

# **AUXILIARY AIDS AND SERVICE PLAN**

FOR PERSONS WITH DISABILITIES AND  
LIMITED ENGLISH PROFICIENCY



2020-2021

Banyan Health Systems  
Banyan Community Health Center



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## **NON-DISCRIMINATION POLICY**

No person shall, on the basis of race, color, religion, national origin, sex, age, pregnancy, marital status, sexual orientation, political affiliation or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination in any program, service or activity. Banyan Health System's goal is to increase representation of woman, people of color, veterans, and individuals of color. BHS' programs are designed to comply with all applicable federal, state and local laws directives, and regulations and encompass all human resource actions including employment, compensation, benefits, training, education, tuition aid, transfers and promotions

## **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is Banyan Health System's (BHS) policy to provide all persons including applicants and employees equal employment opportunity (EEO) regardless of age, race, color, citizen status, physical or mental disability, religion, creed, gender, sex , including pregnancy, gender identity, and or expression sexual orientation), marital status, status with respect to public assistance, national origin, disability, family medical history or genetic information, military service, or other non-merit based factors except when such requirement constitutes a bona-fide occupational qualification necessary to perform the tasks associated with the position. BHS will provide reasonable accommodations for qualified individuals with disabilities Equal Employment Opportunity applies to all areas of employment such as recruitment, hiring, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and any other employment practices within BCHC.

An applicant or employee who believes that they were discriminated against may file a complaint with the Florida Commission on Human Relations or the Department's Office of Civil Rights, within 180 days from the date of the alleged discriminatory act (29 C.F.R. 160.13(a)). 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**

BHS will not permit any form of retaliation against individuals who make good faith reports of alleged violations of this policy, or who may cooperate in BHS' investigation of such reports. No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against testifying; assisting or participating in an investigation, proceeding, or hearing. opposing alleged unlawful discriminatory practices prohibited by State and Federal Laws.

**SEE QM 113 Auxiliary Aids and Accommodations for Persons with Disabilities and Limited English Proficiency** for instruction on completing forms contained within this plan.



## **AUXILIARY AIDS AND SERVICE PLAN FOR PERSONS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENCY**

### **1. GENERAL**

This plan provides for the implementation of policy and procedures for the provision of reasonable modifications and/or accommodations that include auxiliary aids to ensure accessibility to all programs, benefits, and services to persons with disabilities (PWD) and for persons with limited English proficiency (LEP).

### **2. SCOPE**

Provisions described in this policy and procedures apply to all programs, staff, students and volunteers, and contracted providers who provide direct services to those seeking services and persons served.

### **3. POLICY**

Banyan Health Systems is committed to persons served, personnel, and stakeholder equally. Banyan Health Systems shall continually assess the accessibility needs of persons served, personnel, and stakeholder. Identification of barriers shall be conducted in the following areas:

- A. Architecture
- B. Environment
- C. Attitudes
- D. Finances
- E. Employment
- F. Communication
- G. Technology
- H. Transportation
- I. Community Integration
- J. Or other areas as identified by persons served, personnel, and stakeholders

Banyan Health Systems shall make reasonable modifications and accommodations available at **no cost to a qualified person or their companion**, when appropriate, to include the provision of auxiliary aids and services necessary to afford an equal opportunity to participate in or obtain benefit from programs, services, and activities.

Understanding that a modification or accommodation may not be requested by a qualified person, Banyan Health System staff will assess for and offer reasonable modifications or accommodations at any intake and throughout treatment to include necessary auxiliary aids, should staff determine that the current method of communications with the qualified person is not effective due to a disability or LEP.

- A. Reasonable modifications include changes to policies and procedures and will be evaluated upon request.



- B. Reasonable accommodations may include, but are not limited to, the provision of Braille documents, qualified interpreters, qualified readers, and other assistive devices and will be provided, upon request.
- C. Reasonable steps will be made to provide information and interpretive services in languages other than English.

Banyan Health Systems staff, students and volunteers, and contracted providers shall document any provision of accommodation provided in the persons served record, when provided for the person served, and separately for persons other than the person served in an effort to provide data to the Continuous Quality Improvement Committee on utilization and trends.

#### 4. REFERENCES

The plan and associated policy are derived from the following:

- 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.
- B. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 USC 1681 et seq; 45 C.F.R., Part 80, 84 and 28 C.F.R. Part 41 of the Civil Rights Restoration Act of 1987.
- 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. CFOP 60-16, Civil Rights, Methods of Administration: Equal Opportunity in Service Delivery.
- G. CFOP 60-10, Americans with Disabilities Act (ADA) Accommodation Procedures for Applicants/Employees/General Public.
- H. U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR), Policy Guidance – Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited-English Proficiency, Executive Order 13166.
- I. Section 110.201(3), Florida Statutes (F.S.), requires each state agency to comply with all federal regulations necessary to receive federal funds.

#### 5. DEFINITIONS

- A. Statewide ADA/Section 504 Coordinators. Individuals charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, ensuring the provision of auxiliary aids and services for persons served with disabilities requiring aid essential communications. (**Appendix A**)

- B. Aid Essential Communication Situation. 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 an aid essential communication situation, meaning that primary consideration for the requested auxiliary aid or service is always given.
- C. Assistive Listening Devices and Systems (ALDS). Amplification systems to improve hearing ability in large areas and in interpersonal communication systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, overcoming the negative effects of noise, distance and echo.
- D. Auxiliary Aids and Services. Includes qualified interpreters or other effective methods of making aurally delivered materials available to individuals who are deaf or hard-of-hearing; qualified readers, Braille, or other effective methods of making visually delivered materials available to individuals with visual impairments; acquisition or modification of equipment or devices; and other similar services and actions. See 45 C.F.R. § 84.52(d) (3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.
- E. Blind. See Visual Impairment.
- F. Captioning:
- i. (Closed) Refers to converting the spoken word to text displayed in the visual media (video, television, etc.) in a way that it is available only to individuals whose televisions are equipped with captioning decoders.
  - ii. (Open) Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone (i.e., it cannot be turned off).
  - iii. (Real Time) The simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen. Real Time Captioning (RTC) is beneficial to individuals who are deaf or hard-of-hearing that do not use sign language or for whom assistive listening devices and systems are ineffective.
- G. Client/Person Served. This term includes anyone applying for or participating in the services provided by Banyan Health Systems: Banyan Community Health Center (BCHC), it's contracted service providers and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information and/or services from Banyan Health Systems: BCHC, its contracted services providers and their subcontractors, either in person, in writing or via telecommunications.
- H. Companion(s). Any individual who is deaf or hard-of-hearing and is one of the following: (a) a person whom the person served indicates should communicate with Banyan Health Systems: BCHC about the person served, such as a person who participates in any treatment decision, a person who plays a role in communicating the person served needs, condition, history, or symptoms to BCHC, or a person who helps the person served act on



