

Resource Guide for Ryan White Part A Programs Serving People with Disabilities

Bureau of Hepatitis, HIV, and
Sexually Transmitted Infections (BHHS)
HIV Care and Treatment Program



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Section 1: Introduction

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people with HIV (PWH) who are uninsured or underinsured. The RWHAP Part A works with cities, states, and local community-based organizations to provide HIV care and treatment services to PWH. The majority of RWHAP Part A funds support primary medical care and essential support services. A smaller, but equally critical portion, is used to fund technical assistance, clinical training, and the development of innovative models of care. The program serves as an important source of ongoing access to HIV care, treatment, and supportive services enabling PWH to improve health outcomes ([Health Resources & Services Administration, 2022](#)).

The Bureau of Hepatitis, HIV and Sexually Transmitted Infections (BHHS)'s HIV Care and Treatment Program at the NYC Department of Health and Mental Hygiene (NYC DOHMH) is the Recipient of RWHAP Part A funds in the New York Eligible Metropolitan Area (EMA). The New York EMA under Part A of the RWHAP includes the five boroughs of New York City (NYC) and the counties of Westchester, Rockland, and Putnam (Tri-County).

This manual will serve as a resource for Ryan White Part A (RWPA) funded organizations to meet the needs of PWH who require accommodations due to a disability. This resource manual provides local, State, and Federal laws as well as expectations and recommendations for Ryan White Part A program providers and any other program that provides services for people living with HIV.

Please Note: This is a working document and information presented is subject to change. Links to third-party websites within this document are provided as a convenience and are for informational purposes only, they do not constitute an endorsement of products, services, or opinions of the NYC DOHMH and the Subrecipient Agreement with Public Health Solutions (PHS).

Section 2: Americans with Disabilities Act

There are approximately 61 million adults in the United States living with a disability. According to the Centers for Disease Control (CDC), 1 in 4 adults (26%) in the United States has some type of disability—13.7% with a mobility disability, 10.8% with a cognitive disability, 5.9% are deaf or hard of hearing, and 4.6% are blind or have low vision (this disability is especially common among people 65 years old and older).

According to the [Centers for Disease Control and Prevention \(2020\)](#), people living with disabilities are more likely to face barriers to accessing health care for several reasons, including:

- not having a primary healthcare provider
- having an unmet healthcare need because of cost
- not having a routine check-up within the past year.

Similarly, a person aging with HIV is not only at risk for developing the aforementioned disabilities but is also at risk for developing a disability from their HIV medications. This is due to prolonged use and long-term side effects including, musculoskeletal impairments and other challenges with mobility ([Banks et al., 2017](#)).

Ryan White program client-level data was collected from different New York City EMA Ryan White Part A programs from the clients that were enrolled and served in 2017 to help identify Ryan White Part A clients with at least one disability. Out of 13,819 clients 6,156 (45%) reported having at least one disability, with mobility (18%) and cognition (15%) being the most common ([Alexander, 2019](#)).

The Community Health Advisory and Information Network (CHAIN) also conducted a study that looked at disability among CHAIN study participants interviewed between 2015-2019 and 49% of the 2015-19 CHAIN NYC cohort reported at least one disability, and 59% of the Tri-County participants reported a disability. Serving people with a disability

in the Ryan White program is an important part of our work when nearly half reported being disabled ([New York HIV Planning Council, n.d.](#)).

2.1 History of the Americans with Disabilities Act

The Americans with Disabilities Act (ADA) was signed into law in 1990, prohibiting discrimination based on disability in public accommodations ([Brennan, 2015](#)).

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity ([Brennan, 2015](#)). The law also prohibits discrimination against a person based on their association with someone who has a disability. The ADA defines major life activities as those functions that are important to most people's lives. For example:

- Breathing
- Walking
- Talking
- Hearing
- Seeing
- Sleeping
- Caring for one's self
- Performing manual tasks
- Working
- Major bodily functions
 - Immune system functions
 - Normal cell growth
 - Digestive, bowel, and bladder functions
 - Neurological and brain functions
 - Respiratory and circulatory functions
 - Endocrine and reproductive functions

Under the ADA, it is required that private businesses, both for-profit and not-for-profit, and health care settings provide reasonable accommodations to patients with disabilities. These settings may not discriminate against people with disabilities and may not deny full and equal enjoyment of the goods and services they offer ([ADA National Network, n.d.](#)).

2.2 HIV and the ADA (Department of Justice, 2018)

In 2008, Congress amended the ADA, making it easier for PWH to demonstrate that they are people with disabilities. The statute allows that people who are HIV positive but asymptomatic have disabilities within the meaning of the ADA and are entitled to the protections of the statute. An individual with HIV can demonstrate their disability by showing that their un-medicated HIV substantially limits the functions of their immune system. The ADA also protects people who are discriminated against because of their known association or relationship with PWH.

Understanding what that means and how the legal interpretation affects PWH can better help those who fear discrimination find the legal support they need. This understanding also reduces barriers for individuals who might otherwise avoid HIV care and treatment services. A person who believes that they have been discriminated against because of HIV by a public accommodation or a State or local government may file a complaint with the U.S. Department of Justice (DOJ). Individuals are also entitled to bring private lawsuits under the ADA ([Department of Justice, 2021](#)).

Section 3: Federal, State, and City Laws Protecting People with Disabilities

3.1 Federal Law

The ADA statute identifies who is a person with a disability, who has obligations under the ADA, general non-discrimination requirements, and other basic obligations. It delegates fleshing out those obligations to federal agencies. The agencies issue regulations and design standards. The regulations have the details on the rights of people with disabilities and responsibilities of employers, state and local governments, transportation providers, businesses, and non-profit organizations.

The ADA requires state and local governments, businesses, and non-profit organizations to provide goods, services, and programs to people with disabilities on an equal basis with the rest of the public. It also requires state and local governments to communicate effectively with customers with vision, hearing, and speech disabilities.

The goal of the effective communication provisions of the ADA is to find practical solutions for communicating effectively that work in specific situations. For example, if a person who is deaf is looking for an item at a store, exchanging written notes with a clerk may be effective communication. So, for many businesses, exchanging written notes might be all that is ever required for effective communication. But for a lot of businesses, it will depend on the kind of communication that is taking place. If a person who is deaf goes to a bank to deposit a check, the nature of the communication is different than when the same person is completing a mortgage application. If a person who is deaf is going to the doctor to get a flu shot, the complexity of the communication is different than when the same person is going to the doctor to discuss medical test results and treatment options.

State and Local government services must provide appropriate auxiliary aids and services to ensure effective communication with the individual. Examples of auxiliary aids and services include, but are not limited to, the following:

- **Reader** – a person who can read effectively, accurately, and impartially using any necessary specialized vocabulary.
- **Notetaker** – a person who can take notes effectively and accurately.
- **Sign Language Interpreter** – a professional who is certified in American Sign Language (ASL) and interprets between a source language (usually English) and ASL. They are there in person and facilitate communication in a neutral manner, ensuring equal access to information and participation.
- **Video Remote Interpreting (VRI)** – an ASL interpreter who provides the interpretation over a video conferencing platform for in-person communications between a person who is deaf and the hearing.
- **Assistive Listening Systems** – an amplification system utilizing transmitters, receivers, and/or coupling devices to send a speaker's voice directly to a listener, decreasing interference from background noise. These systems use an induction loop, radio frequencies, infrared, or directly wired equipment.
- **Closed Captioning** – a text transcript of dialog and other background sounds in a video which can be turned on or off by the viewer and can also be accessed by those who are deafblind.
- **Communication Access Realtime Translation (CART)** – real-time captioning for both in-person and virtual interactions that are provided by a professional transcriber for people who are deaf or hard of hearing.
- **Text Telephone (TTY)** – a special device that lets people who are deaf, hard of hearing, or have a speech disability use the telephone to communicate by allowing them to type messages back and forth to one another instead of talking and listening.

