The following is a list of best practices that workforce members should use when communicating about disabilities:

- People with disabilities are, first and foremost, people. Labeling a person equates the person with a condition and can be disrespectful and dehumanizing. A person isn’t a disability, condition or diagnosis; a person has a disability, condition or diagnosis. This is called Person-First Language. People with disabilities have different preferences when referring to their disability. Some people see their disability as an essential part of who
they are and prefer to be identified with their disability first—this is called Identity-First Language. Others prefer Person-First Language. Examples of Identity-First Language include identifying someone as a Deaf person instead of a person who is Deaf, or an autistic person instead of a person with autism.

- Choose language that emphasizes what people can do instead of what they can’t do. For example, use person who uses a communication device or person who uses an alternative method of communication, but don’t use is non-verbal or can’t talk.

- Use language that emphasizes the need for accessibility rather than the presence of a disability. Please note that “handicapped” is an outdated and unacceptable term to use when referring to individuals or accessible environments.

- Do not use offensive language. For example, terms like retarded, psycho, or freak are considered offensive. Other terms that may be offensive include hearing-impaired, deaf and dumb, or deaf-mute.

- Do not use condescending euphemisms. For example, terms like differently-abled, challenged, handi-capable or special are often considered condescending.

- Do not use words that imply negative stereotypes of those with disabilities. For example, use people without disabilities; don’t use normal, healthy, able-bodied, or whole.

B. Personal Interaction with Persons who are Hard of Hearing

The following is a list of best practices that workforce members should use when interacting with persons who are Hard of Hearing:

- Keep in mind that some persons may not be aware that they are losing their hearing.

- Ask the person how you can best communicate with them or about the proper accommodations that they need to communicate effectively. Keep in mind that many people with hearing loss generally know what would facilitate communication. This includes the type of interpreter if required.

- Don’t attempt to communicate when there is a great deal of noise in the background.

- Write down important information that may be misunderstood.

- Get the person’s attention first by touching or by waving your hand so that the person is looking at you before you begin talking.

- Face the person when communicating and ensure there is adequate lighting. Avoid any lights or windows behind you.

- If the person normally wears glasses, make sure that he or she is wearing them in order to be able to speech read, read notes, use communication cards, etc.
- Ensure that your mouth is visible and clear of hands, pencils, gum, and food so your speech can be more easily seen. Be aware that it is difficult for the person to speechread if the person has to look up.

- Do not shout as this distorts speech and makes it harder for the person to understand.

- Speak clearly and at a natural pace, neither too rapid nor too slow, taking care not to over-enunciate. Use short sentences and rephrase, instead of continually repeating, if necessary.

- Check that the person fully understands what you have communicated.

- People who are Hard of Hearing will often smile and nod as if they understand you even when they did not. To verify, ask the person to repeat back what you have said, and provide notes to refer to and follow up at a later time.

- Be aware that it may be difficult for Hard of Hearing people to understand staff members with accents. Get another staff member with clear spoken English if the person has trouble understanding an accent.

- Provide a one-to-one communicator if the person doesn't use a hearing aid.

- Go over to the person in a waiting area instead of calling his or her name or using an intercom.

- Convey any important information prior to the surgical staff entering a sterile environment wearing surgical masks (which prevents speechreading) and prior to removing hearing aids and cochlear implants.

- Allow the person to use hearing aids, cochlear implants, one-to-one communicators, and glasses (for speechreading) until the last possible moment before being anesthetized. Workforce members should be trained on how to remove and put hearing devices back in. Ensure that these devices are secure and made available as soon as the person is able to resume using them. Workforce members must be trained properly in order to use these techniques, procedures, and devices in the right manner.

- Individuals who are Hard of Hearing may not hear as well if they are tired or ill and will not be able to hear when hearing aids and cochlear implants are removed, as for sleeping. The means by which workforce members communicate with the person will change based on whether the person is using the device. Therefore, it should be established in advance of removing the device how communication will take place after removal.

C. Personal Interaction with Persons who are Deaf

The following is a list of best practices that workforce members should use when interacting with persons who are Deaf:
• Ask the person how you can best communicate with them or about the proper accommodations that they need to communicate effectively. Keep in mind that many Deaf individuals generally know what would facilitate communication. This includes the type of interpreter if required.

• Get the person’s attention first by touching, waving your hand, or flickering the lights so that the person is looking at you before you begin talking.

