# Table of Contents

I. **PURPOSE AND AUTHORITY** ................................................................................................................................. 1

   A. PURPOSE: ......................................................................................................................................................... 1
   B. AUTHORITY: ....................................................................................................................................................... 1

II. **DEFINITIONS:** .................................................................................................................................................. 1

   A. 504/ADA COORDINATOR................................................................................................................................. 1
   B. 504/ADA TEAM................................................................................................................................................ 1
   C. AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED (ADA): .......................................................... 2
   D. ADA AMENDMENTS ACT OF 2008 (ADAA): ................................................................................................... 2
   E. AUXILIARY AIDS AND SERVICES: .................................................................................................................. 2
   F. DISABILITY: ....................................................................................................................................................... 2
   G. FUNDAMENTAL ALTERATION (OR FUNDAMENTALLY ALTER)........................................................................ 2
   H. PRIMARY CONSIDERATION .............................................................................................................................. 2
   I. PROOF OF DISABILITY: .................................................................................................................................... 2
   J. QUALIFIED INDIVIDUAL: ................................................................................................................................. 3
   K. REASONABLE MODIFICATION: ....................................................................................................................... 3
   L. RETALIATION (OR COERCION): ........................................................................................................................ 3
   M. SECTION 504 OF THE REHABILITATION ACT OF 1973 (OR SECTION 504): ...................................................... 3
   N. SERVICE ANIMALS: .......................................................................................................................................... 3
   O. UNDUE HARDSHIP: ......................................................................................................................................... 4

III. **POLICY** ............................................................................................................................................................. 4

   A. RESPONSIBILITY ................................................................................................................................................ 4
   B. SERVICE DOGS ................................................................................................................................................ 4
   C. EQUAL OPPORTUNITY ....................................................................................................................................... 4
   D. AUXILIARY AIDS AND SERVICES ................................................................................................................... 4
   E. INTEGRATED SETTING ....................................................................................................................................... 4
   F. READY ACCESS ................................................................................................................................................ 4
   G. ELIGIBILITY STANDARDS ................................................................................................................................. 5
   H. REASONABLE MODIFICATIONS .................................................................................................................... 5
   I. NO SPECIAL CHARGES....................................................................................................................................... 5
   J. DISCRIMINATION PROHIBITED ....................................................................................................................... 5
   K. COERCION AND RETALIATION PROHIBITED ............................................................................................... 5
   L. 504/ADA COORDINATOR ............................................................................................................................... 5
   M. GRIEVANCE PROCEDURE .............................................................................................................................. 6
   N. COMPLIANCE TEAM......................................................................................................................................... 6
   O. DISABILITY RIGHTS NOTICE .......................................................................................................................... 6
   P. NOTICE REQUIREMENTS ................................................................................................................................. 6
   Q. NOTICE FORMATS: .......................................................................................................................................... 6
   R. NOTICE SHALL BE INCLUDED, AT A MINIMUM, IN THE FOLLOWING: ............................................................... 6
   S. SELF EVALUATIONS ........................................................................................................................................... 7
   T. EMERGENCY PREPAREDNESS ........................................................................................................................ 7
   U. TRAINING .......................................................................................................................................................... 7
   V. ACCESSIBLE FACILITIES ................................................................................................................................ 7
   W. FACILITY ACCESS .......................................................................................................................................... 8
   X. NOTICE TO INTERESTED PERSONS .................................................................................................................. 8
   Y. SIGNAGE ............................................................................................................................................................ 8
   Z. SELF EVALUATIONS ........................................................................................................................................... 8
   AA. NEW POLICIES .............................................................................................................................................. 8

IV. **PROCEDURE:** .................................................................................................................................................. 8

