



FY 21-22 Auxiliary Aids Monitoring Plan

This plan explains how Broward Behavioral Health Coalition, Inc. will review and monitor its Subcontractors/Providers operational performance and compliance with providing appropriate auxiliary aids and services to consumers and families who are deaf or hard-of-hearing.

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I. NON-DISCRIMINATION STATEMENTS

NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by Broward Behavioral Health Coalition, Inc. (BBHC).

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

BBHC assures each applicant and employee Equal Employment Opportunity without regard to age, race, color, sex, religion, national origin, political opinions or affiliations, marital status, or disability, except when such requirement constitutes a bona-fide occupational qualification necessary to perform the tasks associated with the position. Equal Employment Opportunity is attained using both objective and subjective merit principles and applies to recruitment, examination, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and other employment practices within the Department.

Any persons served or employee who believes that he or she has been discriminated against may file a complaint with the Florida Commission on Human Relations or the Department's Office of Civil Rights, within 365 days of the alleged discriminatory act. All complaints shall be treated in accordance with the procedures set forth by law or in Chapter 60Y-5, Florida Administrative Code (F.A.C.)

NON-RETALIATION POLICY

No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by state and federal laws.

II. INTRODUCTION

A. BROWARD BEHAVIORAL HEALTH NETWORK POLICY

It is the policy of Broward Behavioral Health Coalition, Inc. (BBHC) to ensure that persons who are deaf or hard-of-hearing are afforded equal opportunity in employment and in receiving services as stipulated by Section 504 of the Rehabilitation Act of 1973 (hereinafter referred to as 'Section 504') and the Americans with Disabilities Act (ADA), as well as Department of Children and Families Operating Policy (DCF CFOP) 60-10, Chapters 1, 3 & 4.

B. PURPOSE

The purpose of this plan is to ensure that effective communication with deaf or hard-of-hearing persons or companions is taking place at BBHC and the BBHC Subcontractor level. This plan describes how BBHC reviews and monitors its Subcontractor/Provider network's operational performance in providing appropriate auxiliary aids and compliance with:

1. Title II of the Americans with Disabilities Act (ADA);
2. Section 504, Title V of the Rehabilitation Act of 1993; and
3. DCF Operating Procedures; and

C. GOALS AND OBJECTIVES

The goals and objectives reflected herein are designed to identify, describe and ensure effective methods to monitor compliance and offer technical assistance as needed to subcontractors within the BBHC system of care network to ensure adequate provision of auxiliary aids and services to persons and companions who are deaf or hard-of-hearing, and Limited English Proficient.

D. AREAS OF RESPONSIBILITY

The BBHC Single Point of Contact (SPOC) is responsible for the development, implementation, revision and oversight of this plan.

E. SUBCONTRACTORS/PROVIDERS SUBJECT TO MONITORING

All BBHC subcontractors/providers that have direct contact with clients/consumers and companions who are deaf or hard-of-hearing will be subject to monitoring as set forth in this plan.

III. PERSONS WITH DISABILITIES

1. General. This plan provides for the implementation of Departmental policy and procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with disabilities.
2. Scope. The provisions described in this procedure apply to all Department programs, Contracted Client Services Providers and Subcontractors who provide direct services to customers or potential customers.
3. Policy. The Department and its Contracted Client Services Providers will provide, at no cost to the client/customer or companion, appropriate auxiliary aids, including certified American Sign Language interpreters, to persons with disabilities where necessary, to afford such persons an equal opportunity to participate in or benefit from the Department of Children and Families' programs and services.
 - a. All qualified and potential customers are entitled to an equal opportunity to use and benefit from the programs and services of the Department and its Contracted Client Services Providers. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities.
 - b. Auxiliary aids will be available for use by customers and potential customers in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client/customer or companion.
4. References.
 - a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80; and 28 Code of Federal Regulations (C.F.R.), Part 42.
 - b. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 US 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 42
 - c. Section 508 of the Rehabilitation Act of 1973, as amended.
 - d. The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259.
 - e. The Americans with Disabilities Act of 1990, Title I and II, as amended.
 - f. The Americans with Disabilities Act Amendment Act of 2008 (ADAAA). CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.

- g. CFOP 60-10, Chapter 1 Americans with Disabilities Act (ADA) Accommodation
 - h. Procedures for Applicants/Employees/General Public.
 - i. U.S. Department of Health and Human Services (HHS) Office of Civil Rights.
 - j. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.
5. Ensuring Accessibility for the Provision of Services Provided. The following procedures are to be followed by employees and Contracted Client Services Providers to ensure accessibility of programs and services to customers or companions with disabilities.

A. For Persons who are Deaf and Hard of Hearing.

(1) Staff will conduct an assessment, prior to services, to determine the customer or companion's preferred method of communication. Staff shall consult with the customer to determine his or her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians or other representative. Staff shall accomplish this by first completing the Customer Companion Communication Assessment Form (Appendix (B) and the Request for or Waiver of Free Communication Assistance Form (Appendix C).

(2) The communication options for persons who are Deaf and Hard of Hearing may include but not limited to the CART, Florida Relay Service, VRS, VRI, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.

(3) If an interpreter is needed, staff shall contact a certified interpreter from their listing of interpreter services. Staff shall obtain verification of the interpreter's certification as defined in section 9.i.

(4) The Department or its Contracted Client Services Provider's official (or designee) with budget approval over the unit or facility, has the responsibility for approving the request and obtaining the appropriate auxiliary aid and service.

(5) The use of auxiliary aids, certified sign language interpreters, or translators will be at no cost to the customer or companion.

(6) Documentation of Customer Companion Communication Assessment form shall be recorded in the case file or record.

(7) Each customer or companion who are Deaf and Hard of Hearing shall be provided a Customer Companion Feedback form by the Single Point of Contact, or designee, following their visit. The Customer Companion Feedback form is provided to the customer or companion to determine the effectiveness and

appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Staff shall document the case notes indicating the form was provided. Staff will provide assistance, if requested, in completing the form.

B. For Persons who have Low Vision or Blind (Except those that are Deaf and Hard of Hearing).

(1) It is a common perception among the public that persons who are blind read Braille.

(2) It is important that staff determine the best method of communication for persons who have low vision or blind. While Braille may be offered as an alternative, always communicate with the customer to determine the best method of providing services to them in an equitable and effective manner.