the information, advice, or instructions provided by Banyan Health Systems: BHC; (b) a person legally authorized to make healthcare or legal decisions on behalf of the person served; or (c) such other person with whom Banyan Health Systems: BHC would ordinarily and regularly communicate about the person served.

- I. Contract Oversight Unit. Section 402.7305(4), F.S. requires the Department of Children and Families (DCF) create contract management units in each region/circuit, staffed by individuals specifically trained to perform contract monitoring. These Units are responsible for monitoring the administrative and programmatic terms and conditions of the DCF contracts with providers of client services.
- J. Contracted Services Provider. Any public, private or nonprofit agency or corporation that has entered into a contractual agreement with Banyan Health Systems: utilizing DCF funds to provide services directly to the public.
- K. Deaf. Term used to describe a person having a permanent hearing loss and being unable to discriminate speech sounds in verbal communication, with or without the assistance of amplification devices.
- L. Disability. Condition that substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.
- M. Discrimination. The failure to treat persons equally because of their race, sex, color, age (40 and over), religion, national origin, political affiliation, disability, or genetic information. Broward County ordinance includes pregnancy, marital status, and sexual orientation as protected classes.
- N. Dual Sensory Impairment. Term used to describe a person having both a visual and hearing impairment. The term includes all ranges of loss, which would necessitate the use of auxiliary aids and services for communication.
- O. Florida Relay Service (FRS). A service that enables a hearing person to communicate with a person who is hearing or speech impaired and must use a TDD/TTY, through a specially trained operator called a communications assistant. **(Appendix F)**
- P. Hard-of-Hearing. Term used to describe a person having a permanent hearing impairment that is severe enough to necessitate the use of auxiliary aids or services to discriminate speech sounds in verbal communication.
- Q. Hearing Impairment. An all inclusive term used to describe any hearing loss. A person with a hearing impairment could be either deaf or hard-of-hearing.
- R. Interpreter
  - i. Certified Deaf Interpreter (CDI)/Deaf Interpreter (DI). Individual who is certified or qualified to interpret, individually or as part of a team, to facilitate communication.

- ii. Certified Interpreter. A qualified interpreter who is certified by the National Registry of Interpreters for the Deaf or other national or state interpreter assessment and certification program.
  - iii. Intermediate Interpreter. A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, who can be used in tandem with an American Sign Language (ASL) interpreter.
  - iv. Oral Interpreter. Qualified oral translator with the knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers.
  - v. Qualified Interpreter. An individual who is able to interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a deaf or hard-of-hearing person served or companion.
  - vi. Sign Language Interpreter. A person who engages in the practice of interpreting using sign language.  
  
*Someone who has rudimentary familiarity with sign language or finger spelling is not a qualified sign language interpreter. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into proper signs or to observe someone else signing and change their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.*
  - vii. Tactile or Close Vision Interpreter (For Deaf-blind Individuals). An individual who accurately facilitates communication between hearing and deaf-blind individuals.
- S. Limited English Proficient (LEP). An Individual who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.
  - T. Manual Disability Impairment. A condition that limits or prevents the use of a person's upper extremities (arms, hands).
  - U. Mental Disability Impairment. Any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
  - V. Mobility Impairment. Term used, within this plan, to describe a condition that substantially limits a person's upper and/or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties, stamina limitations, and visual impairments.



- W. Non-Aid Essential Communication Situation. Situation where BCHC has flexibility in its choice of an appropriate auxiliary/accessibility aid or service for deaf or hard-of-hearing person served or companions.
- X. Physical Disability. Broad term that includes physiological disorders or conditions, cosmetic disfigurement and anatomical loss. Includes orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), and drug addition and alcoholism in remission.
- Y. Program Accessibility. According to the ADA, a public entity's programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The ADA intended to make the contents of a program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities. (See also: "Undue Burden".)
- Z. Sensory Impairment. General term used, within this plan, to describe the impairment of vision, hearing, or speech.
- AA. Single-Point-of-Contact. An individual within each DCF Contracted Agency charged with coordinating services to deaf or hard-of-hearing PS and companions according to their obligations under Section 504 and/or the ADA.
- BB. Translator. Individuals able to interpret the meaning of a text in one language (the "source text") and the production, in another language (the "target language"); of an equivalent text (the "target text," or "translation") that communicates the same message.
- CC. TTY/TDD. TTY (Teletypewriter) or TDD (Telecommunications Device for Deaf) are devices used with a telephone to communicate with persons who are deaf or hard-of-hearing or who have speech impairments by typing and reading communications.
- DD. Undue Burden. Term used in conjunction with programs and services (ADA Title II) to mean an unreasonably excessive financial cost or administrative inconvenience in providing modifications and accommodations in which programs, services or activities are conducted, in order to ensure equal benefit to persons with disabilities.
- NOTE:** *Program access requirements of ADA Title II should enable individuals with disabilities to participate in and benefit from the programs, services and activities of public entities in all but the most unusual cases. Determination of undue burden can be made only by the agency head or his/her designee, after considering **all resources** available for use in the funding and operation of the program.*
- EE. Visual Impairment. Generic term used to describe any loss of vision.

