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| Name: | ADA Policy – Healthcare Facilities |
| Date of Origin: | 3/3/2015 |
| Current Effective Date: | 2/17/2024 |
| Scheduled Review Date: | 2/17/2025 |

I. GENERAL POLICY:

Capitol Dental Care (CDC) is committed to compliance with state and federal rules including but not limited to ORS 659A, Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973. All employment practices and activities are conducted on a non-discriminatory basis.

Hiring procedures provide persons with disabilities meaningful employment opportunities. Pre-employment inquiries are made only regarding an applicant’s ability to perform the essential functions of the position.

CDC will make reasonable accommodations to the known physical or mental limitations of qualified applicants or employees with disabilities to enable them to perform the essential job duties, unless such accommodations would impose an undue hardship on operations.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) as well as in job assignments, classifications, organizational structures, and position descriptions. Leave of all types will be available to all employees on an equal basis.

CDC is also committed to not discriminating against any qualified employees or applicants because they are related to or associated with a person with a disability. CDC will follow any state or local law that provides individuals with disabilities greater protection than the ADA.

This policy is neither exhaustive nor exclusive. CDC is committed to taking all other actions necessary to ensure equal employment opportunities for persons with disabilities in accordance with the ADA and all other applicable federal, state and local laws.

The VP of Human Resources/General Counsel shall be designated as the ADA Coordinator. All complaints in regard to ADA violations shall be referred to her.

II. ADA WITHIN THE HEALTHCARE ENVIRONMENT: OVERVIEW

The purpose of this policy is to provide staff education and practical solutions concerning access to services and facilities by our patients who are blind, deaf-blind, or visually impaired, or other physical disabilities. CDC is required to provide accommodation pursuant to Title III of the ADA since it is a privately owned entity which operates

businesses that serve the public.

This policy provides a host of Accessibility checklists which help staff eliminate communication barriers, providing better access to patients with disabilities. The checklists are not exhaustive and it may be unclear as to what is needed by a patient who is blind, deaf-blind, visually impaired, or other physical disabilities. In this instance, it is best to simply ask. If a response is a refusal of assistance or of a particular accommodation, the law requires us to respect the patient's wishes in this regard. If one of our patients requests assistance, let him or her guide you, if possible. This is the most effective way of responding to his or her request.

It is important not to make assumptions about our patient's visual acuity or the functional effects associated with his or her vision loss. A patient's vision may be adequate during the day and only have problems at night under low lighting. A patient who is visually impaired may ask for guide assistance or for assistance reading her bill, even though she may not use a dog or a cane. Other patients may have multiple disabilities or are new to a disability and lack the capacity for self-direction. Staff should explore options for providing accommodations, while maintaining the individual's personal control and dignity. The key is to respond to a patient's needs on an individual basis.

III. HOW TO RESPOND WITHIN THE CLINIC SETTING:

What must we do for patients who are blind, deaf-blind or visually impaired? We must ensure that patients with disabilities have an equal opportunity to participate in and benefit from all of the services provide by our clinics. This may mean we modify policies or procedures, provide auxiliary aids and services and/or take steps to remove communication barriers. Auxiliary aids and services include readers, taped texts, braille materials, and the acquisition or modification of equipment.

The provision of auxiliary aids or services extends not just to the patient but to the parent or legal guardian, in cases where the parent is blind. For example, a consent to surgery for a child of a blind parent must be communicated effectively to the blind parent. This can be done by reading the consent form or providing the form in Braille or on tape or audio-cassette.

IV. ACCESSIBILITY CHECKLISTS:

1. Front Desk and Financial Services Team:

When presented with a patient that is blind, deaf-blind or visually impaired, take the following steps.

- Identify yourself by name and ask if the patient is in need of any assistance.
- If the response indicates the patient has a disability, offer to read aloud and help the patient complete any admission forms and consents.
- Communicate the contents of in-room documents, such as patient information brochures that may be posted in the reception area.
- Offer to review the clinic bill with the patient.

- If cash is involved, be sure to clearing count and identify currency that is transferred.
- If a credit card is involved, guide the patient to the signature and communicate what is being signed and the amount signed for. Be sure to communicate to the patient that you are returning the credit card to her.
- If you are directing the patient either to a seated area or back to a treatment room or operatory, clearly verbalize directions. Do not assume the patient wants to be taken. Allow the patient to decide what is best for him or her when it comes to mobility issues.
- Be aware of disability-sensitive language and etiquette. E.g. Do not communicate everyday phrases, such as “just go down there and turn left when you see the big x-ray machine.”
- Be sure to speak directly to the patient in a conversational manner and not through a companion. Do not fall into the pattern of speaking louder because the patient happens to be deaf. A blind patient’s hearing is likely more astute than yours.
- When communicating with a person who is deaf and blind, it may be necessary to obtain a tactile interpreter. Contact your office manager if you feel you are unable to communicate effectively with such a patient.
- Know your office policy regarding guide dogs. Remember, guide dogs will be identified as such, usually by a collar. They are allowed to go anywhere a patient goes and not considered pets under the law, but service animals.
- Should you receive a call from a patient with a disability, remember to utilize the TDD service, if requested or deemed necessary.
- If the opportunity presents itself, and if you believe it is warranted, engage the patient to confirm whether he or she currently benefits from community-based programs. A newly disabled patient may not be aware of what services and benefits are available.

2. Medical/Dental Services Team:

- Whether a doctor, hygienist or dental assistant, identify yourself.
- Verbalize directions with clarity using disability-sensitive language and etiquette. This is particularly important once a patient is in the chair. Do not forget that the patient may not know when you make contact with her person.
- Speak directly to the patient in a conversational manner. Orient the patient to the layout of the treatment room, restroom facilities, or any other environmental controls.
You may wish to inquire with the patient as to their level of visual functioning.
- Verbalize or demonstrate procedures before they are performed.
- Choose treatment options that are appropriate to the patient’s life-style as a person who is blind, deaf-blind or visually impaired.
- Be sure to identify medications and medical bottles and containers and

- communicate with the patient how they are opened and closed.
- If applicable, take time to train the patient in self-care and/or use of dental equipment such as an electric tooth brush.

V. RESOURCES:

Equal Employment Opportunity Commission: 800-669-EEOC
 TDD 202-663-4399 <http://www.eeoc.gov/facts/howtofil.html>

Civil Rights Division - Disability Rights Section. 202-514-0301
 TDD 202-514-0383 <http://www.usdog.gov/crt/ada/adahom1.htm>

VI. Revision Activity

| Modification Date | Change or Revision and Rationale | Effective Date of Policy Change |
|-------------------|----------------------------------|---------------------------------|
| 03/01/2017 | Annual Update/Review | 03/01/2017 |
| 03/03/2019 | Annual Update/Review | 03/03/2019 |
| 3/3/2020 | Review | 3/3/2020 |
| 3/3/2021 | Review | 3/3/2021 |
| 2/16/2022 | Review | 2/16/2022 |
| 3/22/2023 | Revision | 3/22/2023 |
| 2/17/2024 | Review | 2/17/2024 |

VII. Affected Departments:

All CDC Providers, Staff and Members

VIII. References:

CDC Member Service Guide
 CDC Provider Guide
 42 CFR 438.214
 OAR 410-110-3515