

Promoting patient engagement by reducing barriers to care related to comorbidity

Presenters



HRSA Office of Civil Rights,
Diversity, and Inclusion (OCRDI)

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Training goals



Understand the relationship between comorbidities related to HIV status and disability

Understand your disability access obligations

Understand how to identify solutions for meeting your disability access obligations

Obtain disability access resources

Making the Connection



People living with HIV have an increased risk of experiencing one or more additional conditions (comorbidities).

Comorbidities often constitute a disability or create limitations which constitute a disability.

In order to ensure that individuals are able to fully access and participate in care, we must be prepared to provide accommodations.

Data on People with HIV, Comorbidities, and Disability



- HIV-associated cardiovascular disease (CVD) has tripled over the last 2 decades and the risk of CVD is 1.5-2x greater among people with HIV than in persons without the disease.
- Across all age groups, people with HIV have an increased risk of comorbidities, such as non-communicable diseases and mental, neurological, and substance-use disorders.
- Mortality rates of people with HIV are 3-15x higher than the general population, due to the prevalence of comorbidities.
- Over 1 in 4 of today's 20 year-olds will become disabled before reaching age 67.

What is Disability Access?



Disability access is achieved when individuals with disabilities can equally and meaningfully participate in your programs and activities.

Key Terms



Disability

- The term "disability" means, with respect to an individual:
 - a physical or mental impairment that substantially limits one or more major life activities;
 - a record of such an impairment; or
 - being regarded as having such an impairment.

 Auxiliary Aids are used to ensure effective communication with individuals who have disabilities that inhibit the ability to communicate. Examples include: sign language interpreters, braille materials, and real time captioning.

Reasonable Modification

• Any modification to policies, practices, or procedures, when the modification is necessary to afford goods, services, facilities, privileges, advantages, or accommodations to individuals with disabilities.

Programs and Activities

• Anything an organization does, especially regarding interactions with the public

Disability Access: The Law



Section 504 of the Rehabilitation Act

- Prohibits discrimination on the basis of disability
- Applies to: HRSA and Recipients

Section 508 of the Rehabilitation Act

- Requires federal agencies to make electronic and information technology accessible to people with disabilities
- Applies to: HRSA

Section 1557 of the Affordable Care Act

- Prohibits discrimination based on disability (and other bases)
- Applies to: HRSA and Recipient health programs or activities
- Prohibits discrimination on the basis of disability
- Applies to: employers, state and local government services, public accommodations, commercial facilities, and transportation.

Americans with Disabilities Act (ADA)

Enforcement and Compliance



HHS Office for Civil Rights (OCR)

Enforcement Agency

Reactive

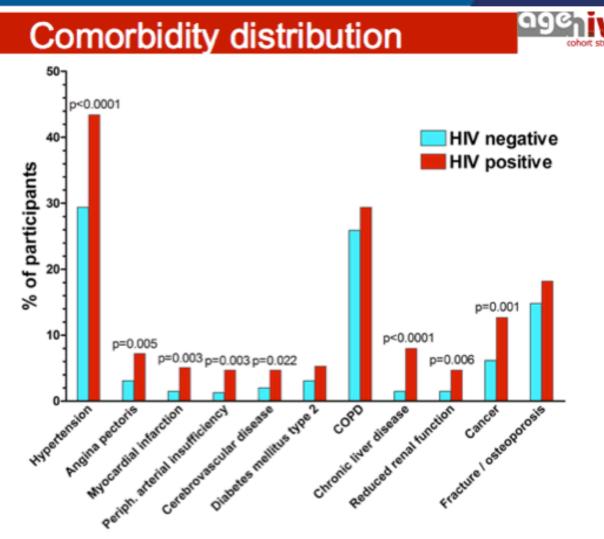
HRSA

Funding Agency

Proactive

Comparative Study of HIV and Comorbidities (2012)





Making the Connection between Comorbidities and Disability



Comorbidity	Potential Limitation	Examples of Accommodation
Cardiovascular disease	Respiratory distress or breathing problems	Odor controlAir purifier
Cancer	Suppressed immune system	Wear gloves or maskKeep physical distance
Mental health impairment (e.g., depression)	Memory Loss	Written instructionsExtra time

Disability Access: Practice Scenario



Your program routinely includes family members in treatment session for its patients who are minors. A minor patient's father has a long term partner who is deaf and would like to take part in the treatment sessions. Do you need to provide a sign language interpreter for the partner?

