



Reasonable Accommodations and Auxiliary Aids for Persons with Disabilities # 1660.180

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
November 7, 2023	November 7, 2023	Office of University Compliance and Integrity

POLICY STATEMENT

Florida International University (FIU) is committed to ensuring equal access to educational and healthcare services for qualified individuals with disabilities in compliance with the Americans with Disabilities Act (ADA) of 1990, Americans with Disabilities Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. Section 18116 and its implementing regulations, Section 413.08 of the Florida Statute, as well as other applicable laws and FIU policy. Under the ADA as amended, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodation and/or equal access to programs and services and activities.

It is the policy of FIU to ensure that effective means of communication and access for Patients, patient representatives, their family members, friends, members of the public, visitors, and Companions with disabilities, including, but not limited to, those who are deaf or hard of hearing, blind or low vision, and those who have other sensory or manual impairments have an equal opportunity to participate in Component/Unit programs, services, activities, and other benefits.

This policy applies to every Component/Unit program, service, and activity, such as in patient services, clinics, activities, benefits, and educational classes. Whenever Patients, Patient representatives, their family members, friends, members of the public, visitors, and Companions with disabilities are interacting with Component/Unit Workforce members.

It is the policy of FIU that Component/Unit Workforce members:

- a. will not apply a criterion for participation in programs, services, or benefit activities that screen out or tend to screen out individuals with disabilities, unless they can establish that such criteria are necessary for the provision of services, programs or activities.
- b. will not provide program, services, activities, or benefits to individuals with disabilities through programs, services, activities, or benefits that are separate or different, unless necessary to ensure that the program, service activities, or benefits are equally effective.

- c. will make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability, unless the Component/Unit Workforce member can demonstrate that a modification would fundamentally alter the nature of the service, program or activity.
- d. will ensure that individuals with disabilities are not excluded from services, programs, or activities because buildings are inaccessible.
- e. will furnish appropriate auxiliary aids and services where necessary to afford qualified individuals with disabilities, including Patients, Patient representatives, their family members, friends, members of the public, visitors, and Companions with disabilities an equal opportunity to participate in, and enjoy the benefits of, a service, program, activity, or other benefits conducted by the Component/Unit.
- f. will ensure that the communication is as effective as communication with persons without a hearing, vision, or speech impairment.

Workforce members are prohibited from refusing to treat a deaf, hard of hearing, blind or vision-impaired person because of the disability and are required to provide such auxiliary aids and services necessary to communicate effectively with Patients or participants who have disabilities affecting hearing, vision, or speech.

Components/Units are prohibited from charging the Patient or individual for the cost of providing such necessary aids and services.

Component/Unit Administrative Officers, or designee must ensure that sign language or other interpreters are qualified.

A Workforce member *fluent* in sign language may be used instead of hiring an interpreter. If the Workforce member is not fluent, the Workforce member's efforts may not be considered to be "effective communication."

Workforce members who have a limited familiarity with sign language should interpret only in emergency situations for a brief time until a qualified interpreter can be present.

Workforce members should always address the Patient directly, not the Companion, as you would with any other patient. Just because the Patient has a disability does not mean that the Patient cannot speak for themselves or understand the exam results.

Component/Unit Workforce members cannot refuse to treat a Patient who has a disability just because the exam might take more time.

Generally, a Patient with a disability should not wait longer than other Patients because they are waiting for a particular examination table.

Service animals will be permitted to accompany an individual with a disability to all areas of Component/Unit programs, services, activities, and facilities where individuals are normally allowed to go in accordance with this Policy. However, service animals may be restricted from

certain spaces when their presence would fundamentally alter the nature of the service, program, or activity.

The work or tasks performed by a service animal must be directly related to the individual's disability. Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA and Section 413.08, Florida Statutes.

Reasonable modifications will be made to Component/Unit policies, practices, and procedures when necessary to accommodate an individual with a service animal. Generally, this means the waiving of a no animal policy to permit the use of a service animal. For instance, Component/Unit programs, services, activities, and facilities where food is prepared or sold must allow service animals in public areas, even if state or local health codes prohibit animals on the premises and service animals must be allowed in patient rooms (including examination rooms) and anywhere else in the hospital/clinic the public and patients are allowed to go. They cannot be excluded on the grounds that Workforce members can provide the same service.

FIU and the Components/Units will not charge fees or require a deposit for service animals, will not require an individual to sit in a particular spot within the Component/Unit, and the individual does not have to provide advance notice that he/she will be participating in the Component/Unit program, service, or activity with a service animal.

FIU and the Components/Units will not require service animals to wear a vest, ID tag, or the handler to use a specific leash, harness, or tether and will not restrict the type of dog breeds that can be service animals but will require the owner of the service animal to comply with all local and state animal licensing and registration requirements. Generally, all service animals must remain on the floor or the person utilizing the service animal may, when appropriate, carry the service animal. For example, if a person with diabetes has a glucose alert dog, the person may carry the dog in a chest-pack so it can be close to the person's face to allow the dog to smell the person's breath to alert of a change in glucose levels.

Service animals should be controlled with leashes, harness or tether. If the individual is not able to hold a leash, or if the leash would prevent the animal from performing its task, the service animal must be always under the handler's control through voice or hand commands.

Workforce members will not approach a service animal without first obtaining the handler's permission because the Workforce member may be interfering with the service animal's ability to do their job.

A therapy animal and emotional support animal is an animal with good temperament and disposition, and who has reliable, predictable behavior, selected to visit people with disabilities or people who are experiencing the frailties of aging as a therapy tool. The animal may be incorporated as an integral part of a treatment process. A therapy animal and/or emotional support animal does not accompany an individual with a disability all the time, unlike a service animal that is always with its handler. Therapy animals and emotional support animals may



be approved to accompany individuals in FIU Component/Unit activities, programs, and facilities in a manner consistent with FIU Policy and Procedure #1705.022 (Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors)

Workforce members may ask the handler to remove their service animal from the facility if the handler cannot control the service animal. If a service animal bites or scratches another person, Component/Unit Workforce members we will follow local and state reporting requirements.

All Workforce members will be advised of this policy and procedure and have access to this policy and procedure. Component/Unit Administrative Officers, or designee must ensure that Component/Unit Workforce members that may have direct contact with individuals with disabilities are trained in effective communication techniques, including the effective use of interpreters and those who have direct contact with Patients must receive training to address how to operate the accessible equipment, how to assist with transfers and positioning of individuals with disabilities, and how not to discriminate against individuals with disabilities.

