



**AUXILIARY AIDS SERVICE  
& MONITORING PLAN  
2015**

## **I. INTRODUCTION**

### **A. House of Freedom, Inc. (HOF) POLICY**

It is the policy of HOUSE OF FREEDOM, INC. (HOF) 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), and 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 all HOF staff working in a DCF contracted program comply with Section 504 of Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), and Department of Children and Families Operating Policy (DCF CFOP) 60-10, Chapters 1, 3 & 4. This plan delineates how HOF provides appropriate auxiliary aids and compliance with:

1. Title II of the Americans with Disabilities Act (ADA);
2. Section 504 of the Rehabilitation Act of 1993;
3. Section M of the Settlement Agreement between the Department of Children and Families (DCF) and the United States Department of Health and Human Services (HHS);
4. DCF Operating Procedures; and
5. HOF Auxiliary Aids Services Policies and Procedures.

## **C. GOALS AND OBJECTIVES**

The goals and objectives of this plan are designed to identify methods within HOF's programs, policies and procedures that ensure adequate provision of auxiliary aids and services to persons and companions who are deaf or hard-of-hearing, have other disabilities, or have limited English proficiency (**LEP**).

## **D. AREAS OF RESPONSIBILITY**

**HOF's Single Point of Contact (SPOC)** is responsible for the development, implementation, revision and oversight of this plan. Further, the SPOC's responsibility is to:

1. Ensure effective communication with deaf or hard-of-hearing Customers or Companions in accordance with the ADA and/or Section 504.
2. Capture the information required in the Auxiliary Aid Service Record described in Section G.8 within each Customer's case record.
3. Summarize the records into a report and submit to the DCF Contract Manager who will forward to the appropriate DCF AND Section 504 Coordinator.
4. Ensure that information is provided to any agency to which a deaf or hard-of-hearing Customer or Companion is referred about the disabled person's requested auxiliary aid or service.
5. Designate a Single-Point-of-Contact as each contractual agreement with DCF is renewed.

**HOF staff** are responsible for requesting and providing effective auxiliary aids and services based on the customer's preference, on a 24/7 basis.

- Requests are to be submitted to the SPOC in a timely manner: 7 days prior to scheduled appointment date

**HOF's Performance Improvement Committee** is responsible for the review and approval of the plan on an annual basis.

## **E. PROCEDURE**

1. All new employees will attest in writing they are familiar with Section 504 and ADA Title II requirements. The attestation form "*Support to the Deaf and Hard-of-Hearing Attestation Form*" will be maintained in the employee's personnel file. Employees are initially trained on the requirements for the deaf or hard-of-hearing at orientation when they are hired, but no later than 60 days from the commencement of employment. Training certificate will also be maintained in the employee's personnel file. Refresher training on how to provide assistance to persons who are deaf or hard-of-hearing, persons with disabilities and those who are limited English proficient is conducted on an annual basis.

2. It is the responsibility of HOF staff to ensure that they will provide auxiliary aids and services, to ensure effective communication with deaf or hard-of-hearing customers/companions. Accommodations will be made within the scope of appropriate laws, agency policies and procedures and the HOF Code of Ethics.

3. If a customer requests or requires auxiliary aids/services HOF staff member will immediately notify their Supervisor AND the Single-Point-of-Contact. The staff is responsible for securing any requested auxiliary aides/services. HOF staff will:

A. Provide the customer with the **Customer/Companion Request for Free Communication Assistance or Waiver for Free Communication Assistance** form.

- *The form & instructions are located on the HOF Common drive - office share:  
[O:\Clinical Department\Aux Aids Forms](#)*
- The form is to be completed by the customer and not HOF staff member.
- It must be completed in full with signatures if:
  - i. A free interpreter is provided or;
  - ii. The customer waives a free interpreter

