



Guide to the Office of Developmental Programs' Deaf, Hard of Hearing, DeafBlind Services

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Introduction

First, defining the populations this guide is addressing is important:

deaf	Referring to the audiological condition of not hearing; a medical perspective focused on the physical condition
Deaf	Referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture; a sociocultural perspective focused on personal identity
Hard of Hearing	A person with a mild-to-moderate hearing loss; can refer to either the physical condition or an indicator of personal identity.
DeafBlind	<p>A condition in which an individual has combined hearing and vision loss, thus limiting access to both auditory and visual information. Although it is a combination of two sensory losses (vision and hearing), the resulting experience is unique to everyone.</p> <p>Note: You may see Deaf-Blind, Deafblind, deaf-blind, deafblind, Deafblind, etc. in various writings.</p>

'Hearing Impaired' is no longer accepted by most in the American Deaf community and is viewed as insulting. 'Mute' and 'Deaf-Mute' are also no longer accepted terms but are often still used in other countries.

Deaf Culture

Deaf people who have sign language as their primary language think of themselves as a culture, as a cohesive group of people living within a special community. They see themselves as a Deaf Culture the same as any other ethnic or sociolinguistic culture.

Culture can be defined as the behaviors and beliefs characteristic of a particular social, ethnic, or age group. It's those behaviors and beliefs that they value and hold in common.

In Deaf Culture, shared values include:

- American Sign Language or ASL. In Deaf Culture, everyone uses ASL and the person's skill in that language is valued. They identify with others who also use ASL and who also share their values of being deaf as a cherished thing.
- Being a part of a linguistic minority; someone who uses another language other than English.
- Social protocols. There are some social protocols within the culture such as:
 - Long introductions when first meeting. In Deaf Culture, introductions include a lot of background information. This information is exchanged with the goal of establishing relationships, to establish a common bond of deafhood.
 - People who are not part of this culture may feel that the deaf person is being a little too personal, a little too nosy. Establishing

common friends and common attitudes is very much part of Deaf Culture.

- Extended rituals for goodbyes, “Deaf Goodbye.” Saying goodbye is also a long process for historical reasons; deaf people rarely had the opportunity to come together for an event. And once the event ended, they might not see each other again for months or years until the next event. In times past, deaf people couldn’t simply make a phone call to talk to someone or text them.
 - When planning, include additional time to leave the event. Anticipate that extended ritual and provide that extra time with encouragement, not with impatience.
- Events and social groups where everybody signs. Sharing stories that capture the experience of not hearing.
- Jokes and other entertainment.
- Attending a residential school for the deaf where ASL is valued, deaf history is valued, and a positive sense of self-identity as deaf is fostered.

Anyone who is not deaf and not of Deaf Culture is referred to as hearing or being from Hearing Culture. Hearing Culture refers to a few things, the most obvious is that the person hears and speaks. Hearing Culture means that the person is a speech user. But it also captures the wealth of privileges that comes with being a hearing, speaking person. Some “hearing privileges” include:

- Being able to communicate easily with most other people because they too are hearing.
- Being able to get information easily; to hear announcements and environmental noises such as sirens or elevator bells.
- Being able to easily navigate through everyday activities such as shopping and listening to the television without the struggle that deaf people face.

There is a sense in the Deaf Community, that the hearing majority act in an oppressive fashion to the culture and the language. This is called Audism. Audism exists not because hearing people are intentionally oppressive, but because they are unaware of their privilege as hearing people and don’t see the beauty of sign language.

Deaf and Hearing Culture differences

Knowing about cultural differences and being aware of how they impact communication and interaction styles will prevent many miscommunications and allow you to better work with deaf individuals.

Deaf Culture	Hearing Culture	The Challenge
Deaf Culture is consensus driven. It values the group and strives to ensure that	Hearing Culture tends to be focused on the individual and what	Consensus seeking versus individuality can be misunderstood by hearing people who may feel that a deaf person simply does not want