- **Videophone (VP)** – device that simultaneously transmits and receives both audio and video.
- **Large Print** – printed materials that use at least a 16-point font size.
- **Braille** – a written form of English that uses patterns of raised dots to represent letters or groups of letters that are then read with the fingertips.

3.2 State Law ([Find Law, 2021](#))

New York State Human Rights Law states the opportunity to obtain education, the use of places of public accommodation and the ownership, use and occupancy of housing accommodations and commercial space without discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability is recognized as and declared to be a civil right. Public accommodations include establishments dealing with goods or services of any kind, dispensaries, clinics, hospitals, public halls, public rooms, any public areas of any public building or structure.

It is considered an unlawful discriminatory practice:

- To refuse to make reasonable modifications in policies, practices, or procedures, when such modifications are necessary to afford facilities, privileges, advantages or accommodations to individuals with disabilities, unless such person can demonstrate that making such modifications would fundamentally alter the nature of such facilities, privileges, advantages, or accommodations.
- Refusal to take such steps as may be necessary to ensure that no individual with a disability is excluded or denied services because of the absence of auxiliary aids and services, unless such person can demonstrate that taking such steps would fundamentally alter the nature of the facility, privilege, advantage, or accommodation being offered or would result in an undue burden.
- A refusal to remove architectural barriers, and communication barriers that are structural in nature, in existing facilities.

- Where such a person is a local or state government entity, a refusal to remove architectural barriers, and communication barriers that are structural in nature, in existing facilities.
- Where such person can demonstrate that the removal of a barrier under subparagraph (iii) of this paragraph is not readily achievable, a failure to make such facilities, privileges, advantages, or accommodations available through alternative methods if such methods are readily achievable.

The law requires the provision of appropriate auxiliary aids and services including:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard of hearing.
- Qualified readers, recorded texts, or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.
- Acquisition or modification of equipment or devices; and
- Other similar services and actions.

Complaints are filed with the NYS Division of Human Rights ([New York State, n.d.](#)). You can file a complaint alleging disability discrimination against a State or local government or a public accommodation (private business including, for example, a restaurant, doctor's office, retail store, hotel, etc.) To file a complaint:

- You must file with the Division within one year of the most recent discriminatory act.
- You may also file directly in state court within three years of the most recent act of discrimination.
- You cannot file with both the state court AND the Division of Human Rights.

- If you file with the Division of Human Rights, it will investigate the alleged discrimination.
- If the Division finds probable cause of unlawful discrimination, the case will proceed to an administrative hearing, like a trial, and an administrative law judge will decide in the case.

3.3 City Law ([New York City Department of Human Rights, n.d.](#))

New York City Human Rights Law (NYCHRL) prohibits anyone who provides goods and services (called public accommodations), including government agencies, from “withholding or refusing to provide full and equal enjoyment of the goods and services it provides to anyone based on their membership in a protected class. A protected class is a group of people with a common characteristic qualified for special protection by a law, policy, or similar authority. Protected classes are created by both federal and state law and reinforced by city law.

Protected classes include:

- Race
- Color
- Religion or creed
- National origin/ancestry
- Sex
- Age
- Physical or mental disability
- Veteran status
- Genetic information
- Citizenship/Residency/National Status

The NYCHRL applies to disability and perceived disability and defines disability more broadly than the federal Americans with Disabilities Act (ADA) and Fair Housing Act (FHA) and includes “any physical, medical, mental, or psychological impairment, or a history or record of such impairment”, and includes a full range of sensory, mental, physical, mobility, developmental, learning, and psychological disabilities —whether they are visible and apparent or not ([ADA National Network, 2017](#)).

Access to public accommodations can be limited based on disability either by disparate treatment or by action or policies that have a disparate impact. This means that an action or practice does not have to be intentionally discriminatory to require that a reasonable accommodation be made to ensure access.

Reasonable accommodations based on disability are defined more broadly under the NYCHRL than under the ADA, FHA, or New York State Human Rights Law. The person making a claim regarding accommodation must establish that:

- they have a disability;
- the entity knows or should have known about the disability;
- the accommodation would enable the person to access the entity; and
- the entity failed to provide the accommodation.

An accommodation is considered reasonable unless the entity that needs to provide it successfully claims that it would cause “undue hardship” to make the accommodation. Factors that may contribute to undue hardship include the type and cost of the accommodation, the resources and capacity of the entity to make the accommodation, and the type of facility of which the accommodation is requested ([ADA National Network, n.d.](#)).

To request or offer a reasonable accommodation, an entity is required to engage in “cooperative dialogue” when they learn (or should have learned) that a person requires an accommodation for a disability, which is defined under the NYC Administrative Code as “the process by which a covered entity and a person who is entitled to, or may be entitled to an accommodation under the law, engage in good faith in a written or oral dialogue concerning the person’s accommodation needs; potential accommodations that may address the person’s accommodation needs, including alternatives to a covered entity.”

A person does not have to request an accommodation, but rather an entity must inquire whether there is a need for accommodation (but cannot ask if a person has a disability) in the event that an issue comes up that indicates that there may be a disability and need for accommodation. One recommendation is for an entity to post a notice regarding the right to be free from discrimination based on disability.

An entity may propose a reasonable alternative to a requested accommodation and the person who needs it must consider it in good faith. In addition, the entity may request additional information regarding a disability if it is not apparent that the accommodation relates to the disability. They cannot request a specific form or type of documentation and they cannot compel a person to share their diagnosis to provide an accommodation. All information related to a person's disability must be kept confidential.

Section 4: Compliance Requirements for People with Disabilities

4.1 Requirements for Public Accommodations

Businesses and non-profit organizations that serve the public must remove architectural barriers when it is “readily achievable” to do so; in other words, when barrier removal is “easily accomplishable and able to be carried out without much difficulty or expense.” The decision of what is readily achievable is made considering the size, type, and overall finances of the public accommodation and the nature and cost of the access improvements needed. Barrier removal that is difficult now may be readily achievable in the future as finances and technology change.

Public accommodations’ ADA obligations for barrier removal are in the Department of Justice’s ADA Title III regulations 28 CFR Part 36.304. To ensure compliance, the ADA has developed the following priorities for accessibility (also included in checklist format (Appendix A)), they are also listed in the Department of Justice ADA Title III regulations. These priorities are equally applicable to state and local government facilities:

- Priority 1 – Accessible approach and entrance.
- Priority 2 – Access to goods and services.
- Priority 3 – Access to public toilet rooms.
- Priority 4 – Access to other items such as water fountains and public telephones.

The ADA, under Titles II and III regulations, require more than program accessibility and barrier removal. The regulations include requirements for non-discriminatory policies and practices and for the provision of auxiliary aids and services, such as sign language interpreters for people who are deaf or hard of hearing and material in braille for people who are blind.