- If customer refuses to complete the form, write: **Refuses to sign** and place in client record.
  - This form must be completed each date of service and filed in client record.
    - i. A copy must be immediately forwarded to the Single-Point-of-Contact for monthly reporting to DCF.
- B. Document the customer/companion's preferred method of communication and any requested auxiliary aids/services provided through the completion of the **Customer/Companion Communication Assessment and Auxiliary Aid Service Record** form.
- *The form & instructions are located on the HOF Common drive - office share: **O:\Clinical Department\Aux Aids Forms***
  - A list of certified language interpreters is available by accessing the HOF Common drive: **O:\Clinical Department\Aux Aids Forms**
  - Once completed form must be filed in the customer's record.
    - i. A copy must be immediately forwarded to the Single-Point-of-Contact for monthly reporting to DCF.
  - The form must be completed or revised for each date of service or contact with the customer/companion.
    - A copy of state or national certification for any ASL interpreters will be obtained. Staff will verify the interpreter's certification through the *Registry of Interpreters for the Deaf* (**www.RID.org**) or by asking for a copy of the interpreter's certification card.
  - If an auxiliary aid or service is found to be ineffective, the HOF staff shall reassess to determine an alternative form of communication that will be used in order to ensure the customer/companion fully understands the information that is being provided.

i. **Scheduled appointments**

- Requested service must be available at appointment time.
- If aid is not available, it must be made available as soon as possible or within two hours if the customer is willing to wait. Otherwise, the appointment must be rescheduled at the customer's convenience.

ii. **Not-Scheduled appointments**

- If it's an emergency, the service must be made available as soon as possible or within two hours if the customer is willing to wait.
- If it's a non-emergency, provide the auxiliary aid by the next business day or at the customer's convenience.

iii. **Determining Aid Essential Situations vs. Non-Aid Essential Situations**

- Determining essential vs. non-essential situations:
  - The importance of the exchange
  - The length of time the meeting will take
  - The complexity of the information and of the situation
  - The number of people involved
  - Any health issues that may be affected by a technical device.
- Aid Essential Situations
  - Requested auxiliary aid must be provided.
- Non-Aid Essential Situations
  - An alternative aid or service can provide equally effective communication as the requested aid/service.

iv. **Denials**

- A denial of an auxiliary aid and service should only be done when it is a non-aid essential communication situation.
  - Staff must still ensure that effective communication is achieved through whatever alternative means is provided.
- If, after conducting the assessment, a particular auxiliary aid or service requested by a Customer and/or Companion will not or cannot be provided,

the staff member will document the reason/s the Requested Auxiliary Aid or Service was not provided.

- Only the SPOC, the Clinical Director, or the CEO can authorize the denial determination.
- The person requesting the auxiliary aid or service shall be informed of the basis for the determination or denial, including:
  - The date of the determination
  - The name and title of the staff member who made the determination
  - The alternative auxiliary aid and service, if any, that HOF has decided to provide.

v. **Confidentiality**

- Staff will ensure the **Release of Confidential Information** consent form is signed to allow customer identifying information to be discussed in the presence of a certified sign language interpreter and anyone else present.
  - *The form & instructions are located on the HOF Common drive - office share: [O:\Clinical Department\Aux Aids Forms](#)*

C. Staff is required by DCF to provide the **Customer/Companion Feedback form** to the customer/companion. The customer/companion is not required to respond to the survey however staff should encourage their participation.

- *The form & instructions are located on the HOF Common drive - office share: [O:\Clinical Department\Aux Aids Forms](#)*
- **Completed surveys are mailed to:**  
DCF, Office of Civil Rights  
1317 Winewood Blvd. Bldg. 1, Rm 10  
Tallahassee, FL 328399-0700

## **F. PROVISION OF SERVICES IN A TIMELY MANNER**

If the customer/companion has a scheduled appointment, the preferred method of communication shall be available at the time of the appointment.\* If for any reason the preferred method of communication is unavailable, a reasonable substitute will be available as soon as possible, but no later than **two hours** after the scheduled appointment. The HOF staff will ensure that the preferred method of communication is available **within two hours (or no later than twenty-four hours)** of a non-scheduled appointment.

## **II. MONITORING PROTOCOL**

### **A. CLIENT RECORD REVIEWS**

Client Records are reviewed by the SPOC on a bi-annual basis for compliance with the procedures delineated in this plan. Client Record selection is based on a random selection of client records from the previous six month period.

