

[Company name]

Communication Access Policy Template for Deaf, Hard
of Hearing, DeafBlind, DeafDisabled, and late -
deafened communities

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Accommodation should be chosen primarily by patients, family members, or employees. It's the healthcare facility's responsibility to review the options available.

Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities

POLICY:

(Insert name of your facility) will take appropriate steps to ensure that persons with disabilities, including persons who are D/deaf, Hard of Hearing, DeafBlind/deafblind, late-deafened, Deaf Plus, Deaf Disabled ([HearingTerminology.pdf \(vermont.gov\)](#)) 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 equal and 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 bill 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 or individuals who are Deaf, Hard of Hearing, or DeafBlind will be trained in effective communication techniques, including the effective use of interpreters and captioners. When providing accessible communication, please remember that the term hearing impaired may or may not be a terminology commonly used by a person with a hearing loss. It can be perceived as derogatory or negative. It really depends on the onset of a person's hearing loss, environmental support (personal and/or work) and emotional support they received in their surroundings. An example would be asking questions such as "How do you identify your hearing loss?" or/and "What is the best communication access for you?"

PROCEDURES:

Identification and assessment of need:

(Insert name of your 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 and/or self-identifies as a Deaf, Hard of Hearing or DeafBlind (*Culturally identified*) or deaf, hard of hearing, or deafblind (*Medically identified*) person that affects the ability to communicate, staff will

consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

Provision of Auxiliary Aids and Services:

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

Refer to FAQ for examples of auxiliary aids and services for your employees, patients, and/or guests. Your list could include all or some of the items listed on the FAQ document.

For Persons Who Are Deaf or Hard of Hearing

In Person

NOTE: Family members, children, friends, colleagues, and acquaintances will *NOT be* used to interpreting, in order to ensure confidentiality of information and accurate communication.

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. It is not mandatory but helpful to ensure top notch quality patient care service.

Payment:

- 1) Not only does Medicaid have its own standard rates but it is the only insurance that covers interpreting services. Other accommodation (may be a one time or recurring) is an out-of-pocket expense. It is essential to collect data to create annual projected costs for accommodation while reviewing the budget. For further information on how to process billing and interpreting rates, refer to [Vermont Medical Society](#). Invoices for interpreting services should never be given to patients, family members or employees.
- 2) If a patient is a no-show, your facility is still obligated to pay for interpreting services. It is the patient's responsibility to notify the medical facility that they cannot make their appointment 24 hours in advance. If one is using an interpreting referral agency, cancellation must be done 48 hours in advance.

A qualified interpreter, Ideally, should have one of these following appropriate interpreting credentials such as an associate degree, Registry of Interpreters for the Deaf (RID) or Board for Evaluation of Interpreters (BEI) with the exception of being grandfathered.

Hearing ASL interpreter: Using an in-person/on-site interpreter is "the gold standard."

Using an in-person Hearing ASL interpreter with a Deaf Interpreter (DI) or Certified Deaf Interpreter (CDI) can be determined based on patients/consumers' needs. Refer to the [National Deaf Center](#) for different scenarios. Here are some potential reasons:

- 1) A person may have an intellectual or developmental disability and require further interpretation with a certified deaf interpreter to work with a certified hearing interpreter.
- 2) A person may come from another country and sign in their native sign language such as Nepali Sign Language. American Sign Language (ASL) isn't a universal language. ASL isn't the same as the English language.
- 3) A person's primary language is ASL; therefore, it's possible a certified hearing interpreter might need to work with a team (CDI or DI).

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

- Maintaining a list of qualified captioners and/or qualified interpreters on staff showing their names, phone numbers, qualifications, and hours of availability **(*provide the list*)**.

It is recommended but not mandatory to hire a designated person responsible for arranging accommodation at your healthcare facility.

Note: You can decide to keep a list (whereas patient expressed preferences of interpreters) or rely on Vancro Integrated Interpreting Services to book ASL interpreting services. One can locate spoken language interpretation through other interpreting agencies listed on the state agency, Building of General Services' [website](#). All certified ASL interpreters' information can also be found on the RID website within their [registry list](#). It's recommended to refer to the registry list after hours.

Interpreters are required to follow the ethics section under RID's website and review the [Code of Professional Conduct](#) for further information. Contacting the appropriate interpreter for specific assignments 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)**.

