

DHHS POLICIES AND PROCEDURES

Section III:	Communications
Title:	Communication Accessibility Provision (CAP)
Current Effective Date:	3/30/05
Revision History:	8/1/02
Original Effective Date:	8/1/02

Purpose

The purpose of this policy is to establish for the Department of Health and Human Services (DHHS) a uniform framework for requests for communications accommodations by deaf, hard of hearing, deaf-blind, and blind individuals and providing those individuals with reasonable accommodations in accordance with the law(s).

Policy

All divisions/facilities/schools under the DHHS shall establish an accessibility plan to provide communication access for the consumers, clients, or staff who may be deaf, hard of hearing, deaf-blind or blind. The plan may include, but not be limited to, the provision of interpreters computer-assisted note taking, assistive listening devices, braille, written materials in large print, or cued language transliterating.

Implementation

1. Each DHHS division/facility/school director is responsible for the establishment of a communication accessibility plan. A procedure for the procurement and payment of accessibility services must be in place to accommodate consumers and staff as required under current federal and state laws.
2. The Office of General Counsel, within the DHHS Office of the Secretary, with the assistance of the Division of Services for the Deaf and the Hard of Hearing (DSDHH) and the Office of Educational Services will assist the divisions/facilities/schools in establishing a communication accessibility plan.
3. Each DHHS division/facility/school director is responsible for securing the cost of accommodations within its established budget.
4. Staff development should include opportunities and support for training in the various methods of deaf, hard of hearing, deaf-blind or blind communications.
5. Each division/facility/school director will designate a contact person (ADA Coordinator as defined in the APA rules applicable to the department) to handle requests for communication accommodation and to provide required reports to the Office of General Counsel, which will approve all plans for communication accessibility prior to implementation.

Communication Issues

Accessible communication use substantially enhances outcomes of all human services for providers and consumers alike. For the majority of people in the United States, the primary mode of communication is through audition and the use of spoken [English] language. Historically, this mode of communication has been ineffective, if not useless, for people who are deaf, hard of hearing, deaf-blind or blind. To meet the needs of these populations, the DHHS has substantial obligation to provide accessible services and reasonable accommodations for optimal participation and benefit. Below are examples of accommodations and adaptations that promote effective communication access.

Accommodations

Accommodations may be made in the form of auxiliary aids and services that promote effective communication access. Consumers should be informed as to which accommodations are available and will be most effective. Requests should be made at least one week in advance of anticipated need. Accommodations that may be requested by individuals with communication disabilities include, but are not limited to:

1. Qualified interpreters
2. Note taking, and/or computer assisted note taking services (e.g., CAN, CART)
3. Written materials (Braille or large print)
4. Amplification systems (e.g., hearing-aid compatible for telephones)
5. Assistive listening devices and systems
6. Media with open- or closed-captioning (CC)
7. Telecommunication Services
8. Qualified readers or audio services
9. Cued language transliterators
10. Support services providers

Skill Verification

To verify the skill level of sign language interpreters, the competency of staff or the appropriateness of programs/services, any division/office/institution may contact the DSDHH. Each DHHS division/facility/school has access to the statewide interpreter directory via the DSDHH web site. Sources for verification may include, but are not limited to, one or more of the following:

1. Sign Communication Proficiency Interview (SCPI)
2. The DSDHH, Division of Services for the Blind (DSB), Division of Vocational Rehabilitation Services (DVRS) and/or Department of Health and Human Services (DHHS)
3. North Carolina Assistive Technology Program
4. Registry of Interpreters for the Deaf Certification (national)
5. National Association of the Deaf Certification (national)

6. North Carolina Interpreter Classification System (state)

Providing Communication Accessibility

In accordance with current federal and state laws, communication access and accommodation will require all divisions/facilities/schools under the DHHS to incorporate the following:

1. Offer appropriate interpreter services at no cost to the consumer or staff.
2. Inform staff of the policy and make it readily accessible to staff and consumers.
3. Ascertain the communication needs of prospective consumers or staff at the earliest possible opportunity.
4. Publicize the availability (upon request) of DHHS programs and services in non-hearing community media (newspapers, captioned TV, etc.) and using braille or large print materials.
5. Conduct community outreach to the various affected communities.

Reporting

Establishing and implementing a communication accessibility plan assures that effective communication and equal access to information is taking place in the workplace and in the provision of services. Each division/facility/school will submit a plan for communication access and accommodation to the Office of General Counsel for approval and, upon approval, maintain a copy of the plan on file for reference and use by the division/facility/school. The Office of General Counsel shall also maintain all plans. Any changes or updates to these plans shall be submitted to the Office of General Counsel for approval and documentation.

After the initial first year of implementation, each division/facility/school will submit a report to Office of General Counsel that will include data about the number and type of requests for communication access and accommodation, how these requests were met, consumer/client/staff feedback about effectiveness or outcome, and indicate issues that need to be addressed. Each division will allow DSDHH staff under the direction and approval of the Office of General Counsel to conduct an optional on-site assessment within the first year of implementation; subsequently, each division will submit an annual progress report to the Office of General Counsel.

Reference

Americans with Disabilities Act (ADA) of 1990; Rehabilitation Act of 1973 (Title V, and amended in 1978); and NCGS Chapter 168A, Persons with Disabilities Protection Act.

For questions or clarification on any of the information contained in this policy, please contact [The State Interagency Team Representative](#). For general questions about department-wide policies and procedures, contact the [DHHS Policy Coordinator](#).