## 6. ACCOUNTABILITY

- A. The Quality Management Division is responsible for the development of programmatic procedures for the implementation of the Auxiliary Aids and Service Plan, as required by the Department of Children and Families (DCF) contract. Programmatic procedures shall supply staff with the necessary tools to provide assistive devices, certified sign language interpreters, qualified readers, and physical or policy modifications that will ensure all programs and services are accessible to persons with disabilities as well as foreign-language interpreters for persons who are LED.
- B. The Quality Management Director is the designated Title II – V of the ADA and Section 504 Coordinator for Banyan Health Systems. The Administrator is responsible for the coordination, development and implementation of this plan and the agency-wide procedures to ensure the non-discriminatory delivery of equally effective and equally accessible quality services.
- C. Banyan Health System Staff and Contracted Service Provider Staff are responsible for ensuring equally accessible and beneficial services to all persons served and companions with disabilities, and persons who are LEP.
- D. ADA/Section 504 Coordinator. DCF Civil Rights Officers who oversee service delivery to deaf or hard-of-hearing person served or companions seeking services from each DCF Contracted Service Provider. The roles and responsibilities include:
- i. Disseminate specific plans and procedures to fully implement the Auxiliary Service Plan agreement;
  - ii. Analyze data collected in the Auxiliary Aid and Service Record and implement any corrective action plan, if warranted;
  - iii. Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services;
  - iv. Keep informed of new technology and resources for ensuring effective communication with deaf or hard-of-hearing persons; and
  - v. Communicate with each Single-Point-of-Contact concerning services to deaf or hard-of hearing persons served or companions.
- E. Single-Point-of-Contact. The Quality Management Director will assist in the coordination of auxiliary aids and services to deaf or hard-of-hearing persons served or companions with disabilities. The roles and responsibilities include:
- i. Communicate with ADA/Section 504 Coordinator concerning services to deaf or hard-of-hearing persons served or companions with disabilities;
  - ii. Ensure that all staff is knowledgeable of the resources necessary to provide effective communication with deaf or hard-of-hearing persons served or companions;



- iii. Ensure that all staff document auxiliary aid services delivered to the deaf or hard-of-hearing persons served or companions;
- iv. Manage service records and report data to the designated ADA/Section 504 Coordinator; and
- v. Report resource and/or training needs to the designated ADA/Section 504 Coordinator.

## **7. DISSEMINATION**

Copies of this plan will be distributed to all programs and staff, through Division Directors and Program Directors. Additionally, this plan will be posted to the agency's shared drive.

## **8. REVISIONS**

The Auxiliary Aids and Service Plan will be updated as needed and reviewed at least annually.

## **9. ENSURING ACCESSIBILITY**

The following procedures are to be followed by BHS staff and contracted service provider staff to ensure accessibility of all programs and services to persons served or companions with disabilities or persons who are LEP:

- A. Banyan Health Systems staff will assess the needs of person served by consulting with the person served regarding his/her preferred communication method, and if applicable, with assigned caseworkers, counselors, parents, family members, guardians or other representatives.
  - i. For persons served who are deaf or hard-of-hearing, staff are required to determine , prior to providing services, the method of communication that the person served feels most comfortable with, and record this information in the persons served medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form. (**Appendix B**)
  - ii. For persons served who are LEP, staff shall identify, at first contact, the preferred language including dialect of each PS, and record this information in the medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- B. Banyan Health Systems staff will be aware of the communication options for persons who are deaf or hard-of-hearing, which may include but not be limited to the Florida Relay Service, TDDs, FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified/certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.
  - i. For persons served who are deaf or hard-of-hearing, staff are required to determine, prior to providing services, the method of communication that the PS feels most comfortable with, and record this information in the medical record,



utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.

- ii. For persons served who are LEP, staff shall identify at first contact the preferred language including dialect of each client, and record this information in the client's file, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- C. Banyan Health Systems staff will direct requests for auxiliary aides and services to the Banyan Health Systems official with budget approval over the program/unit or facility;
- D. Banyan Health Systems official (or designee) with budget approval over the program/unit or facility will approve the request assist staff in obtaining necessary auxiliary aid and/or service;
- E. Banyan Health Systems staff, upon obtaining approval, will obtain the appropriate auxiliary aid and service.
- F. Banyan Health Systems staff will direct requests for modifications to the agencies Single-Point-Of-Contact.
- G. Banyan Health Systems staff will inform persons served or companions with disabilities and persons served who are LEP that the use of auxiliary aids, certified sign language interpreters, translators, or foreign-language interpreters will be at no cost.
- H. Banyan Health Systems staff will document the persons served communication assessment in the medical record, utilizing the Customer/Companion Communication Assessment and Auxiliary Aid/Service Record form.
- I. Banyan Health Systems staff will provide each deaf or hard-of-hearing person served or companion with a Customer Feedback form (**Appendix D**), following their visit.

## **10. TRANSLATION OF WRITTEN MATERIALS**

Written material (vital documents) routinely provided in English to applicants, persons served, and the public are to 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 will ensure that non-English written materials, such as program forms, brochures, etc., are available to operational staff.

## **11. COMPETENCY OF INTERPRETERS AND TRANSLATORS**

- A. Certification of foreign language interpreters is not required; however, competency is required is demonstrated by:
  - i. Proficiency in both English and the other language;

- ii. Fundamental knowledge in both languages that include any specialized terms or concepts peculiar to the program or activity;
  - iii. Sensitivity to the person's culture; and
  - iv. Ability to accurately convey information in both languages.
- B. Employees who are utilized to interpret for the deaf or hard-of-hearing shall meet the requirements in CFOP 60-10, Chapter 3.