Retaliation is expressly prohibited by this policy, and FIU will take immediate and responsive action to any report of retaliation. Workforce members shall not retaliate against any person because they initiated or were involved in this process. Any attempt to penalize anyone involved in the process through any form of retaliation shall be treated as a separate allegation of discrimination and covered by FIU Regulation 106: Nondiscrimination, Harassment and Retaliation (Title VII).

This policy and procedure will not exceed or conflict with FIU Policy and Procedure #1705.022 Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors unless prior approval is obtained from the FIU Office of Civil Rights Compliance and Accessibility (CRCA)

SCOPE

This policy applies to all Workforce members (e.g., employees, faculty, medical staff, volunteers, students, vendors, business associates, and other persons) performing work for or on behalf of an FIU HIPAA Healthcare Component/Unit.

REASON FOR POLICY

The purpose of this policy is to ensure effective communication and access whenever Patients, Patient Representatives, their family members, friends, members of the public, visitors, and Companions with disabilities involving Patients, prospective Patients, and their medical condition(s), treatment, services, activities, and benefits.



DEFINITIONS	
TERM	DEFINITIONS
Access	Means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.
ADA and Accessibility Coordinator	The University employee designated to oversee compliance with the ADA under this Policy and FIU Policy and FIU Policy #1705.022 (reasonable Accommodation for Faculty, Staff, Employment Candidates, and Visitors)
Auxiliary Aids and Services	<p>The ADA uses the term “auxiliary aids and services” (“aids and services”) to refer to the ways to communicate with people who have communication disabilities.</p> <ul style="list-style-type: none"> • For people who are blind, have vision loss, or are deaf-blind, this includes providing a qualified reader; information in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed information. A “qualified” reader means someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary. • For people who are deaf, have hearing loss, or are deaf-blind, this includes providing a qualified notetaker; a qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter; real-time captioning; written materials; or a printed script of a stock speech (such as given on a museum or historic house tour). A “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. • For people who have speech disabilities, this may include providing a qualified speech-to-speech transliterator (a person trained to recognize unclear speech and repeat it clearly), especially if the person will be speaking at length, such as giving testimony in court, or just taking more time to communicate with someone who uses a communication board. 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. Staff should always listen attentively and not be afraid or embarrassed to ask

	<p>the person to repeat a word or phrase they do not understand.</p> <p>In addition, aids and services include a wide variety of technologies including 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; 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).</p>
<p>Blind</p>	<p>Means “the state of being unable to see due to injury, disease, or genetic condition.” Blindness is defined as a visual acuity worse than 20/400, with the best possible correction, or a visual field of 10 degrees or less.</p>
<p>Business Associate</p>	<p>Generally, an entity or person who performs a function involving the use or disclosure of Protected Health Information (PHI) on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation).</p> <p>NOTE: A business associate relationship exists when an individual or entity, acting on behalf of an FIU HIPAA Component(s), assists in the performance of a function or activity involving the creation, use, disclosure, or access of PHI. This includes, but not limited to, claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management or repricing.</p> <p>NOTE: A Business Associate may include any individual or entity that receives PHI from a HIPAA Component in the course of providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, software support, or financial services. A Business Associates does not, however, include HIPAA Component workforce members.</p>



Comfort animal	An animal that provides comfort just by being with a person. A comfort animal is not a service animal under Title II and Title III of the ADA or section 413.08, Florida Statutes.
Companion	<p>Any family member, friend, or associate of a person seeking or receiving an FIU Healthcare Component/Unit goods or services who is an appropriate person with whom the FIU Healthcare Component/Unit should communicate. (28 C.F.R. Section 35.106(a)(2).</p> <p>For example, school staff usually talk to a parent about a child’s progress; hospital staff often talk to a Patient’s spouse, other relative, or friend about the Patient’s condition or prognosis. The rules refer to such people as “Companions” and require covered entities to provide effective communication for Companions who have communication disabilities.</p>
Component	Means a component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as “Components”. Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.
Computer Assisted Real-time Transcription (CART)	CART is a service in which an operator types what is being said into a computer that displays the typed words on a screen.
Deaf	The term usually refers to a hearing loss so severe that there is very little or no functional hearing.
Disability	A disability under the terms of the Americans with Disabilities Act, as Amended, is a physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or being perceived by others as having such an impairment.
Effective Communication	Means that whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.
Emotional Support Animal	An animal that provides comfort just by being with a person. An emotional support animal is not a service animal under Title II and Title III of the ADA or Section 413.08, Florida Statutes.
Federal Communication Commission (FCC)	The FCC is an independent regulatory agency established by the Communication Act of 1934. The FCC is charged with developing and regulating a rapid, efficient, nationwide communications system.



Handler	A person or individual with a disability who utilizes a service animal.
Hard of Hearing	The term refers to a hearing loss where there may be enough residual hearing that an auditory device, such as a hearing aid or FM system, provides adequate assistance to process speech.
Health Care	Means the care, services, or supplies related to the health of a Patient, including: <ol style="list-style-type: none"> 1. preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of a Patient/client or that affects the structure or function of the body; and 2. sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
Health Care Component	See "Component"
Hearing Impaired	The term is often used to describe people with any degree of hearing loss, from mild to profound, including those who are deaf and those who are hard of hearing. Many individuals who are deaf or hard of hearing prefer the terms "deaf" and "hard of hearing," because they consider them to be more positive than the term "hearing impaired," which implies a deficit or that something is wrong that makes a person less than whole.
Individual with a Disability	A person who has a physical or mental impairment that substantially limits one or more major life activities of the person.
Interactive Process	A process by which the ADA and Accessibility Coordinator works with the individual requesting a reasonable accommodation, the individual's health care provider, and the individual's supervisor, as necessary, to identify a reasonable accommodation that is effective for both the individual and department/activity, if possible.
Major Life Activity	Major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. (This list is not intended to be all inclusive).
Oral Interpreters	No all people who are deaf or hard of hearing are trained in sign language. Some individuals are trained in speech reading (lip reading) and can understand spoken words fairly well with assistance from an oral interpreter. Oral interpreters are specially trained to 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.

