



Auxiliary Aids Plan for Persons who are Deaf or Hard-of-Hearing And Limited English Proficiency (LEP)

Book/Section/No.:	Care Manual/Administration/	16
Effective/Review Date:	12/10, 12/12, 5/14, 1/15, 2/15, 10/17	
Policy:	Personal Enrichment through Mental Health Services, Inc. (PEMHS) will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual deficiencies, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients, and those designated by the patient/client as a companion, involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms and all other documents, necessary for receiving services. All necessary auxiliary aids and services shall be provided without cost to the person being served.	

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President/CEO

A. SCOPE

1. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.



2. PEMHS provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our handbooks and through notices posted on units.

B. PROCEDURES

1. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will conduct an assessment, prior to services, to determine the customer or companion's preferred method of communication.
2. 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 representatives. Staff shall accomplish this by first completing the Customer Companion Communication Assessment Form and the Request for or Waiver of Free Communication Assistance Form. If staff is unfamiliar with the auxiliary aid or service requested, they will contact their 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.

C. PROVISION OF AUXILIARY AIDS AND SERVICES

1. Information about the availability of auxiliary aids and services and accessibility is posted on the PEMHS website to be made available to the public for informational purposes for both individuals and organizations. Printed documents may be made available in alternate formats upon request to assist in ensuring effective communication, and will depend upon the customer or companion's preferred method. Staff may be required to translate written documents in Braille, taped recordings, or large print. PEMHS maintains postings in areas accessible to employees and applicants to identify the rights and responsibilities of applicants and its workforce.
2. PEMHS shall provide the following services or aids to achieve effective communication with persons with disabilities.
 - a. For persons with Limited English Proficiency (LEP):
 - (1) A list of PEMHS staff that are proficient in a language other than English is maintained in both the Human Resource offices and the COO's office.
 - (2) LEP language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with customers/clients in their preferred language.
 - (3) When bilingual staff is not available, the next preference is face-to-face interpretation provided by qualified contract, or volunteer language interpreter.
 - (4) Telephone interpreter services should be used as a supplemental system when an interpreter is not



available, or when services are needed for an unusual or infrequently encountered language.

Resources include:

- (a) The Red Cross Language Bank, available during business hours Monday through Friday, 8:30-4:30, at 727-898-3111, or toll free at 877-741-1444
 - (b) GulfCoast Jewish and Family Services, call 727-450-7265 to schedule an interpreter.
 - (c) Veronica Locklear: Certified Spanish Translator (727) 243-8949
- (5) Staff should avoid using family members, children, and friends as interpreters except in emergency situations when no other alternative is readily available.
 - (6) If the individual declines the use of the free foreign language or sign language interpreter, or other auxiliary aids, the client's files must be noted and the Waiver of Right to Free Interpreter Services or Other Auxiliary Aids or Services.
- b. For Persons Who Are Deaf or Hard of Hearing:
 - (1) The communication options for persons who are deaf or hard of hearing may include but are not limited to the CART, Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), Video Relay Service, Video Remote Interpreter, assistive listening devices, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.

D. DEAF OR HARD-OF-HEARING SERVICES/AIDS

- 1. Certified Sign Language Interpreters
 - a. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the following staff members are responsible for providing effective interpretation or arranging for a certified interpreter when needed:
 - (1) Impact Team Engagement Specialists
 - (2) Emergency Services: Access Center Specialists;
 - (3) Crisis Stabilization and Recovery Room: Discharge Planner assigned to consumer.
 - (4) SUDI Intake therapist
 - (5) BNET assigned staff per requested service
 - (a) Case Manager, Therapist, Mentor, or Nurse
 - (6) CAT Team assigned staff per requested service
 - (a) Case Manager, Therapist, or Nurse
 - (7) FSI assigned staff/Navigator



