POLICY:

1. Concentra will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs, and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients and/or the companions of patients/clients involving their medical conditions, treatment, services, and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

2. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

DEFINITIONS:

1. The term “patient” shall be broadly construed to include any individual who is deaf or hard of hearing and who is seeking or receiving health care services from Concentra at any of its facilities, including, but not limited to services for workplace injuries, physical therapy, physicals, tests and screenings, vaccinations and urgent care.

2. The term “companion” means a person who is deaf or hard of hearing and is either (a) a person whom the patient, consistent with privacy regulations, indicates should communicate with Concentra about the patient, participate in any treatment decision, play a role in communicating the patient’s needs, condition, history or symptoms to Concentra, or help the patient act on the information, advice or instructions provided by Concentra; (b) a person legally authorized to make health care decisions on behalf of a patient; or (c) such other person with whom Concentra would ordinarily and regularly communicate with concerning the patient’s medical condition including, but not limited to, the patient’s next of kin or health care surrogate.

3. The term “auxiliary aids and services” includes qualified interpreters on-site or through video remote interpreting (VRI) services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and
information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing. 28 C.F.R. §36.303.

4. The term “qualified interpreter” means an interpreter who, via a VRI service or an on-site appearance, 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. § 36.104.

PROCEDURES:

1. Identification and assessment of need:

   A. Concentra provides notice to patients and/or companions of the availability of and procedure for requesting auxiliary aids and services through written notices contained on Concentra’s Patient Rights and Responsibilities form and on Concentra’s website. In addition, wherever a Patient’s Bill of Rights is required by law to be posted, signs of conspicuous size and print stating, Concentra shall post signs stating:

       In compliance with the Americans with Disabilities Act (ADA), qualified interpreters and other auxiliary aids and services are available free of charge to people who are deaf or hard-of-hearing.

       These signs will include the international symbols for “interpreters,” and list the name and contact information for the person(s) to whom a patient or companion should speak in order to request auxiliary aids or services. The signs shall also contain the following statement: “For more information about the Americans with Disabilities Act (ADA), contact the Concentra ADA Coordinator, Mary Rudd, at 1-866-659-7468 or ADACoordinator@Concentra.com or call the Department of Justice’s toll-free ADA Information Line at 1-800-514-0301 (voice), 1-800-514-0383 (TTY), or visit the ADA Home Page at www.ada.gov.”

   B. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials, or requests an auxiliary aid or service, staff should consult with the individual to determine what aids or services are necessary to provide effective communication. If an individual does not self-identify as a person with a disability, but it is obvious or becomes apparent to staff members that the individual has a disability requiring auxiliary aids and services, staff should inform the patient and/or companion that auxiliary aids and services are available free of charge. A staff member should consult with the individual with a disability and ask the patient or companion to complete the Communication Assessment form (see attached), assisting the patient or companion as necessary in the process. Concentra staff members will take into account all relevant facts and circumstances, including, but not limited to, the following:

       i. the patients’ and/or companions’ request for, or statement of need for, an interpreter or other auxiliary aid or service;
       ii. the nature, length, complexity, and importance of the communication at issue;
       iii. the individual’s communication skills and knowledge; and
       iv. the patients’ health status or changes thereto.

   C. Concentra will instruct medical assistants to alert staff members which rooms host a patient or companion who is deaf or hard of hearing.

   D. After completion of the assessment and evaluation described in Section 2 below, the intake staff member shall document the interpreter services to be used for the patient or companion in the Auxiliary Aid or Services section of the EMR.
E. Pop-up Alert in Patient Chart: Thereafter, an alert will pop up in the EMR notifying the providers accessing the medical record of the interpreter services needed by the patient or companion. This alert will pop up the first time the chart is opened per user, per encounter.

F. Review and Reassess: Concentra will conduct ongoing assessment of the services being provided to the patient and/or companion at each appointment to ensure that the services are providing effective communication to the patient and/or companion. If at any time the services being provided are no longer effective, this will be documented in the record and other means of effective communication will be provided.

2. Provision of Auxiliary Aids and Interpretive Services:

A. Concentra should provide services or aids to achieve effective communication with persons with disabilities.

1) For Persons Who Are Deaf or Hard of Hearing
   a. Concentra will provide auxiliary aids and services to patients who are deaf or hard of hearing or who have low vision, and any companions of patients. Note: Concentra will and must provide effective communication, understanding that effective communication may not require a live interpreter if effective communication can be achieved using another auxiliary aid or service, such as Video Remote Interpreting.
   b. Video Remote Interpreting (VRI) – Sign Language
      1. Utilization of VRI via Concentra’s national translation partner Voiance is the preferred method of sign-language interpretation and shall be used for interpretation, unless an in-person interpreter is requested by a patient/companion and/or an in-person interpreter is necessary to ensure effective communication.
      2. VRI must not be used, and an in-person interpreter must be provided, if:
         i. the VRI device is freezing or lagging;
         ii. the image is not clear (for example, the image is blurry or grainy);
         iii. the internet connection is slow, inconsistent, or choppy;
         iv. the VRI device has unclear audio input and/or output;
         v. the interpreter’s face and arms cannot be seen at all times;
         vi. the patient is blind, has low vision, or is otherwise unable to effectively communicate using VRI;
         vii. the patient is deaf and cannot see the device;
         viii. an individual’s physical, mental or cognitive impairments prevents the use of VRI to achieve effective communication;
         ix. staff have any reason to believe the patient is not capable of understanding that the VRI machine provides interpreter services (e.g., young children, mentally ill patients).
   