<p>Patient</p>	<p>Means any individual who is seeking or receiving health care or other service from an FIU Healthcare Component/Unit or the Workforce members under its supervision and its contractors who coordinate and/or provide Patient care services, including the registration Workforce members.</p>
<p>Pet</p>	<p>A domestic animal kept for pleasure or companionship. Pets are generally not permitted in FIU service, activities, or facilities. Permission may be granted by FIU for a pet to be permitted into an FIU program, service, activity or facility for a specific reason and at a specific time. Pets are not service animals under Title II and Title III of the ADA or section 413.08, Florida Statutes.</p>
<p>Physical or Mental Impairment</p>	<ol style="list-style-type: none"> 1. Physical Impairment includes a physiological disorder or condition, disfigurement, or anatomical loss that affects one or more bodily functions. 2. Mental Impairment includes a mental or psychological disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, such as an intellectual or developmental disability, organic brain syndrome, traumatic brain injury, posttraumatic stress disorder, or an emotional or mental illness.
<p>Protected Health Information (PHI)</p>	<p>Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. Protected Health Information however specifically excludes:</p> <ol style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”); 2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and 3. Employment records held by a covered entity in its role as an employer.
<p>Qualified Interpreter</p>	<p>An interpreter means an interpreter who, via a video remote interpreting (VRI) service or an onsite-appearance, adheres to generally accepted interpreter ethics principles, including client confidentiality; and is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators. 28 C.F.R. § 35.104. Not all interpreters are qualified for all situations. For example, an interpreter who is qualified to interpret using American Sign</p>

	<p>Language (ASL) is not necessarily qualified to interpret orally. Someone who has only a rudimentary familiarity with sign language or finger spelling is not a Qualified Interpreter under this Agreement. Likewise, someone who is fluent in ASL but unable to translate spoken communication into ASL or to translate signed communication into spoken words is not a Qualified Interpreter. Someone who is fluent in Signed English, but is unable to interpret using ASL is not qualified to interpret for an individual who communicates using ASL.</p>
<p>Real-time Captioning</p>	<p>(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 deaf or have hearing loss but do not use sign language.</p>
<p>Reasonable Accommodation</p>	<p>An accommodation is any change, modification, or adjustment which enables an individual with a disability to enjoy equal employment opportunity or access to University events, programs, and activities.</p> <p>Please note that what constitutes a reasonable accommodation is determined by the specific facts of each request and will be determined on a case-by-case basis.</p>
<p>Service Animal</p>	<p>A Service animal, sometimes also called an assistance animal is a dog (or miniature horse) individually trained to do work or perform tasks directly related to the disability that the individual has, including a physical, sensory, psychiatric, intellectual, or other mental disability.</p> <p>If an animal (dog or miniature horse) meets this definition, it is considered a service animal regardless of the terminology used to describe it or whether it has been licensed or certified by a state or local government or a training program.</p> <p>In addition to the provisions about service dogs, the ADA and section 413.08, Florida Statutes, identify that miniature horses that have been individually trained to do work or perform tasks for people with disabilities are service animals. (Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) Broward County will modify its policies to permit miniature horses where reasonable and where their presence will not fundamentally alter the services offered.</p>

	<p>The ADA and section 413.08, Florida Statutes, set out four assessment factors to assist in determining whether miniature horses can be accommodated in a Broward County program, service, activity or facility. The assessment factors are:</p> <ol style="list-style-type: none"> 1. Whether the miniature horse is housebroken. 2. Whether the miniature horse is under the owner’s control. 3. Whether the facility can accommodate the miniature horse’s type, size, and weight, and 4. Whether the miniature horse’s presence will not compromise legitimate safety requirements necessary for safe operation of the facility. <p>Other species of animals, whether wild or domestic, trained or untrained, are not service animals.</p>
<p>Sign Language Interpreter</p>	<p>Sign language is used by many people who are deaf or hard of hearing. It is a visually interactive language that used a combination of hand motions, body gestures, and facial expressions. There are several types of sign language, including American Sign Language (ASL) and Signed English.</p>
<p>Telecommunications Device for the Deaf (TDD)</p>	<p>Special telecommunication equipment used by people who cannot use a regular telephone due to hearing loss or speech impairment.</p>
<p>Telecommunication Relay Services (TRS)</p>	<p>The free nationwide telecommunications relay service (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.</p>
<p>Telewriters (TTY)</p>	<p>Special telecommunication equipment in which conversations are typed onto a TTY and electrical signals are sent for each typed letter. The signal travels to another TTY where the signal is converted into letter. A screen displays the typed message.</p>
<p>Therapy Animal</p>	<p>The term is used to describe animals that provide comfort just by being with a person. Therapy animals are animals with good temperament and disposition, and who have reliable, predictable behavior, selected to visit people with disabilities or people who are experiencing the frailties of aging as a therapy tool. The animal may be incorporated as an integral part of a treatment process.</p> <p>A therapy animal is not a service animal under Title II and Title III of the ADA and section 413.08, Florida Statutes. Additionally,</p>

	therapy animals do not accompany a person with a disability all the time, unlike a service animal that is always with its handler.
Treatment	Means the provision, coordination, or management of health care and related services among health care providers or by a healthcare provider with a third party, or consultative services among providers regarding a Patient.
Types of Service Animals	<p>There are many different types of services animals. A non-inclusive list of some of the most common service animals is below:</p> <ol style="list-style-type: none"> 1. A <u>guide service dog</u> is trained to assist in navigation and other tasks for a person who is legally blind or has low vision. 2. An <u>alert service dog</u> is trained to alert a person with significant hearing loss or who is deaf when a sound occurs, such as a knock on the door. 3. A <u>mobility service dog</u> is trained to assist a person who has a mobility or health disability. Duties may include carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking, helping a person up after a fall, etc. 4. A <u>seizure response service dog</u> is trained to assist a person with a seizure disorder. How the dog serves the person depends on the person's needs. The dog may stand guard over the person during a seizure or the dog may go for help. Some dogs have learned to predict a seizure and warn the person in advance to sit down or move to a safe place. 5. A <u>psychiatric service dog</u> is trained to perform tasks that assist individuals with disabilities to detect the onset of psychiatric episodes and lessen their effects. Tasks performed by psychiatric service animals may include reminding the handler to take medicine, providing safety checks or room searches, or turning on lights for persons with Post Traumatic Stress Disorder, interrupting self-mutilation by persons with dissociative identity disorders, and keeping disoriented individuals from danger. 6. A <u>SSigDOG (sensory signal dog or social signal dog)</u> is trained to assist a person with autism. The dog alerts the handler to distracting repetitive movements common among those with autism, allowing the person to stop the movement (e.g., hand flapping).
Undue Hardship	Undue hardship means significant difficulty or expense and focuses on the resources and circumstances of the University in relationship to the cost or difficulty of providing a specific accommodation. Undue hardship refers not only to financial

