As a recipient of Federal financial assistance, CHI Franciscan Rehabilitation Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, source of payment, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CHI Franciscan Rehabilitation Hospital directly, or through a contractor, or any other entity with which CHI Franciscan Rehabilitation Hospital arranges to carry out its programs and activities.

This statement is in accordance with the provision of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant these statutes at Title 45 code of Federal Regulations Parts 80, 84, and 91. Other agency guidelines extend the same protection on the basis of creed, ancestry, religion, sex, sexual orientation, marital status, and source of payment.

State and federal laws and CHI Franciscan Rehabilitation Hospital policy prohibit retaliation in any form against any person who has filed a discrimination complaint or assisted in the investigation of a discrimination complaint.

A. Notice of Program Accessibility

In compliance with Section 504 of regulation 45 C.F.R. 84.22(f) and Section 1557 of regulation 45 C.F.R.92., CHI Franciscan Rehabilitation Hospital has implemented procedures to ensure that interested persons, including those with impaired vision or hearing can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.

CHI Franciscan Rehabilitation Hospital is accessible to and useable by individuals with limited English proficiency (LEP) and by individuals with disabilities, including those who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include, but are not limited to:

- Level access into first floor level with elevator access to all other floors; automatic doors
- Fully accessible offices, meeting rooms, bathrooms, public waiting rooms, cafeteria, patient treatment areas including examination and patient rooms.
- A range of assistive devices and communication aids available to persons who are deaf, hard of hearing, or blind, or have other sensory impairments. There is no additional charge for such aids.
- Qualified sign language interpreters for persons who are deaf or hard of hearing
- A 24 hour telecommunication device (TTY/TDD), which can connect the caller to all extensions.
within the facility and/or portable (TTY/TTD) units, for use by individuals who are deaf, hard of hearing or speech impaired.

- Communication boards/note pads
- Assistive devices for person with impaired manual skills
- Qualified language interpreters for persons with LEP

Any patient requiring an available aid should inform the admitting staff of his/her special need(s). CHI Franciscan Rehabilitation Hospital will provide notice during registration of services available at no charge.

B. Auxiliary Aids and Services for Individuals with Disabilities

CHI Franciscan Rehabilitation Hospital will take appropriate steps to ensure that individuals with LEP and individuals with disabilities, including those 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 are intended to ensure effective communication with patients involving their medical conditions, treatments, services and benefits. The procedures also apply to, at minimum, communication of information contained in important documents, including consent to treatment forms, conditions of admission forms, and financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the individual(s) being served.

CHI Franciscan Rehabilitation Hospital will provide written notice of these patient rights during registration. Refer to Patient Rights and Responsibilities Policy. Staff that may have direct contact with individuals with LEP and individuals with disabilities will be trained in effective communication techniques, including the effective use and access to interpreters, aids, and services.

Procedures:

- **Identification and Assessment of Need(s)**
  CHI Franciscan Rehabilitation Hospital will provide notice of the availability of, contact information, and the procedure for requesting auxiliary aids and services, through notices posted, at minimum in main facility entrances. When individuals self-identify as a person with LEP or with a disability that affects the ability to communicate or to access or manipulate written materials, or requests an auxiliary aid or service, staff will consult with the individual to
determine what aids or services are necessary to provide effective communication in specific situations. Inpatients are screened on admission for barriers to communication.

- **Provision of Auxiliary Aids and Services**
  CHI Franciscan Rehabilitation Hospital shall provide the following services or aids to achieve effective communication with individuals with disabilities:

  a. **For Persons Who Are Deaf or Hard of Hearing (Hearing Impaired)**
     - For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the facility/program staff handling intake/registration or the clinician as appropriate, is responsible for arranging for a qualified interpreter when needed.
     - Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing. CHI Franciscan Rehabilitation Hospital utilizes a 24 hour telecommunication device for deaf persons (TDDs) and relay services for external telephone with TTY users. We accept and make calls through a relay service.
     - Other possible methods of communication may include, but are not limited to: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.
     - Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. Family members or friends of the person will not be used as interpreters unless specifically requested by that individual, 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 will be documented in the person's medical record.** If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.
     - NOTE: Children will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

  b. **For Persons Who are Blind or Who Have Low Vision**
     - Staff 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.
• Other possible methods of communication may include, but are not limited to: qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are 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.

c. **For Persons With Speech Impairments**
   • To ensure effective communication with persons with speech impairments, staff may utilize written materials; TDDs; computers; flashcards; alphabet boards; and other communication aids.

d. **For Persons With Manual Impairments**
   • Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:
     • Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments.

• **Communication with Persons with LEP**
  a. CHI Franciscan Rehabilitation Hospital will take reasonable steps to ensure that persons with LEP have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of CHI Franciscan Rehabilitation Hospital is to ensure that it provides meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. Interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served. Patients/clients and their families will be informed of the availability of free of charge assistance upon admission.

  b. Language assistance will be provided at each of the CHI Franciscan Rehabilitation Hospital facilities/programs, and may include use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations and state agencies providing interpretation or translation services, or technology and telephonic interpretation services. Each facility and program is responsible for defining the language assistance methods available to patients and clients and are responsible for ensuring staff is provided notice of its internal
policies and procedures. Staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

c. CHI Franciscan Rehabilitation Hospital will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of and adherence to this policy within the organization.

d. Maintain an accurate and current listing of outside interpreter services who have agreed to provide qualified interpreter services for patients. Some LEP persons may prefer or request to use a family member or friend as an interpreter. Family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter, at no charge to the person, has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

e. Providing Notice to LEP Persons
The facility will post notices and signs in languages LEP persons understand informing them of the availability of language assistance, free of charge. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to main admitting areas.

f. Monitoring Language Needs and Implementation
CHI Franciscan Rehabilitation Hospital will periodically assess changes in demographics, types of services or other needs that may require reevaluation of the LEP policy and its supporting procedures. The efficacy of the procedures will be regularly assessed. The assessment is inclusive of, but not limited to, mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients, staff, and community organizations. Each facility or program within CHI FH will set benchmarks for translation of vital documents into additional languages over time.