4.2 Requirements for ADA Compliant Websites **([Rivenburgh, 2018](#))**

The ADA also requires public entities to ensure that their website is ADA compliant. To be ADA compliant means the website provides full and equal access, effective communication, and/or meaningful access. To ensure compliance, public entities, and specifically City agencies, must follow the Web Content Accessibility Guidelines (WCAG) version 2.1 at Level AA ([Web Accessibility Initiative, 2019](#)).

The WCAG covers a wide range of recommendations for making web content accessible. Following these guidelines will make content accessible to a wide range of people with disabilities, including those who are blind or have low vision and deaf or hard of hearing; those with limited dexterity, speech disabilities, or photosensitivity; and any combinations of these. These guidelines will also make navigating and using websites for people with learning disabilities and intellectual/developmental disabilities easier; but will not address every users' need. These guidelines address accessibility of web content on desktops, laptops, tablets, and mobile devices. Following these guidelines will also often make web content more usable to users in general.

4.3 Recommendations for Effective Interactions and Communications

Organizations and staff must make a concerted effort to eliminate barriers to accessing services for all clients with disabilities.

Organizations should use a client-centered approach when delivering services to all clients including people with disabilities. The following offers guidance to organizations when collecting client specific information on:

- Client's preferred language
- Barriers or obstacles that need to be addressed

- Reasonable accommodations:
 - Documentation of a client's functional limitation and requests for reasonable accommodations should be kept so that requests are not repeated.

When providing service to a client with a disability, it is important to keep in mind the following:

- Organizations should consider offering a space in which the person with a disability can ask for help.
- A family member, friend or health professional may ask for an accommodation for someone, if they obtain consent from the person with a disability.
- Do not physically touch or tap the client to get their attention, unless they have consented to such touch.
- A person with a disability should understand that they can ask for a reasonable accommodation or modification at any time.

It is important to use respectful and appropriate language when communicating with a person with a disability. Acceptable terminology includes the use of a person-centered approach, such as a person with a disability or people with a disability. It is encouraged to use preferred terminology and avoid language that reinforces negative stereotypes or connotations, like portraying a person as a victim. Avoid using terms such as "wheelchair bound" and "deaf and dumb" as these are demeaning and disrespectful to people with disabilities.

Person-first language should always be used:

- "person who is disabled"
- "a person who is blind or has low vision"
- "a person who is deaf or hard of hearing"
- "a person who uses a wheelchair"

Terms to avoid:

- Victim
- Sufferer
- Crazy
- Handicapped
- Wheelchair-bound
- Special Needs
- Visually or Hearing Impaired

Section 5: Guidance for Interacting with People with Disabilities

5.1 Interacting with people who are Blind or have Low Vision ([Blindskills, n.d.](#))

The following is guidance for providers to effectively communicate with a person who is either blind or has low vision:

- When you enter the room, be sure to address the client by name if you know it and identify yourself by name and the organization you represent. If someone else is in the room, be sure to address the client, and not their companion.
- If you are there to do something, make them aware of the details of the procedure. It is important to describe the plan in detail, referencing any tools or instruments that will be used. This is common courtesy for someone who cannot glance at you and immediately see what it is that you are carrying.
- When interacting with the client, be sure to take the time to describe anything new that may have been added to the room since their last visit. If the client's chart is available in the room, ask if they would like to have it read to them if the information is regularly available to sighted patients. Explain any written instructions that may have been posted in their room.

Questions and comments should be addressed directly to the person with a disability and not a third party. Do not assume that the person automatically requires your help due to their disability.

5.2 Interacting with people who are Deaf or Hard of Hearing ([University of California at San Francisco Health, n.d.](#))

The following is guidance for organizations to effectively communicate with people who are deaf or hard of hearing:

- Face the person directly, on the same level and in good light whenever possible. To ensure appropriate positioning of the light, be sure you are positioned under the light where it shone onto your face and not directly into the eyes of the client.
- Do not talk from another room. Not being able to see each other when talking is a common reason people have difficulty understanding what is said.
- Speak clearly and naturally, without shouting or exaggerating mouth movements. This distorts the sound of speech and makes speech more difficult to understand.
- Say the person's name before beginning a conversation. This gives the listener a chance to focus attention and reduces the chance of missing words at the beginning of the conversation.

Keep your hands away from your face while talking. If you are eating, chewing, smoking, etc. while talking, your speech will be more difficult to understand. Also, be aware of facial hair as beards and moustaches can also interfere with the ability of the deaf or hard of hearing to lip read. Do not rely solely on a person to lip read, the best lip readers only catch about 30% of what is said.

Additional tips worth noting:

- Remember, a person who uses ASL typically understands English as a second language and may find reading long and/or complex text difficult. Having ASL interpretation is a critical accommodation.
- If the person hears better in one ear than the other, try to make a point of remembering which ear is better so that you will know where to position yourself.
- Be aware of possible distortion of sounds. The person may hear your voice but may have difficulty understanding some words.
- Try to minimize extraneous noise when talking.

- Find alternative ways of saying the same thing in case a client has difficulty understanding phrases and/or words.
- Whenever possible, provide pertinent information in writing, such as directions, schedules, work assignments, etc.
- Recognize that everyone has a more difficult time hearing and understanding when ill or tired.
- Pay attention to the listener. A puzzled look may indicate misunderstanding. Tactfully ask the person if they understood you or ask leading questions so you know your message got across.
- Use available resources such as New York Relay Service ([New York Relay Service, n.d.](#)).

5.3 Interacting with people with Mental Health or Psychiatric Disabilities

Most beliefs and attitudes toward mental health can be stigmatizing and discriminating. People with mental health disabilities contend with their symptoms along with the stereotypes and prejudice that results from the misconceptions about mental health. As a result of both, people with mental health disabilities struggle with opportunities that define a quality of life including, employment, housing, and access to satisfactory health care ([PWALTI, 2009](#)).

PWH may also experience stigma about having HIV and a mental health disability. PWH who feel stigmatized may not seek help because they fear this will lead to even more bias, discrimination, or stereotyping. Mental health disabilities affect the way you think, feel, and function. Mental health issues often have a strong effect on the physical health of PWH by:

- Making it challenging to take HIV medications daily and consistently
- Interfering with healthy behaviors, such as sufficient sleep, eating a healthy, balanced diet, and avoiding riskier behaviors, such as less safe sex and less safe drug use.

- Interfering with the ability to use coping skills or creating barriers to using daily living skills.

A mental health disability may be a pre-existing condition that may have been initially diagnosed after an HIV diagnosis; or it may be directly or indirectly caused by the progression of the disease.

5.3.1 Best Practices for Interacting with People with Mental Health Disabilities ([San Diego State University, n.d.](#))

1. Speak Directly

Use clear simple communications. Most people, whether they have a mental health disability, appreciate it. If someone is having difficulty processing sounds or information, as often occurs in psychiatric disorders, your message is more apt to be clearly understood. Speak directly to the person; do not speak through a companion or service provider.

2. Offer to Shake Hands When Introduced

Always use the same good manners in interacting with a person who has a psychiatric disability that you would use in meeting any other person. Shaking hands is a uniformly acceptable and recognized signal of friendliness in American culture. A lack of simple courtesy is unacceptable to most people and tends to make everyone uncomfortable.

3. Make Eye Contact and be Aware of Body Language

People will sense your discomfort. Look them in the eye when speaking to them and maintain a relaxed posture.