	<p>difficulty, but to reasonable accommodations that are unduly extensive, substantial, disruptive, or those that would fundamentally alter the nature or operation of the business. Undue hardship must be based on an individualized assessment of current circumstances that show a specific reasonable accommodation would cause significant burden or expense to the University. The University does not have to provide a reasonable accommodation that would cause and undue hardship.</p>
<p>Use</p>	<p>With respect to Patient identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.</p>
<p>Video Relay service (VRS)</p>	<p>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 signing and signs to the subscriber what the telephone user is saying.</p>
<p>Video Remote Interpreting (VRI)</p>	<p>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. The new regulations give covered entities the choice of using 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.</p> <p>If VRI is chosen, <i>all</i> of the following specific performance standards must be met:</p> <ul style="list-style-type: none"> • 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

	<p>face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;</p> <ul style="list-style-type: none"> • a clear, audible transmission of voices; and • adequate staff training to ensure quick set-up and proper operation. <p>28 C.F.R. § 35.104.</p>
Vision Impaired	Means “a decrease in the ability to see to a certain degree that causes problems not fixable by usual means, such as glasses.”
Visitor	A person who does not hold an official role with the University and who attends University events, programs, and activities.
Visual Acuity	A measurement of the ability of the eye to distinguish shapes and the details of an object at a given distance.
Workforce	Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether-or-not they are paid by the covered entity or business associate.

ROLES AND RESPONSIBILITIES

- 1. Compliance Oversight:** The Office of University Compliance and Integrity (University Compliance)

 - Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
 - Develops and maintains in coordination with the Office of General Counsel and the HIPAA Hybrid Designated Component Privacy Coordinators all required University-wide Privacy Rule policies and procedures.
 - Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and Florida state healthcare privacy and security statutes, regulations, rules, and ordinances.
- 2. HIPAA Components:**

 - Each Healthcare Component must identify an ADA Accessibility Coordinator who is responsible for managing the accommodation process, evaluating the request, making a determination and notifying the individual of the determination.
 - The ADA Accessibility Coordinator shall communicate with the FIU Office of Civil Rights Compliance Accessibility (CRCA) whenever a concern or problem should arise with respect to a requested or provided accommodation that cannot be handled or addressed by the ADA Accessibility Coordinator, but the ADA Accessibility Coordinator WILL NOT disclose any PHI/ePHI other than the PHI directly related with the disability for which an accommodation is requested. The identity of the Patient will not be disclosed.



RELATED RESOURCES

References

- 28 CFR §35.160(b)(2)
- 28 CFR §36.104
- 28 CFR §36.201 and 202
- 28 CFR §36.301(c)
- 28 CFR §36.303(a),(b) and (c)
- 45 CFR §164.502(a) and (b)
- 42 U.S.C. §121 31 et seq. (Title II of the ADA)
- 56 Fed. Reg. at 35553-67
- Section 504 of the Rehabilitation Act
- Florida Statute §413.08

Related Policies

- FIU Policy and Procedure #1610.005 (Designated HIPAA Health Care Components of FIU Community)
- FIU Policy and Procedure #1705.022 (Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors)

CONTACTS

For further information concerning this policy, please contact the University Office of Compliance & Integrity at (305) 348-2216, the Component/Unit ADA Accessibility Coordinator, or the FIU Office of Civil Rights Compliance and Accessibility (CRCA).

HISTORY

Initial Effective Date: November 7, 2023

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Revision Dates (*updates made to document*): November 7, 2023



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PROCEDURE STATEMENT

The procedures outlined below are intended to ensure effective communication with Patients involving their medical conditions, treatment, services, and benefits. The procedures apply to, among other types of communication, communication of information contained in important documents, including, but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefits forms, Notice of Privacy Practices, and written authorizations.

The procedures are also intended to ensure appropriate steps are taken to ensure that individuals with disabilities, including individuals who are deaf, hard of hearing, blind, visually impaired, who have sensory or manual impairments, or have mobility limitations, have an equal opportunity to participate in Component/Unit services, activities, programs, and other benefits, including, but not limited to in-patient services, clinics, activities, benefits, and educational classes and they are accessible to all Patients, Patient representatives, their family members, friends, members of the public, visitors, and Companions with disabilities unless providing the services, activities or programs would materially alter the program or the individual is not a qualified individual with a disability.

The Healthcare Components/Units must provide notice of the availability of and procedure for requesting auxiliary aids and services through notices in their brochures, handbooks, letters, print/radio/television advertisements, websites, etc. and through notices posted in waiting rooms, lobbies, and areas where it is reasonable to anticipate patients, family members, visitors, members of the public, etc. may gather.

Workforce members should ask each individual who calls to make an appointment if the individual will need any assistance at the registration and/or examination because of a disability. This way, Workforce members and healthcare providers can be prepared to provide the assistance and necessary Workforce member(s) needed.

Component/Unit Administrative Officer(s), or designee(s) shall be responsible for the oversight, dissemination, coordination, and enforcement related to this policy and procedure.

IA. Identification and Assessment of Need

A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who are Blind or Have Low Vision:** Consistent with Section 504 and Section 1557, FIU Healthcare Components/Units will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with Patients or Companions with disabilities and take appropriate steps to ensure that communication with Patients, Companions, and members of the public who are blind or have low vision are as effective as communication with others

1. **For Persons Who are Blind or Who Have Low Vision**

- a. Component/Unit Workforce members 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.
- b. In addition to reading, Workforce members will inform persons who are blind or who have low vision of other aids that are available, where they are located, and how they are used, including, but not limited to large print, taped, Braille, and electronically formatted materials and provide a description of each available material.
- c. The Component/Unit Administrative Officer, or designee must develop, maintain and make available to all the Component/Unit workforce members information of how the materials may be obtained and include the names of the FIU programs (e.g., FIU Office of Civil Rights Compliance and Accessibility (CRCA)), specific Workforce members, and their telephone numbers.

For example, the Component/Unit Administrative Officer, or designee may provide the following written notice to the Component/Unit Workforce members:

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

- i. Qualified readers
- ii. Reformatting into large print
- iii. Taping or recording of print materials not available in alternate format
- vi. other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision.

- d. In addition, Workforce members will assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.
- e. When an individual self-identifies as a person with a disability that affects their 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 identify in what ways effective communication can be achieved with the individual in the context of the Component's/Unit's program, service, or activity.

NOTE: The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication involved; and the context in which the communication is taking place.

