

	POLICY/PROCEDURE		
	Accommodating Persons with Disabilities	Effective Date	07/11/2025

1. PURPOSE

To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the offering or delivery of healthcare services. The regulation implementing the Acts requires that persons who are deaf or hard-of hearing be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision as to the method to be used for communication requires the input of any individual requiring auxiliary aids, and their choice must be given primary consideration.

GCSA is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability in the offering or delivery of healthcare services. GCSA recognizes its legal obligation to ensure effective communication with persons with disabilities and makes every effort to proactively assess communication needs as well as providing the most compassionate care.

2. PERSONS AFFECTED

All Staff

3. RESPONSIBILITIES

GCSA staff will take appropriate steps to ensure persons with disabilities, including persons who may be deaf or hard-of-hearing, have an equal opportunity to obtain healthcare services with GCSA. This includes patients and their Companions. The procedures outlined below are intended to ensure effective communication with all individuals involving medical conditions, treatment, services and benefits. All necessary language assistance services shall be provided free of charge.

GCSA staff will be provided with notice of this policy and procedure. Staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques at time of hire and annually. GCSA staff will inform individuals who may be deaf or hard-of-hearing – including individuals seeking access to services at GCSA and Companions with whom GCSA should communicate - of the availability, at no cost to them, of language services in order to effectively communicate.

4. POLICY

This policy requires development of a language access plan that accommodates individuals who are deaf or hard-of-hearing by providing free auxiliary aids in order to ensure equal opportunity to participate in and benefit from healthcare services. This policy also addresses the provision of appropriate auxiliary aids and services to Companions (a family member, friend, or associate of a patient) with whom GCSA staff should communicate.

- A. Auxiliary aid. Auxiliary aids may include video remote interpreting (VRI) or face-to-face sign-language interpreters, flash cards, communication boards, telephone amplifiers, amplified hearing devices, assisted listening devices, or a TDD/TTY. Lip

reading, note writing, and the use of finger spelling or gestures may also aid communication but are **not** a replacement for interpreters.

- B. Effective communication. Communication sufficient to provide individuals that may be deaf or hard-of-hearing with substantially the same level of services received by individuals who are not deaf or hard-of-hearing.
- C. Interpretation. The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.
- D. Language Assistance Services. Oral and written language services needed to assist individuals who may be deaf or hard-of-hearing to communicate effectively with staff and to provide persons who are deaf or hard-of-hearing meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.
- E. Meaningful Access. Language assistance that results in accurate, timely, and effective communication at no cost to the individual who may be deaf or hard-of-hearing. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are not deaf or hard-of-hearing.
- F. Qualified Interpreter. A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed. A qualified interpreter is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. No certification is needed to be a qualified interpreter, and certified interpreters are not automatically qualified interpreters despite their training and certification. An interpreter's qualification is based on his/her ability to communicate effectively in a specific situation such as in a healthcare setting using complex medical terminology and processes.

5. PROCEDURES

- A. Identification and Assessment of Persons who may be Deaf or Hard-of-Hearing

GCSA will identify the language and communication needs of persons who may be deaf or hard-of-hearing as needed to ensure effective communication.

As soon as GCSA becomes aware of such needs, staff will use the form, **"Policy Acknowledgement and accommodation request"**, attached to this policy, to inform such persons of services and determine what language assistance services may be needed.

If language services are declined by an individual who may be deaf or hard-of-hearing, staff will then use the form titled **"Waiver of Language Assistance"** to not only document the refusal but also to serve as notice to the individual that they may still request a free qualified interpreter at any time.

The form(s), “**Policy Acknowledgement and accommodation request**” and/or the form, “**Waiver of Language Assistance**” will be included in the patient’s permanent medical record.

B. Providing Notice to Persons who May be Deaf or Hard-of-Hearing

GCSA shall inform persons who may be Deaf or Hard of Hearing of the availability of free qualified language assistance. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas. GCSA utilizes relay services for external telephone with TTY users. Calls are accepted through a relay service. The state relay service number is 1-800-735-2988.