<p>all persons in the group agree with any decision or solution to a problem.</p>	<p>the individual wants or needs.</p>	<p>to “step up” to a leadership position. Or they may feel that the deaf person is unwilling to argue for a particular viewpoint or is unwilling to argue against a decision that they do not agree with. For deaf people with an intellectual disability, it may be seen as being overly agreeable, not being willing to say “No, I want to do something else.”</p>
<p>Deaf people have what is called a “flat network.” This means they share information freely with everyone and strive to ensure that everyone is on an equal playing field when it comes to new information. It is very important that individuals who are deaf can understand what is happening around them.</p>	<p>Hearing Culture tends to work off a hierarchical network where information may be shared on a “need to know” basis or be shared with small social networks of friends or co-workers.</p>	<p>This can cause misunderstandings because hearing people do not tend to share personal information with co-workers, they do not necessarily feel obligated to tell the deaf person what they heard someone say in the hallway. For deaf adults, this can cause tension because they will want to know why a housemate is angry or what others are saying in the kitchen. For hearing people this “deaf” interaction style may be seen as an interaction style that is too personal and too direct.</p>
<p>Deaf people tend to state the facts directly, and they offer more background information and more detail than would be typical for hearing people. They do this so to reach consensus about the factual information and then move on to a decision or a discussion.</p>	<p>To a hearing person, it may feel like too much information. Hearing people approach interactions in an indirect way. They start with the background and come to the point of the request. They tend to be careful not to be too personal and don’t generally comment about visually obvious facts such as weight gain, hair style, changes in relationship that are considered fair game in deaf interactions.</p>	<p>If a deaf person is providing too much personal information or asking “nosy” questions, consider that as part of their culture, not as a negative or challenging behavior.</p>

Deaf people expect direct eye gaze during all communications. It's part of their culture and their visual world.	Hearing people's eyes tend to wander.	As a result, the deaf person may feel that you are hiding something. And the hearing person may feel that they are being stared at or feel intimidated. Deaf people are also used to "reading" the body language of others, which means the unconscious signals about feelings and attitudes that are given off. If they see you are angry, even though you say you are not, they will comment on it, which can make for uncomfortable interactions.
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American Sign Language 101

Unfortunately, there are many misconceptions about ASL. One of them being that ASL is not a language, and another that ASL is English on the hands. Both are not accurate.

ASL is a language developed by deaf people. It bears little resemblance to the English language. It has its own grammar and syntax, its own rules for making sentences that are different from the rules of English. The grammar of ASL is not seen in the signs or words made by the hands, but on subtle signals of facial expression, eye gaze, and mouth movements. Raised eyebrows can indicate a yes/no question or the topic of a sentence. Furrowed brows can indicate a question such as a where or what question. Subtle lip movements provide adverb information such as whether an action was done naturally or normally, hastily, or sloppily.

The differences between ASL and English exist even at the level of word meanings. In English the word "ran" means many things; they ran to the store, they ran for office, they ran a printing press. In ASL, each of those examples would use a different sign: they physically ran by foot to the store, or they drove to the store, they competed for office, they operated a printing press. Sometimes people think ASL can only describe concrete thoughts, but this is not the case. There is nothing that you can say in any other language that you cannot say in ASL. It just happens to be a different language, expressed by the hands, body, and face rather than the mouth and vocal tract.

Deaf people who primarily use ASL as their first language do not typically have good English skills. English is a language that is based on phonemes which are the sounds of language. When children are taught to read, they are told to "sound out" those phonemes. A deaf person may have never heard the sounds of English, so this common teaching practice is not effective for them. As a result, their reading skills often remain around a fourth-grade level.

This is important because it changes how communication should be handled.

- Usual text-based solutions for communication, such as writing notes may not be enough.

- It also means that training must be handled differently. Using captions to make speech-based trainings accessible, is often an inadequate solution. The better training method is through direct training from one signer to another or through hiring an interpreter to interpret the spoken portion of the training into ASL.

Individuals with Intellectual Disabilities and/or Autism who are Deaf, Hard of Hearing, or DeafBlind

The interaction between hearing loss and intellectual or developmental disability(ies) is not simply additive but rather multiplicative. This means the combination has broad impacts, affecting communication, cognition, social development, and behavior. They have complex communication needs that vary and may change based on the setting, peers, family, and over time. Depending on the combination of disabilities and their educational experiences, they may exhibit a wide range of receptive and expressive communication modalities and combinations. These may include spoken language, signed language, and alternative and augmentative communication (AAC).

There is a unique relationship between the Deaf Community and deaf people with an intellectual disability or autism. Deaf people with intellectual disability or autism may be more toward the fringes of Deaf Culture; especially for those individuals who live in rural or suburban areas or who have not interacted regularly with other Deaf people. However, there is still a sense of “us-ness” or inclusion into the deaf sphere even though many deaf people with an intellectual disability or autism do not have fluent signing skills. In general, the Deaf Community still strongly believes that deaf individuals with an intellectual disability or autism are “deaf first.”