- f. In order to be effective, Workforce members will ensure that the auxiliary aids and services are provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.
 - g. When a Component/Unit uses an automated-attendant system, including, but not limited to, voicemail and messaging, or an interactive voice response system, for receiving and directing incoming telephone calls, that system must provide effective real-time communication with individuals using auxiliary aids and services, including TTY's and all forms of FCC - approved telecommunications relay systems, including Internet-based relay systems.
 - h. Workforce members will respond to telephone calls from a telecommunications relay service in the same manner that it responds to other telephone calls.
2. **For Persons Who are Blind or Who Have Low Vision (Web-based and Video Platforms)**
- a. Healthcare providers and Workforce members who use a web-based platform to send written recommendations, instructions, and other written communications to their Patients must make sure the recommendations, instructions, and other written communications are screen-reader compatible for a Patient or Companion who is blind or has low vision.
 - b. Healthcare providers and Workforce members who use videos to show Patients how to do physical therapy exercises must make sure that the videos have audio descriptions for Patients who are blind or have low vision.

For example, a urologist who provides remote consultations through a video platform must provide a consultation by phone for a Patient who requests that option due to a visual disability.

IB. Identification and Assessment Need

A. Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who are Deaf or Hard of Hearing: Consistent with Section 504 and Section 1557, FIU Healthcare Components/Units will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with Patients, Companions, and members of the public with disabilities and take appropriate steps to ensure that communication with Patients, Companions, and members of the public who are deaf or hard of hearing are as effective as communication with others.

1. For Persons Who Are Deaf or Hard of Hearing (*Sign Language*)

- a. For persons who are deaf or hard of hearing and who use sign language as their primary means of communication, the Component/Unit Administrative Officer, or designee, is responsible for providing effective interpretation or arranging for a qualified interpreter when needed. The Component/Unit Administrative Officer, or designee is responsible for:
 - i. Maintaining a list of qualified interpreters on staff which provides their names, telephone numbers, qualifications, hours of availability and ensure the list is readily available to the Workforce members;
 - ii. Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or
 - iii. Obtaining an outside interpreter if a qualified interpreter on staff is not available. The list of qualified interpreters shall identify the agency/agencies' name(s) with whom the Component/Unit have contracted or made arrangement to provide interpreter services. The agency's/agencies' telephone number(s) and the hours of availability must be provided with the list of qualified interpreters.

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

2. For Persons Who Are Deaf or Hard of Hearing (*Telephone*)

- a. The Component/Unit Administrative Officer, or designee, is responsible for the following auxiliary aids and services, and identifying the responsible Workforce member(s), job title and telephone number Workforce members will contact in order to provide the aids and services in a timely manner:
 - i. note-takers.
 - ii. computer-aided transcription services.
 - iii. telephone handset amplifiers.

- iv. written copies of oral announcements.
- v. assistive listening devices.
- vi. assistive listening systems.
- vii. telephones compatible with hearing aids.
- viii. closed caption decoders.
- ix. open and closed captioning.
- x. telecommunications devices for deaf persons (TDDs).
- xi. videotext displays, or
- xii. other effective methods that help make aurally delivered materials.
- xiii. available to individuals who are deaf or hard of hearing.

b. The Component/Unit Administrative Officer, or designee, is responsible for identifying and selecting the method(s) to incorporate into the Component/Unit policy and procedure that best applies to the Component/Unit. For instance, the Component policy and procedure may identify:

- i. *(Insert name of FIU Component/Unit)* 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
- ii. *(Insert name of FIU Component/Unit)* has made arrangements to share a TDD. When it is determined by a Workforce member that a TDD is needed, the Workforce member shall contact *(identify the entity/FIU unit e.g., library, school or university, provide address and telephone numbers)*. OR
- iii. *(Insert name of facility)* utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The Florida state Relay service number is 7-1-1.

NOTE: See attached the Frequently Asked Questions prepared by the Florida Telecommunications Relay, Inc. The Florida Relay Services is a free public service that provides a communication link between standard telephone (voice) users and persons who are Deaf, Deaf/Blind, Hard of Hearing and Speech-Disabled using text telephones (TTYs), captioned telephone (Cap Tel), or personal computers.

3. **For Persons Who Are Deaf or Hard of Hearing (Telehealth)**

- a. Workforce members and healthcare providers who use telehealth to provide remote health care, training sessions, or other healthcare related functions with Patients' and Companions must provide a sign language interpreter who is qualified to interpret the remote healthcare, training sessions, or other healthcare related functions, including using any necessary specialized vocabulary, for a

Patient or Companion who is deaf or hard of hearing. When an interpreter is necessary, Workforce members must make sure that the telehealth platform allows the interpreter to join the session or interaction.

- b. Healthcare providers and mental health providers who uses telehealth to provide remote counseling to Patients and Companions must ensure that the telehealth platform used supports effective real-time captioning for Patients and Companions who are deaf or hard of hearing.

II. Communication Assessment Criteria

- A. In determining which type of auxiliary aids or services are needed to ensure effective communication, Component/Unit Workforce members shall give primary consideration to the requests of a Patient or Companion who is disabled. The determination made by the Workforce member will take into account all relevant facts and circumstances, including without limitation the following:
 - 1. the method of communication used by the Patient or Companion, giving primary consideration to the Patient’s or Companion’s request for or statement of need for a particular auxiliary aid or service;
 - 2. the nature and type of healthcare services that will be delivered;
 - 4. the nature, length, and complexity of the communication at issue;
 - 5. the context in which the communication is taking place, including the reasonably foreseeable health care activities of the Patient.
 - 6. health status or changes thereto, and
 - 7. with regard to the provision of Qualified Interpreters, the circumstances described in the Definitions Section above.(28 C.F.R. §35.160(b)(2); 45 C.F.R. §92.102(a)-(b)).

NOTE: A Patient’s need to receive urgent medical care will also be given strong consideration when determining the appropriate auxiliary aids and services.

- B. Workforce members will honor the Patient’s or Companion’s choice, unless the Workforce member can show that:
 - 1. Another effective means of communication is available,
 - 2. The use of the means chosen would result in a fundamental alteration in the service, program, or activity; or
 - 3. The use of the means chosen would result in undue financial burden to the Component/Unit.(28 C.F.R. §35.104; 28 C.F.R. §35.160(a)(1),(b)(1),(b)(2); 45 C.F.R. §92.102(a)-(b)).

III. Determination NOT TO Provide Requested Auxiliary Aid or Service

- A. If, after conducting the assessment as described in “Communication Assessment Criteria” immediately above in Section II, the Workforce member(s) determines that the Component/Unit will not provide a particular auxiliary aid or service requested

by a Patient or Companion based on undue financial or administrative burden, that it would fundamentally alter the medical care or services provided by the Component/Unit, or because an equally effective auxiliary aid or service is available, the Workforce member(s) who made the determination shall so advise the individual requesting the auxiliary aid or service, provide a copy of FIU's Grievance Procedure, and secure a means of effective communication in a timely manner.

