

## Notice of Nondiscrimination and Accessibility

### Policy

EVOLUTION REHAB GROUP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Procedure

EVOLUTION REHAB GROUP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EVOLUTION REHAB GROUP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Ben Galin, Administrator

If you believe that EVOLUTION REHAB GROUP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Benjamin Galin, 8135 Emerald Winds Cir, Boynton Beach, FL 33473 Phone: 561-900-2423 Ext 2, Fax 561-600-3011, email [ben@evolution.rehab](mailto:ben@evolution.rehab)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Benjamin Galin is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Notice on Section 504 Program Accessibility

The regulation implementing Section 504 requires that an agency/facility "*...adopt and implement procedures to ensure that interested persons, including persons 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.*" (45 C.F.R. §84.22(f))

EVOLUTION REHAB GROUP and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

### Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, cafeteria, patient treatment areas, including examining rooms and patient wards.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four-hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and recorded material for the blind and large print materials for the visually impaired.
  - Flash cards, alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the Administrator(Ben Galin) know.

## Communication with Persons with Limited English Proficiency (LEP)

### Policy

The policy of EVOLUTION REHAB GROUP is to ensure meaningful communication with Limited English Proficiency (LEP) patients/clients and their authorized representatives involving their medical conditions and treatment.

### Procedure

EVOLUTION REHAB GROUP will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in services, activities, programs, and other benefits.

This Policy 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.

Interpreters, translators and other aids needed to comply with this Policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.

Staff will be provided notice of this Policy, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

EVOLUTION REHAB GROUP will conduct a regular review of the language access needs of the patient population, as well as update and monitor the implementation of this Policy and these procedures, as necessary.

### 1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

EVOLUTION REHAB GROUP will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

### 2. OBTAINING A QUALIFIED INTERPRETER

Administrator, Ben Galin, is responsible for:

- (a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff
- (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
- (c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

South Florida Translations have/has agreed to provide qualified interpreter services. The agency's (or agencies') telephone number(s) is/are **561-444-8825** and the hours of availability are 9-4 Mon-Fri.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, 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/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

### 3. PROVIDING WRITTEN TRANSLATIONS

- (a) When translation of vital documents is needed, each unit in EVOLUTION REHAB GROUP will submit documents for translation into frequently encountered languages to Ben Galin, Administrator. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
- (b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
- (c) EVOLUTION REHAB GROUP will set benchmarks for translation of vital documents into additional languages over time.

### 4. PROVIDING NOTICE TO LEP PERSONS

EVOLUTION REHAB GROUP will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas via intake paperwork.

## 5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, EVOLUTION REHAB GROUP will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, EVOLUTION REHAB GROUP will regularly assess the efficacy of these procedures, including 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 and community organizations, etc.

### References

Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services.

## LEP Notice List

### Staff Members

We currently have: (add additional sheets as necessary)

There are no staff members available who are qualified to speak and/or interpret a language other than English.

### Contractors

The Administrator is responsible for maintaining a list of local bilingual interpreters/translators. The Administrator has chosen the following interpreter/translator to ensure that qualified persons with Limited English Proficiency (LEP) can adequately communicate with staff members.

### South Florida Translations

Main Office

515 N. Flagler Drive, Suite P-300

West Palm Beach, FL 33401

**561-444-8825**

## Auxiliary Aids and Services for Persons with Disabilities

### Policy

EVOLUTION REHAB GROUP 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.

### Procedure

These procedures are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures 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

Necessary auxiliary aids and services shall be provided without cost to the person being served.

EVOLUTION REHAB GROUP Staff will be provided written notice of this Policy, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

### 1. Identification and assessment of need:

EVOLUTION REHAB GROUP provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our intake forms. 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 will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

## 2. Provision of Auxiliary Aids and Services:

EVOLUTION REHAB GROUP shall provide the following services or aids to achieve effective communication with persons with disabilities:

### A. For Persons Who Are Deaf or Hard of Hearing

(i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Administrator will be responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the Administrator is responsible for:

- Obtaining an outside interpreter if a qualified interpreter on staff is not available. Deaf Services Unlimited has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are
  - <https://deafservicesunlimited.com/>
  - Available during normal operating hours online through computer or tablet or phone
  - Will utilize our computer if the patient does not bring a tablet to start a call by going to the web site, logging in, and beginning call by pressing start a call now.

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

EVOLUTION REHAB GROUP utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number 711

(iii) For the following auxiliary aids and services, staff will contact Ben Galin, Administrator, who is responsible to provide the aids and services in a timely manner:

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.

(iv) Some persons 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 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 chart. 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 and other residents 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**

(i) 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.

(ii) For the following auxiliary aids and services, staff will contact Ben Galin Administrator, who is responsible to provide the aids and services in a timely manner:

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 will contact Ben Galin Administrator who is responsible to provide the aids and services in a timely manner:

- Writing materials; computers; flashcards; alphabet boards; communication 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. For these and other auxiliary aids and services, staff will contact Ben Galin Administrator who is responsible to provide the aids and services in a timely manner.

## **References**

Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services.



## Sign Language Interpreters

### Staff Members

We currently have: (add additional sheets as necessary):

- No staff members available who are qualified to interpret American Sign Language.

### Contractors

The Administrator is responsible for obtaining an outside interpreter when required. The Administrator has chosen the following interpreter referral agency to ensure that qualified persons with disabilities, including those with impaired hearing, can adequately communicate with staff members

|                      |   |
|----------------------|---|
| COMPANY/ORGANIZATION | Deaf Services Unlimited   |
| CITY/STATE/ZIP       | Nationwide through website<br><a href="https://deafservicesunlimited.com/">https://deafservicesunlimited.com/</a> |

## Grievance Procedure that Incorporates Due Process Standards

### Policy

It is the policy of EVOLUTION REHAB GROUP not to discriminate on the basis of race, color, national origin, sex, age or disability.

### Procedure

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for [Name of Covered Entity] to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A 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 Section 1557 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 Section 1557 Coordinator will maintain the files and records of [Name of Covered Entity] relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the Complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Administrator within 15 days of receiving the Section 1557 Coordinator's decision. Administrator 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 pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

EVOLUTION REHAB GROUP will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recorded material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

#### References

Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services.