Unique Challenges

Supports Coordinators and providers must be aware of the unique challenges of this population to ensure appropriate support and services. Some of the challenges include:

- Being deprived of communication access and socialization
- Lack of access to incidental communication (overhearing)
- Cumulative, long-lasting negative communication experiences characterized by misunderstandings and stressful and insecure communication requiring lip-reading and other compensation strategies.
- Development of mental health and behavior problems
- Disrupted early parent-child communication, can expose children in their early life to toxic stress, which as a consequence can lead to severe behavioral difficulties, delayed language, and cognitive development difficulties

One of the biggest challenges is communication; there is no one way that this group communicates and often they combine multiple ways of communicating in order to get

the message across. These modes include formal sign language such as ASL, spoken words, short combinations of signs, modified signs that are barely traceable to their ASL origins, gestures that they have created, or all of these at the same time. They may also use pictures or a speech output device such as an iPad that can convey messages in spoken English. Unfortunately, this often occurs due to dealing with many different staff who have varying levels of skill and comfort with these communication modes. In other words, the Deaf individual is often trying to match the communication mode of the people around them to the best of their abilities. This can be both exhausting and ineffective.

Therefore, it is very important that providers and SCs use a very broad communication toolbox so that they and the individual can communicate effectively and plan outcomes which can be carried out successfully. The individual should not have to adapt their communication to meet the communication skills of others.

Challenges with Diagnosis, Treatment, and Management of Hearing Loss

The diagnosis, treatment, and management of hearing loss in individuals with intellectual and developmental disabilities present unique challenges. Providers must make special considerations with this population, as their presentations and needs may vary.

- Assessment procedures can often result in misidentification. There are multiple challenges when considering the assessment.
 - Diagnostic overshadowing, when two disabilities share common indicators
 - Difficulties obtaining accurate auditory information
 - Limitations in assessment tools, available assessment tools are often not designed to accommodate for the complex needs of this population and some assessment instruments specifically advise that they not be used to evaluate individuals with a hearing loss
- There is a general lack of information and evidence concerning hearing screening guidelines for individuals with intellectual and developmental disabilities. The subjective and objective methods for screening present various challenges.
- Individuals may have difficulty communicating their experiences or understanding instructions related to the hearing screen or may have behavioral or sensory issues that can make it challenging.

These challenges increase the likelihood that a person's level of hearing loss might be misidentified and/or not receive appropriate planning/support to meet their unique needs.

The Harry M. Settlement Agreement

The Harry M. settlement agreement was approved by a federal court judge on August 20, 2013. This settlement agreement was created to ensure Pennsylvanians who are d/Deaf and receive ODP services/supports are provided with necessary communication assistance services. The settlement ended July 29, 2021. While the settlement has now ended, ODP's commitment to effectively supporting d/Deaf, hard of hearing, and DeafBlind individuals continues and requirements are still in effect.

If the needed communication support is not provided, it is considered a violation of the individual's rights. As defined in ODP Bulletin 00-21-02, a rights violation is, "The failure to support an individual to communicate at all times. This includes a failure to obtain needed communication evaluations, assistive devices or services; provide communication support; or maintain communication devices in working order."

Deaf Services Coordinator

ODP has a professional on staff who is very knowledgeable about Deaf culture, has years of experience working with individuals with intellectual disabilities and individuals with autism, is proficient in American Sign Language, and is a Qualified Mental Health Interpreter.

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The Deaf Services Coordinator is an available resource to everyone. Some specific areas available for support are:

- Questions about communication - all modes of communication, not just sign language.
- Guidance on communication assessments with the team to explain results, what steps to take, how to implement the plan, where to find resources, etc.
- Attending team meetings
- Resources & training for supporting DHHDB individuals
- Issues or concerns about communication supports

- Questions about the Enhanced Communication Rate or the Communication Specialist service

Listserv

ODP has a Deaf, Hard of Hearing, and Deaf-Blind listserv: ODP-DEAF-HARD-OF-HEARING-DB@LISTSERV.DHS.PA.GOV. This listserv only shares pertinent information, resources, etc. specific to these populations. Due to the unique needs that accompany these populations, the Special Populations Unit felt that a listserv specific to these populations would assist in ensuring effective support.