### **B. REVIEW OF CONTENT IN CLIENT RECORD**

- Customer/Companion Communication Assessment and Auxiliary Aid Service Record
- Customer/Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance
- Communication plan (if applicable, only when ongoing services are provided)
- Entry in the client record about the distribution of Customer/Companion Feedback form
  - (the actual form is to be mailed by the client to Tallahassee)

- File entry about the auxiliary aid services provided
  
- Copy of Invoice Billing for interpreter

### **C. EMPLOYEE HR RECORD REVIEWS**

Employee HR Records are reviewed by the HR assistant annually for compliance with required documentation:

- Attestation of “Support to the Deaf and Hard-of-Hearing Form”
- Certificate of Auxiliary Aids training within 60 days of hire
- Auxiliary aids refresher training annually.

### **D. CLIENT RECORD RETENTION**

Client records are retained for (10) years post discharge from the agency. The closed records are archived in storage until such time they are identified to be destroyed.

### **E. AUXILIARY AID EQUIPMENT\***

Equipment will be inspected in order to determine the need for any maintenance on a bi-annual basis, at the same time the quality assurance of records is conducted.

*\*HOF will purchase auxiliary aid equipment upon receipt of its first request for a particular equipment. At which time employees will be trained on the use of such equipment and will be provided with refresher courses on a yearly basis.*

### **F. REVIEW OF NOTIFICATIONS**

If HOF holds a public meeting, conference, or seminar the SPOC will review the notice/documents advertising the events to the public in order to ensure that there is an addendum stating: "Pursuant to the provisions to the Americans with Disabilities Act, any person

requiring special accommodations to participate in these meetings is asked to advise the agency at least 48 hours before the meeting by contacting the Single-Point- of-Contact (SPOC) at 407-957-9077. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, (800) 955-8771 (TOO) or (800) 955-8770 (Voice).

A copy of the Auxiliary Aids Plan will be posted on the HOF 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.

## **G. REVIEW OF COMPLAINTS/GRIEVANCES**

If a customer/companion has a complaint regarding auxiliary aids, the staff member must inform the customer/companion of his/her right to contact DCF Office of Civil Rights, U.S. Department of Health and Human Services (HHS), and/ or the U.S. Department of Justice (USDOJ) – Contact information is available in the client's handbook.

Any complaints or grievances received by the Supervisor of a department that are related to the provision of auxiliary aids and services will be forwarded to the SPOC for review.

## **H. CORRECTIVE ACTION PLAN**

If deficiencies are found in any area, corrective actions will be taken including, but are not limited to, retraining staff, programmatic system review, or other actions as appropriate.

Where 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.

## **I. AUXILIARY AIDS/SERVICES**

### **Deaf & Hard-of-Hearing/Limited English Proficiency Communication Services**

American Sign Language: 1.888.744.6275

(407) 339-4835 rtrapani@interpretek.com

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Deaf Services Bureau of WCF: 727.861.7074  
Language Line: 1.866.874.3972 (10: 580230; Access Code: 230610)  
Florida Relay Services: 7-1-1

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**Captioning in Real Time (CART) Services:**

Kaptions4U: 352-516-8310 [www.kaptions4u.com](http://www.kaptions4u.com)  
Alternative Communication Services: 800-335-0911 [www.acscaptions.com](http://www.acscaptions.com)  
CART Providers Online <http://psl.ncra.org/index.asp>

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**Certified Sign Language Interpreters and Qualified Foreign Language Interpreters:**

American Sign Language: 1.888.744.6275 [www.aslservices.com](http://www.aslservices.com)  
(407) 339-4835 rtrapani@interpretek.com  
(407) 518-7900 [gabrielle@aslservices.com](mailto:gabrielle@aslservices.com)

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Deaf Talk: 321-352-7778 [www.deaftalkllc.com](http://www.deaftalkllc.com)  
Contact: Marilyn Diaz [officemanager@deaftalkllc.com](mailto:officemanager@deaftalkllc.com)

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Florida Registry of Interpreters 904-419-3743 [www.fridcentral.com](http://www.fridcentral.com)  
Central FL Interpreters for the Deaf 863-944-5488 [www.centralfloridadeaf.com](http://www.centralfloridadeaf.com)

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**Video Remote Interpreting (VRI)**

VRI Direct (Contact : David Rhodes) 1-877-446-9874 x101 [www.vridirect.com](http://www.vridirect.com)  
6. Absolute Quality Interpreting  
Services, LLC (Florida Based) (813) 785-1214 [lisa@aqiservices.com](mailto:lisa@aqiservices.com)  
Contact: Lisa Schaefermeyer, CEO