   A. AUXILIARY AIDS AND SERVICES REQUESTS .......................................................................................... 8
   B. REASONABLE MODIFICATION REQUESTS ................................................................................................. 9
   C. PRIMARY CONSIDERATION AND DETERMINING UNDUE HARDSHIP ..................................................... 9
   D. COMPLAINTS: ................................................................................................................................................ 10
   E. CONTACTS: .................................................................................................................................................. 12
V. EFFECTIVE DATE: ................................................................................................................................. 12
ATTACHMENT A ........................................................................................................................................ 13
DEPARTMENT STANDARD DISABILITY RIGHTS NOTICE ........................................................................ 13
DISABILITY RIGHTS NOTICE .................................................................................................................. 13
EFFECTIVE COMMUNICATION: ................................................................................................................ 13
MODIFICATIONS TO POLICIES AND PROGRAMS: .................................................................................. 13
SUBMIT COMPLAINTS TO: ....................................................................................................................... 13
ATTACHMENT B ........................................................................................................................................ 15
DEPARTMENT ABBREVIATED STANDARD DISABILITY RIGHTS NOTICE ............................................ 15
DISABILITY RIGHTS NOTICE .................................................................................................................. 15
SUBMIT COMPLAINTS TO: ....................................................................................................................... 15
ATTACHMENT C ........................................................................................................................................ 16
PROVIDING AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES .............................. 16
I. POLICY: .................................................................................................................................................. 16
II. PROCEDURES: ...................................................................................................................................... 16
   A. IDENTIFICATION AND ASSESSMENT OF NEED: .............................................................................. 16
   B. PROVISION OF AUXILIARY AIDS AND SERVICES: ....................................................................... 16
   C. FOR PERSONS WHO ARE DEAF OR HARD OF HEARING ............................................................. 17
   D. FOR PERSONS WHO ARE BLIND OR WHO HAVE LOW VISION .................................................. 17
   E. FOR PERSONS WITH SPEECH DISABILITIES ................................................................................. 18
   F. FOR PERSONS WITH MANUAL DISABILITIES ................................................................................. 18
AUXILIARY AIDS AND SERVICES REQUEST FORM ........................................................................ 18
ATTACHMENT D ........................................................................................................................................ 18
REASONABLE MODIFICATIONS REQUEST FORM .............................................................................. 18
ATTACHMENT E ........................................................................................................................................ 18
DISCRIMINATION COMPLAINT FORM .................................................................................................. 18
ATTACHMENT F ........................................................................................................................................ 19
REASONABLE MODIFICATION REQUEST PROCESS ........................................................................ 19
ATTACHMENT G ........................................................................................................................................ 19
INTERNATIONAL SYMBOLS .................................................................................................................. 19
I. PURPOSE AND AUTHORITY

A. PURPOSE:

The purpose of this Standard Operating Procedure (SOP) is to set forth the policies and procedures for all employees, temporaries and contractors that the Department will follow to make the Department programs, services and activities more accessible to people with disabilities and to protect against discrimination and retaliation against individuals who meet Section 504 of the Rehabilitation Act of 1973 (Section 504) and/or the Americans with Disabilities Act (ADA) definitions of disability, parents of those that are known to have a disability and those that are coerced or subjected to retaliation for assisting people with disabilities in asserting their rights under Section 504 and/or ADA.

This SOP does not cover employees of the Department regarding the ADA and Section 504 rights provided in the workplace. The Department of Personnel and Administration (DPA) sets forth ADA and Section 504 policies in the personnel code. Department employees should consult with the Department’s Human Resources ADA Coordinator regarding any questions regarding the ADA and Section 504.

B. AUTHORITY:

29 U.S.C. § 794, Section 504 of the Rehabilitation Act of 1973, As Amended
42 U.S.C. §§ 12101 et seq., Americans with Disabilities Act of 1990, As Amended
§ 24-34-402 to 24-34-436, C.R.S., Part 4 Employment Practices
§ 24-34-601 to 24-34-605, C.R.S., Part 6 Discrimination in Public Places
§ 24-34-801 to 24-34-804, C.R.S., Part 8 Persons with Disabilities – Civil Rights
4 CCR 801 Department of Personnel and Board Rules 8-25 through 8-32

II. DEFINITIONS:

A. 504/ADA Coordinator:

Department employee responsible for coordinating compliance including investigation of any complaint communicated alleging noncompliance with this SOP or any actions that would be prohibited by this SOP.

B. 504/ADA Team:

Department employees representing each office responsible for program(s), benefits and/or customer service. The team shall include the Governor’s Citizen’s Advocate and the 504/ADA Coordinator as well. These liaisons are responsible for participating with the 504/ADA Coordinator in overall planning and implementation of ADA and Section 504 requirements.
C. Americans with Disabilities Act of 1990, as amended (ADA):

A comprehensive, federal civil rights law that prohibits discrimination on the basis of disabilities in employment, state and local government programs and activities, public accommodations, transportation, and telecommunications.

