



POLICY BULLETIN

Program: All Programs
Title: Reasonable Accommodation/Modification Policy
Number: 5-2013
Issuer: Brad Gair, Director
Date: August 28, 2013

Background:

The purpose of this document is to set out the HRO-wide guidelines for complying with the Americans with Disabilities Act (ADA), Section 504, the Architectural Barriers Act (ABA), and the related requirements of the Fair Housing Act (FHA). Each program/workstream is required to develop procedures to implement this policy that are appropriate to the particular program/workstream.

HRO is required by federal, state and local laws to provide reasonable accommodations to clients with disabilities and to make reasonable modifications to its policies, practices or procedures when necessary to avoid discrimination on the basis of disability to ensure meaningful access to HRO's programs, benefits and facilities, except where the provision of an accommodation/modification would fundamentally alter the nature of an HRO service, program or activity.

Furthermore, it is HRO's policy to use construction standards for accessibility for the mobility impaired, within the scope of HRO's construction activity on each project, where the need for such accessibility by a household living in the structure is documented.

Clients who assert that they have a disability may request a reasonable accommodation/modification following the process set forth in this bulletin.

Policy:

I. Classifications

Examples of reasonable accommodations/modifications that HRO offers include but are not limited to:

- Flexible scheduling for meetings to avoid rush hour travel

- Sign language interpreters
- Assistance with reading and completing forms
- Conducting business by telephone, fax or mail, if appropriate
- Home visits, if necessary
- Home rehabilitation or reconstruction work that incorporates accommodation standards for the mobility impaired

Clients with a physical or mental health condition may obtain a reasonable accommodation/modification by using the informal process set forth in Section II below or make a request through the formal process described in Section III. Clients may choose to utilize the formal process at the outset of their request. Clients may appoint a representative to submit a reasonable accommodation/modification on their behalf or to assist them at any stage during the process. Clients may also make requests for accessibility in construction on behalf of tenants residing in their buildings.

II. Informal Reasonable Accommodations/Modifications

HRO must routinely consider the needs of clients with physical and/or mental condition(s). HRO staff is expected to work with clients to address their physical and/or mental condition(s) where such conditions might impact access to HRO facilities or services. Under the informal process, HRO staff will provide reasonable accommodations without requiring the client to complete a Reasonable Accommodation Request (RAR) form or to provide supporting medical documentation to the extent that these accommodations are non-permanent and do not modify standard program policies. For example, a client may be given assistance reading forms at intake without a formal request, but a client must make a formal request if the client needs modifications to construction or changes to regular intake procedures such as a home visit.

Staff should be advised that clients do not need to state the words “reasonable accommodation” to receive assistance. Clients who have a visible or observable disability should be asked if they need assistance. However, staff should also be advised that clients have the right to refuse assistance or an accommodation that is offered to them. Client preferences for assistance, when reasonable, should be taken into account in determining what type of accommodation to provide and program staff should work with the client to provide an accommodation that is mutually agreeable.

When an informal request is denied or is not appropriate, or where clients prefer to document their request, clients should be advised of the right to file a formal reasonable accommodation/modification request in accordance with the procedures described in Section III.

III. Formal Reasonable Accommodations/Modifications

a. Filing a Formal Reasonable Accommodation/Modification Request

- If the client needs a reasonable accommodation/modification on a permanent or ongoing basis, or
- The informal reasonable accommodation/modification process fails to produce a mutually agreeable outcome, or
- The client prefers to document his/her reasonable accommodation request, or
- Staff consider the cost of the requested accommodation to be burdensome.

the client can obtain an RAR (attached as Appendix A) from a Build it Back center or he/she may call HRO at **(212) 615-8017**, or fax HRO at **(212) 312-0857** to request one.

Program staff must also assist individuals who are unable to complete or submit an RAR due to physical and/or mental conditions(s).

1. The RAR instructs the client to attach medical documentation or to submit medical documentation within twenty (20) calendar days that describes the nature of his/her disability and supports the need for the type of accommodation or modification requested. Clients may submit RARs without attaching medical documentation.

2. If physical and/or mental condition(s) prevent the client from obtaining medical documentation, the client should submit an Authorization for Release of Health Information (attached to the RAR) to HRO.