• Be aware that some people who have been Deaf since childhood have limited English proficiency; writing notes or providing written materials may not be effective for them.

• Face the person when communicating and ensure there is adequate lighting. Avoid any lights or windows behind you.

• Do not rely on speechreading without first asking a Deaf individual if they read lips.

• Check that the person fully understands what you have communicated.

• Go over to the person in a waiting area instead of calling the person’s name or using an intercom.

• Allow the person to use hearing aids, cochlear implants, one-to-one communicators, and glasses (for speechreading) until the last possible moment before being anesthetized. Workforce members should be trained on how to remove and put hearing devices back in. Ensure that these devices are secure and made available as soon as the person is able to resume using them. Workforce members must be trained properly in order to use these techniques, procedures, and devices in the right manner.

D. Communicating with Persons who are DeafBlind

The following is a list of best practices that workforce members should use when communicating with persons who are DeafBlind:

• Ask the person how you can best communicate with him or her or about the proper accommodations that they need to communicate effectively. Keep in mind that many DeafBlind people generally know what would facilitate communication. This includes the type of interpreter if required.

• Don’t attempt to communicate when there is a great deal of noise in the background.

• A Qualified Interpreter who is experienced with interpreting for DeafBlind people should be requested for pre-scheduled appointments or upon the person’s arrival.

• While waiting for the Qualified Interpreter, the following assistive techniques can be utilized: you can give the person the documents that are necessary to be admitted to the facility; guide in the right direction in order to receive the right help; provide Braille instructions; large print instructions; writing simple notes (if the person can see the note)
using white paper and a thick black pen, such as Sharpie or magic marker; and “print on palm” (an individual can write on a person's palm).

- VRI should not be used with a DeafBlind person.
- The communication methods vary with each person, depending on the causes of their combined vision and hearing loss, their background, and their education.

VIII. Questions and Complaints

In case of questions concerning this Policy or in the event of a desire to file a complaint alleging violations of this Policy or with respect to discrimination in access to services or facilities, please contact [insert responsible workforce member and contact information].

IX. Related Documents

Attachment A – Arizona Commission for the Deaf and the Hard of Hearing Communication Access Plan

Attachment B – HHS Example Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities

Attachment C – CMS “Improving Communication Access for Individuals Who are Deaf or Hard of Hearing”

[Insert reference to any additional forms or related policies or procedures]
Communication Access Plan (CAP)

Please alert all staff and include in the Medical Record

<table>
<thead>
<tr>
<th>NAME OF PATIENT:</th>
<th>DATE OF BIRTH:</th>
</tr>
</thead>
</table>

Which describes the patient?

- ☐ Hard of Hearing  
- ☐ Deaf  
- ☐ DeafBlind  
- ☐ Combined Vision and Hearing Loss

Which device(s) do you use?

- ☐ Hearing Aid(s)  
  - ☐ Right  
  - ☐ Left

- ☐ Cochlear/BAHA Implant(s)  
  - ☐ Right  
  - ☐ Left

Other Implant(s): ___________________________________________

What do you need for the hospital/doctor’s office to provide for the patient?

- ☐ Pocketalker
- ☐ Captioned Phone
- ☐ TTY (Hospital Only)  
  - ☐ Videophone

- ☐ Other Alerts or Assistive Device(s): ____________________________
  - ☐ None

What services do you need?

- ☐ Communication Access Realtime Translation (CART) Captions: Remote or in Person
- ☐ ASL Interpreter/Certified Deaf Interpreter
- ☐ Video Remote Interpreter (VRI)
- ☐ Close Vision/Tactile Interpreter
- ☐ Communication in writing

CARE
|☐ Other: __________________________________________________________________________ |

**Waiting Room Practice**  
When it is time for me to be seen by my health care provider:

☐ Provide a vibrating pager, if available  ☐ Come speak to me face-to-face  ☐ Write me a note and hand it to me  ☐ Inform the person I am with

**For scheduling/follow up communication, please contact me by:**

☐ Patient Portal ☐ Email ☐ Text ☐ U.S. Mail ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Videophone ☐ Captioned Phone ☐ AZ Relay 711