D. ADA Amendments Act of 2008 (ADAA):

Enacted on September 25, 2008, and becoming effective on January 1, 2009, making a number of significant changes to the definition of “disability”.

E. Auxiliary Aids and Services:

Under Titles II and III of the ADA, includes a wide range of services and devices that promote effective communication or allows access to goods and services. Examples of auxiliary aids and services for individuals who are deaf or hard of hearing include qualified interpreters, note takers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDDs), videotext displays, and exchange of written notes. Examples for individuals with vision impairments include qualified readers, taped texts, audio recordings, Braille materials, large print materials, and assistance in locating items. Examples for individuals with speech impairments include TDDs, computer terminals, speech synthesizers, and communication boards.

F. Disability:

With respect to an individual it is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

G. Fundamental Alteration (or Fundamentally Alter):

A change to such a degree that the original program, service, or activity is no longer the same.

H. Primary Consideration:

The aid requested should be supplied unless: (1) you can show that there is an equally effective way to communicate; or (2) the aid requested would fundamentally alter the nature of the program, service, or activity.

I. Proof of Disability:

Any civic, state or federal document showing disabled status including current RTD Disability Card or Access-a-Ride Card, SSA/SSI income statement, letter from physician on physician letterhead dated within the last 12 calendar months, letter from social worker on agency letterhead dated within 12 months, current disabled parking placard registration card. Other forms of identification may be considered on a case by case basis.
J. Qualified Individual:

The term “qualified individual with a disability” means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

K. Reasonable Modification:

Under Title II, a modification to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

L. Retaliation (or Coercion):

Any form of retaliation or coercion, including threats, intimidation, or interference, is prohibited if it interferes with the exercise of rights under Section 504 and/or the ADA.

M. Section 504 of the Rehabilitation Act of 1973 (or Section 504):

A national law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any federal department or agency, including the U.S. Department of Health and Human Services (DHHS). These organizations and employers include many hospitals, nursing homes, mental health centers and human service programs. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.

N. Service Animals:

Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals whether wild or domestic, trained or untrained are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual’s disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal’s presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.
O. Undue Hardship:

Significant difficulty or expense incurred by a covered entity, when considered in light of certain factors. These factors include the nature and cost of the modification in relationship to the size, resources, nature, and structure of the Department’s operation. The Department does not have to provide accommodations that cause an undue hardship.

III. POLICY

A. Responsibility

Every Department employee is responsible for conduct that is consistent with the Department’s commitment to welcoming individuals with disabilities in the Department’s services, programs, or activities and ensuring disabled rights are protected and that all services, programs, or activities provided by the Department are in compliance with ADA and Section 504.

B. Service Dogs

Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of the facility where members of the public or participants in programs, services or activities, or invitees, as relevant, are allowed to go.

C. Equal Opportunity

The Department is committed to equal opportunity and accessibility for individuals with disabilities participating in and benefiting from the services, programs, or activities provided by the Department. People with disabilities cannot participate in government-sponsored services, programs, or activities provided by the Department if they cannot understand what is being communicated. The Department shall take steps to ensure that communications with individuals with disabilities and companions are as effective as communicating with others.

D. Auxiliary Aids and Services

The Department shall offer auxiliary aids and services to enable someone with a disability access to the services, programs, or activities provided by the Department. Individuals with disabilities shall have an opportunity to request auxiliary aids and services. The Department shall give primary consideration to the aid requested according to the provisions set forth in this SOP (Attachment C).

E. Integrated Setting

The Department shall provide services, programs, or activities in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity.

F. Ready Access

The Department shall operate its programs so that when viewed in their entirety, the services, programs, or activities are readily accessible to and usable by individuals with disabilities.
G. Eligibility Standards

The Department shall eliminate eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy services, programs, or activities provided by the Department unless such standards or rules are defined by federal law or are essential for the provision of the service, program or activity within the requirements. The Department may not establish requirements that tend to screen out individuals with disabilities.

H. Reasonable Modifications

The Department shall make modifications to its rules, policies and procedures to avoid discriminating against individuals with disabilities unless such modification would fundamentally alter the nature of the program, service, or activity.

I. No Special Charges

The Department may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscrimination, such as making modifications required for program accessibility or providing qualified sign language interpreters, video remote interpreting services or text telephone relay services.

