COVE BEHAVIORAL HEALTH, INC.
POLICY & PROCEDURE

PROGRAM: Administration

SUBJECT: Auxiliary Aids & Service Plan

POLICY: To reasonably accommodate patients who have a documented disability.

PURPOSE: To optimize the benefit of treatment services for patients.

PROCEDURE:

I. Persons with Disabilities

A. Deaf and Hard of Hearing

1. Serving Potential Patients, Patients, and Companions

   a. Reasonable accommodations will be made to assist potential patients, patients, and companions with documented disabilities in programs and services of Cove.

   b. Prior to being admitted for services, program teammates will formally notify the potential patient of his/her right to have a qualified sign language and/or oral interpreter and auxiliary aids provided without charge while participating in program activities.

   c. Teammates will conduct an assessment to determine the potential patient or companion’s preferred method of communication. The Customer/Companion Communication Assessment will be completed and maintained in the patient record.

   d. Teammates will consult with the potential patient to determine his/her preferred communication method, and if applicable, teammates will also consult with the companion. Teammates will complete the Customer or Companion Request for Free Communication Assistance Form and this form will be documented in the patient record.

   e. Sign and oral interpreters that are certified and licensed, as well as auxiliary aids, will be coordinated by contacting Cove’s Single Point of Contact (SPOC) in Human Resources. Notification will be made directly to the SPOC or designee by completing the interpreter request form under the Cove Help Desk. The SPOC will then contact the contracted providers for aids & services (Florida Relay, CART, Video Remote, Video Relay, or any additional services that the customer/companion specifically requests that the teammates may not yet be aware of).
f. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the patient’s needs in the respective modality of treatment. If multiple or long-term visits will be needed, the Communication Plan for Ongoing Services will be completed. This plan will be maintained in the patient record and a copy forwarded to the SPOC by email.

g. Once admitted to services, the Director, Program Manager, Coordinator, or designee of the program will meet with the patient to review the program description and collaboratively determine potential clinical and physical obstacles for participating in treatment.

h. Patients will be presented with the opportunity to be assisted and mentored in the respective program through the “buddy” system. If agreeable, a volunteer patient mentor will be assigned to ensure that the hearing challenged patient is included in program activities, made aware of unsafe situations, and assisted upon personal request.

2. Competency of Interpreters and Translators

a. Cove teammates may be utilized to interpret for Deaf and Hard of Hearing patients/companions by using American Sign Language (ASL).

b. It is the responsibility of the SPOC to ensure the competency of qualified and certified sign language interpreters.

c. It is the responsibility of managers, supervisors, and program teammates to become familiar with and follow the standards of etiquette when communicating with patients/companions who are Deaf, Hard of Hearing.

d. Teammates must meet or exceed the education and communications skills established by the following:

Deaf and Hard of Hearing

i. An assessment by an independent testing agency for a teammate’s ASL skills prior to utilizing the teammate to interpret for a patient or companion.

ii. Interpreter credentials as awarded by The Registry of Interpreters for the Deaf and modified for Cove’s use are incorporated for reference if the teammate is using ASL.

3. Timely Requests for Auxiliary Aids or Services

Reasonable accommodations for customers and companions who are Deaf and Hard of Hearing will be provided in a timely manner as coordinated through the company’s Single Point of Contact (SPOC). Certified sign language interpreters (when requested) are available at the time of scheduled appointment for Deaf and Hard of Hearing patients/companions. A list of certified sign language interpreters is maintained by ACD: Accessible Communication for the Deaf. Sign language interpreters must be
certified, unless they are a Cove teammate who has been determined qualified. Family members (including adult and minor children), friends, and untrained volunteers will not be used as interpreters.

a. Scheduled Appointments/Events: If advanced notice is provided to the SPOC, a certified interpreter will be scheduled to be present at the time of the appointment. 48 hours’ notice is preferred for scheduled appointments to ensure interpreter availability; however, reasonable efforts will be made to accommodate patients and/or companions in need of an interpreter. If the interpreter fails to appear, teammates will contact the SPOC in Human Resources for additional actions 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. Non-Scheduled Appointments/Events: Teammates will immediately contact the SPOC in Human Resources for coordination. A certified interpreter must be provided within two (2) hours of the request, or at least by the next business day.

c. Emergency Situations: 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.