To subscribe to this listserv, go to:

<http://listserv.dhs.pa.gov/Scripts/WA.exe?SUBED1=ODP-DEAF-HARD-OF-HEARING-DB&A=1>

Required Training

All Supports Coordinators, providers, administrators, investigators, etc. who provide direct support or services to individuals who are DHHDB are required to complete training on the needs of these populations.

These trainings are required to be completed within 30 days of the first time they begin to support an individual who is deaf, hard of hearing, or deafblind.

These trainings can be found at: www.myodp.org, under Topics > Special Population Services > Deaf Services > [Required Trainings](#).

Under the Special Populations section, there are many other trainings available to support teams.

Consultation Requirement

ODP has previously required Supports Coordinators to contact the Deaf Services Coordinator for a consultation within 30 days of a D/deaf individual on their caseload is enrolled in the Consolidated, Community Living, or P/FDS waiver.

Effective 10/01/2024, all Supports Coordinators are required to contact the Deaf Services Coordinator within 30 days of a Deaf, Hard of Hearing, or DeafBlind individual being added to their caseload. This is to provide the Supports Coordinator and the team, if necessary, with a consultation.

This consultation will allow the Deaf Services Coordinator to:

- Recommend person-centered training and resources

- Facilitate the provision of a communication assessment
- Monitor recommendations from Communication Assessment Reports and Communication Reassessment Reports
- Support sharing and tracking of historical communication information for DHHDB individuals and their team
- Build capacity based on broader needs and patterns discovered

In addition to contacting the Deaf Services Coordinator, Supports Coordinators should:

- Ensure the “Harry M. Litigation” checkbox is checked in the ‘Demographics’ screen in HCSIS (except for individuals in the Adult Autism Waiver as this checkbox is not available). This does not identify them as a class member; however, it does identify them as DHHDB, and
- The diagnosis screen should include an “Additional Diagnosis” of a “Sensory” category to show that the individual is Deaf/Hard of Hearing. If the individual is DeafBlind, this should be reflected.

Harry M. Communication Assessment/Reassessment Reports

Individuals identified as a Harry M Class Member prior to July 30, 2021, received a Communication Assessment Report (CAR) and a Communication Reassessment Report (CRR) provided by ODP. Once the team received a copy of the CAR/CRR, an Individual Support Plan (ISP) meeting was held to review and analyze the report, discuss recommendations, develop an action plan, and revise the ISP to capture the results of the CAR/CRR with specificity.

Please note that class members had the right to decline an assessment.

Communication recommendations are long-term goals. Therefore, the recommendations should continue to be reviewed at ISP meetings and progress should be measured and evaluated by the team on an on-going basis. The implementation and continuation of the recommendations is critical for the improvement of the individual’s communication and their overall quality of life.

Furthermore, communication is fluid and ever changing. The support team members are responsible to continually monitor the class member’s communication and seek additional support as communication needs change over time.

Assessments Recommended through a Consultation with the Deaf Services Coordinator

Individuals who are identified through consultations with the Deaf Services Coordinator as needing a communication assessment, can expect to receive an assessment through Temple Institute on Disabilities.

The DSC will send the referral to Temple Institute on Disabilities, the agency that ODP has contracted with to complete assessments. Then, an assessor will reach out to the Supports Coordinator to schedule.

Supports Coordinators and providers need to be responsive and accommodating to the assessor when the assessor makes contact to schedule. The assessor will review documentation, visit in person, observe multiple locations, interview staff, and engage the individual in formal testing. The assessment can take two to four hours, depending on complexity of need.

Things to consider when scheduling an assessment:

- What is the individual's best time of day?
- What are the best locations to hold the meeting? Consider distractions that may impact communication.
- What team members need to be in attendance? Consider who knows the individual the best and who has the best communication with the individual. Also consider that too many people may be distracting.
- What is the best way for the assessor to build connection with the individual? Have a familiar person introduce the assessor. Plan a fun activity they can start with, choose a comfortable environment, have a comfort item present, etc.
- What other supports might be needed for this meeting?

After the assessment is held, the assessor writes a report of their findings, and it is shared with the Supports Coordinator and the Deaf Services Coordinator. Once the Supports Coordinator receives the report, they are responsible to ensure that the rest of the team receives a copy of the report.

Within 60 days of receipt of the report, the SC will facilitate an ISP team meeting to:

- Review and analyze the results of the report,
- Discuss the recommendations set forth in the report,
- Develop an action plan to implement each recommendation, and
- Revise the ISP to capture the results of the assessment.