J. Discrimination Prohibited

The Department prohibits discrimination on the basis of disability in all of the Department’s programs, services and activities.

K. Coercion and Retaliation Prohibited

The Department prohibits coercion and/or retaliation for those assisting individuals with disabilities in asserting their rights under the ADA and Section 504.

L. 504/ADA Coordinator

The Department shall designate an ADA/Section 504 Coordinator for the purpose of coordinating ADA/Section 504 efforts and activities and investigating complaints under the grievance procedure outlined in this SOP. The ADA/Section 504 Coordinator is responsible for the following:

1. review the ADA, Section 504, and other regulations and become familiar with requirements applicable to the Department’s mission;

2. discuss compliance with key Department staff and community leaders including the U.S. Office for Civil Rights;

3. draft, review and update, as necessary, a compliance process work plan;

4. evaluate personnel and resources needed for the compliance process;

5. recruit, orient and train the compliance team; and
6. draft, review and update, as necessary, the notice and grievance procedure.

M. Grievance Procedure

The Department shall establish and maintain a grievance procedure for handling complaints of disability discrimination. This procedure is defined in this SOP.

N. Compliance Team

Each office within the Department responsible for program design or delivery or customer service duties shall designate a liaison to the Department’s 504/ADA Team. Liaisons should participate in overall planning and decision making and inform employees within their office of ADA and Section 504 requirements.

O. Disability Rights Notice

The Department shall provide regular ongoing notice to applicants, participants, beneficiaries, employees and other interested persons using the Department Standard Disability Rights Notice (Attachment A) and the Department Abbreviated Standard Disability Rights Notice (Attachment B), as appropriate, to apprise such individuals of the protections against discrimination assured by the ADA and Section 504 and by the Department through this SOP. Special notices will be issued when policy substantially changes or events warrant.

P. Notice Requirements

Notice shall be translated into different formats as appropriate, and according to transition plans resulting from regular ongoing self-evaluations.

Q. Notice Formats:

1. audio tape or other recordings;
2. radio announcements;
3. large print notice;
4. Braille notice;
5. use of a qualified sign language interpreter at meetings;
6. open or closed-captioned public service announcements on television;
7. ASCII, HTML, or word processing format on a computer diskette or CD;
8. HTML format on an accessible website; and
9. advertisements in publications with large print versions.

R. Notice shall be included, at a minimum, in the following:

1. posted at all program sites and all facilities;
2. all program handbooks;
3. all appropriate activity schedules;
4. all appropriate program, service or activity meetings;
5. the Department website; and
6. all appropriate eligibility and enrollment applications and all appropriate communications containing decisions regarding eligibility and enrollment.

S. Self Evaluations

Self-evaluations will be completed by the 504/ADA Coordinator and 504/ADA Team to determine appropriate documents to include the notice. These documents include:

1. all advertisements, legal notices and public service announcements;
2. all eligibility and enrollment materials;
3. all program materials;
4. all Department publications;
5. all Department regular mailings; and
6. all Department regular meetings that are open to the public.

T. Emergency Preparedness

The Department shall develop and maintain emergency preparedness plans including building evacuation procedures and emergency communication procedures.

U. Training

The Department shall maintain and make accessible to each of its employees (permanent and temporary) training on ADA and Section 504 regulations and this SOP.

V. Accessible Facilities

The Department shall maintain accessible features of facilities, to provide access to individuals with disabilities. Accessible features include:

1. curb cuts and ramps between parking areas and buildings,
2. level access into first floor level with elevator access to all other floors, and
3. fully accessible offices, meeting rooms, bathrooms, and public waiting areas.
W. Facility Access

The Department maintains confidential files including protected health information (PHI) and is governed by the laws of HIPAA which require security measures including limited and secure access. For details please refer to SOP ADM-017 Visitor/Facility Access. Within the limits of HIPAA, the Department shall maintain an accessible route which remains accessible and is not blocked by obstacles such as furniture, filing cabinets, or potted plants. The main entrance doors must be unlocked when open for business. Accessible routes include pathways leading to common areas such as meeting rooms, restrooms, drinking fountains, staff break rooms and exits. Meeting rooms shall have clear pathways and ready access to common areas, seating and exits. Mechanical failures shall be promptly and adequately repaired or replaced to ensure ready and usable access to individuals with disabilities.