4. Listen Attentively

If a person has difficulty speaking or speaks in a manner that is difficult for you to understand, listen carefully — then wait for them to finish speaking. If needed, clarify what they have said. Ask short questions that can be answered by a “yes” or a “no” or by nodding the head. Never pretend to understand. Reflect what you have heard, and let the person clarify as needed.

5. Treat Adults as Adults

Always use common courtesy. Do not assume familiarity by using the person's first name or by touching their shoulder or arm unless you know the person well enough to do so. Do not patronize, condescend, or threaten. Do not make decisions for the person or assume their preferences.

6. Do Not Give Unsolicited Advice or Assistance

If you offer any kind of assistance, wait until the offer is accepted. Then listen to the person's response and/or ask for suggestions or instructions. Do not panic or summon an ambulance or the police if a person appears to be experiencing a mental health crisis. Calmly ask the person how you can help.

7. Do Not Blame the Person

A person who has a mental health disability has a complex, biomedical condition that is sometimes difficult to control, even with proper treatment. A person who is experiencing this cannot "just shape up" or "pull himself up by the bootstraps." It is rude, insensitive, and ineffective to tell or expect the person to do so.

8. Question the Accuracy of Media Stereotypes of Mental Illness

The movies and the media have sensationalized mental illness. Despite the stereotypes portrayed, studies have shown that people with mental health disabilities are far more likely to be victims of crime than to victimize others. Most people with mental health disabilities never experience symptoms that include violent behavior. As with the general public, about 1% - 5% of all people with mental health disabilities are exceptionally easily provoked to violence. (National Alliance for the Mentally Ill, 1990)

9. **Relax!**

The most important thing to remember in interacting with people who have mental health disabilities is to be yourself. While you should avoid using words like 'crazy' or 'nuts', you do not need to be embarrassed if you happen to use one. Being overly apologetic only calls more attention to their disability. Just ask the person how they feel about what you have said. Chances are, you get a flippant remark and a laugh in answer.

10. **See the Person**

Beneath all the symptoms and behaviors, a person with a mental health issue has many of the same wants, needs, dreams and desires as anyone else. This includes people with mental health disabilities. Treat people with mental health issues the way you'd want to be treated!

Section 6: Access to Medical Care for Individuals with Mobility Disabilities (Department of Justice, 2010)

6.1 Overview and General Requirements

Accessibility of doctor's offices, clinics, and other health care providers is essential in providing medical care to people with disabilities. Due to barriers, individuals with disabilities are less likely to get routine preventative medical care than people without disabilities. Accessibility is not only a legal requirement; it is important medically so that minor problems can be detected and treated before turning into major and possibly life-threatening problems.

Both Title II and Title III of the ADA and Section 504 require that medical care providers provide individuals with disabilities ([Americans with Disabilities Act, 2010](#)):

- full and equal access to their health care services and facilities; and
- reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of the services (i.e. alter the essential nature of the services).

6.2 Commonly Asked Questions

Question 1

Is it OK to examine a patient who uses a wheelchair in the wheelchair, because the patient cannot get onto the exam table independently?

Answer 1

Generally, no. Examining a patient in their wheelchair usually is less thorough than on the exam table and does not provide the patient equal medical services. There are several ways to make the exam table accessible to a person using a wheelchair. A good option is to have a

table that adjusts down to the level of a wheelchair, approximately 17-19 inches from the floor. What is important is that a person with a disability receives equal medical services to those received by a person without a disability. If the examination does not require that a person lie down (for example, an examination of the face), then the exam table is not important to the medical care and the patient may remain seated.

Question 2

Can I tell a patient that I cannot treat them because I don't have accessible equipment?

Answer 2

Generally, no. You cannot deny service to a patient whom you would otherwise serve because they have a disability. You must examine the patient as you would any patient. To do so, you may need to provide an accessible exam table, an accessible stretcher or gurney, or a patient lift, or have enough trained staff available who can assist the patient to transfer.

Question 3

Is it okay to tell a patient who has a disability to bring along someone who can help at the exam?

Answer 3

No. If a patient chooses to bring along a friend or family member to the appointment, they may. However, a patient with a disability, just like other individuals, may come to an appointment alone, and the provider must provide reasonable assistance to enable the individual to receive the medical care. This assistance may include helping the patient to undress and dress, get on and off the exam table or other equipment, and lie back and be positioned on the examination table or other equipment. Once on the exam table, some patients may need a staff person to stay with them to help maintain balance and positioning. The provider should ask the patient if he or she needs any assistance and, if so, what is the best way to help.

Question 4

If the patient does bring an assistant or a family member, do I talk to the patient or the companion? Should the companion remain in the room while I examine the patient and while discussing the medical problem or results?

Answer 4

You should always address the patient directly, not the companion, as you would with any other patient. Just because the patient has a disability does not mean that they cannot speak for themselves or understand the exam results. It is up to the patient to decide whether a companion remains in the room during your exam or discussion with the patient. The patient may have brought a companion to assist in getting to the exam but would prefer to ask the companion to leave the room before the doctor begins a substantive discussion. Before beginning your examination or discussion, you should ask the patient if they wish the companion to remain in the room.

Question 5

Can I decide not to treat a patient with a disability because it takes me longer to examine them, and insurance won't reimburse me for the additional time?

Answer 5

No, you cannot refuse to treat a patient who has a disability just because the exam might take more of your or your staff's time. Some examinations take longer than others, for all sorts of reasons, in the normal course of a medical practice.

Question 6

I have an accessible exam table, but if it is in use when a patient with a disability comes in for an appointment, is it OK to make the patient wait for the room to open up, or else use an exam table that is not accessible?

Answer 6

Generally, a patient with a disability should not wait longer than other patients because they are waiting for a particular exam table.

If the patient with a disability has made an appointment in advance, the staff should reserve the room with the accessible exam table for that patient's appointment. The receptionist should ask everyone who calls to make an appointment if the individual will need any assistance at the examination because of a disability. This way, the medical provider can be prepared to provide the assistance and staff needed. Accessibility needs should be noted in the patient's chart so the provider is prepared to accommodate the patient on future visits as well. If the medical provider finds that it cannot successfully reserve the room with the accessible exam table for individuals with disabilities, then the provider should consider acquiring additional accessible exam tables so that more exam rooms are available for individuals with disabilities.

Question 7

In a doctor's office or clinic with multiple exam rooms, must every examination room have an accessible exam table and sufficient clear floor space next to the exam table?

Answer 7

Probably not. The medical care provider must be able to provide its services in an accessible manner to individuals with disabilities. To do so, accessible equipment is usually necessary. However, the number of accessible exam tables needed by the medical care provider depends on the size of the practice, the patient population, and other factors. One accessible exam table may be sufficient in a small doctor's practice, while more will likely be necessary in a large clinic.

Question 8

I don't want to discriminate against patients with disabilities, but I don't want my staff to injure their backs by lifting people who use wheelchairs onto exam tables. If my nurse has a bad back, then she doesn't have to help lift a patient, does she?

Answer 8

Staff should be protected from injury, but that doesn't justify refusing to provide equal medical services to individuals with disabilities. The medical provider can protect his or her staff from injury by providing accessible equipment, such as an adjustable exam table and/or a ceiling or floor-based patient lift, and training on proper patient handling techniques as necessary to provide equal medical services to a patient with a disability.

Question 9

What should I do if my staff do not know how to help a person with a disability transfer or know what the ADA requires my office to do? Also, I am unsure how to examine someone with spasticity or paralysis.