Note: The SC should document the activities listed in a service note.

The recommendations should continue to be reviewed at ISP meetings and progress should be measured and evaluated by his team on an on-going basis.

Implementation and continuation of the recommendations is critical for the improvement of the individual's communication and their overall quality of life. Communication is fluid

and ever changing. The support team members are responsible to continually monitor communication and seek additional support as communication needs change over time.

Guidance on Individual Support Plans for Deaf, Hard of Hearing, and DeafBlind Individuals

Pre-planning for the ISP

Pre-planning for support planning takes more time with deaf individuals, even when the individual and the provider can communicate directly. Individuals may not have experience with the concepts of self-determination, and few have the language skills to understand the concept of futures planning or incremental goals to attain a personal goal. Many individuals will not have the communication fluency required to express these concepts through an interpreter. Providing substantially more time in pre-planning will allow staff to use person-centered planning tools to better fit the individualized needs of individuals. It also allows staff to support the individual in gaining needed vocabulary or identifying needed accommodations prior to the actual meeting. Taking the time to do proper pre-planning is the key to a successful ISP and to setting and achieving personal goals and outcomes.

Considerations for information to include an ISP

1. Demographics

- **Primary Language:** Consider the individual's primary, preferred language. Think about what language is their native language and what they used while in school. Even if they use some English now for communication, consider what would be their preferred language.
- **Is an Interpreter Needed?** Does the individual use an interpreter? Do other people need an interpreter to understand the individual?

2. Additional Diagnosis

- Include the individual's sensory diagnosis of deaf, hard of hearing, or deafblind.

3. Contacts

- Consider noting who is a best communication partner in the notes.
- If the individual uses ASL as their primary language and a contact person does as well, it is helpful to note under "Contact Notes" that the contact uses ASL.

4. Know and Do

- Consider cultural differences (especially if Deaf), sensory differences, communication preferences, any augmentative and alternative communication, hearing technology, glasses, assistive technology, etc.

5. Desired Activities and Important To

- Is socializing with other individuals who are Deaf, hard of hearing, deafblind important to the individual?
- Is interacting with others who use sign language an essential activity for maintaining or improving communication skills and/or reducing linguistic isolation?

6. Current Health Status

- **Audiological:**
 - Define and describe the individual's diagnosis. Describe what the diagnosis means to the person. What can or can't they hear?
 - What supports them hearing to the best of their ability?
 - Do they use any hearing or assistive technology?
 - Will the diagnosis change or is it expected to stay the same?
- **Vision:**
 - Define and describe the individual's diagnosis. Describe what the diagnosis means to the person. What can or can't they see?
 - What supports their vision?
 - Do they wear glasses or use any assistive technology?
 - Will the diagnosis change or is it expected to stay the same?
- Is the individual DeafBlind? DeafBlind is defined as an individual who has a combined hearing loss and visual impairment.
- Do any of their medications effect their senses?

7. Developmental Information

- At what age did the hearing loss or the vision impairment begin?
- At what age was the hearing loss or vision impairment diagnosed? This may be different than when it began
- What caused it (causation or origination)?
- What interventions, such as Early Intervention, were used and when?
- Did they experience any language deprivation?

8. Psychosocial Information

- Is there any known trauma history?
- Are there any diagnoses that may affect communication

9. Fire Safety

- Considerations for assistive technology for safety

10. Sensory Concerns

- Information about their DHHDB diagnosis impacts their other senses

11. Behavioral Support Plan

- Have cultural needs and difference been considered in the behavior analysis and support plan?

- Have communication needs been considered as a root cause of behavior concerns?
- Have accessibility needs been considered in the behavior analysis?

12. Crisis Support Plan

- What is the back-up plan for assuring communication access in the event of staffing or other site emergencies?

13. Physical Development

- Are there any other physical conditions that impact effective communication?

14. Adaptive/Self Help

- How does the individual communicate with strangers?
- What accommodations might they need to effectively ask for help?
- How would a stranger understand them?

15. Communication

- Primary Mode of Communication
- Expressive and receptive communication
- Do they use any augmentative and alternative communication?

16. Educational/Vocational Information

- It is important to include if the individual went to a Deaf School or other specialized school or a mainstream school with an interpreter or other specialized supports.

