

Kennedy-Ragule, Maureen (OTDA)

Erie

From: Cellini, Linda [cellinil@erie.gov]
Sent: Tuesday, November 23, 2004 11:52 AM
To: Kennedy-Ragule, Maureen (OTDA)
Cc: Weiner, Michael; Merrifield, Deborah; Kaznica, Emily; LoCicero, Nicholas; Ippolito, Richard
Subject: ADA Survey and Cover Letter

Maureen,

Please see the attached cover letter and completed ADA survey. Please be advised that if you would like a signed copy in addition to the electronic copy, you may contact my office at (716) 858-6660 to request one.

Linda for Bill Graham

<<ADA Survey Cover Letter.doc>> <<ADA survey.doc>>

Did you know?

- New York State's \$41 billion Medicaid program is larger than the Medicaid budgets of California and Texas combined?
 - Erie County's Medicaid cost has increased by \$81 million since 1999 and will rise by another \$29 million in 2005.
 - That New York State runs Medicaid and sends Erie County the bill.
 - That you can help get New York State to reform Medicaid: Contact your state legislator in Albany. Tell them you want Medicaid reform NOW.
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County of Erie

JOEL A. GIAMBRA
COUNTY EXECUTIVE
DEPARTMENT OF SOCIAL SERVICES

MICHAEL WEINER, M.S., M.B.A.
COMMISSIONER

November 23, 2004

Ms. Maureen Kennedy-Ragule
Central Team Leader
Division of Temporary Assistance
New York State Office of Temporary & Disability Assistance
40 North Pearl Street, 11th Floor
Albany, New York 12243

Dear Ms. Kennedy-Ragule:

In response to your letter of October 4, 2004, enclosed is the Erie County response to the ADA/LEO Self-Evaluation Review form.

This form was reviewed and input submitted by our Office of Counsel, County Attorney's Office, Office of the Disabled and Temporary Assistance.

Please note that an evaluation of Erie County facilities was performed by Hamilton, Houston, Lownie Architects. This evaluation is done in book form for each facility owned and operated by Erie County. Therefore it would be extremely cumbersome to attach. The County has taken this report and developed a plan of action to make all county facilities, programs and operations one hundred percent ADA compliant.

In addition, as part of a TANF review in Erie County in December 2003, a review by TADA was done of our compliance with ADA. There were no issues raised and no corrective action plan was requested. During this TANF review, the policies and procedures of Erie County were made available to the TADA review staff.

If I can be of any further assistance in this matter, please contact my office at (716) 858-6660.

Sincerely,

William F. Graham
Director, Performance Outcome Monitoring

Cc: Michael Weiner, Commissioner
Deborah Merrifield, Commissioner of Office of Self-Sufficiency
Emily Kaznica, Executive Director, Office for the Disabled
Nicholas LoCicero, Director of Legal Affairs
Richard Ippolito, Counsel, SID/Resource

AMERICANS WITH DISABILITIES ACT (ADA)/LIMITED ENGLISH PROFICIENCY (LEP)
Self - Evaluation Form

District Erie Form Completed by: G. Schmelzer Phone #: 716-858-7240

Access - ADA

1. Do you have an ADA contact person within DSS who is responsible for social services programs access for taking and resolution of complaints from applicants/recipients (A/Rs)?

X Yes No

2. If yes to #1, who is your ADA contact? Emily Kaznica, Exec. Dir. for Office for the Disabled and Kenneth Machelski, County Architect for the Department of Public Works.

Please provide the ADA contact's telephone # (716) 858-6233, (716) 858-8065

3. a. Has your district done a self - evaluation of program access by A/R's with disabilities?

Yes X (please attach a copy of the report) No

- b. Were deficiencies found in the self - evaluation?

Yes X (go to c.) No (go to #4)

- c. Were corrective actions taken?

Yes X (please attach copy of the corrective action plan) No

4. Do you all have a written procedure for handling complaints from applicants/recipients who claim to have been denied access to social services programs due to a disability?

Yes (please attach copy) No x - but, any complaints received would be investigated and resolved accordingly.

5. Do you provide applicants/recipients (A/Rs) for social services programs with information about the ADA's prohibitions against discrimination?

Yes x (please attach copy) No Your Rights section of Book 1-LDSS 4148A, Pg 3

6. Reasonable accommodation means an adaptation or alteration that gives an A/R with disabilities meaningful access to social services programs. Do you have written reasonable accommodation procedures?