## Communication Strategies for Deaf and DeafBlind:

- Meet in a well-lit area
- Look directly at the person-they must see your face
- Use ASL, gestures, or paper and pen
- Speak directly to the patient, not the interpreter, SSP, or other affiliated parties
- Provide pauses when filling out paperwork or referencing visual materials
- Establish visual cues in advance
- Hand/arm restraints eliminate communication
- Give interpreters breaks
- Use the ACDHH communication card  
  - [https://www.acdh.org/media/1846/dhh-covid-19-communication-cards.pdf](https://www.acdh.org/media/1846/dhh-covid-19-communication-cards.pdf) (Deaf)
  - [https://www.acdh.org/media/1844/db_cvhl-covid-19-communication-cards.pdf](https://www.acdh.org/media/1844/db_cvhl-covid-19-communication-cards.pdf) (DeafBlind/CVHL)

## Communication Strategies for Hard of Hearing:

- Meet in a well-lit area
- Eliminate background noise and have excellent lighting on your face
- Get the person’s attention first
- Look directly at the person -they must see your face
- Speak a bit slower and clearly (shouting does not help)
- Can use paper and pen
- Rephrase/Say it a different way/Add new clues
- Speak directly to the patient, not the CART provider or other affiliated parties
- Distance between the speaker and listener makes an impact
- Provide pauses when filling out paperwork or referencing visual materials
- Be mindful of obstacles that may hide your mouth
- Use CART “captioning” - can be remote or in-person and give CART breaks
- Smartphones for speech-to-text -for a brief exchange
- Use the ACDHH communication card  

If Video Remote Interpreting (VRI) is chosen, all of the following specific performance standards must be met:
*DOJ-28 C.F.R. section 36.303(f): Health care providers that choose to provide VRI shall ensure that it provides:

- High-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication
- A sharply delineated image that is large enough to display the interpreter’s face, arms, hands, fingers, and the participating individual’s face, arms, hands, and fingers, regardless of his or her body position
- A clear, audible transmission of voices; and
- Training of staff so that they may quickly and effectively set up and operate the VRI.

Contact Kim Minard at k.minard@acdhh.az.gov or VP 480-360-1148 for questions or concerns

*Make 2 copies, one for yourself and one for the medical provider*
Attachment B
Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities

AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

POLICY:

(Insert name of your facility) will take 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 our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients 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 waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. (include those documents applicable to your facility). All necessary auxiliary aids and services shall be provided without cost to the person being served.
All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

**PROCEDURES:**

1. Identification and assessment of need:

   *(Name of facility)* provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our *(brochures, handbooks, letters, print/radio/television advertisements, etc.)* and through notices posted *(in waiting rooms, lobbies, etc.)*. 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 will 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:

   *(Insert name of your facility)* shall provide the following services or aids to achieve effective communication with persons with disabilities:

   A. For Persons Who Are Deaf or Hard of Hearing

   (i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the *(identify responsible staff person or position with a telephone number)* is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

   In the event that an interpreter is needed, the *(identify responsible staff person)* is responsible for:

   - Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability *(provide the list)*;
   - Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or
Obtaining an outside interpreter if a qualified interpreter on staff is not available. (Identify the agency(s) name with whom you have contracted or made arrangements) has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are (insert number(s) and the hours of availability).

Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

[Listed below are three methods for communicating over the telephone with persons who are deaf/hard of hearing. Select the method(s) to incorporate in your policy that best applies/apply to your facility.]

(Insert name of facility) utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is (insert number). The TDD and instructions on how to operate it are located (insert location) in the facility; OR

(Insert name of provider) has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact (identify the entity e.g., library, school or university, provide address and telephone numbers); OR

(Insert name of facility) utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is (insert telephone for your State Relay).

(iii) For the following auxiliary aids and services, staff will contact (responsible staff person or position and telephone number), who is responsible to provide the aids and services in a timely manner:

Note-takers; computer-aided transcription services; 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 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 facility. Such an offer and the response will be 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 will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be 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

(i) Staff will 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 [in addition to reading, this section should tell what other aids are available, where they are located, and how they are used].

The following types of large print, taped, Braille, and electronically formatted materials are available: (description of the materials available). These materials may be obtained by calling (name or position and telephone number).

(ii) For the following auxiliary aids and services, staff will contact (responsible staff person or position and telephone number), 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 are 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 will contact *(responsible staff person or position and telephone number)*, who is responsible to provide the aids and services in a timely manner:

Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; *(include those aids applicable to your facility)* 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:

Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact *(responsible staff person or position and telephone number)* who is responsible to provide the aids and services in a timely manner.