17. Other Non-Medical Evaluation

- Document any communication assessments

Enhanced Communication Rate

The enhanced communication rate is available for services from providers who have support staff who use American Sign Language at a level proficient to serve signing d/Deaf individuals in the Consolidated, P/FDS, and Community Living waivers.

This rate is available for the following services:

<ul style="list-style-type: none"> • Advanced Supported Employment <ul style="list-style-type: none"> • Discovery Profile Outcome • Job Acquisition Outcome • Job Retention Outcome • Art Therapy • Behavioral Supports • Benefits Counseling • Communication Specialist • Community Participation Supports • Companion Services • Consultative Nutritional Services 	<ul style="list-style-type: none"> • Music Therapy • Residential Habilitation • Respite • Shift Nursing LPN • Shift Nursing RN • Small Group Employment • Supplemental Habilitation • Supported Employment <ul style="list-style-type: none"> • Career Assessment • Job Finding and Development • Job Coaching and Support
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<ul style="list-style-type: none"> • Equine Assisted Therapy • Family/Caregiver Training and Support (with participant present) • Family Medical Support Assistance • Housing Transition and Tenancy Sustaining • In-Home and Community Supports • Life Sharing 	<ul style="list-style-type: none"> • Supported Living • Supports Broker • Therapies <ul style="list-style-type: none"> • Physical • Occupational • Speech/Language • Orientation, Mobility, and Vision
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Request Process:

Please note there are no exceptions to this process. All providers are required to follow the policy as written for each participant.

1. Providers who wish to request an enhanced communication rate must complete form (Attachment). This form includes:
 - a. Provider agency information
 - b. A requirement to attach the provider's policy or plan that shows their efforts to continue advancing sign language skills
 - c. Individual's information
 - d. A quiz for the signing staff person to complete
2. Submit the completed form and attachments to ODP's Deaf Services Mailbox at RA-ODPDeafServices@pa.gov.
3. Following receipt of the requested documentation, ODP will review the information submitted and determine whether the provider is eligible for the enhanced communication rate. If additional information or discussion concerning the request is required, ODP will contact the agency's contact person identified on the form.
4. ODP will notify the provider, AE, assigned Supports Coordinator (SC), and ODP regional lead of the decision to approve or deny the rate. If approved, a formal notice of approval that should be maintained in the individual's file by the SC and provider will be attached to the notification.
5. The SC should document approval in a service note and create a critical revision to the Individual Service Plan (ISP) to add the U1 modifier to the approved service. The SC should also ensure that:
 - a. the "Harry M Indicator" in HCSIS is checked (even if the individual is not a class member)
 - b. the "Primary Language" under Demographics in HCSIS is listed as "Sign"
 - c. the individual has an "Additional Diagnosis" category of "Sensory" listed as either "Deaf (ODP)", "Hard of Hearing (ODP)", or "Deaf unable to understand or communicate verbal expressions (ODP)"

- d. the individual has one of the following “Primary Modes of Communication”
 - American Sign Language (ASL), Mixture ASL & Signed English, Sign Exact English, Sign Language from Other Countries, Tactile Sign, or Visual-Gestural Communication

After approval, if there is any change to the original application information, such as a service location or procedure code change, a new form must be submitted to maintain proper billing.

If at any time, the provider no longer has proficient signing staff, the provider is responsible to inform the Supports Coordinator and Deaf Services Coordinator immediately.

Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals

The guide offers resources in one central location for those who support or care for someone who is DHHDB and receives supports from ODP. Development of the guide included input from individuals within the Deaf, DeafBlind, hard of hearing, and hearing communities. The guide provides some of the most frequently accessed resources to assist in addressing the unique needs of these populations.

The guide is updated annually by ODP’s Deaf, DeafBlind, and Hard of Hearing Advisory Committee. It is published at: www.myodp.org, under Topics > Special Population Services > [Deaf Services](#).

Definitions

American Sign Language - ASL is the recognized sign language of the Deaf Community in the United States of America. As is the case with standardized spoken, written, and signed languages worldwide, ASL conforms to linguistic principles (e.g., semantics, syntax, morphology, phonology, and pragmatics). The complex visual-spatial linguistic structure of ASL is distinct from English, a linear, sequential language based on auditory processes.

American Sign Language Fluent Staff – A staff person who effectively communicates directly with an individual in American Sign Language. Fluency is about conversational skills using everyday vocabulary. This staff is not required to be certified or registered as they are not facilitating communication between ASL and another language and are not providing an interpreting service.