4. Effectiveness of Communication

If an aid is found to be ineffective, teammates will collaborate with the patient to re-assess and determine an alternate form of communication that will ensure the patient/companion fully understands the information being provided and engage appropriately in treatment services.

Each patient who is Deaf and Hard of Hearing shall be provided a Customer/Companion feedback form. The feedback form is provided by clinical teammates to the patient/companion following every visit. The Customer/Companion Feedback form is provided to the patient or companion to determine the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided. Teammates will document the progress notes indicating the form was provided. Teammates will provide assistance, if requested, in completing the form. The patient/companion will be instructed to mail the form directly to DCF – as this feedback form is anonymous, it will not be included with the patient record.

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

1. Reasonable accommodations will be made to assist patients who have low vision or are blind in programs and services of Cove.

2. Prior to being admitted for services, program teammates will formally notify the potential patient of his/her right to have auxiliary aids provided without charge while participating in program activities. The use of assistive devices may be incorporated with relevant services for persons with multiple disabilities such as deafness and blindness.
3. Teammates will conduct an assessment and consult with the potential patient to determine his/her preferred communication.

4. Auxiliary aids will be coordinated by contacting Cove’s Single Point of Contact (SPOC) in Human Resources. Notification will be made directly to the SPOC or designee who will then contact the contracted providers for aids & services.

5. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the patient’s needs in the respective modality of treatment.

6. Once admitted to services, the Director, Program Manager, Coordinator, or designee of the program will meet with the patient to review the program description and collaboratively determine potential clinical and physical obstacles for participating in treatment.

7. The primary counselor will document in the patient record the type of auxiliary aid and services provided during the patient’s treatment services.

8. Patients will be presented with the opportunity to be assisted and mentored in the respective program through the “buddy” system. If agreeable, a volunteer patient mentor will be assigned to ensure that the patient is included in program activities, made aware of unsafe situations, and assisted upon personal request.

9. To accommodate the need for reading requirements of some program components, teammates will do the following as considered reasonable by program standards:
   a. Read assignments to the patient
   b. Provide the patient a tape-recorded reading assignment and a tape recorder
   c. Assign a buddy mentor to read the assigned material

II. Limited English Proficiency (LEP)

A. Serving Potential Patients, Patients, and Companions

1. Reasonable accommodations will be made to provide services and information in the appropriate language, other than English, for patients who are Limited English Proficient. Patients who are English or Spanish language impaired and/or challenged are eligible for programs of Cove based on assessed needs and recommended level of placement.

2. Language interpreters will be coordinated by contacting Cove’s Single Point of Contact (SPOC) in Human Resources. Notification will be made directly to the SPOC or designee by completing the interpreter request form under the Cove Help Desk. The SPOC will then contact the contracted providers for aids & services.

3. Language interpreters will be at no cost to the patient.
4. An individualized plan, whether for assessment, treatment or service, will be developed that will meet the patient’s needs in the respective modality of treatment.

5. The Program Director, Program Manager, Coordinator, or designee will review the program description with the patient and collaboratively determine potential clinical and physical obstacles for participating in treatment.

6. The primary counselor will document in the patient record the type of auxiliary aid and services provided during the patient’s treatment services as well as any future services anticipated to be needed to ensure effective communication through the course of treatment services.

7. Cove services and programs strive to provide written material in both English and Spanish.

B. Competency of Interpreters and Translators

1. Cove teammates may be utilized to interpret for patients/companions requesting accommodations. Competency requires formal certification as an interpreter.

2. When bilingual teammates are used to interpret between English and LEP persons, or to orally interpret written documents from English to another language, the teammate should be competent in the skill of interpreting.

3. When bilingual teammates cannot meet all of the language service obligations, other options should be used.

4. It is the responsibility of the SPOC to ensure the competency of foreign language interpreters.

5. It is the responsibility of managers, supervisors, and program teammates to become familiar with and follow the standards of etiquette when communicating with patients/companions who are Limited English Proficient.