## **12. PROVISION OF INTERPRETERS IN A TIMELY MANNER**

Staff shall provide interpreters for deaf or hard-of-hearing persons served and companions in a timely manner in accordance to the following situations:

- A. Non-Scheduled Interpreter Requests. For any emergency situation that is not a scheduled appointment, staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the person served, 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 where necessary for effective communication) as convenient to the person served or companion, but at least by the next business day, after a 24 hour period.
- B. Scheduled Interpreter Requests. For scheduled events, staff shall make a qualified 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 deaf or hard-of-hearing person served or companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

## **13. OTHER MEANS OF COMMUNICATION**

Staff shall continue to try to communicate with the deaf or hard-of-hearing person served or companion insofar as the person served or companion seeks to communicate, between the time an interpreter is requested and the time an interpreter arrives. Refer to **Appendix E** (In-Person Communication Etiquette) as a guide.

- A. Language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with persons served or companions in their preferred language.
- B. When bilingual staff is not available, the next preference is face-to-face interpretation provided by qualified contract 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 an unusual or infrequently encountered language.

- D. Sign language interpreters must be certified, unless they are a DCF employee who has been determined qualified by an Independent Agency.
- E. Minor children should never be used as an interpreter.
- F. 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.
- G. If the individual declines the use of the free foreign language or sign language interpreter, or other auxiliary aids, the person served medical record must be noted, utilizing the Customer or Companion Waiver for Free Communication Assistance form. (**Appendix C**)

#### **14. IDENTIFYING LANGUAGE TRENDS**

To ensure meaningful access to all programs and services, each program and Banyan Health Systems contracted providers will recognize language trends by identifying:

- A. Non-English languages that are likely encountered in its programs and estimating the numbers of LEP persons eligible for services that are likely to be affected by its program. This can be accomplished by reviewing census data, client utilization data, and the community's organizations. The estimate should be used as a guide for employee recruitment. While identifying languages, inform persons served:
  - i. of purpose for collecting data on race, ethnicity and language;
  - ii. that data is confidential and will not be used for discriminatory purposes; and
  - iii. they do not have to provide the information if s/he chooses not to provide such information, unless required by law.
- B. Points of contact in the program or activity where language assistance is likely to be needed; and
- C. Resources needed along with the location and availability of these resources.

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

#### **15. MEETINGS/CONFERENCES/FACILITIES ACCESSIBILITY**

The following procedures and minimum requirements ensure accessibility of meetings, conferences and seminars to persons with sensory, speech or mobility impairments or LEP:

- A. Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the program sponsoring the activity.
- B. When meetings, conferences and seminars are scheduled, information will be included in the advertisements, conference registration materials or meeting notices that sensory impaired or LEP participants will be provided with necessary auxiliary aids or interpreters at no cost to them. The information will include the name of a contact person and a date by which the request for such assistance must be submitted. The registration process will

include a method for determining the number and type of persons with disabilities or LEP needing assistance as well as the type of personal assistance or accommodation requested.

- C. The following provisions are required if sensory, speech, mobility impaired or LEP persons plan to attend the specific meeting, conference or seminar:
- i. Certified interpreters for hearing or speech impaired persons;
  - ii. TTY equipment when telephones are provided for use by participants, persons served, or the public;
  - iii. TDDs must be provided for participants who are deaf or hard-of-hearing when telephones are provided for use by participants, persons served, or the public;
  - iv. Adequate lighting in meeting rooms so signing by interpreter can be readily seen;
  - v. Readers to enable full participation by vision impaired persons;
  - vi. Interpreters for LEP persons;
  - vii. Agenda and other conference materials translated into usable form for visually and hearing impaired or LEP participants;
  - viii. Accessible parking spaces clearly marked with appropriate ramps and curb cuts;
    1. 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 mobility-impaired participant requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle, or
    2. Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for mobility-impaired participants will be provided.
  - ix. 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);
  - x. Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a mobility-impaired participant;
  - xi. Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts;
  - xii. Seating arrangements for persons in wheelchairs will integrate mobility impaired persons rather than to isolate them on the group's perimeter;
  - xiii. One unobstructed entrance to each facility;
  - xiv. Doors operable by single effort;
  - xv. Door handles no more than 48" from floor;
  - xvi. Elevator provided if over one story;



- xvii. Sensitive safety edges provided;
- xviii. Controls no more than 48" from floor;
- xix. Controls with Braille numbers or letters;
- xx. Accommodates wheelchair 29" X 45";
- xxi. Accessible restrooms to mobility impaired:
  - 1. Level access for each sex on each floor;
  - 2. Turn-around -space 5' X 5';
  - 3. Door clearance of 32";
  - 4. Grab rails provided;
  - 5. Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54" for side reach; and
  - 6. Restroom signs indicating accessibility;
- xxii. Wheelchair accessible telephones;
- xxiii. Accessible drinking fountains with cup dispensers; and
- xxiv. Audible and visible fire alarms.

## **16. NOTIFICATION**

The Non-discrimination Policy, LEP and Hearing-Impaired posters will be displayed in buildings' main entrances, lobby areas, waiting areas, and on bulletin boards.

- A. The name, telephone number, and TDD number for the Single-Point-Of-Contact will be listed on the hearing-impaired poster to assure accessible services to PS and companions. Descriptive information on the availability of auxiliary aids and services to persons requiring assisting devices or aids will be included in announcements related to meetings, seminars, workshops and conferences, as well as to services offered by the BCHC and its Contracted Service Providers.
- B. Staff shall be notified of all changes/updates to operating procedures and the Auxiliary Aids and Service Plan within sixty (60) days of such changes.

## **17. TRAINING**

Training is essential to the on-going success of providing Auxiliary Aid/Service to persons with disabilities, deaf or hard-of-hearing, or persons who are LEP.

- A. New employee orientation will include training on Title II and III of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.
- B. All staff will receive mandatory annual online training within the first 90 days of hire and annually thereafter on how to provide assistance to persons with disabilities and persons





who are LEP in obtaining assistive devices and/or aids, or other reasonable accommodations. This training will be tracked and will include:

- i. Procedures for persons served and companions who are hearing-impaired, sight-impaired, mobility impaired, and LEP;
- ii. Awareness of deaf or hard-of-hearing; speech impairments; sight impairments and blindness; reading impairments and dyslexia; and mobility impairments;
- iii. Available communication options;
- iv. How to provide reasonable accommodations for qualified persons served and persons seeking services, i.e., how to access or purchase auxiliary aids, interpreter services and physical modifications;
- v. Requirements for making meetings, conferences and services accessible; and
- vi. Awareness of the Auxiliary Aids and Service Plan, including how to access the Plan for reference.

