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|  <p><b>HAWAII HEALTH SYSTEMS</b><br/>CORPORATION<br/><i>"Quality Healthcare for All"</i></p> <p><b>PROCEDURE</b></p> | <p><b>Department:</b><br/>Human Resources</p>  | <p><b>Policy No.:</b><br/><b>HR 0002B</b></p>         |
|   | <p><b>Issued by:</b><br/>Paul Tsukiyama<br/>Dir. of Human Resources</p>  | <p><b>Revision No.:</b><br/>2</p>                     |
| <p><b>Subject:</b></p> <p><b>Individuals with Disabilities</b></p>  | <p><b>Approved by:</b><br/></p> <p><b>By:</b> Alice M. Hall<br/>Acting President &amp; CEO</p> | <p><b>Effective Date:</b><br/>November 21, 2013</p>   |
|   |  | <p><b>Supersedes Policy:</b><br/>February 1, 2005</p> |
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Last reviewed: July 11, 2013; Next review: July 11, 2016

I. **PURPOSE:** To describe the procedures to implement Policy No. HR 002A, "Individuals with Disabilities."

II. **DEFINITIONS:**

**Physician:** A doctor of medicine, a dentist, a chiropractor, an osteopath, a naturopath, a psychologist, an optometrist, or a podiatrist, as defined by HRS 386-1.

**Individual with a Disability:** Under the Americans with Disability Act (ADA) as amended, a person who 1) has a physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such an impairment, or 3) is regarded as having such an impairment.

**Qualified Individual with a Disability (QID):** an individual or employee with a disability who meets the skills, experience, education, and other job-related requirements of a position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of a job.

**Reasonable Accommodation:** A modification or adjustment to a job, the work environment, of the way things are usually done, to enable a qualified individual with a disability to attain the same level of performance or to enjoy equal benefits and privileges of employment as are available to a similarly situated employee without a disability. The modification or adjustment should not cause undue hardship on the operation of the department.

III. **PROCEDURE:**

A. Employees or applicants with disabilities who believe they need reasonable accommodations to perform the essential functions of their jobs should contact the applicable Human Resources Office.

- B. The duty to engage in the interactive process is triggered if:
- The employee requests an accommodation or
  - The employer recognizes the need for an accommodation.
- Failure to engage in the interactive process can lead to liability. The duty is continuing and does not disappear once an employer provides one type of accommodation.
- C. On receipt of an accommodation request, a representative of the Human Resources Office and the supervisor will meet with the employee or applicant to discuss and identify the precise limitations resulting from the disability and the potential accommodations that the HHSC might make to help overcome those limitations.
- D. HHSC will also obtain medical information from the treating medical care provider to substantiate limitations and the ability of the employee or applicant to perform the essential functions of the position.
- E. HHSC may also choose to have the employee or applicant examined by a physician selected by HHSC to substantiate the limitations and the ability of the employee or applicant to perform the essential functions of the position.
- F. HHSC will determine the feasibility of the requested accommodation considering various factors, including, but not limited to the nature and cost of the accommodation, the availability of outside funding, HHSC's overall financial resources and organization, and the accommodation's impact upon other employees.
- G. HHSC will inform the employee or applicant of its decision on the accommodation request or on how to make the accommodation. If the accommodation request is denied and the employee or applicant disagrees with the determination, he or she may present additional information to the Human Resources Office within ten (10) days of the date of that determination to further substantiate the request.
- H. If the accommodation request is still denied, the employee or applicant will be advised of his or her right to request a redetermination of the final determination by submitting a written statement within twenty (20) days of the date that the final determination was made to the Corporate Human Resources Office. If the request for redetermination is denied, that decision is final.
- I. The law does not require HHSC to make the best possible accommodation, to reallocate essential job functions, to lower quality or production standards, or to provide personal use items (i.e., eyeglasses, hearing aids, wheelchairs, etc.).

- J. An employee or applicant who has questions regarding the procedure or believes that he or she has been discriminated against based on a disability should notify the applicable Human Resources Office.
- K. All such inquiries or complaints will be treated as confidential to the extent permissible by law. It is unlawful for any person employed by HHSC to retaliate against an employee or applicant for opposing employment practices that may be discriminatory based on disability or for filing a complaint, testifying or participating in any way in an investigation, proceeding, or litigation under the Federal and State laws that prohibit discrimination against persons with disabilities.

**IV. APPLICABILITY:** This procedure shall apply to employees of HHSC or applicants with disabilities who believe they need reasonable accommodations to perform the essential functions of the job.