(3) Staff shall document type of auxiliary aid and service provide during contact with the individual in need of services.

C. For Persons who have Sensory, Speech or Mobility Limitations. The following are procedures and minimum requirements for ensuring accessibility of meetings, conferences and seminars.

(1) Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the unit sponsoring the activity in coordination with the designated 504/ADA Coordinator.

(2) When meetings, conferences and seminars are scheduled, information will be included in advertisements, conference registration materials or meeting notices that participants will be provided with the necessary auxiliary aid at no cost to them. The information will include the name of a contact person and a date by which the person must request such assistance. The registration process will include a method for determining the number and type of persons with disabilities needing assistance as well as the type of personal assistance or accommodation requested.

(3) Certified or qualified interpreters for persons with speech, sensory or mobility limitations and accessibility to Teletype (TTY) or Telecommunications Device for Deaf (TDD) equipment.

NOTE: When telephones are provided for use by participants or residents (customers, employees or the public), TTYs/TDDs must be provided for participants or residents who are Deaf and Hard of Hearing.

(4) Adequate lighting in meeting rooms so signing by an interpreter can be readily seen.

(5) Readers or cassette recordings to enable full participation by person with visual limitations.

(6) Agenda and other conference materials translated into usable form.

(7) Parking spaces clearly marked with appropriate ramps and curb cuts will be provided for persons with disabilities.

(8) Where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each participant, with mobility limitations, requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle.

(9) Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for participants with mobility limitations will be provided.

(10) Entrance ramps will be available and appropriate (36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one-inch rise per foot, 1:12).

(11) Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a participant with mobility limitations.

(12) Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts.

(13) Seating arrangements for persons in wheelchairs will be adapted to integrate persons who are mobility limited rather than to isolate them on the group's perimeter.

(14) Sufficient accessible guestrooms (at the same rate as guestrooms for other participants) will be located in the facility where the meeting, etc., is held or in a facility housing the other participants.

- One unobstructed entrance to each facility.
- Doors operable by single effort.
- Door handles no more than 48" from floor.

(15) Elevator provided, if over one story:

- Sensitive safety edges provided.
- Controls no more than 48" from floor.
- Controls with Braille numbers or letters.
- Accommodates wheelchair 29" X 45".

(16) Accessible restrooms:

- Level access for each sex on each floor.
- Turn around space 5' X 5'.
- Door clearance of 32".
- Grab rails provided.
- Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54" for side reach.
- Restroom signs indicating accessibility.

(17) Wheelchair accessible telephones.

(18) Accessible drinking fountains with cup dispensers.

(19) Audible and visible fire alarms.

NOTE. Staff shall ensure that written documentation of accessible accommodations are properly documented.

Translation of Written Materials. Translating documents to ensure effective communication will depend upon the customer or companions preferred method. Staff may be required to translate written documents in Braille, taped recordings or large print to ensure equal access to services offered by the Department.

Competency of Interpreters and Translators. Department employees who are utilized to interpret for the Deaf and Hard of Hearing by American Sign Language (ASL) shall meet or exceed the education and communications skills established by the following:

a. An assessment by an independent testing agency of an employee's ASL skills is required prior to utilizing an employee to interpret for a client or companion who is Deaf and Hard of Hearing.

b. Interpreter credentials as awarded by The Registry of Interpreters for the Deaf and modified for Departmental use are incorporated for reference CFOP 60-10, Chapter 3, Attachment 3.

c. It is the responsibility of managers, supervisors, and staff to become familiar with and follow the standards of etiquette when communicating with customers/clients with disabilities. (Appendix F)

d. It is the responsibility of program managers and supervisors to ensure the competency of qualified and certified sign language interpreters.

Provision of Interpreters in a Timely Manner. Staff shall provide interpreters for customers and companions who are Deaf and Hard of Hearing in a timely manner in accordance to the following standards:

a. If it is a scheduled appointment, you must have a certified interpreter at the time of the scheduled appointment. If the interpreter fails to appear, staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment, or as convenient to the customer or companion.

b. If it is a non-scheduled appointment or non-emergency situation, you must provide a certified interpreter within two (2) hours of the request, or at least by the next business day. In emergency situations an interpreter shall be made

available as soon as possible, but in no case later than two (2) hours from the time the customer or companion requests an interpreter, whichever is earlier.

c. Non-Scheduled Interpreter Requests. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the customer or companion, but at least by the next business day.

d. Scheduled Interpreter Requests. For scheduled events, staff shall make a certified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion who is Deaf and Hard of Hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

Other Means of Communication. Staff shall continue to try to communicate with the customer or companion who is Deaf and Hard of Hearing insofar as the customer or companion seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives. Refer to Appendix F (In-Person Communication Etiquette), Appendix G (Interpreter and Translation Services Poster) and Appendix H (I Speak Flash Cards) as a guide.

a. Sign language interpreters must be certified, unless they are a DCF employee who has been determined qualified by an Independent Agency.

b. The use of assistive devices (vibratory alarms) will be incorporated with relevant services (tactile communication) for persons with multiple disabilities such as deafness and blindness.

c. If the individual declines the use of the sign language interpreter, or other auxiliary aids, the client's file must be noted, utilizing the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance form. (Appendix C). The use of this form does not waive the Department or its Contracted Client Services Providers' responsibility to ensure effective communication; meaning the client's right to waive services does not void the agency from obtaining an interpreter to ensure effective communication is occurring.

d. Minor children should never be used as an interpreter.

e. Never use family members, children, friends and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.

Effectiveness of Communication. In the event that communication is not effective or if the nature of the communication changes significantly after the initial communication

assessment, Department or provider staff shall reassess which appropriate auxiliary aids and services are necessary for effective communication. This shall be accomplished where possible in consultation with the person seeking the auxiliary aids or services.

Denial of Auxiliary Aids and Services.

a. If Department or provider staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, Department or provider staff shall advise the person of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Department or provider staff shall provide the customer (and companion, if applicable) with a copy of the denial.

b. Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, Appendix B).³ Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, Department or provider staff shall nonetheless ensure effective communication with the Customer or Companion by providing an alternate aid or service which must be documented on the above form and in the customer's file. Denial determinations can only be made by the Regional Managing Director or Hospital Administrator (or designee) or the Contracted Client Services Provider Administrator (or designee).