Answer 9

To provide medical services in an accessible manner, the medical provider and staff will likely need to receive training. This training will need to address how to operate the accessible equipment, how to assist with transfers and positioning of individuals with disabilities, and how not to discriminate against individuals with disabilities. Local or national disability organizations may be able to provide training for your staff. This document and other technical assistance materials found on the ADA Website (www.ada.gov) can be used in conjunction with live training to train medical staff. The U.S. Department of Justice ADA Information Line is another resource. Anyone can call the Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY) to speak with an ADA Specialist to get answers to questions about the ADA. Additionally, when preparing to assist a patient with a disability, it is always best to ask the patient if assistance is needed and if so, what is the best way to help. If the provider is unsure of how to handle something, it is OK to ask the patient what works best.

Question 10

If I lease my medical office space, am I responsible for making sure the examination room, waiting room, and toilet rooms are accessible?

Answer 10

Yes. Any private entity that owns, leases or leases to, or operates a place of public accommodation is responsible for complying with Title III of the ADA. Both tenants and landlords are equally responsible for complying with the ADA. However, your lease with the landlord may specify that, as between the parties, the landlord is responsible for some or all the accessibility requirements of the space. Frequently, the tenant is made responsible for the space it uses and controls (e.g., the examination rooms and reception area), while the landlord is responsible for common space, such as toilet rooms used by more than one tenant.

Question 11

Are there any tax breaks for making accessibility changes to my medical office?

Answer 11

Yes. Subject to IRS rules, federal tax credits and deductions are available to private businesses to offset expenses incurred to comply with the ADA. See [IRS Form 8826](#) for additional information about the Disabled Access Credit established under Section 44 of the Internal Revenue Code. See [IRS Publication 535 \(Number 7: Barrier Removal\)](#) for more information about the tax deduction, established under Section 190 of the Internal Revenue Code. Both the tax credit and deduction may be taken annually.

6.3 Accessible Examination Rooms

An accessible examination room has features that make it possible for patients with mobility disabilities, including those who use wheelchairs, to receive appropriate medical care. These features allow the patient to enter the examination room, move around in the room, and utilize the accessible equipment provided. These features make this possible:

- an accessible route to and through the room;
- an entry door with adequate clear width, maneuvering clearance, and accessible hardware;
- appropriate models and placement of accessible examination equipment (See Part 4 for detailed discussion of accessible examination equipment.); and
- adequate clear floor space inside the room for side transfers and use of lift equipment.

New and altered examination rooms must meet requirements of the ADA Standards for Accessible Design. Accessible examination rooms may need additional floor space to accommodate transfers and for certain equipment, such as a floor lift.

The number of examination rooms with accessible equipment needed by the medical care provider depends on the size of the practice, the patient population, and other factors. One such exam room may be sufficient in a small doctor's practice, while more will likely be necessary in a large clinic.

Entry Doors

Under the ADA Standards for Accessible Design, an accessible doorway must have a minimum clear opening width of 32 inches when the door is opened to 90 degrees. Maneuvering clearances on either side of the door that comply with the ADA Standards must be provided. In addition, the door hardware must not require tight twisting, pinching, or grasping to use it. Keep in mind that the hallway outside of the door and the space inside the door should be kept free of boxes, chairs, or equipment, so that they do not interfere with the maneuvering clearance or accessible route.

Clear Floor and Turning Space Inside Examination Rooms

For accessible equipment to be usable by an individual who uses a wheelchair or other mobility device, that individual must be able to approach the exam table and any other elements of the room to which patients have access. The exam table must have sufficient clear floor space next to it so that an individual using a wheelchair can approach the side of the table for transfer onto it. The minimum amount of space required is 30 inches by 48 inches. Clear floor space is needed along at least one side of an adjustable height examination table.

Because some individuals can only transfer from the right or left side, providing clear floor space on both sides of the table allows one accessible table to serve both right and left side transfers. Another way to allow transfers to either side of exam tables, particularly when more than one accessible examination room is available, is to provide a reverse furniture layout in another accessible examination room.

The room should also have enough turning space for an individual using a wheelchair to make a 180-degree turn, using a clear space of 60 inches in diameter or a 60 inch by 60-inch T-shaped space. Movable chairs and other objects, such as waste baskets, should be moved aside if necessary, to provide sufficient clear floor space for maneuvering and turning.

When a portable patient lift or stretcher is to be used, additional clear floor space will be needed to maneuver the lift or stretcher. Ceiling-mounted lifts, on the other hand, do not require the additional maneuvering clear floor space because these lifts are mounted overhead.

6.4 Accessible Medical Equipment

Availability of accessible medical equipment is an important part of providing accessible medical care, and doctors and other providers must ensure that medical equipment is not a barrier to individuals with disabilities. This section provides examples of accessible medical

equipment and how it is used by people with mobility disabilities. Such equipment includes adjustable-height exam tables and chairs, wheelchair-accessible scales, adjustable-height radiologic equipment, portable floor and overhead track lifts, and gurneys and stretchers.

The right solution or solutions for providing accessible medical care depends on existing equipment, the space available both within the examination room and for storage of equipment, the size of the practice and staff, and the patient population. What is important is that a person with a disability receives medical services equal to those received by a person without a disability. For example, if a patient must be lying down to be thoroughly examined, then a person with a disability must also be examined lying down. Likewise, examinations which require specialized positioning, such as gynecological examinations, must be accessible to a person with a disability. To provide an accessible gynecological exam to women with paralysis or other conditions that make it difficult or impossible for them to move or support their legs, the provider may need an accessible height exam table with adjustable, padded leg supports, instead of typical stirrups.

However, if the examination or procedure does not require that a person lie down (for example, an examination of the face or an x-ray of the hand), then using an exam table is not necessarily important to the quality of the medical care and the patient may remain seated.

Exam Tables and Chairs

Traditional fixed-height exam tables and chairs (also called treatment tables or procedure tables) are too high for many people with a mobility disability to use. Individuals with mobility disabilities often need to use an adjustable-height table which, when positioned at a low height, allows them to transfer from a wheelchair. A handle or support rail is often needed along one side of the table for stability during a transfer and during the examination. Individuals transfer to and from adjustable-height exam tables and chairs differently. Some will be able to transfer on their own by standing up from a mobility device, pivoting, and sitting

down on the exam table. Those using walkers may simply walk to the exam table and sit down, while others with limited mobility may walk more slowly and need a steadying arm or hand to help with balance and sitting down. Some people using wheelchairs may be able to independently transfer to the table or chair, while others will need assistance from a staff member. Transfers may also require use of equipment, such as a transfer board or patient lift.

An accessible exam table or chair should have at least the following:

- ability to lower to the height of the wheelchair seat, 17-19 inches from the floor; and
- elements to stabilize and support a person during transfer and while on the table, such as rails, straps, stabilization cushions, wedges, or rolled up towels.

Once a patient has transferred, staff should ask if assistance is needed—some patients may need staff to stay and help undress or stabilize them on the table. Never leave the patient unattended unless the patient says they do not need assistance.

Different types of exam tables are used for different purposes. Some exam tables fold into a chair-like position; others remain flat. Either type can be used by people with disabilities with the right accessible features and table accessories. Pillows, rolled up towels, or foam wedges may be needed to stabilize and position the patient on the table. Tilt, adjustability, and headrests, footrests, and armrests may make the examination more accessible for the patient and easier for the doctor.