3. The client should mail or fax at **(212) 312-0857** the completed RAR and/or any supporting medical documentation to:

Mayor's Office of Housing Recovery Operations
 Church St Station
 P.O. Box 468
 New York, NY 10008-0468

4. If it is unclear from the RAR what type of accommodation the client is seeking, HRO will contact the client to clarify the request. Clients may request accommodations to facilitate program access and, if applicable, a request for accessibility in construction performed by HRO, in the same request. There is no requirement to provide a separate formal request for each accommodation requested; a client may instead list all requested accommodations in one request.

5. Formal requests for a reasonable accommodation/modification must be supported by sufficient medical documentation. If there is insufficient supporting medical documentation submitted by the client or received by HRO in response to a provided authorization, the request for a reasonable accommodation/modification will be denied.

b. Review of Reasonable Accommodation/Modification Request

1. HRO will review the RAR and medical documentation to evaluate whether the documentation provided supports the need for the accommodation requested. If HRO determines that the requested accommodation is not supported by sufficient medical documentation, HRO will suggest an alternative accommodation, if appropriate. HRO will then report its findings to the appropriate program.
2. The RAR review process should be interactive. Taking into consideration the client's needs and preferences, HRO and program staff should work towards providing a reasonable accommodation/modification that is satisfactory for both the program and the client.
3. In evaluating each RAR, HRO will also consider the nature and essential eligibility requirements of the program, service or activity; the reasonableness of the accommodation/modification: the health and safety of others; and whether the accommodation/modification would constitute a fundamental alteration to the program, service or activity, or impose undue burden on HRO operations.
4. When the program makes a RAR decision, the program shall issue a determination that includes a description of the reasonable accommodation/modification requested, any accommodation/modification granted or denied, and any alternative accommodation offered.
5. The completed determination shall be mailed to the client within fifteen (15) calendar days of the receipt of a completed RAR and medical documentation. The completed determination constitutes the final agency action of HRO.
6. Any request for further review of HRO's determination would then have to be brought to the New York State Supreme Court in an Article 78 proceeding. Article 78 proceedings are used to challenge action by agencies and officers of state and local government. HRO cannot provide advice to parties contemplating bringing suit against it.

APPENDIX A

REASONABLE ACCOMMODATION REQUEST (RAR) FORM

If you have a disability and need help to take part in HRO programs and services, or require accommodations with respect to the repair or rebuilding of your home, you may request such accommodations from HRO. Some examples of reasonable accommodations are scheduling appointments to avoid rush hour travel, assistance reading forms and notices, and conducting business by telephone, fax or mail, if appropriate. Moreover, in the event that you are eligible for home rebuilding or repair through HRO's Build it Back program, you, or a resident in your building, may require accommodation standards for the mobility impaired in construction. HRO provides reasonable accommodations to individuals with disabilities to ensure that such individuals receive meaningful access to HRO's programs, benefits and services, and to ensure that the repair and reconstruction work conducted by HRO meets the specific needs of the individuals residing in the home.

INSTRUCTIONS AND INFORMATION
<ul style="list-style-type: none"> ➤ To assist HRO in making a determination on your request for a reasonable accommodation, please complete and submit pages 2, 3 and 4 of this form to: Mayor's Office of Housing Recovery Operations Church St Station P.O. Box 468 New York, NY 10008-0468 ➤ You may also fax the forms to (212) 312-0857 or e-mail them to legal@recovery.nyc.gov
<ul style="list-style-type: none"> ➤ You must submit any medical documentation supporting your request with this form or within ➤ twenty (20) days of this request.
<ul style="list-style-type: none"> ➤ Please ask your medical provider to complete and sign the Request for Medical Information Form (enclosed) or appropriate signed medical documentation on the medical provider's letterhead and return the form/documentation to you.
<ul style="list-style-type: none"> ➤ You are responsible for returning your medical documentation to HRO in support of this request.
<ul style="list-style-type: none"> ➤ If your medical or mental health conditions make it difficult for you to complete this form you may contact HRO at (212) 615-8017 for assistance.
<ul style="list-style-type: none"> ➤ If your medical or mental health conditions make it difficult for you to gather medical documentation in support of your request, you may contact HRO at (212) 615-8017 or e-mail HRO at legal@recovery.nyc.gov for assistance. Please complete the enclosed HIPAA Authorization for the Disclosure of Individual Health Information (NYS OCA Form No. 960) form and send it to: Mayor's Office of Housing Recovery Operations Church St Station P.O. Box 468 New York, NY 10008-0468
<ul style="list-style-type: none"> ➤ HRO will mail you a letter to acknowledge receipt of your Reasonable Accommodation Request.
<ul style="list-style-type: none"> ➤ HRO will review all documentation provided by you and your medical provider and send you a written notice regarding our determination on your Reasonable Accommodation Request.