NOTE: Staff who are unfamiliar with the auxiliary aid or service requested shall contact the Single Point of Contact (SPOC), 504/ADA Coordinator (Civil Rights Officer) or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with clients, customers and companions.

IV. PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

1. General. This section of the plan provides for the implementation of Departmental policy and procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with Limited English Proficiency (LEP).

2. Scope. The provisions described in this procedure apply to all Department programs and its Contracted Client Services Providers who provide direct services to customers or potential customers.

3. Policy. The Department and its Contracted Client Services Providers will provide, at no cost to the client, appropriate auxiliary aids, including qualified or certified language interpreters, where necessary, to afford such persons an equal opportunity to participate in or benefit from the Department of Children and Families' programs and services.

- a. All clients and potential clients are entitled to an equal opportunity to use and benefit from the programs and services of the Department and its Contracted Client Services Providers. This includes language access to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with Limited English Proficiency.
- b. The Department and its Contracted Client Services Providers will take reasonable steps to provide services and information in the appropriate language, other than English, to ensure that persons who are Limited English Proficient are effectively informed and can effectively participate in and benefit from its programs, services and activities.
- c. Language interpreters will be available for use by clients and potential clients in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, and training, etc.) This service will be at no cost to the client.

4. References.

a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code (USC) 2000d et seq; 45 Code of Federal Regulations (C.F.R.), Part 80; and 28 Code of Federal Regulations (C.F.R.), Part 42.104 (b) (2).

b. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.

c. U.S. Department of Justice (DOJ) Executive Order 13166 – Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency. Section 110.201 (3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.

5. Ensuring Language Access for the Provision of Services Provided. It is important to understand how individuals who are Limited English Proficient (LEP) interact with the Department and its Contracted Client Services Providers. Examples may include, but not limited to:

- a. Program applicants and participants
- b. Hotline or information calls
- c. Outreach programs
- d. Public meetings and hearings
- e. Public access to the Department's website
- f. Written materials or complaints sent
- g. Brochures intended for public distribution
- h. Testing

Provide notices to LEP persons letting them know that language access services are available and that they are free of charge. This notice should be provided in a language that the LEP person will understand. This will include:

- Posting signs in intake areas and other entry points. When language assistance is needed to ensure meaningful access to information and services. It is important to provide notice in the appropriate language in intake areas or initial points of contact so that LEP person can learn how to access those language services. The signs should be translated in the most common language encountered.
- Stating in outreach documents that language services are available from the agency. Announcements could be in brochures, booklets, and in outreach and recruitment information.
- Utilize a telephone voice mail menu. The menu could be in the most common languages encountered. It should provide information about available language assistance services and how to get them.

6. Competency of Interpreters and Translators.

- a. When providing oral assistance you must ensure competency of the language service provider. Competency requires more than self-identification as bilingual. Some bilingual staff and community volunteers, for instance, may be able to communicate effectively in a different language when communicating information directly in that language, but may not be competent to interpret in and out of English. Likewise, they may not be able to do written translations.

b. Competency to interpret, however, does not necessarily mean formal certification as an interpreter, although certification is helpful. When using interpreters, staff should ensure that the interpreter: I. Demonstrate proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation);

II. Have knowledge in both languages of any specialized terms or concepts peculiar to the program or activity and or any particular vocabulary and phraseology used by the LEP person;

III. Understand and follow confidentiality and impartiality rules to the same extent the Department's employee for whom they are interpreting and/or to the extent their position requires;

IV. Understand and adhere to their role as interpreters without deviating into role as counselor, legal advisor, or other roles (particularly in court, administrative hearings, or law enforcement contexts),

a. Be able to show sensitivity to the person's culture.

b. If bilingual staff is used to interpret between English speakers and LEP persons, or to orally interpret written documents from English into another language, they should be competent in the skill of interpreting. In addition, there may be times when the role of the bilingual employee may conflict with the roles of an interpreter.

c. Effective management strategies, including any appropriate adjustments in assignments and protocols for using bilingual staff, can ensure that bilingual staff is fully and appropriately utilized. When bilingual staff cannot meet all of the language service obligations, then other options should be used.

d. It is the responsibility of program managers and supervisors to ensure the competency of foreign language interpreters.

e. It is the responsibility of managers, supervisors, and staff to become familiar with and follow the standards of etiquette when communicating with clients who are Limited English Proficient. (Appendix H)

7. Translation of Written Materials. Written material (vital documents) routinely provided in English to applicants, clients and the public should be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered Limited English Proficient group eligible to be served or to be directly affected. Each program office will ensure that non-English written materials, such as program forms, brochures, etc., are available to operational staff. DCF offers Deaf and Hard of Hearing trainings on their website at no cost to providers. BBHC highly recommends those trainings.

8. Provision of Interpreters in a Timely Manner. When interpretation is reasonable and is needed, staff shall provide interpreters in a timely manner. To be meaningfully effective, language assistance should be timely. While there is no single definition for “timely” applicable to all types of interactions at all times by all types of recipients, one clear guide is that the language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person.

NOTE to BBHC Providers: The client's file shall be documented identifying the auxiliary aid or services provided, as well as any future services needed to ensure effective communication.

When language assistance services are not readily available at a given agency, LEP persons will be less likely to participate in or benefit from its programs and services. As a result, many LEP persons may not seek out agency benefits, programs, and services; may not provide beneficial information or file complaints; and may not have access to critical information provided by the agency because of limited access to language assistance services. Thus, self-assessments of the number of current LEP contacts may significantly underestimate the need for language services. Crime perpetrators can also take advantage of this misconception and discourage their victims from seeking law enforcement or prosecutorial protection.

9. Other Means of Communication. Staff shall continue to try to communicate with the client insofar as the client seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives. Refer to Appendix F (In-Person Communication Etiquette), Appendix G (Interpreter and Translation Services Poster) and Appendix H (I Speak Flash Cards) as a guide.

- a. Language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with clients in their preferred language.
- b. When bilingual staff is not available, the next preference is face-to-face interpretation provided by a qualified contracted or volunteer language interpreter.
- c. Telephone interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for unusual or infrequently encountered language.
- d. Minor children should never be used as an interpreter.
- e. Avoid using family members, children, friends and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.