A critical, but often overlooked component to ensuring success is adequate and ongoing training of medical practitioners and staff. Purchasing accessible medical equipment will not provide access if no one knows how to operate it. Staff must also know which examination and procedure rooms are accessible, and where portable accessible medical equipment is stored. Whenever new equipment to provide accessible care is received, staff should be immediately trained on its

proper use and maintenance. New staff should receive training as soon as they come on the job and all staff should undergo periodic refresher training during each year.

Training staff to properly assist with transfers and lifts, and to use positioning aids correctly will minimize the chance of injury for both patients and staff. Staff should be instructed to ask patients with disabilities if they need help before aiding and, if they do, how best they can help. People with mobility disabilities are not all the same – they use mobility devices of different types, sizes and weight, transfer in different ways, and have varying levels of physical ability. Make sure that staff know, especially if they are unsure, that it is not only permissible, but encouraged, to ask questions. Understanding what assistance, if any, is needed and how to provide it, will go a long way toward providing safe and accessible health care for people with mobility disabilities.

Section 7: Disability and Health Information for People with Disabilities ([Centers for Disease Control and Prevention, 2020](#))

Since the Americans with Disabilities Act was enacted in 1990, many social barriers have been removed or reduced for people with disabilities. But there is more work that needs to be done for people with disabilities to become more independent and involved in their world. Good health is important to be able to work, learn, and be engaged within a community.

7.1 Healthy Living

People with disabilities need health care and health programs for the same reasons anyone else does—to stay well, active, and a part of the community. Having a disability does not mean a person is not healthy or that they cannot be healthy. Being healthy means the same thing for all of us—getting and staying well so we can lead full, active lives. That means having the tools and information to make healthy choices and knowing how to prevent illness ([Centers for Disease Control and Prevention, 2012](#)).

[Learn more about healthy living](#)

7.2 Safety

People with disabilities can be at higher risk for injuries and abuse. It is important for parents and other family members to teach their loved one how to stay safe and what to do if they feel threatened or have been hurt in any way.

For more information:

- [Bullying and Youth with Disabilities and Special Health Needs](#)
- [Violence Prevention](#)
- [Injury Prevention](#)
- [Emergency Preparedness](#)

7.3 Assistive Technology ([Centers for Disease Control and Prevention, 2020](#))

Assistive technologies (AT) are devices or equipment that can be used to help a person with a disability fully engage in life activities. AT's can help enhance functional independence and make daily living tasks easier using aids that help a person travel, communicate with others, learn, work, and participate in social and recreational activities. An example of an assistive technology can be anything from a low-tech device, such as a magnifying glass, to a high-tech device, such as a special computer that talks and helps someone communicate. Other examples are wheelchairs, walkers, and scooters, which are mobility aids that can be used by people with physical disabilities.

For more information, visit [Publications, Organizations, and Programs: People with Disabilities and Assistive Technology](#)

7.4 Independent Living

Independent living has to do with self-determination. It is having the right and the opportunity to pursue a course of action. And, it is having the freedom to fail — and to learn from one's failures, just as nondisabled people do. Independent living should not be defined in terms of living on one's own, being employed in a job fitting one's capabilities and interests, or having an active social life. These are aspects of living independently. ([REACH ILC](#))

For more information:

- [A Center for Independent Living](#)
- [Build or Modify Your Home for Independence](#)
- [U.S. Department of Housing and Urban Development: Information for People with Disabilities](#)

7.5 Finding Support ([Centers for Disease Control and Prevention, 2020](#))

For many people with disabilities and those who care for them, daily life may not be easy. Disabilities affect the entire family. Meeting the complex needs of a person with a disability can put families under a great deal of stress — emotional, financial, and sometimes even physical.

However, finding resources, knowing what to expect, and planning for the future can greatly improve overall quality of life. If you have a disability or care for someone who does, it might be helpful to talk with other people who can relate to your experience.

Find a Support Network - By finding support within your community, you can learn more about resources available to meet the needs of families and people with disabilities. This can help increase confidence, enhance quality of life, and assist in meeting the needs of family members.

A national organization that focuses on the disability, such as Spina Bifida Association, that has a state or local branch, such as Spina Bifida Association in your state, might exist. State or local area Centers for Independent Living could also be helpful ([ILRU, n.d.](#)). United Way offices may be able to point out resources. Look in the phone book or on the web for phone numbers and addresses.

Other ways to connect with other people include camps, organized activities, and sports for people with disabilities. In addition, there are online support groups and networks for people with many different types of disabilities.

Talk with a Mental Health Professional - Psychologists, social workers, and counselors can help you deal with the challenges of living with or caring for someone with a disability. Talk to your primary care physician for a referral.

Section 8: Training Resources

[Center for the Independence of the Disabled, NY](#)

Center for the Independence of the Disabled, NY (CIDNY) counselors provide benefits eligibility screening and application assistance, help navigating complex systems, and help with appeals of government determinations. We teach self-advocacy. Our services include peer counseling, transition assistance, independent living skills help, benefits advisement, communications help; and more. Areas of expertise include health coverage and access, transportation, employment, education, housing searches, income assistance, and transition from institutions to the community.

Disability Awareness Training—the 7th Sense offers a series of disability awareness trainings tailored for corporations, service providers, government agencies, and other organizations that work with or provide services to people with disabilities. Training includes real life vignettes, group exercises, questions, and answers to help participants examine and recognize their attitudes about people with disabilities in a safe, supportive environment.

Website: cidny.org/about-us/

[NYS-ED: Adult Career and Continuing Education Services- Vocational Rehabilitation \(ACCES-VR\)](#)

ACCES-VR assists people with disabilities to achieve and maintain employment and to support independent living by providing no-cost technical assistance on disability issues. ACCES-VR can provides this assistance to increase the accessibility of the workplace. They can also provide diversity training for management, line, and support staff regarding disability-related diversity issues.

Website: acces.nysed.gov/vr

ADA National Network

The ADA National Network offers a variety of training opportunities to increase your knowledge of the ADA. They provide training on all ADA topics and on all levels from basic to advanced. Trainings are available in-person, webcast, and online.

Website: adata.org/ada-training

Lighthouse Guild

The Lighthouse Guild provides eLearning for healthcare and education professionals. Online programs include webinars, videos, and educational materials prepared for healthcare and education professionals to identify and address vision issues, refer patients to vision rehabilitation, and improve effectiveness, quality of care and quality of life for people of all ages with vision loss.

Website: LighthouseGuild.org

Flesch Kincaid Calculator

This Flesch Kincaid Calculator can be used to show how readable your text is by providing a Flesch Readability Ease score and the Flesch-Kincaid Grade Level score. Cut-and-paste the text you want to test into the box in the URL below, then click "Calculate"; this will give you the text's readability scores.

Websites: GoodCalculators.com/flesch-kincaid-calculator/

TextCompare.org/readability/flesch-kincaid-reading-ease

Section 9: Community Resources

[NYC Mayor's Office for People with Disabilities](#)

Operating since 1973, the Mayor's Office for People with Disabilities (MOPD) is the liaison between New York City government and the disability community. In partnership with all City offices and agencies, MOPD consistently ensures that the rights and concerns of the disability community are included in all City initiatives and that City programs and policies address the needs of people with disabilities. Through its work and advocacy, MOPD has steadily improved services and programs for the over 920,000 New Yorkers who self-identify as people who are living with a disability as well as the approximately six million annual visitors to the city who have disabilities. This is done in all facets of life, including transportation, employment, healthcare, housing, education, access to City services, and financial empowerment. Working to make New York the most accessible city in the world, the office regularly engages in advocacy and policymaking at the local, state, national, and international levels to make certain that accessibility and full inclusion are key priorities for all public and private stakeholders alike.