#### **18. COMPLIANCE MONITORING**

Monitoring will be conducted by DCF to assess Banyan Health Systems compliance with providing accessible and effective services to persons who are deaf or hard-of-hearing and who are LED. Monitoring may be conducted on-site or through desk reviews.

#### **19. COMPLIANCE REVIEW**

Reviews will be conducted annually or more often, when grievances relating to equal opportunity are received on a program, to ensure compliance with all civil rights regulations as they apply to Banyan Health Systems, its contracted providers and their subcontractors. Reviews will be conducted on-site and will consist of a full scope or limited scope review.

#### **20. DOCUMENTATION/RECORD RETENTION**

Records relating to the Auxiliary Aids and Service Plan, such as the Customer/ Companion Communication Assessment, Auxiliary Aid/Service Record form, and the Customer Feedback form shall be maintained in the person served medical record with copies forwarded to the Quality Management Division.

The Quality Management Division will maintain copies for 7 years to support the agency's monthly reports submitted to the assigned DCF ADA/Section 504 Coordinator.

#### **21. ACKNOWLEDGEMENT**

I have reviewed this Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency, and will ensure that all necessary and appropriate steps are taken to inform and educate staff of this plan and its implementation.



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Staff's Printed Name and Title

---

Signature

Date

---



**APPENDIX A**

**Office of Civil Rights  
Civil Rights Officers- ADA – Section 504 Coordinators**

| Herschel Minnis – Human Resources Administrator – Civil Rights Phone: 850-717-4564 Work Cell: 850-661-1767                                  |   |   |  |
|---|---|---|--|
| Denise Crawford, Civil Rights Assistant<br>Phone: 850-717-4568 487-1901   |   |   |  |
| <b>OFFICE INFORMATION</b>   |   |   |  |
| 1317 Winewood Boulevard – Building 1, Room 140 – Tallahassee, Florida 32399-0700<br>Phone: 850-487-1901 Fax: 850-921-8470 TDD: 850-922-9220 |   |   |  |
| Location  | Civil Rights Officer  | Contact Information <sup>1</sup>                      | Mailing address  |
| <b>Headquarters<br/>Circuit 30</b>  | Lisa Stephany   | P: 850-717-4557 C:<br>850- 228-7265                   | Same as above, Room 140-F  |
| <b>Central Region<br/>Circuits 5, 9, 10, 18</b>   | Christopher Judson  | P: 407-317-7552<br>C: 407-489-2038<br>F: 407-834-3470 | 400 W. Robinson Street, #S-936K,<br>Orlando, Florida 32801-1782                        |
| <b>Florida State Hospital<br/>Circuit 53</b>  | Richard (Dick)<br>Valentine   | P: 850-717-456 5<br>C: 850- 363-5702                  | Same as above, Room 140-H  |
| <b>Southern Region<br/>Circuits 11, 16</b>  | Shenna Fluriach   | P: 786-257-5218<br>C: 786-385-2008                    | 401 NW 2 <sup>nd</sup> Avenue, Suite S-926C,<br>Miami, Florida 33128                   |
| <b>Northwest Region<br/>Circuits 1, 2, 14</b>   | Lisa Stephany   | P: 850-717-4557<br>C: 850-228-7265                    | Same as above, Room 140-F  |
| <b>Northeast Region</b><br>Includes<br>NE FL State Hospital<br>(NEFSH)  | Richard (Dick) Valentine<br><br>P: 904-485-9682<br>C: 904-626-0945<br>F: 904-723-2144 |   | 7487 S. State Road 121<br>MacClenny, Florida 32063-5451<br>904-259-6211                |
| N FL Evaluation and<br>Treatment Center<br>(NFETC)  |   |   | 1200 NE 55th Blvd.<br>Gainesville, Florida 32641<br>352-375-8484                       |
| Circuits 3,4,7,8  |   |   | 5920 Arlington Expressway<br>Roberts Building, Room 328<br>Jacksonville, Florida 32211 |
| <b>Suncoast Region<br/>Circuits 6,12,13, 14</b>   | Kathy Bush  | P 850-717-4567<br>C: 850-294-6037                     | 1317 Winewood Blvd., Building 1,<br>Rm 140-C<br>Tallahassee, FL 32399-0700             |

<sup>1</sup> P = Phone, C = Cell, F= Fax, TDD = Telecommunication Device for Deaf Persons



|  |                 |                                    |  |
|--|-----------------|------------------------------------|--|
| <b>Southeast Region<br/>Circuits 15, 17, 19</b>  | Shenna Fluriach | P: 786-257-5218<br>C: 786-385-2008 | 401 NW 2 <sup>nd</sup> Avenue, Suite S-926C,<br>Miami, Florida 33128       |
| <b>Suncoast</b><br>Community Relations<br>Manager for the Deaf<br>and Hard of Hearing<br>STATEWIDE | Kathy Bush      | P 850-717-4567<br>C: 850-294-6037  | 1317 Winewood Blvd., Building 1,<br>Rm 140-C<br>Tallahassee, FL 32399-0700 |
| <b>Sr. Management<br/>Analyst II</b>   | Kathy Bush      | P: 850-717-4567<br>C: 850-294-6037 | Same as above, Room 140-C  |



**APPENDIX B  
CUSTOMER/COMPANION COMMUNICATION ASSESSMENT  
AND AUXILIARY AID/SERVICE RECORD**

To be Completed by BCHC Staff for Each Service Date.

|   |  |          |  |             |             |
|---|--|----------|--|-------------|-------------|
| Agency:   |  | Program: |  | Subsection: |             |
| <input type="checkbox"/> Customer <input type="checkbox"/> Companion<br>Name:   |  | Date:    |  | Time:       | Record No.: |
| <input type="checkbox"/> Deaf or Hard-of-Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Limited English Proficient |  |          |  |             |             |
| <input type="checkbox"/> Scheduled Appointment <input type="checkbox"/> Non-Scheduled Appointment      Date/Time:                               |  |          |  |             |             |
| Name of Staff Completing Form:  |  |          |  |             |             |