Recipients <u>must not</u>, on the basis of disability:



 Exclude from, deny, or afford a person with a disability an opportunity to participate in or benefit from a benefit or service that is not equal to what is afforded others;

 Provide a benefit or service to a person with a disability that is not as effective as what is provided others;

Disability Access: Recipient Question Scenario



Your patient is experiencing severe edema which limits her ability to get on and off a standard exam table. You are in the process of obtaining an accessible exam table. Can you delay appointments with this patient until the table is installed?

Recipients <u>must not</u>, on the basis of disability (continued):



 Provide different or separate benefits or services to a person with a disability unless necessary to provide benefits or services that are as effective as what is provided others; or

 Apply eligibility criteria that tend to screen out persons with disabilities unless necessary for the provision of the service, program or, activity.

Disability Access: Discussion Question



Give an example of when you might have to treat someone differently in order to provide them with the same or equal service?

Recipients must:



- Provide services and programs in the most integrated setting appropriate to the needs of the qualified individual with a disability;
- Ensure that programs, services, activities, and facilities are accessible;
- Make reasonable modifications to policies and procedures to avoid discrimination based on disability, unless it would result in a fundamental alteration of the program;
- Provide auxiliary aids to persons with disabilities, at no additional cost;

Recipients must (continued):



- Designate an employee to coordinate compliance with Section 504 (and the ADA);
- Adopt grievance procedures to handle complaints of disability discrimination; and
- Provide notice that indicates:
 - That the recipient does not discriminate on the basis of disability;
 - How to contact the employee who coordinates compliance with Section 504; and
 - Information about the grievance procedures.

Disability Access: Practice Scenario



A patient with a mental health based disability has loud outbursts that cause stress for your staff and other patients. Do you have to tolerate the patient's behavior?

Developing an Effective Disability Access Plan



Reasonable Modifications

Effective Communication/Auxiliary Aids

Electronic and Information Technology

Physical & Medical Access

Nondiscrimination Notice & Grievance Procedure

Training

Substance Abuse



- A person who is currently engaging in the illegal use of drugs is not entitled to protections under federal disability law.
- However, the law does protect people who:
 - Have been successfully rehabilitated and are no longer engaged in illegal drug use,
 - Are currently in a rehabilitation program and no longer engaging in illegal drug use, or
 - Were incorrectly regarded as illegally using drugs.
- Under the law, an addiction to drugs or alcohol may be considered as a disability and therefore entitled to reasonable accommodations.

Disability Access: Discussion Question



Can you use HRSA Grant Funds to pay for auxiliary aids and/or reasonable modifications?

Accessibility is a Grant Requirement



HRSA Notice of Award:

"To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion."

Using Grant Funds for Disability Access Services



- Consider your disability access costs and include those in your grant application. After the award is made you may formally request permission from HRSA to rebudget for unanticipated costs.
- Budgeted costs must be:
 - Allowable
 - Necessary and reasonable for the performance of the Federal award
 - Conform to any limitations or exclusions
 - Allocable
 - Incurred specifically for the Federal award
 - Be necessary to the overall operation of the non-Federal entity and is assignable in part to the Federal award
 - Reasonable
 - Generally recognized as ordinary and necessary
 - Comparable to market prices for goods or services
- Consult with the HRSA Grants Management Specialist and/or Project Officer.

Cost-Effective Strategies



Share resources between similarly situated recipients.

Organize accessible resources and documents into central inventory for quick access.

Include quality assurance language in accessibility service contracts.

Planning ahead on how to effectively meet accessibility obligations.

Note:

- These strategies are not legal requirements.
- Some of these strategies may not apply to you.

Disability Access Resources



- HRSA Manage Your Grant Page
 - https://www.hrsa.gov/grants/manage/index.html
- ADA.gov
- US Access Board
 - https://www.access-board.gov/
- HHS Office for Civil Rights Disability Discrimination Guidance
 - https://www.hhs.gov/civil-rights/for-individuals/disability/index.html
- HHS Office for Civil Rights Notice of Nondiscrimination
 - https://www.hhs.gov/civil-rights/for-individuals/section-1557/translatedresources/index.html
- Substance Abuse under the ADA
 - https://www.usccr.gov/pubs/ada/ch4.htm

Contact



HRSA Office of Civil Rights, Diversity, and Inclusion <u>HRSACivilRights@hrsa.gov</u> 301-443-5636

Budget, reporting and other administrative requirement questions:

Contact your Grants Management Specialist (on the last page of your

Notice of Award)

Project goals, scope and other programmatic requirement questions: Contact your Project Officer (on the last page of your Notice of Award)