10. Identifying Language Trends. To ensure meaningful access to all Department programs and services, each program office and contracted client services provider will identify language trends by:

a. Identifying the non-English languages that are likely to be encountered in its programs and estimating the numbers of Limited English Proficient persons eligible for services that are likely to be affected by its program. This can be done by reviewing census data, client utilization data, and community's organizations. The estimate should be used as a guide for employee recruitment.

(1) Informing customers of the purpose for collecting data on race, ethnicity and language,

(2) Emphasizing that such data is confidential and will not be used for discriminatory purposes,

(3) A client does not have to provide the information if he or she chooses not to provide such information, unless required by law,

b. Identifying the points of contact in the program or activity where language assistance is likely to be needed,

c. Identifying resources needed, location and availability of these resources, and

d. Reporting the identified language needs to the Office of Civil Rights or the Regional Civil Rights Officer.

NOTE: Staff who are unfamiliar with the auxiliary aid or service requested shall contact the Single Point of Contact (SPOC), 504/ADA Coordinator (Civil Rights Officer) or their Supervisor, for assistance in locating appropriate resources to ensure effective communication with clients, customers and companions.

Federal law requires the Florida Department of Children and Families and its Contracted Client Services Providers to furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. Such auxiliary aids and services may include: qualified sign language or oral interpreters, note takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, and TTYs.

V. MONITORING PROTOCOL

E. APPLICABILITY, FREQUENCY, METHOD

Monitoring of subcontractors/providers that have more than 15 employees will take place during regularly scheduled monitoring visits, with additional desk reviews of subcontractors/providers as the need is identified by the BBHC/Carisk. Monitoring method may include one or both:

1. Desk reviews of the provider's Auxiliary Aids Policies and Procedures and Auxiliary Aids and Services and Monitoring Plans. Desk reviews are employed with the goal of causing the least disruption possible in the provider's direct care services operation.
2. Onsite visits that include File Reviews (Consumers, and Human Resources files for staff), Facility Inspection, and Staff Interviews.

F. NON-DIRECT CARE SERVICE PROVIDERS

Subcontractors/providers that do not provide direct care treatment, but information and referral, or advocacy training are exempt from this monitoring. These types of providers are still expected to assist persons who are deaf or hard-of-hearing access services provided (i.e. information and referral).

G. SUBCONTRACTORS/PROVIDERS WITH LESS THAN 15 EMPLOYEES

BBHC subcontractors/providers with less than 15 employees will be subject to desk reviews of their auxiliary aids and services policies, and procedures, but are not required to have an auxiliary aids and services plan, nor a monitoring plan. These providers are still expected to assist persons who are deaf or hard-of-hearing access services provided by their organization.

H. DEFICIENCIES

If deficiencies are found in any area, BBHC/Carisk staff will provide technical assistance and will request a performance improvement plan/documentation to ensure compliance to the applicable laws and state operating procedure.

I. MONITORING PLAN REVIEW

This Monitoring Plan will be reviewed annually and may be revised more frequently based on previous monitoring outcomes.

VI. GUIDELINES FOR MONITORING

A. NOTICE

When BBHC/Carisk sends the letter and/or email notification regarding the onsite/desk review monitoring, the subcontractor/provider will be informed that their auxiliary aids & services provision will be monitored. This notice will indicate that the monitoring consists of a dual process that includes a desk review and an onsite visit. The monitoring tools will be provided along with the monitoring agenda. The selection of Human Resources (HR) files and staff to be interviewed will take place randomly the day of the on-site visit. A minimum of 6 HR files will be reviewed.

B. AUXILIARY EQUIPMENT

The agency's auxiliary aids equipment shall be tested to ensure proper function, use and access by staff.

C. DOCUMENT REVIEW

The designated monitoring staff will request and review the following documents:

1. Auxiliary Aids and Services Plan

- a. BBHC or designee will review the agency's Auxiliary Aids and Services Plan ('The Plan') to ensure that it is current
- b. When necessary, policies and procedures will be revised to reflect current DCF policy relative to providing auxiliary aids and services to persons or companions who are deaf or hard-of-hearing.
- c. The Plan should reference current auxiliary aids and services available for current and potential deaf or hard-of-hearing consumers or companions, as well as the agency's process for providing these services. in a timely manner.
- d. BBHC/Carisk will provide technical assistance if the provider has outdated auxiliary aids or services, or if the agency does not utilize auxiliary aids commonly used by the deaf or hard-of-hearing community.

2. Policies and Procedures Addressing Accommodations, Auxiliary Aids, Accessibility, and Service Provision to Individuals with disabilities.

BBHC/Carisk will review the agency's policies and procedures that address accommodations, auxiliary aids provision, accessibility and service provision to individuals with disabilities. The focus of this review is to determine compliance of the agency's policies and procedures with auxiliary aids service requirements, implementation and scope.

3. Auxiliary Aid Monitoring Plan

BBHC/Carisk or designee will review the subcontractor's monitoring plan and ensure there are protocols and procedures for the agency's SPOC to evaluate the appropriate provision of auxiliary aids.

4. **Auxiliary Aid Record Monthly Summary Reports**

Each subcontractor who provides direct care services and has more than 15 employees shall complete HHS Reporting Form and submit it to the Provider Portal and the Southeast Region Civil Rights Compliance/ADA Coordinator. Submission of these reports will be verified during desk and/or on-site monitoring.

5. **Case file review**

Consumer service records will be reviewed to ensure that the following documents have been properly completed, and that the progress notes reflect actions taken to ensure proper provision of auxiliary aids:

- a. Customer/Companion Communication Assessment and Auxiliary Aid Record
- b. Customer/Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance
- c. Communication Plan for Ongoing Services
- d. Customer/Companion Feedback Form
(which customer/companion should mail to Tallahassee, NOT kept in client record); and
- e. Interpreter/auxiliary aid service provider billing documentation

The number of case files to be reviewed will depend on the amount of auxiliary aid services provided at the facility for the given period of the monitoring. If there are more than 10 case files, then at a minimum 10 records shall be reviewed. If there are less than 10, then all records should be reviewed.

