LIST OF APPROPRIATE SERVICES AND RESOURCES
TO PEOPLE WHO RELY ON VISUAL CUES

This list includes basic elements to appropriate services to people who rely on visual cues. While the presence of these elements does not ensure quality services, the absence of key elements indicates a lack of a person-centered approach with respect to the needs common to individuals who are deaf, hard of hearing or do not use words to communicate.

Many of the listed accommodations are low-cost or free under existing state programs or reimbursable under Medicaid programs including Home and Community Based Waivers. State services and those of providers contracted with the Office of Developmental Programs (ODP) are required to provide equal access to programs, and effective communication so that individuals who are deaf, hard of hearing or do not use words to communicate receive equal benefit.

BUILDING ADAPTATIONS

1. Visual and tactile alarms and alerts, such as:
   - Fire alarms (flashing or bed vibrating wired into the electrical system)
   - Carbon monoxide detectors (flashing, wired into the electrical system)
   - Doorbell Flashers to alert person to visitors or first responders (fire, police)
   - Door knock lights (alerting to person entering private areas, bedroom, bathroom, medication rooms).

2. Use of mirrors and open space in building layout and décor. People who use visual cues need to be able to see others in their environment both for communication and to see environmental information, such as a person coming around a corner or a flashing fire alarm. Open floor plans aid communication and allow the person to see who has entered or is in their home.

3. Induction Loop systems are easily installed in the dining room and television area and will allow a hard of hearing person to hear the dinnertime conversation or television clearly. Portable loop systems with a “loop pad” can be brought to meetings (such as church or planning meetings) to provide clearer access to spoken language.

4. Use three-way light switches to allow a single light to be controlled by more than one switch, for example one switch in the bedroom and one switch in the hall outside the bedroom. Flashing the lights is an appropriate way to get the attention of an individual who is deaf or hard of hearing and let them know you want to speak to them or may be entering their private space.

5. Furnishings should facilitate visual communication. Kitchen/Dining tables should be round or oblong. Furniture should be arranged to facilitate visual lines of communication and allow those present to see others in the room. Avoid busy
EQUIPMENT & PERSONAL ASSISTIVE DEVICES

1. Television Related Equipment
   a. Activate **Closed Captions** so that people can read dialogue when watching TV. Most TVs have a built-in decoder chip that can be activated off the menu either under display or under its own heading. Other TVs activate the captions from the remote control. Know how to activate the captions and make sure the caption size is appropriate for the person’s visual needs. Most HD TVs come set to the smallest caption size.
   
b. If the person needs **amplification to hear the TV** make sure the technology is available and working. For people with mild-moderate hearing loss, a PockeTalker or similar device will be sufficient. For others, a stronger FM signal or loop can send the TV sound directly to their hearing aids. All people on all shifts should know how to connect the devices and how to do sound checks to ensure they are working.

2. Telephone Related Equipment
   a. People who are hard-of-hearing can benefit from an **amplified** telephone and most can get one for low or no-cost via the Pennsylvania Telecommunication Equipment Distribution Program: [http://disabilities.temple.edu/programs/assistive/tddp/](http://disabilities.temple.edu/programs/assistive/tddp/).
   
b. People who will be assisting the client to purchase hearing aids should ensure that the hearing aid comes with a “**T-Coil**” that will allow them to hear directly over the phone or via a loop or FM through their hearing aid.
   
c. People with some residual hearing or who can hear but do not speak with words may benefit from **special telephones** that allow them to hear the other person and type back. Other phones, such as CapTel allow you to both speak into the telephone and read the other person’s response via CapTel relay.
   
d. Most people who use Sign Language or Visual-Gestural communication use **VideoPhone** or **WebCam** based telephone capability so that they can communicate visually with other signers. Some organizations, such as Sorenson or Purple, offer free videophones if the person who is deaf uses their relay service. For all videophones, high-speed cable is required. Even if the person cannot sign fluently the addition of visual cues to communication will be helpful. Note: some popular web-based communication systems such as Skype, ooVoo, FaceTime do not provide a direct contact to 9-1-1 systems).
   
e. Some form of text-based telephonic equipment should be available for those with some text literacy for times when videophone and internet are out. Some
still have stand-alone TTYs. Web-based forms of TTY such as IP-Relay are often used but are not available during power outages or network outages.