REASONABLE ACCOMMODATION REQUEST (RAR) FORM

Name (Please Print): _____ **Application #** _____

Telephone Number: _____

Mailing Address: _____

- 1) Do you receive Home Care Services or have a Home Attendant? Yes No

If you have answered "yes" to question 1, please indicate the number of hours you receive per day, the number of days per week for which you receive services and the reason(s) you receive home care services.

- 2) Describe your medical or mental health condition, the reasonable accommodation you are requesting and why the accommodation is necessary. (Attach additional sheets, if needed, and any medical information you choose to provide in support of your requested accommodation.)

- 3) If your request is for a reasonable accommodation during the application intake and review phases of HRO's programs, are you also requesting the use of accessible construction standards (for the mobility-impaired) during the construction phase, if you are eligible for and elect to receive repair or reconstruction services from the programs?

Yes No

- 4) If you responded "yes" to question 3, please describe the construction-related accommodations you would require.

Signature: _____ **Date:** _____

Print Name: _____

Authorized Representative's Signature: _____ **Date:** _____

Print Name: _____

REQUEST FOR MEDICAL INFORMATION FORM

INSTRUCTIONS FOR MEDICAL PROVIDER

Your patient has requested that the NYC Mayor's Office of Housing Recovery Operations (HRO) provide him/her with a reasonable accommodation/modification in order to receive meaningful access to HRO's programs, benefits and services. Please provide a detailed description of the specific physical and/or mental condition(s) that affects the patient's ability to perform certain tasks and engage in certain activities, any reasonable accommodation/modification needed and the relationship between the accommodation/modification and the patient's impairment. You may attach additional medical information to the forms as needed.

Please return this completed form to the patient.

Name of Patient (Please Print): _____ **Date of Birth:** _____

Name of Medical Provider: _____

Address of Medical Provider: _____

Telephone Number of Medical Provider: _____

- 1) Please state patient's medical and/or mental health condition(s):

- 2) Please provide a detailed description of the specific physical and/or mental health restrictions/limitations affecting the patient's ability to perform certain tasks and engage in certain activities. Please describe how the impairment affects the patient's daily functioning.

REQUEST FOR MEDICAL INFORMATION FORM (Continued)

- 3) Indicate whether the patient's condition(s) is permanent, chronic or temporary. If the patient's condition(s) is temporary, please state its anticipated duration.

- 4) Indicate what treatment if any the patient is currently receiving associated with his/her medical and/or mental health conditions(s) including, but not limited to, any medication or therapy.

- 5) Please describe the reasonable accommodation/modification needed by the patient, if any, **during the process of applying for benefits from the City** and the relationship between it and client's medical and/or mental health conditions.

- 6) Please describe the reasonable accommodation/modification needed by the patient, if any, with respect to **home construction or repair of the patient's home (e.g. access for the mobility impaired)** and the relationship between it and client's medical and/or mental health conditions.

- 7) Does the patient's physical and/or mental health condition(s) make it difficult for the patient to perform the following activities? (If so, please fully describe the difficulties the patient has for each checked box):

Walking and/or Climbing Stairs. Describe: _____

Traveling and/or Taking Public Transportation. Describe: _____

Cognitive Functions (i.e. concentrating, remembering, understanding). Describe: _____

Sitting or Standing for extended periods of time. Describe: _____

Being in crowded places. Describe: _____

Medical Provider's Signature: _____ **Date:** _____

Medical Provider's License number: _____



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:
NYC Mayor's Office of Housing Recovery Operations, Church St Station, P.O. Box 468, New York, NY 10008

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: _____ Include: *(Indicate by Initialing)*

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____

Initials Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other:	11. Date or event on which this authorization will expire:
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12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
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All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: _____

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**