American Sign Language Interpreter - A person trained in facilitating communication between a spoken language and American Sign Language (ASL). Interpreters maintain the role of a facilitator of communication rather than the focus or initiator of communication.

Certified Deaf Interpreter (CDI) - A Certified Deaf Interpreter (CDI) is a Deaf or Hard of Hearing person whose native language is Sign Language. CDIs have firsthand knowledge and experience with deafness, the Deaf Community, and Deaf culture. CDIs may use props, drama, and visual gestural communication. A CDI serves as an equal member of the interpreting team along with a certified hearing interpreter or a certified interpreter. The CDI interprets the message from the deaf consumer (without using English syntax) to the hearing interpreter and the hearing interpreter then relays the message to the hearing consumer by putting the content into English. CDIs are particularly useful when the communication mode used by the deaf person is unique, when they have minimal or limited communication skills, or when they use signs that a hearing interpreter may not be familiar with such as non-standard signs, "home" signs, international sign language, visual gestural communication, regional signs, etc. Holders of this certification are deaf or hard of hearing and have demonstrated knowledge and understanding of interpreting, deafness, the Deaf community, and Deaf culture. Holders have specialized training and/or experience in the use of gesture, mime, props, drawings, and other tools to enhance communication. Holders possess native or near native fluency in American Sign Language and are recommended for a broad range of assignments where an interpreter who is deaf or hard of hearing would be beneficial.

Communication Dictionary – a person-specific 'dictionary' that helps those who are not familiar with the individual's communication to learn their unique behavioral signals, signs, etc. to interpret them correctly, and respond to the communicator's intent; the dictionary is usually a reference document that is created by and accessed by support staff.

Communication Partner – the person with whom someone is communicating who can help make the conversation more successful, inclusive, and effective for everyone.

Communication Passport - a person-centered document that describes the individual's most effective means of communication, drawing information from past and present (from many people who know the individual); intended to be carried by the individual to be shared with others as they desire, much like a passport would be.

deaf – Referring to the audiological condition of not hearing; a medical perspective focused on the physical condition.

Deaf – Referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture; a sociocultural perspective focused on personal identity.

DeafBlind - A condition in which an individual has combined hearing and vision loss, thus limiting access to both auditory and visual information. Although it is a combination of two sensory losses (vision and hearing), the resulting experience is unique to each individual. Note: You may see Deaf-Blind, Deafblind, deaf-blind, deafblind, Deafblind, etc. in various writings.

Haptics/Touch Cues - A tactile sensation that represents an incoming signal received by the somatic system, or a relationship between tactile sensations which can be used to infer a higher level of information. For example, a video game remote vibrates so a person can feel the sound of the game. Visual, environmental, or emotional information can be communicated through touch.

Hard of Hearing - A person with a mild-to-moderate hearing loss. Note that 'Hearing Impaired' is no longer accepted by most in the Deaf community and is viewed as negative.

Pidgin Signed English (PSE) - PSE is a mode of communication arising from contact between American Sign Language (ASL) and spoken or signed English. With PSE, vocabulary is borrowed from ASL, while grammar typically follows English word order.

Sign Language – There are many types of sign language. American Sign Language (ASL) is a form of sign language developed in the US and used also in English-speaking parts of Canada. Foreign Sign Language is a form of sign language originating from another country i.e., British Sign Language, French Sign Language, Mexican Sign Language, etc.

Signed Exact English – SEE is a sign system modeled after the English language. SEE includes many signs that are taken from ASL; however, the sentence structure, the idioms, the verb endings, etc. are taken from English. In essence, SEE is a visual form of English. Someone who uses SEE may not understand ASL, and vice versa.

Tactile Sign Language - A common means of communication used by people with both a sight impairment and hearing loss (DeafBlind), which is based on sign language or other system of manual communication. "Tactile signing" refers to the mode or medium i.e., signing (using some form of signed language or code) using touch. Some people prefer ProTactile. ProTactile is a socio-cultural philosophy that reflects the DeafBlind world, which includes language (ProTactile American Sign Language), the DeafBlind culture, and the community. It is a tactile representation of visual information (heads nodding, yawning, laughing, agreeing, etc.).

Visual Gestural Communication (VGC) - A method of communication that provides a means of bypassing vocabulary and strict grammar rules of a language, and instead involves gestures, facial expression, and body language use and analysis.