6. Teammates must meet or exceed the education and communications skills established by the following:

**Limited English Proficiency**

a. Demonstrate proficiency in and ability to communicate information accurately in both English and the other language. Identify and employ the appropriate mode of interpreting.

b. Have knowledge in both languages of specialized terms/concepts particular to Cove’s program services.

c. Understand and follow confidentiality and impartiality rules to the same extent as the Cove teammate for whom they are interpreting and/or to the extent the position requires.

d. Be able to show sensitivity to the patient/companion’s culture.
C. Timely Requests for Auxiliary Aids or Services & Other Means of Communication

Reasonable accommodations for customers and companions who are Limited English Proficient will be provided in a timely manner as coordinated through the organization’s Single Point of Contact (SPOC). While there is no specified timeframe to provide language accommodations, reasonable efforts will be made to provide assistance within a timeframe that avoids the effective denial of services or impose an undue burden on to the LEP person. Family members (including adult and minor children), friends, and untrained volunteers will not be used as interpreters.

1. Language services include, as a first preference, the availability of a qualified bilingual teammate who can communicate directly with patients in their preferred language. A teammate bi-lingual email group has been created to assist with support for bilingual services when a bilingual teammate is not available in that department.

2. Appointments may be scheduled with the LEP patient in order to facilitate availability of a bilingual teammate.

3. Telephone interpreter services should be used as a supplemental system when an interpreter is not available, or when services are needed for unusual/infrequently encountered languages.

4. Effective management strategies, including any appropriate adjustments in assignments and protocols for using bilingual teammates, can be employed to ensure bilingual teammates are appropriately utilized.

III. Adaptive Devices

Adaptive devices and related equipment, or resources to such, will be made available to patients/companions with special needs. Examples of such devices include:

- Equipment to assist individuals who are deaf or hard of hearing
- Individuals to provide sign language or translation services
- Language assistance
- Mobility assistance
- Materials and equipment for individuals with low vision or who are blind

IV. Translation of Written Materials

Translation or alternate forms of documents for patients, companions, and teammates to ensure effective communication will depend upon the customer or companions preferred method. A copy of this Policy and Procedure will be posted on the Cove website to be made available to the public for information purposes for both individuals and organizations. Printed documents including this policy and procedure may be made available in alternate formats upon request to assist in ensuring effective communication.
V. Denial or Waiver of Auxiliary Aids or Services

No patient or potential patient will be denied access to services based on any disability or Limited English Proficiency. Potential patients, patients, and companions will not be denied reasonable requests for auxiliary aids or services.

If an auxiliary aid is requested, the primary counselor is responsible for signing the aid out for the customer/companion to use during treatment services. The primary counselor is also responsible for collecting the aid once services have concluded.

If the patient declines the offer for an interpreter or other auxiliary aids, the Customer or Companion Request For / Waiver of Free Communication Assistance will be completed by the patient and maintained in the patient record.

VI. Duties of the Single Point of Contact (SPOC)

A. Ensure information and signs are visibly posted at the entrances of Cove facilities regarding the availability of auxiliary aids to patients and companions who are Deaf and Hard of Hearing or Limited English Proficient at no cost.

B. Ensure teammates conducts an assessment prior to initiating services with a potential patient to determine the preferred method of communication. The clinical teammates member will complete the Request For/Waiver of Free Communication Assistance Form and Customer Communication Assistance Form. Copies of the completed forms will be maintained in the patient record.

C. Ensure services are provided in a timely manner as outlined above.

D. Ensure reasonable requests for accommodation are not denied.

E. Coordinate certified interpreters (PRN teammate or through the Cove business agreement with ACD) are available at the time of scheduled appointments. Verification of the interpreter’s certifications will be completed by the Human Resources department.

F. Cove Behavioral Health utilizes a third party (Self Reliance Inc) for interpreter services. Self-Reliance vets and verifies the credentials of all interpreters working through their agency.

G. Ensure that teammates receive initial and ongoing training on serving Deaf and Hard of Hearing patients/companions as well as how to use the Florida Relay Service.