Yes x (please attach copy) No ECDSS Advocacy Policy/Procedures
Deaf Interpreter Services Memo
International Institute Language Services
All facilities are handicap accessible

7. Do you have a procedure to insure that the A/R who is offered reasonable accommodation, but refuses, understands the consequences of that refusal?

Yes (please attach copy) No x

Access - General Disabilities

1. a. Are your facilities accessible to, and usable by, individuals with disabilities?

- Yes No
- b. Are your parking areas and sidewalks accessible to, and usable by, individuals with disabilities?
Yes No
- c. Is the entrance wheelchair accessible? Yes No
- d. Are bathrooms and drinking fountains wheelchair accessible?
Yes No
- e. If the client area is above or below the 1st floor, are there elevators?
Yes No 1st floor only
- f. If No to e, are services available at alternate accessible sites? Yes No
2. In social services districts with more than one district office, are all district offices accessible according to #1a – e above.
 Yes No (go to #3)
3. When one or more district office is not handicap accessible, is reasonable accommodation offered?
 Yes (attach copy of reasonable accommodation plan, or specify) N/A
 No
4. Do you have procedures for determining when home visits will be provided for A/Rs who are physically or mentally unable to travel to the office/center?
 Yes (go to #6) No (go to #5)
5. If No to #4, what alternate accommodations are provided? _____

6. Are the home visits or alternate accommodations procedures in writing?
 Yes (please attach copy – go to #7) No (go to #7)
7. How is the district's policy regarding home visits or alternate accommodations conveyed to A/Rs? Message Center Telephone Information, ECDSS Website, Via Mail, @Applicants Request, ECDSS Advocacy Policy/Procedure memo.
8. How is the district's policy regarding home visits or alternate accommodations conveyed to the appropriate LDSS staff? ECDSS Advocacy Policy/Procedure memo and Staff Training.

Access – Visually/Sight Impaired

1. a. Are there signs in Braille for the visually/sight impaired?
- Yes No Men's and Women's Rooms
 Yes No Room Numbers
 Yes No Exits
 Yes No Permanent Rooms and Spaces

Yes No Elevators

b. If No to any of the above, how does the visually impaired person find a necessary location?

2. Do you have procedures in place for A/Rs who, due to visual impairment, are unable to read the application, information booklets, notices, etc.?

Yes (please provide copy) No

Access – Mental Impairment

1. Do you have procedures in place to assist a mentally impaired A/R?

Yes (please provide copy) No

Access – Hearing Impaired

1. Do you have procedures in place to assist hearing impaired A/Rs?

Yes (please provide copy) No

2. Is a sign – language interpreter provided? Yes No

3. Does the office/agency have TTY/ITD equipment or New York Relay Services available?

Yes (type of service: _____) No

Access – Limited English Proficiency

1. Do you have procedures to assist limited or Non- English speaking A/Rs?

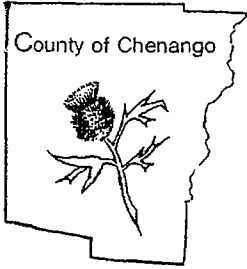
Yes (please provide copy) No International Institute Language Services

2. Are the following available in other than English Language?

Signs Yes No
Posters Yes No
Pamphlets Yes No
Other client handouts: Yes (describe: Agency Forms) No

3. a. Is the “Language Poster” displayed in the waiting area? Yes No

b. Are the Language palm cards used? Yes No



DEPARTMENT OF SOCIAL SERVICES

P.O. Box 590, Norwich, N.Y. 13815
Fax (607) 334-8768 (Not for Service of Process)



Bette Osborne
Commissioner

Sarah C. Fitzpatrick
Attorney
607-337-1545

Jody Eckert
Attorney
607-337-1585

February 24, 2005

Pam Pomiber
NYS OTDA
Division of Temporary Assistance
40 N. Pearl St., 11th Floor
Albany, NY 12243

Dear Ms. Pomiber;

Thank you for your recent inquiry regarding the Self-Evaluation Review Form. We are currently underway with an internal review of similar areas to your ADA/LEP self-evaluation. We will contact you in the event we determine that your professional assistance is needed.

Sincerely,

Bette Osborne
Commissioner

BAO:dlm