3. Amplification and Assistive Technology Equipment
   a. **Provide Hearing Assistive Technology** (HAT) where appropriate. HAT includes all forms of amplification including hearing aids, FM systems, middle ear implants and cochlear implants. Everyone must know how to do sound checks on the technology and know how to do basic repairs (change batteries, tubes, re-magnetize the magnet, etc). For some individuals, technology will be enough to compensate for hearing loss, but for many people, staff and others will still need training on how to communicate with people with hearing loss and how to communicate visually using signing or gesturing. **General tips on working with people with hearing loss may not address the special needs of people with intellectual disabilities.**

   b. **Provide Augmentative Communication Devices** as appropriate. For some individuals, visual communication includes the use of speech-generating devices (e.g., iPads, Android devices, or old AAC technology such as Dynavox) or picture-based communication. These should be additions that supplement other modes such as signing or visual gestural communication and do not replace the staff’s need to learn to sign and gesture.

**SERVICE PLANS**

1. Ensure that all individuals receive regular hearing screenings. Individuals with no hearing loss should receive a hearing screening at least every 10 years until age 50 and every 3 years after that. Those with a hearing loss should be screened more often. Individuals known to be deaf do not require regular hearing screenings.

2. Ensure that individuals receive regular vision screenings. When you depend on your eyes and not just your ears for communication, even small changes in vision matter.

**COMMUNICATION:**

1. Develop a **communication policy** that includes using visual communication AT ALL TIMES when signing or visual gestural communicators are present.
   a. Be specific about how this will be accomplished. Statements such as “all people will use sign language when in the common areas including the kitchen and living room” is preferable to statements such as “We will use the language of the individual” or “We will use Total Communication” (often meaning we will mostly speak and add a few signs for the individual).

   b. If the person has developed their own set of signs (homesigns) or uses signs that have special meanings for them, include a statement in the policy specifying how new staff will learn these signs. DVD “dictionaries” of client-specific signs are very easy to make and can be provided as a tool for all staff.
2. **Staff recruitment efforts** such as advertisements and application forms should **address communication skills including signing and gesturing abilities.** (People who are deaf and/or fluent in sign language should be included in the interview process to evaluate signing skills.) People hired to work with individuals who are Deaf, deaf/blind or hard of hearing and rely on sign language should have Intermediate Plus skill level as measured on the Sign Language Proficiency Interview. If the client uses a device such as a Dynavox, Dynamyte or Chat-PC, preference should be given to those candidates already familiar with programming and using such devices.

3. Make **communication part of the Person-Centered Plan.** Rather than making a single communication goal of “The client will learn X number of signs per week”, **consider communication as a component of each goal.** If the goal is to become independent in ordering at a restaurant or shopping for food, consider what communication components need to be built in (relevant vocabulary, mode of expression, carrier phrases “Where is the _____).”

4. **Communication assessments** will be done and will identify communication needs and goals including staff and family training needs. Assessments will be updated as needed. For more information, contact the ODP Deaf Services Coordinator, Maureen Veety at 570-614-1318 or mveety@pa.gov.

5. Offer the opportunity for **Sign Language or Visual Gestural Communication Consultation** in Individual Support Plans (ISPs) to compensate for lack of exposure and opportunity to learn sign.

6. Require **staff training** on an ongoing basis on techniques for effective communication and to achieve proficiency in Visual Gestural Communication or American Sign Language. This is crucial to providing a communication-rich environment in the home and community. This training does not exist statewide in PA yet; ODP is looking into the development and provision of training on Visual Gestural Communication statewide.

7. Use **certified sign language interpreters** to facilitate communication at meetings, training situations, legal and medical appointments. Understand what kind of interpreter works best with the individual and inform doctors and others of their requirement to provide accommodations for effective communication under the Americans with Disabilities Act (ADA).