X. Notice to Interested Persons

The Department shall ensure that interested persons, including individuals with impaired vision or hearing, can obtain information as to the existence and location of accessible services, activities, and facilities.

Y. Signage

The Department shall provide signage at all inaccessible entrances to each of its facilities, directing users to an accessible entrance or to a location at which they can obtain information about accessible facilities. The international symbol for accessibility (See Attachment G) shall be used at each accessible entrance of a facility.

Z. Self Evaluations

The Department through the 504/ADA Coordinator and 504/ADA Team shall conduct regular ongoing self-evaluations of its communications, programs, policies and activities to examine conformity. Where nonconformity is identified, the Department is required to take immediate remedial action.

AA. New Policies

The Department through the 504/ADA Coordinator and 504/ADA Team shall review and evaluate any new policies, programs, and services for compliance with ADA, Section 504 and this SOP as part of the clearance process.

IV. PROCEDURE:

A. AUXILIARY AIDS AND SERVICES REQUESTS

1. Qualified individuals with disabilities participating in and benefiting from the services, programs and activities of the Department should submit requests for auxiliary aids and services including proof of disability to the 504/ADA Coordinator at:

   504/ADA Coordinator
   1570 Grant Street
   Denver, Colorado 80203
2. For convenience, auxiliary aids and services requests may be made using the Auxiliary Aids and Services Request Form (Attachment C) located on the Department website; however, it is not necessary to use this form. Individuals may contact the 504/ADA Coordinator directly.

3. Requests for auxiliary aids and services and proof of disability will be maintained in a confidential file for a period of one year and may be accessed to evaluate any requests made during that time period.

B. REASONABLE MODIFICATION REQUESTS

1. Qualified individuals with disabilities participating in and benefiting from the services, programs and activities of the Department should submit reasonable modification requests including proof of disability to the 504/ADA Coordinator at:

   504/ADA Coordinator
   1570 Grant Street
   Denver, Colorado 80203
   Telephone: 303-866-6010
   FAX: 303-866-2828
   State Relay: 711
   Email: hcpf504ada@state.co.us

2. For convenience, reasonable modification requests may be made using the Reasonable Modification Request Form (Attachment E) located on the Department’s website; however, it is not necessary to use this form. Individuals may contact the 504/ADA Coordinator directly.

3. Requests for reasonable modification and proof of disability will be maintained in a confidential file for a period of one year and may be accessed to evaluate any reasonable modification requests made during that time period.

C. PRIMARY CONSIDERATION AND DETERMINING UNDUE HARDSHIP

1. Requests for auxiliary aids and services or reasonable modification shall be processed according to the process outlined in Attachment F.

2. When an individual has provided an auxiliary aids and services request or a reasonable modification request, the 504/ADA Coordinator will review the request to determine:

   a) If the request falls within the Department’s jurisdiction;

   b) If the individual is a qualified person with disabilities;

   c) If the request is for auxiliary aids and services or reasonable modification;
d) If the request contains all the necessary information.

3. The 504/ADA Coordinator may need to contact the individual to discuss the request or to collect additional information in order to process the request.

4. The 504/ADA Coordinator will review the request and give primary consideration to the auxiliary aids and services or modification requested unless: (1) there is an equally effective way to communicate; or (2) the aid, service or modification requested would fundamentally alter the nature of the service, program or activity; or (3) the aid, service or modification requested would cause undue hardship.

5. The 504/ADA Coordinator will review auxiliary aids and services or modification requests made by qualified individuals for undue hardships by considering:
   a) The nature and cost of the auxiliary aid and service or modification in relation to the size, the financial resources, and the nature and structure of the operation; and
   b) The impact of the auxiliary aid and service or modification on the nature or operation of the Department.

6. The 504/ADA Coordinator will provide a decision to the individual promptly.

7. Requests that fall outside the Department’s jurisdiction will be returned to the individual promptly.

D. COMPLAINTS:

1. If an individual with a disability (or organization) believes that rights have been violated or that a decision is based on discriminatory reasons, then a complaint may be filed through the Department’s complaint procedure as outlined in this SOP. For convenience, individuals may use the Disability Discrimination Grievance Form (Attachment E) on the Department’s website, however this is optional and the individual may contact the 504/ADA Coordinator directly.

2. Complaints should be in writing. If the individual are unable to submit the complaint in writing due to limitations of disability, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available. Contact the 504/ADA Coordinator to request alternate filing.