**Section 1: Communication Assessment**

|   |  |
|---|--|
| <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment  |  |
| 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"/> Aid-Essential Communication Situation <input type="checkbox"/> Non-Aid-Essential Communication Situation |  |
| Number of Person(s) Involved with Communication:<br>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 Relay Service <input type="checkbox"/> Other:       |                 |
| Foreign Language Interpreter: <input type="checkbox"/> Language Line <input type="checkbox"/> Certified (Onsite) <input type="checkbox"/> Qualified (Onsite) <input type="checkbox"/> Qualified Staff |                 |
| Interpreter Service Status: <input type="checkbox"/> Arrival Time: <input type="checkbox"/> Met Expectations  |                 |
| <input type="checkbox"/> No Show or Cancellation Without 24 Hr. Notice  |                 |
| 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: Referral Agency Notification**

|                          |  |
|--------------------------|--|
| Name of Referral Agency: |  |
| Date of Referral:        | Information Provided regarding Auxiliary Aid or Service Need(s): |

**Section 4: Denial of Auxiliary Aid/Service by Program\***

|  |              |
|--|--------------|
| Reason Requested Auxiliary Aid or Service Not Provided:                  |              |
| Denial Determination made by QI and Compliance Director/CEO or Designee: |              |
| Denial Date:   | Denial Time: |

\*Denial Determination can only be made by Quality Management Division Director/CEO or Designee.



## Communication Plan for Ongoing Service

**Communication Plan for Identifying All Reasonably Foreseeable “Aid Essential Situations” and Method of Communication to be Used Over Time. (Attach Additional Sheets as Needed):**

Customer  Companion

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 (e.g., Determination of a Customer’s medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury; Discussion of treatment plans; Provision of a Customer’s rights, informed consent, or permission for treatment; 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; Explanation regarding follow-up treatments, therapies, test results, or recovery; 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; Provision of discharge planning and discharge instructions; Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention; Presentation of educational classes concerning DCF programs and/or other information related to treatment and case management plans; Determination of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application; and Investigation by child or adult protective services involving interviews). The foregoing list of circumstances is not exhaustive and does not imply there are not other communications that may be Aid-Essential.

**Federal law requires the Florida Department of Children and Families and its contracted services providers/vendors 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.**



## INFORMATION FOR PERSON SERVED/COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD

The Communication Assessment and Auxiliary Aid/Service Record is used at all points of contact with persons served or companions who are deaf or hard-of-hearing, Limited English Proficiency, visual impaired or other services that require auxiliary aids or services.

1. Complete this form for each service date, including the top information regarding the facility/program/subsection, name of Person served and Companion.
2. Document the date and time of arrival of the Person Served and/or Companion and Record Number.
3. Document the Person Served' or Companion's communication challenge (e.g., deaf or hard-of-hearing, visually impaired, or Limited English Proficient).
4. Conduct an assessment of the Person Served' or Companion's communication ability and complexity of the situation.
5. Complete a Communication Plan for foreseeable multiple or long-term visits.
6. Inform deaf or hard-of-hearing Person Served and/or Companion of the status of staff efforts to secure a qualified interpreter on his or her behalf and the estimated wait until the interpreter will arrive once staff determines that a qualified interpreter is necessary for effective communication.
7. **Scheduled Appointment** – Ensure that a qualified interpreter available at the time of the schedule appointment. If interpreter fails to appear, take whatever additional actions are necessary to make a qualified interpreter available to the deaf or hard-of-hearing Person Served or Companion as soon as possible, but in no case later than **two (2) hours** after the scheduled appointment.
8. **Non-Scheduled Appointment** – Ensure that an interpreter is made available as soon as possible, but in no case later than two (2) hours from the time the Person Served or Companion or staff requests an interpreter, whichever is earlier. If the situation is not an emergency, offer to schedule an appointment (and provide interpreter when necessary for effective communication) as convenient to the Person Served or Companion, **at least by the next business day, but after 24 hours when possible.**
9. **Individual Health Status or Medical Concerns** – Do not use electronic device or equipment constituting an appropriate auxiliary aid or service when or where its use may interfere with medical or monitoring equipment or may otherwise constitute a threat to any Person Served' medical condition. Provide alternative means to ensure



effective communication with the Person Served and document the alternative provided and reason in the Person Served medical record.

10. **Denial of Auxiliary Aid/Service** – If denying a requested auxiliary aid or service, provide a reason for denial of service. Include the name and title of person that made the denial determination along with the time and date.
11. **Aid-Essential Communication Situation** – In circumstance 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, obtain and provide the requested auxiliary aid or service.
12. **Non-Aid Essential Communication Situation** – When engaging with deaf or hard-of-hearing Persons Served or Companions in any communication that is not designated as Aid Essential, staff may decide which auxiliary aid or service will be provided while primary consideration to the request of the Person Served or Companion and the effectiveness of the communication.
13. **Document** all auxiliary aids and services requested and provided to the Person served, including the date and time provided.
14. **Referral Agency Notification** – When making referrals, provide advance notice to referral agencies of the Person Served' or Companion's requested auxiliary aid or service. Document the notification on the Communication Assessment and Auxiliary Aid/Service Record indicating agency and the requested auxiliary aid or service.
15. Place the original form in the Person Served medical record and forward a copy to the Single-Point-of-Contact.
16. **Waiver for Free Interpreter Services** – If the Person Served or Companion declines the offer of the free auxiliary aids and services, provide them with the waiver form to complete. Request they indicate their preferred method of communication. Explain this form to the Person Served or Companion using the appropriate auxiliary aid or service, as necessary. Prepare to secure the appropriate auxiliary aid or service in Aid Essential Situations, as needed.