Content created by Office for Civil Rights (OCR)
Content last reviewed July 26, 2013
Attachment C
IMPROVING COMMUNICATION ACCESS
FOR INDIVIDUALS
WHO ARE DEAF OR HARD OF HEARING

go.cms.gov/omh
INTRODUCTION

Approximately 15 percent of American adults (37.5 million) have reported some level of hearing loss. Among this group, nearly 2 million individuals are deaf, with many late deafened (meaning they lost their hearing after learning spoken language). Many of these people need an interpreter or other type of communication aid or service to navigate the health care space or communicate effectively with providers. Communication aids and services are ways to ensure that communication with a person who has a hearing disability is effective. There are well-documented health disparities between people with hearing disabilities and those without these disabilities. These disparities affect both patients and providers. Health information gathering, outreach programs, and mass media health care messages often exclude individuals who are deaf or hard of hearing. Because of cultural and language barriers, sign language users are at high risk for poor health knowledge and inequitable access to medical and behavioral care. These barriers directly translate to inadequate assessment, limited access to treatment, insufficient follow-up, and poorer outcomes.

Communication barriers associated with hearing loss or deafness are linked to poorer health status. People who are deaf or hard of hearing are also more likely than hearing patients to report dissatisfaction with physician-patient communication and less likely to seek out care. Effective communication is critical to providing high-quality care because relying on untrained individuals to interpret can lead to poorer health outcomes or even death. Poor communication between patients who are deaf or hard of hearing and hearing clinicians can lead to misdiagnoses, unnecessary transfers, mistreatment, poor assessments, and unintentional harm with negative consequences.
One way health care organizations can help their staff members provide high-quality care when they are serving a patient who is deaf or hard of hearing is to plan how they will provide effective communication and document their approaches in a comprehensive communication access plan. This resource describes how providers can assess their practices, develop such plans, and be prepared to implement accessible services, and suggests ways to improve the provision of health care to people with these types of disabilities.

This resource starts with an introduction to the importance of effective communication. The rest of the resource describes the elements needed to meet the communication needs of the individuals served by health care providers. As organizations go through the planning process, they can consider the elements discussed in this resource in the context of their organization- and population-specific needs. This resource is not intended to provide information about legal requirements nor give legal advice. Statements that an organization should do or should not do something simply refers to what organizations can do to plan for the most effective communication with patients and others.*

*Entities that receive federal financial assistance should consult with the U.S. Department of Health and Human Services Office for Civil Rights to learn about their legal obligation to take reasonable steps to ensure equal access to their programs by people with disabilities. See the Office for Civil Rights’ website: https://www.hhs.gov/civil-rights/for-individuals/disability/physical/index.html.
To plan to serve those with different communication needs, an organization may consider the following steps. Planning efforts should be tailored to the individual organization and typically include:

- **Needs assessment**
- **Provision and types of services**
- **Training**
- **Evaluation**

Through the needs assessment, organizations can begin to understand what types of needs their patients have. Active planning can help an organization be better prepared to effectively meet the communication needs of their patients. Further, periodically updating plans can also help ensure organizations make the provision of auxiliary aids and services part of standard operating procedure and, ultimately, better meet the communication needs of all patients.

**WHAT TYPE OF COMMUNICATION ACCESS PLAN DOES THIS RESOURCE COVER?**

This resource focuses on the development of a communication access plan to support the needs of people who are deaf or hard of hearing. While this document mostly focuses on the needs of patients themselves who are deaf or hard of hearing, other individuals involved in the provision of care (such as parents or children of a patient) may also require aids or services for effective communication. It is important to note that communication access plans can be beneficial to any person who needs aids or services for effective communication.

To support providers in their efforts to meet the needs of their diverse patients, the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) has developed two other related resources — *Improving Communication Access for Individuals who are Blind or Have Low Vision* and the *Guide to Developing a Language Access Plan*. An organization may choose to develop three distinct plans to meet the diverse needs of individuals in these populations or instead choose to develop a single comprehensive plan that combines content related to each group.
WHY PLAN FOR EFFECTIVE COMMUNICATION?

Hearing loss and deafness can cause communication barriers, ultimately leading to adverse consequences for a patient’s health and well-being. Communication access plans are based on the awareness that people may have problems with hearing and that there are ways to accommodate their hearing needs to ensure effective communication. This often depends on the length, complexity, nature, and importance of the communication. Planning can prompt an organization to thoughtfully assess many different elements related to ensuring effective communication with individuals who are deaf or hard of hearing that they may not have otherwise considered.