3. The complaint shall contain information about the alleged discrimination including:
   a) name, address, phone number of individual (or organization) filing the complaint;
   b) a description of the grievance including the date, location, individual involved, the problem or how and why rights have been violated or a decision is discriminatory;
   c) any other relevant information; and
d) the individual must sign everything that you write using whatever method is typically used by the individual for signing documents.

4. Complaints may be submitted in person, by mail, fax or email and should be addressed to:

   504/ADA Coordinator  
   Health Care Policy & Financing  
   1570 Grant Street  
   Denver, Colorado 80203  
   Telephone: 303-866-6010  
   FAX: 303-866-2828  
   State Relay: 711  
   Email: hcpf504ada@state.co.us

5. The complaint should be submitted by the individual and/or his/her designee (or organization) as soon as possible but no later than sixty (60) calendar days after the alleged violation.

6. Within 15 calendar days after receipt of the complaint, the 504/ADA Coordinator or his/her designee will contact the individual (or organization) to discuss the complaint and the possible resolutions. Within 30 calendar days from receipt of the complaint, the 504/ADA Coordinator or his/her designee will respond in writing, and where appropriate, in a format accessible to the individual (or organization), such as large print, Braille, or audio tape. The response will explain the position of the Department and offer options for substantive resolution of the complaint.

7. If the response by the 504/ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the individual and/or his/her designee may appeal the decision within fifteen (15) calendar days after receipt of the response to the 504/ADA Coordinator at the Department.

8. Decision appeals should include any additional information for review and reason for reconsideration. Address decision appeals to:

   504/ADA Coordinator  
   Health Care Policy & Financing  
   1570 Grant Street  
   Denver, Colorado 80203  
   Telephone: 303-866-6010  
   FAX: 303-866-2828  
   State Relay: 711  
   Email: hcpf504ada@state.co.us

9. Within thirty (30) calendar days after receipt of the appeal, the 504/ADA Coordinator will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.
10. All decisions will be reviewed by the Legal Division Director or his/her designee as appropriate.

11. All written complaints received by the 504/ADA Coordinator or his/her designee, and responses will be retained by the Department for at least three years.

E. CONTACTS:

504/ADA Coordinator
Health Care Policy & Financing
1570 Grant Street
Denver, Colorado 80203
Telephone: 303-866-6010
FAX: 303-866-2828
State Relay: 711
Email: hcpf504ada@state.co.us

V. EFFECTIVE DATE:

This Standard Operating Procedure will become effective upon signature by the executive director and is effective until revised or superseded.

VIOLATION OF THIS STANDARD OPERATING PROCEDURE MAY RESULT IN CORRECTIVE OR DISCIPLINARY ACTION.
ATTACHMENT A
DEPARTMENT STANDARD DISABILITY RIGHTS NOTICE
DISABILITY RIGHTS NOTICE

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 ("ADA"), the Colorado Department of Health Care Policy & Financing will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Effective Communication:

The Colorado Department of Health Care Policy & Financing will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Colorado Department of Health Care Policy & Financing services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Programs:

The Colorado Department of Health Care Policy & Financing will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in Colorado Department of Health Care Policy & Financing offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the Colorado Department of Health Care Policy & Financing, should contact the office of the 504/ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Colorado Department of Health Care Policy & Financing to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the Colorado Department of Health Care Policy & Financing is not accessible to persons with disabilities should be directed to the 504/ADA Coordinator.

The Colorado Department of Health Care Policy & Financing will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Submit Complaints to:

504/ADA Coordinator
Health Care Policy & Financing
1570 Grant Street
Denver, Colorado 80203
Telephone: 303-866-6010
FAX: 303-866-2828
State Relay: 711
Email: hcpf504ada@state.co.us

FOR MORE INFORMATION, VISIT OUR WEBSITE AT COLORADO.GOV/HCPF
ATTACHMENT B
DEPARTMENT ABBREVIATED STANDARD DISABILITY RIGHTS NOTICE
DISABILITY RIGHTS NOTICE

This Grievance Procedure is established to meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, programs, or activities provided by the Department of Health Care Policy & Financing.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Submit Complaints to:

504/ADA Coordinator
Health Care Policy & Financing
1570 Grant Street
Denver, Colorado 80203
Telephone: 303-866-6010
FAX: 303-866-2828
State Relay: 711
Email: hcpf504ada@state.co.us