- b. If an interpreter is needed, staff shall contact a certified interpreter, available 24/7 from:
- (1) **Purple Language Services**
4010 Boy Scout Boulevard Tampa, FL 33607
(813) 793-4034
After Hours and Weekends: (813) 931-6753
(Vickie)
Fax (813) 793-4035
Account #: 68280
- c. Staff shall obtain verification of the interpreter's certification.
- d. **If the interpreter does not show up within 2 hours of request or at the scheduled appointment time, notify the agency Single Point of Contact (SPOC) immediately.**
2. Communicating by telephone with persons who are deaf or hard of hearing.
- a. PEMHS utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The TDD and instructions on how to operate it are located in Purchasing in Building A on Main Campus at extension 325 or 327.
 - b. PEMHS also utilizes Florida Relay Services for external telephone with TTY users. We accept and make calls through a relay service that is available 24/7, 365 days a year. The state relay service numbers are:
 - (1) 1-800-955-8770 (Voice)
 - (2) 1-800-955-8771 (TTY)
 - (3) 1-877-955-8773 (Spanish)
 - (4) 1-877-955-8707 (French Creole)
3. Assistive listening devices.
- a. PEMHS has Pocket Talkers available for those consumers who utilize this device as their means of communication. The Pocket Talkers are kept at the following locations:
 - (1) Main Campus
 - (a) Building J – Med Room
 - (b) Building H – Med Room
 - (c) Building B – Impact Team office
 - (d) Building A – Purchasing Dept.
 - (2) Paces/Largo Campus
 - (a) Building E – Coordinator's Office
4. Video Remote or Video Relay
- a. Video Remote Sign Language Interpreter services are contracted through Purple Language Services, Co. Designated computers with the required software are available at each location PEMHS provides services. Written instructions are posted near each of the computers to assist staff in the use of the service. The computers are located where they would be the most accessible to consumers. These include:
 - (1) Main Campus



- (a) Building J – Emergency Services
 - (b) Building J – Discharge Planners Office
 - (c) Building H – Discharge Planners Office
 - (d) Building B – Impact Team Office
 - (e) CSSU – Discharge Planners Office
 - (2) Community program laptop users can have the software added to their laptops by IT staff prior to first contact with the client.
 - b. Video Relay Service is slightly similar to Video Remote where the parties are each located in different places. Contact Language People at www.languagepeople.com or 707-538-8900 for additional information.
5. Communication Across Realtime Translation
- a. Communication Access Realtime Translation (CART) can be provided onsite or remotely. CART displays the content of a live presentation in text format onto a screen. For an individual, the display is on a laptop, PC, or iPad; for a group, on a plasma monitor or projection screen. A certified CART provider attends the event and transcribes speeches, including questions from attendees, into a computer that translates it from stenography to English and projects the resulting text onto a screen, where it can be read in real time. Typical venues for on-site CART services can include classrooms, job interviews, departmental training and staff meetings, and conventions. Common venues for Remote CART include court hearings, depositions, business meetings, Webinars, classes, conventions, town hall meetings, legislative hearings and medical or other personal appointments. CART services may be obtained from:
 - (1) Gayl Hardeman RDR, CRR, CCP, FAPR
Hardeman Realtime, Inc. (HRI) CART & Video Services
7901 42nd Street
Pinellas Park, FL 33781
727-547-0896 (office)
813-404-2488 (cell)
877-752-1016(fax)
gayl@hricart.com
6. It is the responsibility of PEMHS to provide communication for the Deaf and Hard of Hearing that is **effective**. If any of the above listed aids to communication are not adequate to provide effective communication, the following steps will be taken:
- a. If the consumer or companion is requesting interpreter services and the interpreter is not able to provide effective communication:
 - (1) Reassess the consumer to determine why the communication was not effective.
 - (2) The staff will contact Purple Language Services at the above listed telephone numbers to explain the necessity for a different interpreter, if applicable.