6. **Personnel Files Review**

At a minimum, 10 employee HR files shall be reviewed to ensure:

- a. Proof of auxiliary aid and civil rights training within 60 days of hire;
- b. Annual refresher training; and
- c. Employee Support for the Deaf and Hard-of-Hearing Attestation Form

7. **Client/Consumer Complaints or Grievances**

BBHC/Carisk will review the agency's process to address all discrimination complaints and grievances filed by employees and customers. The complaint and grievance process should contain a provision allowing consumers or companions to file discrimination complaints with an external agency. The procedure must provide addresses and contact information for the external agencies.

8. **SPOC Position Description**

BBHC or designee will review the agency's position description for its SPOC to ensure that the individual has the expertise necessary to serve in this role and the SPOC's job description contains the responsibilities of the SPOC.

D. TOUR OF AGENCY

1. Verify that the three required notices (Interpreter Services for the Hearing Impaired Poster, DCF Non-discrimination Poster, and Limited English Proficiency Poster) are posted in appropriate locations and are of appropriate size (11x17)
2. Ensure that the fire alarms have lights along with sound
3. Confirm that the provider's Auxiliary Aid Plan is posted in the provider's website
4. Review the agency's public notifications, handbooks, and brochures to ensure they provide information for individuals with disabilities regarding auxiliary aids, and how to request special accommodations.

E. INTERVIEWS

BBHC or designee will interview between 1 and 10 individuals, including the agency's SPOC. Staff to be interviewed will take place randomly the day of the on-site visit.

VII. MONITORING OUTCOMES and REPORTING

- A.** Any indicators of non-compliance shall be reviewed by BBHC/Carisk or designee to determine if further review is warranted. Corrective measures shall be developed in accordance with the findings. Corrective measures may include, but are not limited to, training of staff, programmatic system review, or other actions, as appropriate.

- B.** All subcontractors who were monitored will receive a written report that will detail all areas where the subcontractor/provider has not implemented the terms of the Settlement Agreement and specify any area where corrective action and technical assistance may be needed. The provider will be required to submit the corrective action plan (CAP)/documentation to BBHC within (30) calendar days of receipt of the report and request for corrective action.

- C.** For those subcontractors/providers subject to corrective measures, BBHC/Carisk will periodically request follow-up information, to ensure that the provider is complying with the remedial measures put in place and detailed in their CAP.

VIII. CONTACT INFORMATION

BBHC's SPOC:

Caren Longworth

Quality Assurance Manager
Broward Behavioral Health Coalition
3521 West Broward Blvd., Suite 206
Lauderhill, FL 33312
Office: 954-622-8121
clongworth@bbhcflorida.org

If Caren Longworth is not available please contact:

Nikitress Williams

Administrative Assistant
Broward Behavioral Health Coalition
3521 West Broward Blvd
Suite 206
Lauderhill, FL 33312
Main: (954)-622-8121 ext. 1017
nwilliams@bbhcflorida.org

Customer Grievance and Complaint Resolution.

a. Customers and potential customers or Companions who believe that they have been discriminated against may file a written or oral complaint of discrimination within 180 days of the alleged discriminatory act with:

- (1) Assistant Staff Director
Department of Children and Families (DCF)
Human Resources – Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399-0700
(850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470
- (2) United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
(404) 562-7888; TDD/TTY (404) 331-2867; or Fax (404) 562-7881
- (3) United States Department of Agriculture (USDA)
Attention: Office of Civil Rights
Atlanta Federal Center, Suite 8T36
61 Forsyth Street, SW
Atlanta, Georgia 30303-3427
(404) 562-0532; TDD/TTY (202) 720-5964; or Fax (404) 527-4517

(4) United States Department of Justice (USDOJ)
Office for Civil Rights – Office of Justice Programs
810 7th Street, NW
Washington, DC 20531
(202) 307-0690; or TDD/TTY (202) 307-2027; or Fax (202) 616-9865

(5) United States Department of Justice (USDOJ)
Civil Rights Division– Disability Rights Section
1425 New York Avenue
Washington, DC 20530
(800) 514-0301; or TDD/TTY (800) 514-0383

b. The complaint must be signed and contain:

(1) Basis for the complaint: race, color, religion, sex, age, national origin, disability, political beliefs (USDA), or retaliation.

(2) Name, address and phone number of the person (charging party) filing the complaint.

(3) Name and address of the person or provider being filed against.

(4) Description and dates of the alleged discriminatory act(s).

d. Complaints filed with federal agencies listed above are subject to the federal laws governing such complaints. Final determination of the validity of the complaint will be made by that agency.

IX. RESOURCE LISTING

ASSISTIVE LISTENING DEVICES (ALDS)

1. AbleData Assistive Technology, 800-227-0216, www.abledata.com
2. Harris Communications www.harriscomm.com
3. Discount Medical Supplies for Caregivers www.rehabmart.com

AMERICAN SIGN LANGUAGE (ASL) INTERPRETERS

1. Accessible Communication for the Deaf (ACD) 954-578-3081; videophone: 954-519-2975 www.acdasl.com
2. Birnbaum Interpreting Services, 800-471-6441, www.bisworld.com
3. CODA Link, Inc. 954-423-6893; 24-Hour Emergency Service: 954-557-5166 www.codalinkinc.com
4. Deaf Communications Specialists, 888-332-3266, www.deafcom.us
5. Deaf Services Unlimited, 800-930-2580 www.deafservicesunlimited.com
6. Interpreters Unlimited 800-726-9891 www.interpretersunlimited.com (apps avail)
7. Nationwide Interpreter Resource (NIR) 561-362-0594, 888-NIR-9788 www.nationwideinterpreterresource.com
8. Registry of Interpreters for the Deaf (RID), 703-838-0030, www.rid.org
9. SignOn , 206-632-7100, VP: 206-445-7434, www.signonasl.com
10. Tavia Mays 772-240-8655 taviamays@gmail.com
11. Translations USA 772-223-2101 www.trans-usa.org
12. TransPerfect Connect www.transperfectconnect.com

BLIND

1. American Foundation for the Blind, 212-620-2000, www.afb.org
2. Braille International 772-286-8366 or 888-336-3142 info@brailleintl.org
3. FL Division of Blind Services, 800-226-6075, <http://dbs.myflorida.com>
4. Lighthouse of Broward County 954-463-4217 www.lhob.org
5. Lighthouse for the Blind of the Palm Beaches 561-586-5600 www.lighthousepalmbeaches.org