This resource uses both clinical and cultural terms to describe hearing loss and deafness and to capture a range of hearing capacity and need for communication services. (See box below.) Unless specifically referencing the Deaf community, this resource uses the phrase “deaf or hard of hearing” throughout.

A NOTE ABOUT TERMINOLOGY

This resource is focused on the provision of care for people who are deaf, people who identify as Deaf, and people who are hard of hearing. As always, when working with individuals from different cultures or identities, it is critical that providers consult with their patients directly to determine their preferred terminology to enhance patient-centered care.

People who do not see themselves as part of a larger deaf community may be described as deaf. They might identify themselves as hearing or view their hearing loss narrowly as a clinical or medical condition. People who identify themselves as deaf might require a number of different communication approaches, such as sign language interpreters, other auxiliary aids and services, or a combination.

Unlike those who are deaf, people who identify themselves as Deaf view deafness as part of their identity rather than as a disability. Members of the Deaf community often use sign language as their primary mode of communication and share a broader set of cultural identities and beliefs. People who identify as Deaf might need a sign language interpreter.

The term hard of hearing can refer to anyone with mild to moderate levels of hearing loss. Additionally, it can also refer to a deaf individual who does not identify as part of the Deaf community. People who identify themselves as hard of hearing are more likely to benefit from devices such as pocket amplifiers and other auxiliary aids. These individuals might not understand sign language but might still require communication services of some sort.

WHICH ORGANIZATIONS WOULD BENEFIT FROM HAVING A COMMUNICATION ACCESS PLAN?

An organization might want to plan for communication access if it serves individuals who may need auxiliary aids and services or reasonable accommodations for effective communication:

- **Auxiliary aids and services** are equipment, services, and other methods of making aurally delivered information available to individuals who are deaf or hard of hearing (or making visually delivered materials available to individuals who are blind or have low vision).

- A **reasonable accommodation** is any reasonable change in the way that an organization provides services or in the way that it requires individuals to do things.

Some people who are deaf or hard of hearing need reasonable accommodations instead of, or in addition to, auxiliary aids and services in order to have an equal opportunity to participate in and benefit from health care programs. To ensure effective communication with individuals who are deaf or hard of hearing, an organization might need to provide auxiliary aids and services or reasonable accommodations, such as:

- Qualified interpreters
- Computer-aided transcription services
- Written materials
- Telephone amplifiers
- Assistive listening devices systems
- Captioning services

Allowing a patient to come to for a physical on a Tuesday, even if the clinic does not usually conduct physicals on that day, because the individual wants to bring an assistant who is only available on Tuesdays

The following sections discuss ways organizations can develop a communication access plan and actively plan to provide effective communication.
Assessing the community’s needs allows for better care planning and population health management.

HOW TO DEVELOP A COMMUNICATION ACCESS PLAN

Organizations can work through the following steps to better support their patients who are deaf or hard of hearing. As organizations work through each step, they can document how they will provide effective communication in their communication access plan.

One significant step toward improving communication is to assign an existing employee or hire a new employee to serve as a disability rights advocate or disability accommodations coordinator. This person could be responsible for overseeing compliance with federal disability rights laws, as well as overseeing and helping plan for the provision of auxiliary aids and services or reasonable accommodations for people with disabilities, including those who are deaf or hard of hearing.
NEEDS ASSESSMENT

While the format of communication access plans can vary, the most effective plans often include details of the organization’s needs assessment in the first section. This section describes the needs of current or prospective health care patients who are deaf or hard of hearing; their “companions,” which includes family members and others involved in the individual’s care; and members of the public who are deaf or hard of hearing. The needs assessment can explore the number of individuals with communication needs in the service area, as well as the extent of their needs for services (including where they interact with a given organization). Organizations can consider establishing a reliable data collection process or analyzing existing sources of data to better understand the community’s needs. Assessing the community’s needs allows for better care planning and population health management. Organizations in the community that work with people who are deaf or hard of hearing may help inform the needs assessment.