- B. Component/Unit Workforce member must document in the Patient's medical records the basis for the determination, including:
1. the date of the determination,
 2. the name and title of the Workforce member(s) who made the determination, and
 3. the alternative auxiliary aid or service, if any, that the Workforce member(s) decided to provide.
- C. A copy of this documentation in the Patient's medical record shall be provided to the Patient upon request in accordance with FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information) in requesting copies of the Patient's medical records.

IV. Circumstances When Qualified Interpreters WILL BE Provided

- A. Component/Unit shall provide Qualified Interpreters, on-site or through a Video Remote Interpreting (VRI) service, to Patients and Companions as necessary to ensure effective communication.
- B. The following are examples of circumstances and types of communication when it is likely necessary to provide a Qualified Interpreter:
1. obtaining a Patient's medical history or description of symptoms and medical condition;
 2. discussing or explaining a Patient's diagnosis, current condition, prognosis, treatment options or recommendation for treatment;
 3. discussing or explaining procedures, tests, or treatments;
 4. discussing or explaining test results;
 5. discussing or explaining prescribed medications, instructions for how and when medication is to be taken, and possible side effects and interactions of medications;
 6. obtaining informed consent or permission for procedures, surgery, or other treatment options;
 7. communicating during treatment and testing;
 8. communicating during discharge or post-operative planning and instruction;
 9. communicating during physical and occupational therapy sessions;
 10. explaining living wills or powers of attorney (or their availability);
 11. discussing complex financial or insurance matters; and

12. any other circumstance in which a Qualified Interpreter is necessary to ensure a Patient's rights are protected under applicable laws.

V. Video Remote Interpreting (VRI) Services Assessment Criteria

- A. In determining whether a Qualified Interpreter via VRI is appropriate to provide effective communication, relevant factors that the Component/Unit Workforce members may be required to consider include the following:
 1. the need for medical or surgical care and the requisite urgency;
 2. 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 (e.g., lying in a prone position or moving frequently during a physical or occupational therapy session);
 3. the Patient or Companion has limited ability to move his or her head, hands, or arms;
 4. the Patient has cognitive limitations and or pain issues;
 5. there are multiple people in a room and the information exchanged is highly complex or fast-paced;
 6. the Patient or Companion may move repeatedly to areas of CHI St. Vincent that do not have a designated high-speed internet line;
 7. the Patient will be treated in a room where there are space restrictions; and
 8. whether the VRI can be provided in accordance with the performance standards.

VI. Standards for Providing Video Remote Interpreting (VRI)

- A. Whenever a Qualified Interpreter via VRI is provided or used, Workforce members must ensure that it provides VRI in accordance with the following standards:
 1. 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;
 2. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
 3. A clear, audible transmission of voices; and
 4. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.
(28 C.F.R. § 35.160(d); 45 C.F.R. § 92.102(b)(2)).
- B. Once the VRI system is operating, Component/Unit Workforce members must ask the deaf or hard of hearing Patient or Companion whether the VRI is meeting his or her communication needs and make a record of his or her response in the Patient's medical records.

- C. In the event that the deaf or hard of hearing Patient or Companion cannot communicate effectively using any VRI service the Workforce member elects to acquire and offer, the Workforce member(s) must make all reasonable efforts to:
1. locate an on-site Qualified Interpreter or other auxiliary aid or service that will provide effective communication;
 2. periodically inform the deaf or hard of hearing Patient or Companion of the status of those efforts; and
 3. document in the Patient's medical records the concern and the steps taken to locate an on-site Qualified Interpreter or other auxiliary aid or service that will provide effective communication.

VII. Restricted Use of Adults Accompanying a Patient or Companion to Interpret or Facilitate Communication

- A. Workforce members will not require a Patient or Companion who is deaf or hard of hearing to bring another individual to interpret for him or her. Workforce members will not rely on an adult accompanying a Patient or Companion who is deaf or hard of hearing to facilitate communication except -
1. 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
 2. Where the Patient or Companion who is deaf or hard of hearing 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.
(28 C.F.R. § 35.160(c)(1), (2); 45 C.F.R. § 92.102(a)).
- B. Companions (e.g., family members or friends) will not be used as interpreters unless specifically requested by that person and *after* an offer of an interpreter at no charge to the person has been made by the Workforce member(s). Such an offer and the response will be documented in the Patient's medical records.
- C. If an offer of an interpreter at no charge to the person has been made by the Workforce member(s) and the person chooses to use a Companion (e.g., family member or friend) as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the Companion (e.g., family member or friend) is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

XIII. Restricted Use of Minors to Interpret or Facilitate Communication

- A. Workforce members will not rely on a minor accompanying a Patient or Companion to interpret or facilitate communications between Workforce members and a Patient or Companion except in an emergency involving an imminent threat to the safety or welfare of an individual or the public, or where there is no Qualified Interpreter available.

(28 C.F.R. §35.160(c)(3); 45 C.F.R. §92.102(a)).

IX. Qualified Interpreters

- A. The Component/Unit Administrative Officer, or designee, must develop and implement a process to ensure that any interpreter with whom it contracts is qualified, consistent with the definition of Qualified Interpreter. (See definitions above).

X. Timeframe for Providing Qualified Interpreters

- A. Workforce members will ensure that it provides Qualified Interpreters in a timely manner, as set forth immediately below in Section XI (Request for Qualified Interpreter for Scheduled Events) and Section XII (Request for Qualified Interpreter for Non-Scheduled Events).

(28 C.F.R. §35.160(b)(2); 45 C.F.R. §92.102(b)(2)).

- B. Any deviations from the applicable response times will be documented in the Patient's medical records and then addressed with the interpreting service provider, as appropriate.

XI. Request for Qualified Interpreter for Scheduled Events

- A. For all scheduled events when there is at least twenty-four (24) hours' notice in advance of the time when an interpreter is required, Workforce members must make a Qualified Interpreter available at the time of the scheduled event.
- B. Even when there are fewer than twenty-four (24) hours from the request to the scheduled event, Workforce members must make reasonable efforts to provide an on-site Qualified Interpreter for the scheduled event.
- C. If an on-site Qualified Interpreter is necessary, but not available, and it is medically appropriate to do so, Workforce members may make arrangements with the Patient's agreement, to reschedule the appointment within forty-eight (48) hours of the request to a time when an on-site Qualified Interpreter can be appropriately scheduled.
- D. If an on-site Qualified Interpreter fails to arrive for the appointment, Workforce members must immediately arrange for another Qualified Interpreter within the timeframes specified in this Section.