COMMUNICATION ACCESS REAL-TIME TRANSLATION (CART)

1. A La CARTe Connection, 888-900-3239, www.alacarteconnection.com/remote-services
2. Caption Crew 954-767-6363, <http://captioncrew.com> – captioning, accessible video, CART

DEAF AND HARD OF HEARING SUPPORT

1. Center for Hearing and Communication 954-601-1930 www.chchearing.org – free hearing screenings, hearing aids, assistive device counseling, free specialized telephone distribution program, ASL instruction, educational workshops
2. Center for Independent Living of Broward; 954-735-1958 or 888-722-6400; www.cilbroward.org

FOREIGN LANGUAGE

1. Gateway Languages 877-393-2424 www.gatewaylanguages.com
2. Language Line 800-752-6096, www.language.com
3. Link Translations & Typesetting, Inc. 877-272-5465 www.linktranslations.com
4. Optimal Phone Interpreters 877-746-4674 www.callopi.com
5. Pacific Interpreters, 800-311-1232, www.pacificinterpreters.com
6. Translations USA 772-223-2101 www.trans-usa.org
7. TransPerfect Connect www.transperfectconnect.com

Mental Health

1. Disability Rights Florida 800-342-0823 www.disabilityrightsflorida.org

Relay Services

1. Florida Telecommunications Relay, Inc. 711 Voice: 800-222-3448; Customer Care: 888-554-1151; TTY 888-447-5620 www.ftri.org – free amplified & captioned phones

Video Remote VRI

1. Accessible Communication for the Deaf (ACD) 954-578-3081; videophone: 954-519-2975 www.acdasl.com
2. Deaf Services Unlimited 800-930-2580 www.deafservicesunlimited.com
3. Interprettek 407-339-4835 or 904-615-1807 www.interpretek.com
4. SignOn , 206-632-7100, VP: 206-445-7434, www.signonasl.com
5. Sorenson Communications, 801-287-9400, www.sorenson.com (Click "Products & Services". Then "Apply for ntouch")
6. Translations USA 772-223-2101 www.trans-usa.org
7. **ZVRS** <https://www.zvrs.com/services/products/z5/> (Click Z70 to apply for home video relay equipment. Click Z5 to download video relay app for mobile phones.)



AUXILIARY AIDS AND SERVICE PLAN REVIEW

MYFLFAMILIES.COM

Provider Name:	Civil Rights Officer:
Contract Number:	SPOC:
Lead Agency:	Contract/Program
Services Provided:	Manager:
Program Name:	Site Visit Date:
Staff Completed:	

Date of Tool Revision: August 7, 2015

	AUTHORITY: CFOP No. 60-10, Chapter 3 HEADING: Availability of Resources and Auxiliary Aids	SUMMARY	Compliance Status
REVIEW ITEMS			
1	Has the plan been reviewed by DCF prior to this review?		
2	Has the plan been revised since DCF's last review?		
3	Does the plan provide instructions for staff to timely request an auxiliary aid or service for customers or companions, who are deaf or hard of hearing?		
4	Does the plan provide instructions for staff on what to do if communication through an auxiliary aid or service for customers or companions, who are deaf or hard of hearing, is found to be ineffective?		
5	Does the plan provide that the customer or companion's preference is the primary consideration in what auxiliary aid or service to provide?		
6	Does the plan provide instructions for staff on procedures to be followed in the event the agency denies a requested auxiliary aid or service to a customer or companion who is deaf or hard of hearing?		
7	Does the plan provide for distribution to individuals and organizations serving persons with disabilities or limited English proficiency?		
8	Is a copy of the plan posted on the agency's website?		
9	Is the plan available in alternative formats if requested by staff or clients and companions?		
10	Does the plan provide for record retention of documents and forms evidencing when the agency provides auxiliary aids and services to customers or companions?		
11	Does the plan ensure accessibility at meetings, conferences and seminars to persons with disabilities or limited English proficient or deaf or hard of hearing, including providing necessary aids and services for those individuals who are in attendance?		
12	Does the plan require, within 60 days of commencing employment, that new staff be trained on how to provide auxiliary aids and services for persons with disabilities and limited English proficiency?		
13	Does the plan require annual refresher training by all staff on how to provide assistance to persons with disabilities and those who are limited English proficient?		
14	Does the plan state the agency's process for obtaining a sign language interpreter for a customer or companion who is deaf or hard of hearing on a 24/7 basis?		
15	Does the plan require verification of the interpreter's certification?		
16	Does the plan contain a list of certified sign language interpreters?		
17	Does the plan contain a list of qualified foreign language interpreters?		
18	Does the plan contain contact instructions for staff on the process to follow should staff not be familiar with an auxiliary aid or service requested by a customer or companion?		
19	Does the plan indicate if the agency has access to or contact information for any of the following Auxiliary Aids?		

Provide an explantaion for why any item is marked "Non-Complaint" or "N/A"



CUSTOMER OR COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD

***This form is completed by DCF Personnel or the Contracted Client Services Provider for each service date.**

Region/Circuit/Institution:	Program:	Subsection:	
<input type="checkbox"/> Customer <input type="checkbox"/> Companion Name:	Date:	Time:	Case No.:
<input type="checkbox"/> Deaf <input type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Deaf and Low Vision or Blind <input type="checkbox"/> Hard-of-Hearing and Low Vision and Blind <input type="checkbox"/> Deaf and Limited English Proficient <input type="checkbox"/> Hard-of-Hearing and Limited English Proficient			
<input type="checkbox"/> Scheduled Appointment <input type="checkbox"/> Non-Scheduled Appointment <input type="checkbox"/> No Show Date/Time:			
Name of Staff Completing Form:			

Section 1: Communication Assessment

<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Subsequent Appointment
Individual Communication Ability:
Nature, Length and Importance of Anticipated Communication Situation(s):
<input type="checkbox"/> Communication Plan for Multiple or Long-Term Visits Completed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Aid-Essential Communication Situation <input type="checkbox"/> Non-Aid Essential Communication Situation
Number of Person(s) Involved with Communication: Name(s):
Individual Health Status for Those Seeking Health Services:

Section 2: Auxiliary Aid/Service Requested and Provided

Type of Auxiliary Aid/Service Requested:
Date Requested: _____ Time Requested: _____
Nature of Auxiliary Aid/Service Provided:
Sign Language Interpreter: <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print <input type="checkbox"/> Assistance Filling Out Forms <input type="checkbox"/> Video Relay Services <input type="checkbox"/> Florida Relay <input type="checkbox"/> Written Material <input type="checkbox"/> CART <input type="checkbox"/> Other: _____
Interpreter Service Status: <input type="checkbox"/> Arrival Time: _____ <input type="checkbox"/> Met Expectations of Client <input type="checkbox"/> Met Expectations of Staff <input type="checkbox"/> No Show <input type="checkbox"/> Cancellations
Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:
Date and Time Provided:

Section 3: Additional Services Required

Was communication effective? Yes No If not, please explain why communication was not effective?

