State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: HEALTH SERVICES
Sub Chapter: ACUTE/SPECIALTY SERVICES
Related DOC Policies: HSP-608
Administrative Code Reference: N/A
Subject: HEARING DISABILITIES - AUDIOLOGY SERVICES
ACA Standards: 5-ACI-6A-40, 5-ACI-6C-05
PREA Standards: 115.16(c)
Responsibility: Dr. Michael Riley
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Authority:

1. PURPOSE

To provide access for patients within the Iowa Department of Corrections (IDOC) to hearing screening.

2. POLICY

It is the policy of the Iowa Department of Corrections to provide appropriate screening, evaluation, reasonable accommodations, and medically necessary services for patients with hearing impairment or hearing disabilities to ensure effective communication and access to healthcare.

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3. DEFINITIONS - As used in this policy:

Hearing Screening - A standardized hearing assessment used to identify patients who may have hearing loss requiring further evaluation or intervention.

Hearing Aides - A medically prescribed electronic device designed to amplify sound for individuals with hearing loss.

Hearing Amplifiers - A non-prescription personal sound amplification device used to enhance hearing in select patients who do not require a hearing aid.

Video Telephones - Video Relay Service (VRS) facilitates telephone communication between a deaf and a hearing individual in different locations through the use of videoconferencing technology. The deaf person connects with an interpreter via a videophone and a high-speed internet connection. The hearing person connects to the interpreter using a regular voice telephone.

Qualified Interpreter - An individual qualified to interpret effectively, accurately, and impartially, both receptively and expressively, in accordance with the American with Disabilities Act (ADA).

On-demand Video Remote Interpreting - Video Remote Interpreting (VRI) facilitates communication between deaf and hearing individuals who are in the same room with a video interpreter taking the place of an in-person interpreter.

4. PROCEDURES

A. On-site Hearing Screening

1. As part of the initial and periodic health appraisal, if there are clinical findings suggesting hearing loss, the medical practitioner may refer a patient to the Nursing Services Director or designee to conduct on-site hearing screening.

2. Results of the on-site hearing screening will be reviewed by the medical practitioner. The results shall be documented in the Electronic Medical Record (EMR) and reviewed by the medical provider. If the results of this screening demonstrate clinically significant hearing loss, the practitioner will take steps to mitigate the hearing loss. Patients may be provided assistance

in ADL's, hearing amplifiers, hearing aids or be referred to University of Iowa Hospital and Clinics as indicated.

3. Hearing Amplifiers may be provided for less severe hearing loss. Hearing Aids may be required for patients with severe hearing loss. All practitioner recommendations for Hearing Aids require prior approval by an IDOC committee. This committee will consist of the IDOC Health Administrator, the IDOC Nursing Administrator, and the Nursing Services Director from the fiscally responsible facility. All such requests should include all pertinent history and physical findings, the results of all hearing tests, any specialty consultations and any other relevant documentation from the medical record. The committee shall review each case for final recommendations.

B. Reasonable accommodation(s)

1. Reasonable accommodation(s), barring undue hardship, will be made available to patients with hearing disabilities to enable effective communication with the same ease as nondisabled patients.

2. Institutions will develop a procedure to ensure that those patients who cannot speak or are hearing impaired are provided interpreting services with a qualified in person interpreter or a contracted on-demand video remote interpreting service provider. Interpreting services will be provided at all of the following: Orientation, Health Services evaluations/appointments, disciplinary proceedings, classification meetings, Board of Parole hearing, and during all rehabilitative, educational, or transitional programs. **PREA 115.16(c)**, which states the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

C. Recommendations, Coverage, and Devices

1. Hearing aid recommendations shall be based upon medical necessity as determined by the treating provider,

   audiologist, and the hearing aid committee, considering functional communication needs, safety, correctional security considerations, and available treatment alternatives.

2. Coverage criteria used by Medicaid may be considered as clinical guidance but shall not be the sole determinant of medical necessity within the Iowa Department of Corrections.

3. Hearing devices remain the property of the Department unless otherwise authorized and are subject to routine inventory and security inspections.

D. Documentation Requirements

Health Services staff shall document the following:

1. Hearing screening results,
2. Accommodations provided,
3. Interpreter services utilized,
4. Hearing aid serial numbers if applicable,
5. Patient education,
6. Any follow-up recommendations.