NUMBER OF PEOPLE WITH COMMUNICATION NEEDS

To determine how they may best provide effective communication for people who are deaf or hard of hearing, an organization can start by identifying the number of people they currently serve who are deaf or hard of hearing, as well as how many they are likely to serve. A health care organization may be able to analyze internal data sources—such as call center information, data collected by navigators, and electronic health records—to understand how many people who are deaf or hard of hearing already interact with the organization. Knowing the number of people who are deaf or hard of hearing in a service area can give an organization a general sense of how many people may need some sort of auxiliary aid or service or accommodation for effective communication. However, organizations must still take steps to provide
THE DEAF-BLIND COMMUNITY

Deaf-blindness is a condition in which the combination of hearing and visual losses can result in altered communication, developmental, and educational needs. Additionally, individuals with deaf-blindness may experience a wide range of sensory impairments. In the United States alone, approximately 35,000 to 40,000 individuals are deaf-blind.

Communicating with people who are deaf-blind can require additional services and accommodations. Any organization interfacing with this community should ensure that services unique to this population exist, beyond the accommodations for the deaf and the blind.


effective communication to each individual who is deaf or hard of hearing; organizations cannot tell what an individual will specifically need by understanding the number of people with needs in a service area.

VARIATION OF NEED WITHIN A DIVERSE POPULATION

People who are deaf or hard of hearing have varying degrees of residual hearing. This variation, as well as the variation in the types of assistive devices different people use, can affect the types of aids, services, and accommodations that are most likely to ensure effective communication. For example, what an organization will need to do to provide effective communication with an individual who uses sign language will often be different than what it will need to do to provide effective communication with an individual who does not use sign language. Notably, even individuals with the same hearing limitations might require different auxiliary aids and services or reasonable accommodations for effective communication. Finally, because a patient’s need for auxiliary aids and services or reasonable accommodations might not be apparent to staff, it is important to have a plan for how to help individuals regardless of whether staff can observe a disability.

POINTS OF CONTACT

People who are deaf or hard of hearing might require different types of services depending on where and how they interact with different staff across an organization. As organizations develop their communication access plans, considering the various points of contact at which a patient, companion, or member of the public is most likely to interact with providers
and other staff can help organizations identify where auxiliary aids and services or reasonable accommodations may be needed. Each of these points of contact provide an opportunity for staff to make individualized determination of needs by asking patients if they need auxiliary aids and services or accommodations, and if so, what they need. Further, when utilizing outside vendors for various services (such as telehealth), a promising practice would be to integrate accessibility into vendor contracts. An understanding of vendor capabilities can be imperative for training and planning aspects of effective communication. The figure illustrates common points of contact, which include appointment scheduling, security, reception desks, examination rooms, and pharmacies.

At each point of contact, organizations can think about what barriers an individual who is deaf or hard of hearing might experience and what auxiliary aids and services or reasonable accommodations could help address those barriers. An example of such mitigation includes the use of clear face coverings for each point of contact for individuals who may be using lip reading or relying on facial expressions. Organizations can also consider how to train their employees on the types of auxiliary aids and services that are available and how they can be used to facilitate effective communication. Once this information is considered, organizations can then include specific details in their communication access plans about how employees will be able to provide specific auxiliary aids and services or reasonable accommodations at specific points of contact. Details on the specific points of contact are discussed in the following sections.
The scheduling process can provide an opportunity to collect data on patient needs. Staff can ask all patients whether auxiliary aids and services or reasonable accommodations will be needed for an appointment, and if so, what will be needed. The information captured during the scheduling process can be documented in the patient’s medical record and verified for accuracy when the patient checks in so the provider can use it.

Security and information desks are often the first point of contact for a patient who is having difficulty navigating a health care facility. A communication access plan might describe how security guards and those who staff information desks will identify that an individual might need auxiliary aids and services, what types of aids and services are available, and where to find them. For example, that might mean knowing how to call for an interpreter if one is needed.

The reception area at a provider’s office is also often a first point of contact. Communication access plans can include information for front desk or reception staff, such as the availability of auxiliary aids and services, and policies or information about which parts of the check-in process might need to change to accommodate a person who is deaf or hard of hearing.

In an examination room, providers will need to know about the types of accommodations available and how to use them to facilitate effective communication. Also in the examination room, providers will need to ensure that patients give informed consent for any treatment. Importantly, what will make communication effective depends on the length, complexity, nature, and importance of the communication. For example, writing notes may be effective when a person is scheduling an appointment but is not likely to be effective for discussing a medical diagnosis with a doctor, reviewing the risks and benefits of surgery, or giving consent.