   c. In-Person Sign-Language Interpreters
      1. If the need for an in-person sign-language interpreter arises, including a request by a patient or a companion who does not wish to use the VRI equipment or a patient requires more than one interpreter, staff should locate and retain a local interpreter or interpreters.
      2. Some patients/companions who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person who is deaf or hard of hearing should 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 facility. Such an offer and the response should be documented in the medical record. If the person who is deaf or hard of hearing chooses to use a family member or friend as an interpreter, staff should caution the person to be sure they have appropriately considered competency of interpretation, confidentiality, privacy, and potential conflicts of interest. If it appears the family member or friend may not be competent or appropriate for any of these reasons, staff should strongly encourage the person to use VRI or an in-person interpreter provided by Concentra.

d. Refusal of Interpretation service.

If a patient or companion declines interpretation assistance, the offer and refusal of interpreting services must be clearly documented in the patient’s medical record. It is essential that the person requiring interpreting services specifically indicate their refusal; do not allow another person to refuse on their behalf.

NOTE: Children and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

2) For Persons who are Blind or Who Have Low Vision

a. Staff should 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, staff is available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3) For Persons with Manual Impairments

a. Staff should assist persons who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing other services as needed.

4) For Repeat Patients

a. If a patient or companion has an ongoing relationship with Concentra, with respect to subsequent visits, staff should continue to provide the appropriate auxiliary aids or services to the patient or companion without requiring a new or subsequent request for the appropriate auxiliary aids or services by the patient or companion for each visit. Staff should document the ongoing provision of auxiliary aids and services to patients and companions in patients’ medical charts. If the aids and services provided at previous visits no longer result in effective communication with the patient or companion, then Concentra shall attempt to reassess the patient to provide different auxiliary aids or services that do result in effective communication.

GRIEVANCE PROCEDURE:

Concentra has adopted this internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans with Disabilities Act (ADA), which prohibits discrimination against people with disabilities. For more information about the ADA, call the Department of Justice’s toll-free ADA Information Line at 1-800-514-0301 (voice), 1-800-514-0383 (TTY) or visit the ADA Home Page at www.ada.gov. Concentra’s
National ADA Coordinator, Mary Rudd, 1-866-659-7468, ADACoordinator@Concentra.com, has been designated to coordinate the efforts of Concentra to comply with the ADA.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. Concentra will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the ADA Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- The complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The ADA Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The ADA Coordinator will maintain the files and records of Concentra relating to such grievances.
- The ADA Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the ADA Coordinator by writing to Danielle Kendall, Senior Vice President, Human Resources at ADACoordinator@Concentra.com or 5080 Spectrum Dr., Suite 1200W, Addison, TX 75001 within 15 days of receiving the ADA Coordinator’s decision. The Senior Vice President of Human Resources shall issue a written decision in response to the appeal no later than 30 days after its filing.
- The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Justice or the U.S. Department of Health and Human Services, Office for Civil Rights.

Concentra will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf or hard of hearing, providing recordings of material for the blind, or assuring a barrier-free location for the proceedings. The ADA Coordinator will be responsible for such arrangements.

Contact Information:

If you are a patient or company who have questions regarding this policy, please contact Concentra’s National ADA Coordinator Mary Rudd at 1-866-659-7468 or ADACoordinator@Concentra.com.

For Concentra colleagues who have questions about Concentra’s language interpretation services, or if you need assistance with accessing interpretation services please contact Steve Adams, Manager of Purchasing – Clinical Services.

Related Policies:

Utilizing an Interpretation Service
Policy Source: Section I, Chapter 17: Risk/Safety – ADA
ADA Grievance Procedure
Communication Assessment Form

We ask this information so we can communicate effectively with Patients and/or Companions. All communication aids and services are provided FREE OF CHARGE. If you need further assistance, please ask your Concentra health care provider.

Time and Date of Request: _______________________________________________________

Name of Patient Requiring Assistance: ____________________________________________

Nature of Disability:

- Deaf
- Hard of Hearing
- Other: ___________________________

Name of Requestor (if different from patient): ______________________________________

Relationship to Patient:

- Self
- Family member
- Friend
- Other: ___________________________

Does the person with a disability want an onsite professional sign language or oral interpreter?

Yes. Choose one (free of charge):

- American Sign Language (ASL)
- Signed English
- Oral interpreter
- Other. Explain: _______________________

No.

Which of the following would be helpful for the person with a disability? (Free of charge)

- Video remote interpreting (VRI)
- Qualified live interpreter
- TTY/TDD (text telephone)
- Video phone
- Assistive listening device (sound amplifier)
- Qualified note-takers
- Writing back and forth
- Other. Explain: _______________________

Any Questions?