FOR MORE INFORMATION, VISIT OUR WEBSITE AT COLORADO.GOV/HCPF
ATTACHMENT C
PROVIDING AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

I. POLICY:

The Colorado Department of Health Care Policy & Financing 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 disabilities, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with clients involving their eligibility and enrollment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

II. PROCEDURES:

A. Identification and assessment of need:

The Colorado Department of Health Care Policy & Financing provides notice of the availability of and procedure for requesting auxiliary aids and services through notices posted at all program sites and all facilities, all program handbooks, all appropriate activity schedules, all appropriate program, service or activity meetings, the Department website, all appropriate eligibility and enrollment applications and all appropriate communications containing decisions regarding eligibility and enrollment. 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.

B. Provision of Auxiliary Aids and Services:

The Colorado Department of Health Care Policy & Financing and shall provide the following services or aids to achieve effective communication with persons with disabilities:

C. For Persons Who Are Deaf or Hard of Hearing

1. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the 504/ADA Coordinator 303-866-6010 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

2. In the event that an interpreter is needed, the 504/ADA Coordinator is responsible for:

   a) Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;
b) Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or

c) Obtaining an outside interpreter if a qualified interpreter on staff is not available. The Department has agreed to provide interpreter services.

3. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

a) The Colorado Department of Health Care Policy & Financing utilizes Relay Colorado for external communication. The telephone numbers for Relay Colorado are:

711 – Abbreviated Dialing
1-800-659-3656 – Voice
1-877-659-8260 – Voice Carry Over (VCO)
1-800-659-4656 – ASCII
1-800-676-4290 – Spanish Relay
1-877-659-4279 – Speech-to-Speech (STS)

4. Instructions on how to operate Relay Colorado are published online on the Department’s website and located at the 504/ADA Coordinator’s desk at 1570 Grant Street, Denver, Colorado 80203-1818.

5. For the following auxiliary aids and services, staff will contact the 504/ADA Coordinator 303-866-6010, 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.

6. 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 file. 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 or other clients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

D. For Persons Who are Blind or Who Have Low Vision

1. Staff will communicate information contained in written materials concerning eligibility and enrollment, benefits, services, waivers of rights, and consent forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
2. The following types of large print, taped, Brailled, and electronically formatted materials are available: a number of documents are available electronically on the Department’s website located at www.colorado.gov/hcpf. Questions and assistance can be obtained by calling the 504/ADA Coordinator 303-866-6010.

3. For the following auxiliary aids and services, staff will contact the 504/ADA Coordinator 303-866-6010, 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 is 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.

E. For Persons With Speech Disabilities

   To ensure effective communication with persons with speech disabilities, staff will contact the 504/ADA Coordinator 303-866-6010, who is responsible to provide the aids and services in a timely manner:

   Writing materials; computers; and other communication aids.

F. For Persons With Manual Disabilities

   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: notetakers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual disabilities. For these and other auxiliary aids and services, staff will contact the 504/ADA Coordinator 303-866-6010 who is responsible to provide the aids and services in a timely manner.

Auxiliary Aids and Services Request Form

ATTACHMENT D

Reasonable Modifications Request Form

ATTACHMENT E

Discrimination Complaint Form
ATTACHMENT F
Reasonable Modification Request Process

1. Individual requests reasonable modification (RM)
   - Dept staff accept written request for RM
   - Forward to 504/ADA Coordinator

2. ADA Coordinator receives RM request
   - Is individual qualified (QI)?
   - Send to 2nd Level ADA Supervisor
   - 2nd Level ADA Supervisor concurs
   - Notify individual of decision = not qualified

3. ADA Coordinator receives RM request from QI
   - Is additional info needed to render a decision?
   - Does QI have additional info?
   - ADA Coordinator completes 3rd Party request for info

4. ADA Coordinator receives complete RM request from QI
   - Does RM require fundamental alteration or cause undue burden?
   - Send to 2nd Level ADA Supervisor for review
   - Notify QI of denial and discuss possible alternate RM

5. ADA Coordinator receives complete RM Request from QI
   - RM request does not cause fundamental alteration or undue burden
   - Send to 2nd Level ADA Supervisor for review
   - Notify QI RM approval

ATTACHMENT G
INTERNATIONAL SYMBOLS

Traditional International Symbol of Access (ISA)