What action (s) was taken to ensure effective communication?

Section 4: Referral Agency Notification

Name of Referral Agency:

Date of Referral:

Information Provided regarding Auxiliary Aid or Service Need(s):

Section 5: Denial of Auxiliary Aid/Service by Department*

Reason Requested Auxiliary Aid or Service Not Provided:

Denial Determination made by Regional Director/Circuit Administrator/Hospital Administrator or Designee or the Contracted Client Services Provider or their Designee:

Denial Date:

Denial Time:

***Denials should only be made for non-aid essential communication. However, staff must still ensure that effective communication is achieved through whatever alternative means that are provided. Denial Determination can only be made by Regional Director/Circuit Administrator/Hospital Administrator or their Designee or the Contracted Client Services Provider or their Designee.**

Communication Plan for Ongoing Services

During the initial assessment, or the reassessment, if it is determined that **multiple or long term visits** will be needed, a Communication Plan shall be completed. Services shall continue to be provided to Customers or Companions, during the entire period of the Customer's hospitalization, residency, long term treatment, or subsequent visits. Discuss with the Customer or Companion their preferred mode of communication in each of the following on-going communication situations and incorporate into the case plan. The following list is not exhaustive and does not imply there are not other communication situations that may be encountered. **Refer to the instructions for further explanation.**

- Intake/Interview:**
- Medical:**
- Dental:**
- Mental Health:**
- Safety and Security:**
- Programs:**
- Off Campus trips:**
- Legal:**
- Food Service / Dietician**

Signature of person completing form:	Date:
Signature of Customer or Companion:	Date:

***This form shall be maintained in the customer's file.**

INSTRUCTIONS FOR CUSTOMER/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID AND SERVICE RECORD

The purpose of the Customer Companion Communication Assessment and Auxiliary Aid and Service Record is to facilitate the collection and coordination of auxiliary aids and services provided to Customers or Companions who are deaf or hard-of-hearing. It is recommended that the person or persons that have been designated to complete the form become familiar with its contents so we can readily identify the needs of our Customers Companions.

HEADER:

The form must be completed for each Service Date. All information must be legible. All requested information must be included on the form.

Indicate your Region/Circuit/Institution: For Example:

- If you work in Pensacola, then you would enter: Northwest/Circuit 1;
- If you work at Florida State Hospital, then you will enter: Northwest/Circuit 2/FSH. **Or**
- If you are a provider in the Northwest Region you will enter: Northwest Region/Circuit Number/Provider name

Program:

- For example: Family Safety, ACCESS, Mental Health, and so forth.

Subsection:

- For example: If your Program is ACCESS, then your Subsection may be – Call Center, Food Stamps, Medicaid, and so forth.

You must identify if the individual being served is a Customer or a Companion.

- A **Customer** is any individual seeking or receiving services from the Department or any of its' Contracted Service Providers.
- A **Companion** is any individual who is deaf and hard-of-hearing and communicates with the Department or any of its' Contracted Service Providers on the behalf of the Customer.

Include their name, date and time of contact, and their case number or other identifier:

- Exclude social security number, date of birth, driver's license, etc.

Indicate if the individual is: Check one box only.

- Deaf or Hard-of-Hearing: This is a person with a low or permanent hearing loss requiring the use of auxiliary aids or services.
- Deaf and Low Vision or Blind: This is a person with any loss of vision.
- Hard-of-Hearing and Low Vision or Blind, as described above.
- Deaf and Limited English Proficient: This is a person who does not speak English, or has the limited ability to read, speak, write, or understand English.
- Hard-of-Hearing and Limited English Proficient, as described above.

Identify if it is a scheduled appointment or if it is a non-scheduled appointment:

- **Scheduled Appointment** – Must have a certified interpreter available at the time of the schedule appointment. If interpreter fails to appear, staff shall take whatever additional actions are necessary to make a certified interpreter available to the Customer or Companion as soon as possible, but in no case later than **two (2) hours** after the scheduled appointment.
- **Non-Scheduled Appointment** – In emergency situations an interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the Customer or Companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an

appointment (and provide an interpreter when necessary for effective communication) as convenient to the Customer or Companion, **at least by the next business day.**

It is very important to include the name of the staff member completing this assessment.

- Please print or ensure your handwriting is legible.

SECTION 1: COMMUNICATION ASSESSMENT:

Initial assessment:

- Check the box if this is an initial assessment.
- Initial assessments are done upon first contact with the customer or companion.

Reassessment:

- Check the box if this is a reassessment.
- In the event communication is not effective, or if the nature of the communication changes significantly after the initial assessment, staff shall conduct a reassessment to determine which appropriate auxiliary aid or service is necessary.
- This shall be accomplished, when possible, in consultation with the Customer or Companion.

Subsequent Appointment: Check the appropriate box.

Individual Communication Ability:

- Always consult with the Customer or Companion when possible to determine which appropriate auxiliary aids and services are needed to ensure effective communication.

Nature, Length, and Importance of Anticipated Communication Situation (s):

- The assessment shall take into account the nature, length, and importance of the communication at issue and anticipated communication situations.
- This section should be completed with much detail, as this will assist in determining whether the communication is aid essential or non-aid essential.
- Consult with the customer or companion where possible to determine what type of auxiliary aid or service is needed to ensure effective communication.
- Use this information to assist in determining whether a communication plan is necessary.
- You may attach additional sheets detailing this information.

Individual Health Status or Medical Concerns:

- Do not use electronic devices or equipment that may interfere with medical or monitoring equipment or which may otherwise constitute a threat to any Customer's medical condition.
- You shall provide alternative means to effective communication and document this information in the medical chart or case file.