XII. Request for Qualified Interpreter for Non-Scheduled Events

- A. For all nonscheduled incidents, Workforce members will provide a Qualified Interpreter, via an on-site appearance or VRI, as soon as practicable after a request or determination that a Qualified Interpreter is necessary.

- B. Between the time when a Qualified Interpreter is requested and when a Qualified Interpreter is made available, Workforce members must inform the Patient or Companion of the current efforts being taken to secure a Qualified Interpreter and continue to communicate with the Patient or Companion who is deaf or hard of hearing for such purposes and to the same extent as they would have communicated with the person but for the disability, using the most effective means of communication available where appropriate.
- C. Notification of the efforts to secure a Qualified Interpreter does not lessen the Component's/Unit's obligation to provide a Qualified Interpreter.

NOTE: Efforts to communicate with the Patient or Companion in the interim shall not involve the use of accompanying adults or minors to interpret or facilitate communication, except under the limited circumstances specified in Section XI and XII above.

IC. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Speech Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare Components/Units will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with Patients, Companions, and members of the public with disabilities and take appropriate steps to ensure that communication with Patients, Companions, and members of the public who have speech impairments are as effective as communication with others.

1. For Persons Who Have Speech Impairments

- a. The Component/Unit Administrative Officer, or designee shall provide the following services or aids to reasonably accommodate individuals with disabilities limiting their Speech:
- i. Writing materials;
 - ii. typewriters;
 - iii. TDDs;
 - iv. computers;
 - v. flashcards;
 - vi. alphabet boards;
 - vii. communication boards; (*include those aids applicable to the Component/Unit*) and other communication aids.

ID. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Manual Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare Components/Units will furnish appropriate auxiliary aids and

services where necessary to ensure effective communication and accessibility to services and activities with Patients, Companions, and members of the public with disabilities and take appropriate steps to ensure that communication, services, and activities with Patients, Companions, and members of the public who have manual impairments are as effective as communication, services, programs, and activities provided others.

1. **Provision of Auxiliary Aids and Services – For Persons with Manual Impairments**

- a. The Component/Unit Administrative Office, or designee, shall provide the following services or aids to reasonably accommodate individuals with Manual Impairment by holding the materials and turning pages as needed, or by providing one or more of the following:
 - i. Note-takers;
 - ii. computer-aided transcription services;
 - iii. speaker phones; or
 - iv. other effective methods that help to ensure effective communication by individuals with manual impairments.
- b. The Component/Unit Administrative Officer, or designee shall provide the Workforce members with list identifying that Workforce members with the name, title and telephone contact information for the Workforce member who is responsible to provide the aids and services in a timely manner.

IE. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Mobility Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare Components/Units will furnish appropriate auxiliary aids and services where necessary to ensure effective communication, services and activities with Patients, Companions, and members of the public with disabilities and take appropriate steps to ensure that services provided Patients, Companions, and members of the public who have mobility impairments available and accessible services provided others.

1. **Provision of Auxiliary Aids and Services – Mobility Impairments (e.g., Wheelchair or Other Mobile Device)**

- a. It is generally not okay to examine a Patient in their wheelchair or other mobility device because the examination usually is less thorough than on an examination table and does not provide the Patient with equal medical services.
- b. The Component/Unit and Workforce members may need to provide an accessible examination table, an accessible stretcher or gurney, or a Patient lift, or have enough trained staff available who can assist the Patient to transfer. The accessible equipment shall not be greater than **17-19** inches from the floor.

- c. Workforce members must provide reasonable assistance to enable the individual to receive the medical care. The Workforce member(s) should ask the Patient if he or she needs any assistance and, if so, what is the best way to help. This assistance may include:
 - helping the Patient to undress and dress,
 - helping the Patient get on and off the exam table or other equipment, and
 - helping the Patient lie back and be positioned on the examination table or other equipment. Once on the exam table, some Patients may need a Workforce member to stay with them to help maintain balance and positioning.
- d. If the Patient with a disability has made an appointment in advance, the Workforce members should reserve the room with the accessible exam table for that Patient's appointment.
- e. If the Component/Unit Workforce member(s) finds that it cannot successfully reserve the room with the accessible exam table for individuals with disabilities, then the Component/Unit Administrative Officer will consider acquiring additional accessible exam tables so that more exam rooms are available for individuals with disabilities.

XIII. Timing of Communication Assessment and Determination

- A. Subject to the provisions and exceptions provided below in Section XV (Redetermination and Subsequent Visits) for returning Patients, Healthcare Component/Unit Workforce members will perform and document a communication assessment as part of each initial Patient assessment, and reasonably reassess communication effectiveness and accessibility.
- B. If there is any indication from an initial assessment, inquiry, request, and/or Workforce member's observations that a Patient or Companion is disabled and auxiliary aids and services are necessary, the Component/Unit Workforce member(s) who is/are primarily responsible for coordinating and/or providing Patient care services, in consultation with the Patient or Companion wherever possible, will determine which appropriate auxiliary aids and services are necessary.

XIV. Documentation of Communication Assessment Relating to Provision of Auxiliary Aids and Services

- A. Documentation of any assessment and determination as to the provision of auxiliary aids and services will be consistently maintained in the Patient's medical record (e.g., in the "Clinical List Update") and at a minimum include the elements contained in above in Section II (Communication Assessment Criteria) and below in Section XVII (Auxiliary Aid and Service Log(s)).

- B. Documentation of any assessment and determination as to the provision of auxiliary aids and services will also be maintained in the Patient's medical records in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. Parts 160 and 164, HITCH, Florida state statutes and regulations, and FIU associated policies and procedures.
- C. Workforce members shall label or make a notation in the Patient's medical records to alert other Workforce members to the fact that the Patient or Companion is deaf, hard of hearing, blind, low vision, has speech, and/or manual and/or a mobility disability and will take appropriate steps to ensure that all Workforce members who are reasonably likely to have contact with a Patient or a Companion are made aware of the auxiliary aid or service(s) that have been identified as necessary to communicate effectively with the Patient or a Companion and/or to provide services, activities and benefits to the Patient and/or Companion.