- (3) Document on the Customer Companion Assessment form what steps were taken to ensure effective communication.
- (4) The Single Point of Contact (SPOC) will be contacted if it is determined that PEMHS is not able to provide effective communication and Purple Language Services is not able to assist. The SPOC may be contacted as follows:
 - (a) By telephone -Ext 448 within agency; (727) 362-4448 outside of agency
 - (b) By email: jandrade@pemhs.org
- (5) The SPOC may contact local agencies for assistance including:
 - (a) The Deaf and Hearing Connection
7821 Seminole Blvd.
Seminole, FL 33772
(727) 399-9983
Hours: Monday – Friday 9AM – 4PM
- (6) In addition to the above resources, the Civil Rights Officer and ADA/Section 504 Coordinator for the DCF Suncoast Region may be contacted:
 - (a) Romina Artaza:
 - Office: 727.373.1758
 - Cell: 813.690.8308
 - Fax: 727.373.7770

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E. REPORTING

1. Required forms Deaf and Hard of Hearing are completed in Avatar as is the Communication Plan. Community Based Program staff can access hard copies of the forms on PEMHS web: [Deaf & Hard of Hearing Forms](#). Staff providing services to the Deaf and Hard of Hearing will document the assessment and provision of services on the following forms:
 - a. Communication Assessment and Auxiliary Aid and Services Record
 - b. Request for Free or Waiver of Free Communication Assistance
 - c. Customer Feedback Form
 - d. Communication Plan (if applicable)
2. Forms will be completed following the instructions attached to the form. The Assessment, Waiver and Communication Plan forms will become part of the consumer's record.
3. The Customer Feedback Form will always be provided to the Customer and/or Companion for completion and sent to the address on the form.

F. DENIAL OF AUXILIARY AIDS AND SERVICES

1. Denial determinations can only be made with the approval of the



Director in charge of the program. If 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, staff shall contact the agency's SPOC, for authorization prior to advising the customer or companion of the denial. If the denial is authorized, the 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. Staff shall provide the customer (and companion, if applicable) with a copy of the denial.

2. Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record. Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, 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.

G. **TRAINING**

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1. All agency staff will complete the online training, "Serving Our Customers who are deaf and Hard of Hearing, Modules 1, 2, and 3 provided on the DCF training web site.
2. Initial training will occur within the first 30 days of employment and a once a year refresher, thereafter.
3. The SPOC and at least one additional staff will complete the additional training module for SPOC's.
4. Training will be documented in each staff members personnel file and repeated as necessary pursuant to DCF requirements.
5. All employees will sign a Support to the Deaf and Hard of Hearing Attestation Form upon completion of required trainings.

H. **MONITORING**

1. The Quality Management Coordinator will have the responsibility of monitoring agency performance in connection with this policy.
2. The QM Dept. will monitor and respond to any grievances submitted relative to ADA/Section 504 compliance. The grievance procedure included in the policy on consumer rights will include ADA/Section 504 compliance.

I. **RESOURCES**

1. This policy, forms, and the Statewide Auxiliary Aids and Service Plan for Persons with Disabilities are available on the PEMHS intra agency web site.
2. All staff are to use the Statewide Plan for information on additional resources and as a guide in providing effective communication: <http://www.dcf.state.fl.us/admin/servicedelivery/docs/DCFStatewi>



[deAuxiliaryAidsandServicesPlan.pdf](#)

J. **RECORD MAINTENANCE/REPORTING**

1. If the Deaf and Hard of Hearing (DHOH) forms are completed on paper:
 - a. Completed forms must be scanned and made accessible in the client's Electronic Medical Record.
 - b. Copies must be provided to the program Single Point of Contact.
 - c. The paperwork will be housed in the Quality Management office for the duration of the HHS Settlement Agreement and 5 years thereafter, until January 31st, 2020 as required by the HHS Settlement Agreement.
2. If the DHOH forms are completed and submitted electronically via the Electronic Medical Record/Avatar:
 - a. Completed forms must be signed by the consumer, submitted and finalized.
 - b. The program Single Point of Contact must be notified that they were completed.
 - c. The forms will automatically be accessible in the client's medical record.
 - d. The Agency Single Point of Contact will print copies to be housed in the Quality Management office for the duration of the HHS Settlement Agreement and 5 years thereafter, until January 31st, 2020 as required by the HHS Settlement Agreement.
3. The Quality Management Department/Agency Single Point of Contact will also be responsible for completing the Auxiliary Aid and Service Record Monthly Report and submitting to the Department of Children and Families via the website: https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html
4. The Auxiliary Aid and Service Record Monthly Reports will also be retained by the Quality Management office until January 31st, 2020.

K. **ACCESSIBILITY**

1. 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.



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