C. Obtaining a Qualified Interpreter

All staff are responsible for obtaining a qualified interpreter when needed to effectively communicate with patients or Companions. **Any and all agencies under contract (or with other arrangements made) for professional language assistance are listed in SECTION VI; the POLICY IMPLEMENTATION section contained within this policy.**

1. If a person uses sign language, all medical evaluations or discussions regarding a patient’s symptoms, treatment, diagnosis, progress, and prognosis must be communicated through the use of a qualified sign language interpreter.
2. Examples of situations where an interpreter may be required (this list is not exhaustive):
 - a. Determining a patient’s history or description of ailment or injury;
 - b. Obtaining informed consent or permission for treatment;
 - c. Provision of patient’s rights;
 - d. Diagnosis or prognosis of ailments or injuries;
 - e. Explanation of procedures, tests, treatment, treatment options or surgery;
 - f. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
 - g. Explaining blood donations or aphaeresis;
 - h. Explaining follow-up treatment, test results, or recovery;
 - i. Discussing billing and insurance issues; and
 - j. During educational presentations.

D. The Use of Family or Friends for Professional Language Services

1. Family members or friends will not be used for language assistance except:
 - a. in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
 - b. where the individual in need of communication services specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such

assistance, and reliance on that adult for such assistance is appropriate under the circumstances.

2. Except in an emergency, family members or friends may be used for language assistance only after an offer of free qualified language assistance is offered and documented by the use of the form, **“Policy Acknowledgement and accommodation request .”**
3. A **“Waiver of Language Assistance”** will be used if any language services are provided by persons not procured by GCSA.
4. Minor children or other patients will not be used to interpret in order to ensure the confidentiality of information and effective communication.
5. If a family member or friend is not competent or appropriate for any of the previous reasons, then a qualified interpreter must be provided to ensure effective communication.

E. Providing Written Translation

The practice administrator will coordinate the translation of vital documents into alternative formats as needed which shall be provided free of charge to persons who may be deaf or hard- of-hearing.

F. Monitoring Language Needs and Implementation

The practice administrator will assess changes in the demographics, types of services or other needs that may require modifications to this policy. Regular assessment of these procedures' effectiveness, equipment necessary for the delivery of qualified language services and the complaint process will be conducted.

6. **POLICY IMPLEMENTATION**

As soon as accommodation needs are determined the scheduler or Front Desk Care Coordinator will complete the following steps

1. Ensure that the patients' appointment details are correct and the reason for the visit is accurate.
2. Contact Texas Interpreters Fellowship by phone 210-666-2123 to arrange for services.
3. Add a note on the appointment to include “ASL Interpreter Scheduled Ref# Initials”.
4. Notify the scheduling supervisor who will then add the patient info and appointment details to the shared ASL tracker.
5. The Front Desk Operations Manager is responsible for reviewing the ASL tracker daily and ensuring that the front desk Patient Care Coordinators are aware when an interpreter is scheduled.

7. **COMPLAINT PROCESS**

It is the policy of GCSA not to discriminate based on a person’s disability. An internal grievance procedure has been adopted to provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

Anyone who believes they have been subjected to discrimination based on their disability may file a grievance under this procedure. It is against the law for GCSA to retaliate against anyone who files a grievance or participates in the grievance process.

The practice administrator will make appropriate arrangements so that persons who may be deaf or hard-of-hearing are provided other accommodations if needed to participate in the grievance process.

The practice administrator shall conduct a thorough investigation providing an opportunity for all relevant evidence to be submitted as it relates to the alleged discriminatory act.

The filing of a complaint of discrimination based on a person's disability does not prevent the filing of a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human
Services 200 Independence Avenue,
SW
Room 509F, HHH
Building Washington,
DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

8. DOCUMENTATION

All contacts with interpreting agencies must be documented in patient records. The staff member will document in the medical record that assistance has been provided, offered, or refused using the form **"Policy acknowledgement and accommodation request"** which is attached to this policy.

A **"Waiver of Language Assistance"** will be used if any language services are refused by an individual who may be deaf or hard-of-hearing.

9. RESOURCES

- Rehabilitation Act of 1973, Section 504
- American Disabilities Act of 1990 (42 U.S.C. 12181), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 28 CFR Part 36, revised as of July 1, 1994 entitled "Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities".
(http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm)
- Access to Services Policy, [ADA.001](#)