Once an examination is completed, patients are often directed to a pharmacy to fill a prescription. At the pharmacy, a person who is deaf or hard of hearing may need visual cues, including signage to indicate where to drop off and pick up a prescription, and visual or tactile tools, such as pagers, to indicate that a prescription is ready for pickup. Interpreters may also be needed in the pharmacy to ensure that instructions on how to take a medication are clearly conveyed.
PROVISIONS AND TYPES OF AVAILABLE SERVICES

The second section of an organization’s communication access plan will typically consider individuals’ varied needs while identifying what services it will provide to meet those needs in both outpatient and inpatient settings. This section typically includes details about what is available, as well as when and how auxiliary and aids services or reasonable accommodations will be provided. This section of a communication access plan may also include information about how and where the organization will notify the people it serves about the availability of services. Organizations can consider including information about the availability of services in a range of accessible formats at the same points of contact that are identified during their needs assessment. Importantly, literacy rates across the deaf community, on average, fall below a seventh-grade reading level, making it important to provide written information in plain language that is easy to understand.

INTERACTING WITH PEOPLE WHO ARE DEAF-BLIND

When interacting with deaf-blind people, a number of considerations can help ease the interaction:

- Ensure that the individual is fully aware of the surrounding full environment.
- Do not interrupt dialogue to check for clarity.
- Ensure adequate lighting to aid people with low vision.
- Provide materials in braille.

The auxiliary aids and services needed for effective communication vary among people who are deaf or hard of hearing. As noted in the previous section, an individualized determination of need is necessary and can be conducted at various points of contact. For example, some people who are hard of hearing do not use sign language and therefore do not need sign language interpreters. Hearing loss spans a spectrum of severity and can occur at any time during a person’s life, affecting one or both ears. Many people who are deaf or hard of hearing rely on residual hearing, hearing aids, cochlear implants, assistive listening devices, or some combination of these. Additionally, not all people who need auxiliary aids and services or reasonable accommodations have an obvious need—some disabilities are hidden. To help address less visible needs, organizations can proactively consider asking about specific needs at various access points. Further, individuals might have multiple disabilities, which might affect the types of auxiliary aids or reasonable accommodations they would need.

Some of the types of auxiliary aids and services an organization might need to provide to ensure effective communication with people who are deaf or hard of hearing include:

- A telephone handset amplifier attached to a dedicated or portable phone that allows the listener to increase the volume by adjusting an amplification dial or button
- Assistive listening devices and systems, including personal amplifiers that may or may not be compatible with a hearing aid
- Induction loop sound systems that amplify the spoken word directly to a listener’s hearing aid if it is equipped with a T-coil
- Pagers or visual alarms for patient notifications
- Captioning systems
- Written materials, including discharge or medication instructions
- Different types of and approaches to interpretation, discussed in more detail below
INTERPRETATION

People who communicate exclusively or primarily through sign language generally need an interpreter for communication to be effective. Interpreters may be dedicated staff interpreters, contracted interpreters, qualified staff, or video-remote interpreters. The CMS OMH document Lessons from the Field explores how different organizations provide language services to diverse populations and contains information on different approaches to interpretation, including pros and cons of each.

 Organizations should provide more than one approach to interpretation to communicate effectively. A number of different types of interpreters and modes for interpretation may be needed and should be provided, depending on need. Examples may include:

- An American Sign Language (ASL) interpreter provides interpretation, translation, and transliteration services in ASL.15

- Oral interpreters articulate speech silently and clearly, sometimes rephrasing words or phrases to give higher visibility on the lips. Natural body language and gestures are also used.

- Cued speech interpreters use a visual mode of communication in which mouth movements of speech are combined with “cues” to make the sounds (phonemes) of traditional spoken languages look different.16

- Computer-assisted real-time transcription allows for instant translation of the spoken word into text, which can be displayed on a monitor or screen.
Fluency in any form of sign language does not guarantee competency in medical terminology, and relying on unqualified individuals can lead to a lack of understanding and poor outcomes. Family members fluent in sign language are generally not well equipped to interpret in medical situations. Family dynamics may also complicate a situation in which a family member is asked to interpret.