Statement: do not endorse any specific company, but here are some options:

Vancro Integrated Interpreting Services
Vancroiis.com
Email: interpretingservices@vancro.com
VP/Voice: [802.275.0104](tel:802.275.0104)

Vermont 2-1-1

[866-652-4636](tel:866-652-4636) (toll free in
Vermont) or [802-652-4636](tel:802-652-4636)
(outside of Vermont)

Hours: 8 am to 5 pm, EST.	Hours: 7:30 pm to 7:30 am, EST.
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Video Remote Interpreting (VRI): Using VRI should not be the only primary choice for your patients. Refer to this for further information: [National Association of the Deaf - NAD](#).

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

A) Video Remote Interpreting Companies (Examples)

- a. [AMN Language Services \(formerly known as Stratus Video Communications\)](#)
- b. [Language Line Solutions](#)

Ideal for those who are comfortable using interpreters that aren't local. Refer to FAQ.

B) Telehealth Options

- a. Refer to: [Virtual Meetings Matrix](#)
- b. Refer to: [How to Make Your Virtual Meetings ACCESSIBLE](#) to learn how to ensure your telehealth meetings are accessible.

Ideal for those who are comfortable using technology. Prefer to use local interpreters instead of out-of-state interpreters. Hospitals would need to use local interpreters.

This is ideal for telehealth appointments, meetings, webinars, medical consultation, etc.

Oral Interpreter: An oral interpreter is someone who can sit directly in front of patients who do not sign and mouth all the words. A patient who doesn't sign could benefit from an oral interpreter. They may or may not know what that is.

Communication Aided Real Time (CART) Services: A person whose primary language is English could benefit from having captioning services. You could contract with a captioning service agency or person. This option is not covered by insurance. As per FCC Notice DA 04-1716 released on June 16, 2004, “We therefore emphasize that all forms of TRS, including “traditional” TTY based relay, Internet Protocol (IP) Relay, Video Relay Service (VRS), and Speech-to-Speech (STS), can be used to facilitate calls between healthcare professionals and patients without violating HIPPA’s Privacy Rule. For further information on this issue see HHS’s FAQ sheet which is available at www.hhs.gov/ocr/hipaa or on the FCC’s Disability Rights Office’s website at <http://www.fcc.gov/cgb/dro/trs.html> and [read this pdf](#).

Contracting the appropriate captioning service if one is available and qualified to caption.

- 1) Refer to the NRCA: The Association for Court Reporters and Captioners for options.
- 2) Find a Professional
- 3) Select the checkbox for CART Captioner.
- 4) Select the blue “Search” button.

You will find many listed. There are no restrictions on who you can use for captioning services.

There is currently no law in place about interpreters and/or captioners following regulations and such.

Writing: If a person prefers to have a direct method of communication with a staff person, they could choose to write back and forth if English is their primary language or use a UbiDuo (Refer to FAQ) if they are comfortable with typing back and forth. Refer to [Vermont Assistive Technology Program](#) for alternative suggestions on accommodations.

By phone or email

(i) This is ideal for scheduling appointments, prescription refills, etc. Communicating by Telephone or by email or by Patient Portal with Persons Who Are Deaf or Hard of Hearing or DeafBlind

Friends or family members should not be relied upon to provide interpreter services. Family members or friends of the person should 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 medical record. 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. The telecommunication relay service cannot be used with the patient in the same room because it's a violation of the Federal Communication Commission (FCC).

(ii)

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

Videophone users:

- A) (Insert name of facility)** utilizes a regular phone to call a videophone directly by using the video relay service. If you wish to learn how to use the videophone, check out any of these following vendors: **Sorenson, Purple, ZVRS, Convo.**
- B) (Insert name of provider)** has made arrangements to offer a public videophone.

Phone calls should not be your primary usage for telehealth appointments. The ASL interpreters that work for the above vendors may be qualified to interpret in medical settings; however, it isn't ideal to rely on them for your medical appointments. It's essential to use specialized providers' telehealth companies who have hired the appropriate staff members who received the appropriate medical training.

Captioned phone users:

Captioned phones are in full compliance with HIPAA requirements. By law and per Federal Communications Commission (FCC) regulations, all captioned telephone calls fall within HIPAA guidelines for privacy protection. A Business Associate Agreement (BAA) or Confidentiality Business Agreement is not required for your employee(s) who use captioned phones to assist with their telephone use. Your organization is not violating HIPAA requirements by having an employee or patient use captioned phones for telecommunications support.