Complete a Communication Plan for foreseeable multiple or long-term visits.

- The communication plan for ongoing services is typically used in Mental Health Treatment Facilities, and other Direct Client Service Facilities where customers reside for long periods of time and or have numerous communications with personnel of varying length and complexity, which are determined as **Aid-Essential Communication Situations.**
- The term **Aid-Essential Communication Situation** shall mean any circumstance in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as **Aid-Essential**, meaning that the requested auxiliary aid or service is always provided.
- Communication situations will differ from program to program, therefore you will need to identify all situations where you will have contact with a Customer or Companion and develop the plan on how you will communicate with them.

- During follow-up visits or long term care, subsequent requests for the appropriate auxiliary aids and services by the Customer or Companion is not required because this is already captured in their communication plan.
- In each situation requiring an Auxiliary Aid (**whether Aid-Essential or Non-Aid Essential**), you **must** identify in the plan **the name and title of the person responsible for ensuring the auxiliary aid is provided**.
- You must also provide a description of the information being communicated to the customer or companion.

Example: Type of Aid: ASL Interpreter **Purpose of Aid:** GED Class – Instructions on preparation for upcoming test
Person responsible for obtaining auxiliary aid: Jane Employee, Case Manager

- In the next table, you will see a list of communication situations that are included in a communication plan. This list is not exhaustive and does not imply there are not other communication situations that may be **Aid-Essential** in a residential setting or during long-term visits.
- Also, the list does not imply that each communication situation listed is **Aid-Essential**. Some communication situations may be of a **Non-Aid Essential Communication Situation**, therefore, the ultimate decision as to what measures to take rests with DCF personnel and DCF Contracted Client Services Providers, provided that they give primary consideration to the request of the Customer or Companion and the method chosen results in effective communication.

Intake/Interview:

- During the **Provision** of a Customer’s rights, informed consent, or permission for treatment
- During the **Determination** of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application
- **Medical:**
 - **Determination** of a Customer’s medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury
 - **Determination** and explanation of a Customer’s diagnosis or prognosis, and current condition;
 - **Explanation** of procedures, tests, treatment options, or surgery
 - **Explanation** of medications prescribed, such as dosage, instructions for how and when the medication is to be taken, possible side effects or food or drug interactions
 - **Discussion** of treatment plans
 - **Explanation** regarding follow-up treatments, therapies, test results, or recovery
 - **During** visits by the Nurse
- **Dental:**
 - **Explanation** of procedures, tests, treatment options, or surgery
 - **Explanation** of x-rays
 - **Instructions** on self maintenance, i.e., brushing, flossing, etc.
- **Mental Health:**
 - **Provision** of psychological or psychiatric evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention
 - **Provision** of discharge planning and discharge instructions
- **Safety and Security:**
 - **Communication** of relevant information prior to or as soon as possible after putting a person into restraints including but not limited to the purpose for using restraints and the conditions under which restraints will be removed
 - **Communication** of emergency procedures, fire drills, etc.
- **Programs:**
 - **Presentation** of educational classes concerning DCF programs and/or other information related to treatment and case management plans;

Off Campus trips or Recreational Activities:

- Shopping
- Theme Parks

Legal:

- **Court proceedings**
- **Appeal Hearings**
- **Complaint and grievance process**
- **Investigation** by child protective services involving interviews, and home visits/inspections
- **Investigation** adult protective services involving interviews, and home visits/inspections

Food Service / Dietician

- **Discussion** of food restrictions and preferences

SECTION 2: AUXILIARY AID/SERVICE REQUESTED AND PROVIDED:

- Document all auxiliary aids and services requested and provided to the customer
- Indicate the date and time service was provided.
- When an interpreter is a no show, staff will check the box accordingly, and document in section 3 what additional steps were taken to secure an interpreter as required. This may require attaching an additional sheet/s to the form, documenting this process.

Alternative Auxiliary Aids or Services Provided:

- Staff may use alternative auxiliary aids or services, in the following situations, which is not an all inclusive list of examples:
 - While waiting for the interpreter to arrive;
 - During non-scheduled appointments or emergency situations;
 - During non-aid essential communication situations;
 - During situations that may constitute a threat to the customer or companions medical condition;
 - When requested by the customer or companion.

SECTION 3: ADDITIONAL SERVICES REQUIRED:

- When it is determined that the auxiliary aid and service provided was not effective, staff shall conduct a reassessment of the communication need to determine the appropriate alternative auxiliary aid.
- When staff have determined that the interpreter did not meet their or the customer or companion's expectations, they will document in this section and indicate what additional steps were taken by staff.

SECTION 4: REFERRAL AGENCY NOTIFICATION:


- Provide advance notice to referral agencies of the Customer or Companion's requested auxiliary aid or service.
- This section must be documented with a statement indicating that staff notified the referral agency of the Customer or Companion's requested auxiliary aid or service.

SECTION 5: DENIAL OF AUXILIARY AID/SERVICE:

- A denial of an auxiliary aid and service should only be done when it is a **non-aid essential** communication
- Staff must still ensure that effective communication is achieved through whatever alternative means are provided.
- DCF Personnel and DCF Contracted Client Services Providers must provide a reason for denial of service.
- Denials can only be made by designated personnel.
- Provide the name and title of person that made the denial determination, along with the time and date.

WAIVER FOR FREE INTERPRETER SERVICES

- If the Customer or Companion declines DCF or DCF Contracted Client Services Provider's offer to provide free auxiliary aids and services, staff shall complete and explain the appropriate form indicating the customer or companion's preferred method of communication.
- DCF Personnel and DCF Contracted Client Services Providers must be prepared to secure the appropriate auxiliary aid or service in Aid-Essential Communication Situations; and observe and ensure that the Customer's or Companion's preferred auxiliary aid or service is effective.

 **The original form must be placed in the Customer's medical chart or case file. A copy of the form must be provided to the Single-Point-of-Contact or the designated ADA/Section 504 Coordinator, along with a copy of the corresponding Request For Free Communication or Waiver of Free Communication Form and the Monthly summary Report.**

Federal law requires the Florida Department of Children and Families and its Contracted Client Services Providers to furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. Such auxiliary aids and services may include: qualified sign language or oral interpreters, note takers, computer-assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, and TTYs.