Website: nyc.gov/mopd

[New York State Commission for the Blind](#)

The mission of the New York State Commission for the Blind (NYSCB) is to enhance employability, to maximize independence and to assist in the development of the capacities and strengths of people who are legally blind. NYSCB assists New York State residents of all ages who are legally blind or deafblind to live independent and productive lives by providing vocational counseling, advocacy, rehabilitation training and employment services.

Website: ocfs.ny.gov/main/cb

ocfs.ny.gov/publications/NYSCB/NYSCB-Pub505.pdf

Helen Keller Services

Since 1893, Helen Keller Services (HKS) has been committed to improving the lives of individuals who are blind, have low vision or combined hearing and vision loss. HKS is comprised of Helen Keller Services for the Blind, a regional division serving the New York City/Long Island area, and the Helen Keller National Center for Deaf-Blind Youth and Adults, a national division headquartered in Sands Point, New York, with a network of regional offices that extends HKS' reach across the United States.

Our instructors provide personalized training and guidance to everyone. Our clients are true partners in the process, collaborating with staff to design training plans that are tailored to their needs and goals. Everything they learn through HKS has practical, real-world applications.

One-on-one coaching, cutting-edge technology, hands-on learning, and the chance to interact with people who know firsthand the challenges of living with vision or combined vision and hearing loss—it's all part of the HKS experience.

Website: [HelenKeller.org](https://www.HelenKeller.org)

ADAPT Community Network

ADAPT Community Network is the leading human service not-for-profit and a pioneer in providing cutting edge programs and services for people with disabilities. ADAPT's 100 comprehensive programs include education, health, technology, residential and recreational services to over 18,000 individuals and families, living with challenges such autism, cerebral palsy, down syndrome, and neuromuscular disorders, among others.

Website: [AdaptCommunityNetwork.org](https://www.AdaptCommunityNetwork.org)

[NYC Human Rights Commission](#)

The New York City Commission on Human Rights is charged with the enforcement of the [Human Rights Law](#), Title 8 of the Administrative Code of the City of New York, and with educating the public and encouraging positive community relations.

The New York City Human Rights Law is one of the most comprehensive civil rights laws in the nation. The Law prohibits discrimination in employment, housing, and public accommodations based on race, color, religion/creed, age, national origin, immigration or citizenship status, gender (including sexual harassment), gender identity, sexual orientation, disability, pregnancy, marital status, and partnership status. Interns, whether paid or not, are considered employees under the Law.

Website: nyc.gov/cchr

Section 10: Advocacy Resources

[Alpha Workshops](#)

Dedicated to creating beauty and changing lives, The Alpha Workshops is the nation's first nonprofit organization providing decorative arts education and employment to adults with visible or invisible disabilities and/or other vulnerabilities. In accordance with its original mission "to provide a new model of economic development for people living with HIV+/AIDS or other disabilities," The Alpha Workshops is part of a growing movement to establish unique ways of working, teaching, and doing business with benefits for all: a do-no-harm approach to education and enterprise.

Website: AlphaWorkshops.org/

[American Council of the Blind New York Chapter](#)

American Council of the Blind New York Chapter (ACBNY) is the state affiliate of The American Council of The Blind. Its purpose is to support and promote the educational, vocational, and social advancement of blind and visually impaired people.

Website: acbny.info

[Brooklyn Center for Independence of the Disabled, Inc.](#)

Brooklyn Center for Independence of the Disabled, Inc. (BCID) is a non-profit, grass roots organization operated by most people with disabilities for people with disabilities since 1956. Our mission for over 50 years has been to empower people with disabilities by improving the quality of their lives and fostering their integration into the mainstream of society. We also develop educational programs including training for advocacy for their individual civil rights.

Website: bcid.org

Center for Disability Rights

Center for Disability Rights (CDR) is a disability led, not-for-profit Corporation. Provides services to people with disabilities and seniors within the framework of an Independent Living Model which promotes independence of people with all types of disabilities, enabling choice in living setting, full access to the community, and control of their life. CDR advocates for the full integration, independence, and civil rights of people with disabilities.

Website: cdrnys.org

Disability Rights Advocates

Disability Rights Advocates (DRA) is the leading national nonprofit disability rights legal center. Its mission is to advance equal rights and opportunity for people with all types of disabilities nationwide.

Website: draLegal.org

Disabilities Rights New York

Disabilities Rights New York (DRNY) is the Protection & Advocacy System and Client Assistance Program (P&A/CAP) for people with disabilities in New York State. As the P&A/CAP for New York, DRNY advocates for the civil and legal rights for New Yorkers with disabilities. DRNY provides free legal and advocacy services to individuals with disabilities. Working tirelessly to protect and advance the rights of children and adults with disabilities, DRNY is committed to enabling those we serve to exercise their own life choices and fully participate in community life.

Website: drny.org

Disabled in Action

Disabled in Action is a civil rights organization committed to ending discrimination against people with disabilities - all disabilities. Their goal is to help raise consciousness among people with and without disabilities. They work to enact and enforce effective legislation and budget initiatives promoting our ability to live equally and independently.

Website: DisabledInAction.org

National Federation of the Blind of New York

The National Federation of the Blind of New York knows that blindness is not the characteristic that defines you or your future. Every day we raise the expectations of blind people because low expectations create obstacles between blind people and our dreams. The NFB is the only organization that believes in the full capacity of blind people and has the power, influence, diversity, and determination to help transform our dreams into reality.

Website: nfbny.org/nyc

Self-Advocacy Association of New York State

The Self-Advocacy Association of New York State, Inc. (SANYS) is a not-for-profit, grassroots organization run by and for people with developmental disabilities. Our goal is to help create a person-centered and person-directed system of supports. To further this goal, the SANYS executive board supports self-advocates and self-advocacy groups regionally and statewide. SANYS encourages them to speak up for themselves individually and collectively.

Website: sanys.org

Sinergia

Sinergia is a multi-service, not-for-profit organization founded in 1977. The agency's focus is to serve individuals and families who have developmental and intellectual disabilities throughout New York City as well as underserved populations in the community of Harlem.

Website: sinergiany.org

Staten Island Center for Independent Living

The Staten Island Center for Independent Living (SICIL) is the only comprehensive multi-service provider in the borough that is primarily staffed and governed by individuals who have personal experience with disability. It is the borough's only not-for-profit agency providing services to individuals of all ages and all levels of disability. SICIL provides services to over thirteen hundred consumers annually.

Website: siciLiving.org

Eldercare Locator

The Eldercare Locator is a nationwide service that connects older Americans and their caregivers with trustworthy local support resources. Since 1991, the Eldercare Locator has been linking those who need assistance with state and local agencies on aging, as well as community-based organizations that serve older adults and their caregivers. Whether help is needed with services such as meals, home care or transportation, or a caregiver needs training and education or a well-deserved break from caregiving responsibilities, the Eldercare Locator is there to point that person in the right direction. The Eldercare Locator is a public service of the Administration on Aging (AoA), an agency of the U.S. Administration for Community Living.