H. Update and maintain records of assisted listening devices used by Cove patients/companions during treatment services.

I. Educate teammates and promote awareness of additional communication options for patients/companions including CART (Caption in Real Time Services) and VRI (Video Remote Interpreting).
J. Maintain a monthly report log of Cove’s submissions to DCF by the 5th of every month

K. Ensure that the organization retains invoices of services and patient records for a minimum of 7 years.

L. Ensure accessibility at meetings, conferences, and seminars for people with documented disabilities, Limited English Proficiency (LEP), or deaf and hard of hearing. This includes ensuring that necessary aids and services are provided for those in attendance.

VII. Teammate Training Requirements

A. New Hires

1. All teammates hired by Cove will complete the DCF required Deaf and Hard of Hearing Training within 60 days of beginning employment. DCF Deaf and Hard of Hearing Training includes training on Florida Telecommunications Relay in Module 2 of the training.

2. Certificates for completed training modules will be printed by the teammate.

3. The Attestation of Understanding Form for having completed the training will be completed, signed, and returned to Human Resources along with the printed certificates.

B. Annual Updates

1. Every active teammate of Cove will complete the required DCF Deaf & Hard of Hearing Training annually. DCF Deaf and Hard of Hearing Training includes training on Florida Telecommunications Relay in Module 2 of the training. The notification of training is sent by the Human Resources department.

2. Certificates for completed training modules will be printed by the teammate.

3. The Attestation of Understanding Form for having completed the training will be completed, signed, and returned to Human Resources along with the printed certificates of completion.

VIII. Resources

- Captioning in Real Time (CART) Services
  - CART Providers can be found online at: http://psl.ncra.org/index.asp

- Florida Telecommunications Relay, Inc.: DIAL 7-1-1
  - Service provided to residents in Florida who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Disabled
  - Trained Operators are available to receive calls 24 hours per day, 7 days per week, 365 days a year.
- Utilize a wide array of technologies including teletypewriters (TTYs), Voice Carry-Over (VCO) and Hearing Carry-Over (HCO)
- Retrieve voicemail and answering machine messages
- Florida Relay offers services in Spanish, Spanish to English translation, and French

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<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>TTY</td>
<td>800-955-8771</td>
<td>If you are using TTY equipment.</td>
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<tr>
<td>Voice</td>
<td>800-955-8770</td>
<td>If you are a standard (voice) user, and are trying to connect with a Relay user.</td>
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<tr>
<td>ASCII</td>
<td>800-955-1339</td>
<td>If you are utilizing a computer.</td>
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<tr>
<td>Voice Carry Over (VCO)</td>
<td>877-955-8260</td>
<td>If you prefer to speak directly to the hearing person. When the hearing person speaks to you, the Relay Operator serves as your &quot;ears&quot; and types everything said to your TTY or VCO phone.</td>
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<tr>
<td>Speech to Speech (STS)</td>
<td>877-955-5334</td>
<td>If you have a speech disability and would prefer to have our specially trained Relay Operators serve as your voice and repeat your responses to the called party.</td>
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<tr>
<td>Video Assisted STS</td>
<td>877-955-5334</td>
<td>Video-Assisted STS supports a one-way video call between the CA and STS user. The video connection assists the CA in understanding the STS user's speech. Callers can enter contact information in the STS Profile to reduce set-up time.</td>
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<td>In order to use Video-Assisted STS, please inform the Operator after dialing the toll free number that you would like to utilize Video-Assisted STS. You can make this request before or during the call. You may also add this to your customer profile if you would prefer Video-Assisted STS on all calls.</td>
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<tr>
<td>Spanish to Spanish</td>
<td>877-955-8773</td>
<td>If you prefer to conduct you conversations in Spanish.</td>
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<tr>
<td>Spanish to English Translation</td>
<td>844-463-9710</td>
<td>If your primary language is Spanish, however your caller is an English speaker. Our Relay Operators are able to translate your conversation into English.</td>
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<tr>
<td>French to French</td>
<td>877-955-8707</td>
<td>If you prefer to conduct your conversation using the French language</td>
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<tr>
<td>900 Pay Per Call</td>
<td>900-230-6868</td>
<td>With Pay per calls the Relay user is responsible for direct billing. Rates vary depending on the service called.</td>
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