Ensuring interpretation accuracy is of the utmost importance. The document *What’s in a Word? A Guide to Understanding Interpreting and Translation in Health Care* discusses these and other considerations about interpretation. Organizations may want to consider certification by the Registry of Interpreters for the Deaf or the National Association of the Deaf as a qualification for sign language interpreters.
The communication access plan can spell out how the organization will train staff on its policies and procedures for providing auxiliary aids and services or reasonable accommodations for people who are deaf or hard of hearing, including which staff members will be trained and how often.

Staff training is important, not only so that people feel supported throughout their experience at a health care facility, but also so that those working at the organization understand how to best support people with varying levels of hearing, including those with obvious hearing loss and those with a hidden disability. Additionally, staff training can help ensure that all patients are respected and provided with the required supports and services necessary for effective communication.

Many organizations include training about communication services as part of their onboarding process for new employees. It is also important that all staff members periodically receive refresher trainings (e.g., once a year), because policies, processes, and resources are revised to meet evolving needs.

Staff training can contribute to goals such as the following:

- Providing education about how to communicate effectively with people who are deaf or hard of hearing
- Incorporating federal disability laws and their requirements into new employee training
- Ensuring that all employees receive training on Deaf culture and ASL as a language different than English
- Adopting a standard method to document whether a patient is deaf or hard of hearing, whether they have communication needs, and the preferred mode of communication for each patient
- Routinely documenting, in a standard manner, the request for and presence of an interpreter during a medical visit, as well as refusal of an interpreter
- As appropriate, identifying deaf patients as needing an interpreter when referred for further testing or care
- Developing benchmarks for access to high-quality care for people who are deaf or hard of hearing

Organizations can consider a variety of training topics, such as:

- Policies and procedures for providing auxiliary aids and services
- Respectful and effective communication with people who are deaf or hard of hearing and their companions
- Navigation of hospital stations, inpatient rooms, auxiliary aids and services, and discharge during an inpatient stay
- Collection of data on patients’ communication needs and preferences
The communication access plan typically includes information on monitoring and continuous quality improvement. An organization will want to periodically evaluate and monitor its communication access plan so that it continues to help the organization serve people who are deaf or hard of hearing effectively. This section can describe when and how an organization will monitor and update its plan, policies, and procedures to meet the needs of patients and the organization.

Some ways an organization can collect and monitor data for continuous quality improvement purposes include:

- Monitoring the organization’s responses to complaints or suggestions by people who are deaf or hard of hearing, including stratifying information by race, ethnicity, and other demographics to consider the role of intersectionality
- Assessing the organization’s communication services to monitor quality
- Monitoring the organization’s responses to complaints regarding interpretation assistance
- Keeping track of which auxiliary aids and services are used throughout the organization and under what circumstances
- Tracking how often the auxiliary aids and services are provided when requested (regardless of need) or when they are needed (with or without patient request)
- Talking to staff across the organization about use of auxiliary aids and services or reasonable accommodations, suggestions for improvement, and whether these services meet patients’ needs
- Collecting feedback from patients who are deaf or hard of hearing to better understand their experiences accessing health care or communication services at the organization
- Using the information collected through each of the steps to continuously monitor and update the organization’s efforts toward providing high-quality care for people who are deaf or hard of hearing

The information gathered can be used to craft or update policies and procedures to more accurately reflect the needs and demographics of those whom the organization serves who are deaf or hard of hearing.
CONCLUSION

Without appropriate auxiliary aids or services or reasonable accommodations, it can be difficult to communicate effectively with individuals who are deaf or hard of hearing. Ultimately, as organizations work to ensure effective communication with all patients, a communication access plan can facilitate the provision of communication assistance services and care to individuals who are deaf or hard of hearing. Thinking through the sections described in this resource can help an organization as it works toward the goal of providing high-quality, equitable care for its patients.

SELECTED RESOURCES

BACKGROUND

U.S. Department of Justice. Americans with Disabilities Act Requirements: Effective Communication

U.S. Department of Justice. Americans with Disabilities Act: ADA Business BRIEF: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings

Deaf-Hearing Communication Center. Tips for Effective Communication

TOOLKITS AND GUIDES

Hearing Loss Association of America. Guide for Effective Communication in Health Care

L.A. Care Health Plan. Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations

Make Medicare Work Coalition. Toolkit for Working with the Deaf and Hard-of-Hearing

Hearing, Speech & Deaf Center. Deaf 101: Communicating with Deaf and Hard of Hearing Individuals