**APPENDIX C**

**WAIVER OF RIGHT FOR FREE INTERPRETER SERVICES OR OTHER AUXILIARY AIDS OR SERVICES**

The Florida Department of Children and Families and its contractors are required to provide **FREE interpreters or other communication assistance** for persons who are deaf or hard-of hearing, visually impaired, or if you do not speak English. Please tell us about your communication needs.

My name is: \_\_\_\_\_

I want a free interpreter. I need an interpreter who speaks:  
 Language: \_\_\_\_\_ Dialect: \_\_\_\_\_

I want another type of communication assistance (Check all desired assistance):  
 Large Print Materials:  Braille:  Note taker:  TTY:   
 Assistance Filling Out Forms:  Written Materials:   
 Other (Please tell us how we can help you): \_\_\_\_\_

I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit.

I choose \_\_\_\_\_ to act as my own interpreter. He/she is over the age of 18. If I choose my own interpreter, signing this waiver does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.

|                                       |       |
|---------------------------------------|-------|
| Person Served or Companion Signature: | Date: |
| Customer or Companion's Printed Name: |       |

Interpreter's Signature:

Interpreter's Printed or Typed Name:

|                       |       |
|-----------------------|-------|
| Witness:              | Date: |
| Witness Printed Name: |       |



**APPENDIX D  
CUSTOMER FEEDBACK FORM**

BCHC is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. The survey is anonymous; therefore, please do not provide your name or any other personal information that could identify you. When the form is completed, please mail it to: Banyan Community Health Center, 6100 Blue Lagoon Drive, Suite 400 Miami, Florida 33126. If you need assistance completing this form, please contact the Single-Point-Of-Contact at (305) 398-6197; FRS 1-800-955-8771.

Please provide a response to the following:

|    |   |
|----|---|
| 1  | Are you a client, customer or companion with deaf or hard-of-hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2  | Were you provided an auxiliary aid(s) or interpretive service(s): <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3  | What was the nature of the auxiliary aid or service provided to you:<br>Sign Language Interpreter: <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> VRS |
| 4  | Were you provided an alternate auxiliary aid or service? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what were you provided:  |
| 5  | Were you denied an auxiliary aid or interpretive service? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6  | If yes for 5, What reason were you given for denial of the requested auxiliary aid or interpretive service?   |
| 7  | What date was the request for an auxiliary aid or interpretive services made?   |
| 8  | Was the auxiliary aid or interpretive services provided within two hours? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, what was the timeframe after the request was made?                         |
| 9  | Were you informed that all auxiliary aids or interpretive services were at no cost to you? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10 | Please identify the service or office location in which you were provided the auxiliary aid or interpretive services:   |
| 11 | Did you feel that services were provided to you in a nondiscriminatory manner: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12 | Did you feel that staff treated you with respect: <input type="checkbox"/> Yes <input type="checkbox"/> No  |

|   |                                   |
|---|-----------------------------------|
| 1 | Use back for Additional Comments: |
| 3 |                                   |

## APPENDIX E IN-PERSON COMMUNICATION ETIQUETTE

### 1. INTERACTING WITH INDIVIDUALS WHO ARE DEAF

Deaf individuals have many different communication needs. People who were born deaf (pre-lingual deaf) may have more difficulty with speech than those who lost their hearing after they learned a language (post-lingual deaf). The way a person communicates will vary according to the environment in which s/he was raised, type of education received, level of education achieved, among other factors. Their ability to communicate in a language will vary from not very well to very well.

Some individuals use American Sign Language (ASL) or other sign language; some read lips and speak as their primary means of communication; some use Signed Exact English (SEE), where every word is signed in the exact sequence it is spoken in English, and there is a vocabulary which has a one-to-one relationship to English words. People who became deaf later in life may never have learned either sign language or lip-reading. Although they may pick up some sign and try their best to read lips, their primary means of communicating may be reading or writing.

Lip-reading ability varies greatly from person to person and from situation to situation. It is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or look directly at the person, or that speaks with an accent affecting the way words appear on their lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in good light source, and keep your hands, gum and food away from your mouth while you are speaking.

When to use Interpreters: Since communication is vital in the workplace and inservice delivery, and the deaf person knows how he or she communicates best, supervisors and staff should follow the wishes of the person who is deaf regarding communication methods.

In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, Department policy is to use nothing less than a Quality Assurance (QA) Screened interpreter for service delivery. The need for a more skilled interpreter depends not only on the complexity and importance of the information being communicated, but also on the ability of the interpreter to translate the particular sign language used by the individual, and the speed.

### 2. INTERACTING WITH INDIVIDUALS WHO ARE HARD-OF-HEARING

Persons who are hard-of-hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard-of-hearing, etc. A person who is hard-of-hearing may or may not wear a hearing aid.



Employees should be aware that many hard-of-hearing people will not admit having a hearing loss, so it is important employees be alerted to the signs of hearing loss:

- The person asks you to repeat yourself several times; and
- The person does not respond appropriately, especially if you have been talking with your back to them.

The key to communication with a person who is hard-of-hearing – as with all people – is patience and sensitivity. Please use the following guidelines:

- Ask the person how he or she prefers to communicate.
- If you are using an interpreter, the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the person will look at the interpreter and may not make continuous eye contact with you during the conversation.
- Before you speak, make sure you have the attention of the person you are addressing.
- If you know any sign language, try using it. It may help you communicate and at least demonstrates your interest in communicating and willingness to try.
- Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words.
- Look directly at the person. Most people who are hard-of-hearing need to watch a person's face to help them understand what is being said. Do not turn your back or walk around while talking. If you look away, the person may assume the conversation is over.
- Do not put obstacles in front of your face.
- Do not have objects in your mouth, such as gum, cigarettes, or food.
- Do not turn to another person in their presence to discuss other issues with them.
- Write notes back and forth, if feasible.
- Use facial expressions and gestures.
- Do not talk while writing, as the person cannot read your note and attempt to read your lips at the same time.
- Use a computer, if feasible, to type messages back and forth.
- Offer to provide an assistive listening device.
- If the person has a service animal, such as a dog, do not divert the animal's attention. Do not pet or speak to the animal.