- A) (Insert name of facility)** utilizes a regular phone to call a captioned phone or CapTel phone directly. Dialing 711 isn't needed with these telecommunication devices.
- B) (Insert name of provider)** has made arrangements to offer a public captioned phone.

Teletypewriter (TTY)/Telecommunication Device for the Deaf (TDD) users (This requires a hearing consumer and a TTY user to dial 711 to connect.). Provide verbal prompt on phone number to dial to the captioning assistant.):

A) (Insert name of facility) utilizes relay services for external telephone with TTY/TDD users. We accept and make calls through a relay service. The state relay service number is 711.

B) (Insert name of provider) has made arrangements to offer a public TTY/TDD phone.

(Insert name of facility) utilizes a TDD for external communication. The telephone number for the TDD is **(insert number)**. Note: this is only helpful if you know the person, you're calling is a TDD user. Refer to [Vermont Relay](#), OR

(Insert name of provider) has made arrangements to share a videophone or TTY/TDD or captioned phone or CapTel phone. When it is determined by staff that any of these devices is needed, we reach out to a **point of contact**, 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) **(Insert name of facility)** utilizes Email addresses or Patient Portal system if patients prefer to use that as their primary mode of communication. Some might even prefer to use text messaging. It's possible they prefer this method because it's directly between you and the patient without a third party involved.

Auxiliary aids and services for inpatient

A patient has a right to inquire about access to a telephone that fits their needs during their stay within your hospital or healthcare facility. Your healthcare facility can have both a public videophone and captioned phone as well as one that can be held within a patient's room. A patient also has a right to inquire staying in a hearing assisted room that can include (TTY or videophone, doorbell flasher, fire alarm light strobes, phone ringing flasher, captioning on TV, phone amplifier, and/or bed shaker that goes with an alarm clock). Here are some helpful resources: [Vendor List-Deaf and Hard of Hearing for Vermont](#).

For Persons Who are Blind or Who Have Low Vision or DeafBlind

For further information on how to use TeleBraille, refer to [TeleBraille](#).

For further information on how to use Braille CapTel, refer to [Braille CapTel Service](#)

For someone who relies on ASL, refer to [Videophone for DeafBlind ASL users](#).

Resources: If a consumer is unable to afford this type of assistive technology, you can refer them to the [ICanConnect](#) (ICC) program first. If they can't get everything, they need through the ICC program, refer them to the Vermont Center for Independent Living.

(i) Staff will communicate information contained in written materials concerning treatment, benefits, services, bills of rights, and consent to treatment forms by reading out loud or translated via an interpreter or translator and explaining these forms to persons who are blind or who have low vision or DeafBlind **[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 people who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

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.

Refer to this site: [Introducing Speech Disability Service – Vermont Relay.](#)

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 for providing aid and services in a timely manner.

For Deaf, Hard of Hearing or DeafBlind Persons who have Hearing Families

Staff are responsible for providing accommodation for family members who take care of their hearing family members. Refer to [NAD's Healthcare FAQ section](#).

RESOURCES

[Services for Deaf, Hard-of-Hearing, DeafBlind | Disabilities, Aging and Independent Living \(vermont.gov\)](#)

Assistive Technology:

[Guide - Hearing Loss Association of America](#)

[Hotel ADA Compliance Kits for Deaf | Deaf Room Accommodations \(diglo.com\)](#)

sComm: (<https://scomm.com/>)

[Telecommunications Relay Service - TRS | Federal Communications Commission \(fcc.gov\)](#)

Hearing Accessible Rooms:

[Mobility and Hearing Accessible with Tub - Thesis Hotel \(thesishotelmiami.com\)](#)

[King Hearing Accessible Non-Smoking at the Holiday Inn Express Hotel & Suites Berkeley \(hiexberkeley.com\)](#)

[Amenities & Services | Hilton Anaheim](#) Refer to the “Accessible Amenities” button.

Accessible Resources (Clear Masks & COVID)

For personal uses, click on www.accessiblemasks.org/

For Food & Drug Administration (FDA) approved masks, click on either www.theclearmask.com/ or safenclear.com

Center of Disease Control have videos in Spanish, English and ASL. Use this link [ASL Videos by CDC](#).

Original Document:

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