Website: ElderCare.acl.gov

Centers for Independent Living

Designed and operated by individuals with disabilities, Centers for Independent Living (CILs) provide independent living services for people with disabilities for people with all types of disabilities. CILs are at the core of ACL's independent living programs, which work to support community living and independence for people with disabilities across the nation based on the belief that all people can live with dignity, make their own choices, and participate fully in society. These programs provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.

Website: acl.gov/programs/aging-and-disability-networks/centers-independent-living

Association of University Centers on Disabilities

The Association of University Centers on Disabilities (AUCD) is a membership organization that supports and promotes a national network of university-based interdisciplinary programs. Members consist of:

- 67 University Centers for Excellence in Developmental Disabilities (UCEDD), receiving core funding from the Office on Intellectual and Developmental Disabilities (OIDD)
- 52 Leadership Education in Neurodevelopmental Disabilities (LEND) Programs receiving core funding from the Maternal and Child Health Bureau (MCHB)
- 14 Intellectual and Developmental Disability Research Centers (IDDRC), receiving core funding from the Eunice Kennedy Shriver National Institute for Child Health and Development (NICHD)

These programs serve and are located in every U.S. state and territory and are all part of universities or medical centers. They serve as a bridge between the university and the community, bringing together the resources of both to achieve meaningful change.

Website: aucd.org/template/index.cfm

Appendix

1. Statement by Assistant Attorney General Kristen Clarke on World AIDS Day
[justice.gov/opa/pr/statement-assistant-attorney-general-kristen-clarke-world-aids-day](https://www.justice.gov/opa/pr/statement-assistant-attorney-general-kristen-clarke-world-aids-day)
2. Questions and Answers on the Final Rule Implementing the ADA Amendments Act of 2008
[eeoc.gov/laws/guidance/questions-and-answers-final-rule-implementing-ada-amendments-act-2008](https://www.eeoc.gov/laws/guidance/questions-and-answers-final-rule-implementing-ada-amendments-act-2008)
3. Requesting a Leave of Absence as a Reasonable Accommodation
[eeoc.gov/newsroom/experts-give-eeoc-range-views-leave-reasonable-accommodation](https://www.eeoc.gov/newsroom/experts-give-eeoc-range-views-leave-reasonable-accommodation)
4. Fact Sheet on the EEOC's Final Regulations Implementing the ADA
[eeoc.gov/laws/guidance/fact-sheet-eeocs-final-regulations-implementing-adaaa](https://www.eeoc.gov/laws/guidance/fact-sheet-eeocs-final-regulations-implementing-adaaa)
5. Fighting Discrimination Against People with HIV/AIDS
[ada.gov/hiv/index.html](https://www.ada.gov/hiv/index.html)
6. A Handbook on Best Practices Regarding HIV and AIDS for People with Disabilities
[miusa.org/sites/default/files/documents/resource/VSO%202010%20bestpractices_inclusion_hivaids-1.pdf](https://www.miusa.org/sites/default/files/documents/resource/VSO%202010%20bestpractices_inclusion_hivaids-1.pdf)
7. Social Security Disability Resources by City
[disability-benefits-help.org/social-security-disability-resources](https://www.disability-benefits-help.org/social-security-disability-resources)
8. Handicap Parking Information by State
[disability-benefits-help.org/handicap-disabled-parking](https://www.disability-benefits-help.org/handicap-disabled-parking)

- 9.** Resources for Integrated Care. Disability-Competent Care Self - Assessment Tool
ResourcesForIntegratedCare.com/sites/default/files/DCCAT_Final.pdf
ResourcesForIntegratedCare.com/sites/default/files/DCCAT_Evaluation_Results_Form_508.pdf
- 10.** My Health, My Life Toolkit
ResourcesForIntegratedCare.com/sites/default/files/Care_Transitions_Toolkit.pdf
ResourcesForIntegratedCare.com/sites/default/files/Care_Transitions_Toolkit_Spanish.pdf
- 11.** Guidelines for Inclusion of Individuals with Disability in HIV/AIDS Outreach Efforts
nac.org.zm/sites/default/files/publications/HIV%20Guidelines%20on%20Disability.pdf
- 12.** ADA Checklist
adata.org/project/ada-checklist

Resource Library

Introduction

- About the Ryan White HIV/AIDS Program. Health Resources and Services Administration, HIV/AIDS Bureau.
hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

Section 2: Americans with Disabilities Act

- Disability and Health Promotion. Centers for Disease Control and Prevention.
cdc.gov/ncbddd/disabilityandhealth/disability.html
- Knowledge of HIV-related disabilities and challenges in accessing care: Qualitative research from Zimbabwe.
doi.org/10.1371/journal.pone.0181144
- CHAIN report on Disability among CHAIN Study participants.
nyhiv.org/tdb_templates/chain-reports-template-12
- The ADA National Network Disability Law Handbook, created by Jacquie Brennan
adata.org/guide/ada-national-network-disability-law-handbook

Section 3: Federal, State, and City Laws Protecting People with Disabilities

- ADA National Network, Information, Guidance, and Training on the Americans with Disabilities Act.
adata.org/learn-about-ada
- Information and Technical Assistance on the Americans with Disabilities Act. Americans with Disabilities Act: United States Department of Justice Civil Rights Division website.
ada.gov/hiv/ada_hiv_discrimination.htm
- New York Consolidated Laws, Executive Law
codes.findlaw.com/ny/executive-law/#!tid=N1099A334233545C0A48E0D25240A381F

- To File a complaint
dhr.ny.gov/complaint
- NYC Commission on Human Rights, Overview: In Public Spaces, NYC Commission on Human RTS., Legal Enforcement Guidance on Discrimination on the Basis of Disability
www1.nyc.gov/site/cchr/law/in-public-spaces.page
- ADA Checklist
adata.org/project/ada-checklist

Section 4: Compliance Requirements for People with Disabilities

- Process to request a reasonable accommodation in employment
adata.org/faq/what-process-request-reasonable-accommodation
- ADA Compliance for Websites in plain English
medium.com/@krisrivenburgh/the-ada-checklist-website-compliance-guidelines-for-2019-in-plain-english-123c1d58fad9
- How to meet WCAG (Quick Reference)
w3.org/WAI/WCAG21/quickref/

Section 5: Guidance for Interacting with People with Disabilities

- Tips for Hospital Staff Members and Caregivers
blindskills.com
- Communicating with people with hearing loss
ucsfhealth.org/education/communicating-with-people-with-hearing-loss
- Stay Connected Using New York Relay Service
nyrelay.com/
- Mental Health and People Living with HIV/AIDS, Taking Care of Ourselves.
health.ny.gov/publications/9579.pdf
- Tips for Interacting with People with Mental Health Disabilities.
newscenter.sdsu.edu/student_affairs/sds/tip-mental-health.aspx

Section 6: Access to Medical Care for Individuals with Mobility Disabilities

- Access to Medical Care for Individuals with Mobility Disabilities
ada.gov/medcare_mobility_ta/medcare_ta.htm
- Americans with Disabilities Act Title II Regulations
ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm

Section 7: Disability and Health Information for People with Disabilities

- Centers for Disease Control and Prevention, Disability and Health Information for People with Disabilities
cdc.gov/ncbddd/disabilityandhealth/people.html
- Centers for Disease Control and Prevention, Disability and Health Healthy Living
cdc.gov/ncbddd/disabilityandhealth/healthyliving.html
- ILRU Directory of Centers for Independent Living (CILs) and Associations
ilru.org/projects/cil-net/cil-center-and-association-directory