**V. AUTHORITY:**

- A. American with Disabilities Act, Title 1
- B. American with Disabilities Amendments Act of 2008

- VI. Attachments:**
1. **Form 1**, Reasonable Accommodation of Disability Request & Approval Form
  2. **Form 2**, Request for Reconsideration of Accommodation Request Due to New Information
  3. **Form 3**, Request for Reconsideration of Final Determination
  4. **Form 4**, Consent & Authorization to Release Confidential Protected Health Information for Reasonable Accommodation

HAWAII HEALTH SYSTEMS CORPORATION  
REASONABLE ACCOMMODATION OF DISABILITY  
REQUEST & APPROVAL FORM

Requestor's Name: \_\_\_\_\_  
Date of Submission of Request: \_\_\_\_\_ Unit: \_\_\_\_\_  
Doc. # \_\_\_\_\_  
Requestor is an: [ ] Applicant [ ] Employee  
Position Involved: \_\_\_\_\_  
Location: \_\_\_\_\_  
Work or Home Phone #: \_\_\_\_\_

- 1) Accommodation that is being requested:
  
- 2) Identify the nature of the disability and the reason for the accommodation requested:
  
- 3) Information being submitted to support the request for accommodation:

\_\_\_\_\_  
Requestor's Signature                      Date

Determination

The request for a reasonable accommodation is:

[ ] The agreed upon accommodation is:

[ ] No agreement was reached or an accommodation was deemed not warranted because:

If you disagree with my determination, you may present additional information to me within ten (10) days of the date of this determination to further substantiate your request. If you would like to submit a request for reconsideration, the completed form must also be received within the ten (10) days deadline. Please call me at \_\_\_\_\_ to discuss the above decision.  
(Telephone/ext.)

\_\_\_\_\_  
Regional HR Director/Designee                      Date

\_\_\_\_\_  
Regional Chief Executive Officer                      Date

HAWAII HEALTH SYSTEMS CORPORATION  
REQUEST FOR RECONSIDERATION OF ACCOMMODATION REQUEST  
DUE TO NEW INFORMATION

Requestor's Name: \_\_\_\_\_  
Date of Request for Reconsideration: \_\_\_\_\_ Unit: \_\_\_\_\_  
Doc. # Original Request: \_\_\_\_\_ Doc. # Current Request: \_\_\_\_\_

Application

- 1) Is the same or different accommodation being requested?
  
- 2) Has the nature of the disability or the reason for an accommodation changed?
  
- 3) Is there additional information to support the request for reconsideration?

\_\_\_\_\_  
Requestor's Signature      Date

Final Determination

The request for reasonable accommodation is:

The agreed upon accommodation is:

No agreement was reached or an accommodation was still deemed not warranted because:

If you disagree with my final determination, you may request a redetermination of this decision by submitting a written statement explaining the reasons for the request within twenty (20) days of this final decision to the Hawaii Health Systems Corporation, Corporate Human Resources Office, 3675 Kilauea Avenue, Honolulu, HI 96813. If the request for redetermination is denied, that decision is final.

\_\_\_\_\_  
Regional HR Director/Designee      Date

\_\_\_\_\_  
Regional Chief Executive Officer      Date



HAWAII HEALTH SYSTEMS CORPORATION  
CONSENT & AUTHORIZATION TO RELEASE  
CONFIDENTIAL PROTECTED HEALTH INFORMATION  
FOR REASONABLE ACCOMMODATION

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**IMPORTANT:** This form seeks your consent and authorization to receive, release and disclose, where necessary, your medical and health care information, records, and reports, *including confidential records and reports. Please review carefully before signing.*

I, \_\_\_\_\_ hereby consent and authorize Hawaii Health Systems Corporation to receive, release and disclose, where necessary, medical and health care information from the following health care providers:

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If my records contain any information about:

- AIDS or HIV infection or venereal disease       Treatment for alcohol and/or drug abuse  
 Mental health psychiatric services

I do or  I do not authorize the release of this information. Initials: \_\_\_\_\_

I understand this information will be used solely to determine the extent of my disability, its effect on my ability to perform essential functions, and any need for reasonable accommodation to enable me to perform my job in the workplace. I hereby voluntarily give my permission.

I also understand that my consent is valid for 180 days or shall terminate on \_\_\_\_\_ and that I may revoke my consent in writing at any time except for actions already taken.

\_\_\_\_\_  
Applicant/Employee's Name (Print)

\_\_\_\_\_  
Applicant/Employee's Signature      Date