XV. Redetermination and Subsequent Visits

- A. Once a plan for accommodation has been established, Component/Unit Workforce members must not modify the plan without first consulting the Patient or Companion.
- B. Workforce members must reassess its determination of which appropriate auxiliary aids and services are necessary, in consultation with the Patient or Companion, regularly throughout the visit to ensure effective communication.
- C. If a Patient or Companion indicates that communication is not currently or has not been effective, the Workforce member will document in the Patient's medical record as described above in Section II (Communication Assessment Criteria) any instance where a Patient or Companion indicates that the auxiliary aids and services provided have not been effective; any reassessment; and the results of any redetermination.
- D. With respect to any subsequent visits, Workforce members will consult the Patient's medical records and confirm with the Patient or Companion if any auxiliary aids or services may be necessary.

XVI. Prohibition of Surcharges

- A. All appropriate auxiliary aids and/or services will be provided free of charge to Patients and Companions who are disabled.
(45 C.F.R. § 92.102(b)(2))

XVII. Auxiliary Aid and Service Log(s)

- A. Workforce members must document and maintain a log, or logs, of each request for an auxiliary aid or service by a Patient or Companion who is deaf or hard of hearing, recording:
1. the time and date of the request;
 2. the name of such individual who made the request;
 3. the name of such individual for whom the auxiliary aid or service is being requested (if different from the requestor);
 4. the specific auxiliary aid or service requested;
 5. the time and date of the request and, if applicable,
 6. the scheduled event; the time and date the auxiliary aid or service was provided;
 7. the type of auxiliary aid or service provided if different from what was requested;
 8. any deviations from the response times specified in Section XV and XVI, if applicable,
 9. a statement and explanation as to why the requested auxiliary aid or service was not provided, including a description of any alternative auxiliary aid or service provided by the Component/Unit.
 10. Such information must be documented in the Patient's medical records.

XVIII. Companions

- A. It is up to the Patient to decide whether a Companion remains in the room during the exam or discussion with the healthcare provider. The Patient may have brought a Companion to assist with transportation, registration, or other functions but would prefer to ask the Companion to leave the room before the healthcare provider begins a substantive discussion. Before beginning the examination or discussion, the healthcare provider should ask the Patient if he or she wishes the Companion to remain in the room.

IF. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who use a Service Animal:** Consistent with Section 504, Section 1557, and Section 413.08 Florida state statutes, FIU Healthcare Components/Units will permit Patients, Companions, and members of the public who utilize Service Animals to access programs, service, and activities unless doing so would fundamentally alter the programs, service, or activity.

1. Service Animals

- a. Workforce members cannot ask about the nature of the person's disability, require (or request) any 'proof' of the animal's training (or any other certification) as any inquiry violates various nondiscrimination laws, including the ADA.

- b. If it is NOT readily apparent that the dog is a service animal staff must ONLY ask:
 - 1. IF THE ANIMAL IS REQUIRED BECAUSE OF A DISABILITY? and
 - 2. WHAT WORK OR TASK HAS THE ANIMAL BEEN TRAINED TO PERFORM?
- c. Workforce members CANNOT pet, play with, or try to distract the service animal in any way.
- d. Workforce members CANNOT feed or care for the service animal, including toileting.
- e. Workforce members CANNOT charge or require an individual to pay a surcharge in order to accommodate a service animal.
- f. Workforce members should NEVER attempt to separate the service animal from the person with the qualified disability.
- g. Workforce members should ALWAYS remember that the service animal is a working animal and should make every effort to minimize activities that may startle the animal.

2. Requirements of Service Animals and Their Handlers

- a. Leash: The service animal must be on a leash, harness or tether at all times, unless either the handler is unable because of a disability to use the harness, leash or other tether; or the use of a harness, leash or tether would interfere with the service animal's safe, effective performance of the work or task which the service animal was trained to perform. The service animal must still remain under the control of the handler even if the service animal is not on a harness, leash or tether.
- b. Under Control of Handler: The handler must be in full control of the animal at all times. The care and supervision of a service animal is solely the responsibility of its handler. If a service animal must be separated from the handler to avoid a fundamental alteration or a threat to safety, it is the responsibility of the handler to arrange for the care and supervision of the animal during the period of separation.
- c. Cleanup Rule: The handler must always carry supplies sufficient to clean up the animal's feces. Marked service animal toileting areas should be used when provided.
- d. Feeding and Other Care: The handler must provide the service animal with food, water, and other necessary care or make other arrangements for the care of the

service animal. Under no circumstances shall the staff or volunteers care for the service animal.

3. When a Service Animal Can Be Asked to Leave

- a. A person with a disability may only be asked to remove their service animal immediately from the premises if the service animal is out of control and the handler does not take effective action to keep it under control; or the service animal is not house broken.

4. Individualized Assessment

- a. Individuals with disabilities shall be permitted to be accompanied by their service animal in all areas where members of the public and/or patients are permitted to go. However, it may be appropriate to perform an individualized assessment to exclude the service animal from areas such as the operating rooms and burn units where a sterile environment is critical to the services provided. This assessment shall be based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:
 - i. the nature, duration and severity of the risk;
 - ii. the probability that a potential injury will actually occur; and
 - iii. whether any reasonable modifications of policies, practices or procedures or the provision of auxiliary aids or services will mitigate the risk.
- b. If it is determined, through an individualized assessment, that the service animal cannot be accommodated; staff shall, upon the request of the patient, arrange for visits between the service animal and the handler in an area of equivalent privacy and amenities.

5. Visitors with Service Animals Service animals are generally permitted where visitors are permitted unless an individualized assessment is made to exclude a service animal.

- a. Visitors with service animals may not be permitted to access areas that employ greater than general infectious-control measures or when a patient is immunosuppressed.
- b. If a determination is made that a service animal cannot be accommodated in a certain area by the use of an individualized assessment; then the visitor will be offered additional accommodations including but not limited to transferring the patient to another comparable room when available to allow unrestricted access. Only if additional accommodations are not available will the visitor be given the option of removing the animal or having friend, family or accompanying persons remove the animal so the visitor may continue with the visit.

XVII. Training

- A. To ensure compliance with the law as it relates to the provision of auxiliary aids and services, Components/Units must conduct annual training to all Component/Unit Workforce members (See definitions above) regarding Section 504, Section 1557, Section 413.08 Florida Statute, and the provision of auxiliary aids to persons who are deaf or hard of hearing, blind or vision impaired, and those with speech, manual or mobility impairments. All new Component/Unit Workforce members will receive training within sixty (60) calendar days of their start date at FIU.

XVIII. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., The Center for Children and Family) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Attachment A - Frequently Asked Questions prepared by the Florida Telecommunications Relay, Inc. (The Florida Relay Services)