### 3. INTERACTING WITH INDIVIDUALS WITH SPEECH IMPAIRMENTS

Be tolerant and sensitive to persons with speech impairment. Please use the following guidelines:

- If you have trouble understanding someone’s speech, ask him or her to repeat what he or she has said. It is better for the person to know you do not understand than to assume that you do.
- Give the person your undivided attention.
- Do not simplify your own speech or raise your voice. Speak in a normal tone.
- Write notes back and forth or use a computer, if feasible.
- Ask for help in communicating. If the person uses a communicating device, such as a manual or electronic communication board, ask the person how to use it.

### 4. INTERACTING WITH INDIVIDUALS WITH PHYSICAL DISABILITIES

As with all people, persons with physical disabilities have specific needs. Please use the following guidelines when communicating with a person with mobility or physical impairment:

- Do not make assumptions about what the person can or cannot do. Always ask if the person would like assistance before you help. Your help may not be needed or wanted.
- Do not touch a person’s wheelchair or grab the arm of a person walking without first asking if he or she would like assistance.
- Do not hang or lean on a person’s wheelchair because it is part of the wheelchair user’s personal space.
- Never move someone’s crutches, walker, cane, or other mobility aid without permission.
- When speaking to a person in a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level.
- Speak directly to the person in a wheelchair, not to someone nearby as if the wheelchair user did not exist.
- Do not demean or patronize the wheelchair user by patting him/her on the head.
- Do not discourage children from asking questions about the wheelchair. Open communication helps overcome fearful or misleading attitudes.
- When a wheelchair user “transfers” out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reach.
- Do not raise your voice or shout. Use normal speech. It is okay to use expressions like “running along.” It is likely that the wheelchair user expresses things the same way.



- Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
- Do not classify persons who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- Do not assume that using a wheelchair is in itself a tragedy. It is a means of transportation/freedom that allows the user to move about independently.

#### 5. INTERACTING WITH PEOPLE WHO ARE VISUALLY IMPAIRED

Persons with visual impairments have specific needs. Please use the following guidelines when communicating with persons who are blind or have a visual impairment:

- The first thing to do when you meet a blind person is to identify yourself.
- When speaking, face the person directly. Speak in a normal tone. Your voice will let the person know where you are.
- Do not leave without saying that you are leaving.
- Some individuals who want assistance will tell you. You may offer assistance if it seems needed, but if your offer is declined, do not insist.
- When offering assistance, say, "Would you like to take my arm?" and allow the person to decline or accept. The movement of your arm will let the person know what to expect. Never grab or pull the person.
- When going through a doorway, let the person know whether the door opens in or out and to the right or left.
- Before going up or down stairs, let the person know that you are going up or down, and advise if there is a handrail and where it is. Ask the person if he or she would like assistance – he or she will let you know.
- When giving directions, or describing where things are in a room or in the person's path, be as specific as possible, and use clock clues where appropriate.
- When directing the person to a chair, let the person know where the back of the chair is, and he or she will take it from there.
- If the person has a service animal, do not distract or divert the animal's attention. Do not pet or speak to the animal unless the owner has given you permission.
- The person's single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).

#### 6. INTERACTING WITH PEOPLE WITH DUAL SENSORY IMPAIRMENTS

The means of communication with a person with dual sensory impairments will depend on the degree of hearing and vision loss. Use all of the suggestions in the above sections on hard-of-



hearing and visual impairments. The person with dual sensory impairments has unique and very challenging communications needs. Staff is to use every possible means of communication available.

#### 7. INTERACTING WITH PEOPLE WITH LIMITED-ENGLISH PROFICIENCY

Many people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively serving a large number of people. Breaking down these barriers will allow individuals with Limited English Proficiency to participate in the programs administered by the Department.

- The way a person with Limited English Proficiency communicates in English will vary from no English, to a little English or to very well. Use the following guidelines when communicating with a person with Limited-English Proficiency:
- Ask the person if he/she needs a translator.
- If you are speaking through an interpreter, remember the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- Talk directly to the person, not the interpreter. However, the Limited-English Proficiency person may look at the interpreter and may not make eye contact with you.
- If you know a little of the language, try using it. It may help you communicate and it also demonstrates your interest in communicating and willingness to try.
- Do not simplify your speech or raise your voice. Speak in a normal tone.
- The person's single greatest communication need is to have access to the information by having the information either orally translated or provided in their language written form.
- Be patient and sensitive to the needs of the Limited-English Proficiency person.





## APPENDIX H FLORIDA RELAY

### How the Relay Works

**Text Telephone (TTY)**

The user types messages and reads replies on the display screen and/or paper printout.

The Operator (OPR) voices typewritten messages to the hearing person and types replies to the TTY user.

**Voice Carry-over (VCO)**

A VCO user speaks directly to a hearing person and reads replies on the VCO screen.

The OPR types the response to the VCO user.

**Two-Line VCO**

A person with two phone lines and a computer can use one line for speaking and the other line for receiving typed messages.

The OPR accommodates VCO user by typing responses from the standard telephone user.

**Hearing Carry-over (HCO)**

Speech-impaired users listen to the person they called and then type their messages using the HCO telephone.

The OPR voices the typed messages to the standard telephone user.

**Speech to Speech (STS)**

Speech-impaired users speak through the OPR.

An OPR familiar with speech patterns voices the message to the person being called.

*For outreach presentations or printed materials, call FTRI at 1-888-292-1950, ext. 232.*

**Remember, it's YOUR call!**  
Florida Relay is the communications link for people who are Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired. Through Florida Relay, people who use specialized telephones can communicate with people who use standard telephones and vice versa.

### Relay Access Numbers

**Dial 711 to use the relay anywhere or continue using**

- 1-800-955-8770 (Voice)
- 1-800-955-8260 (VCO)\*
- 1-800-955-1339 (ASCII)
- 1-877-955-8771 (TTY)
- 1-877-955-5334 (STS)\*
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Creole) 8 a.m. to 2 a.m. daily

\*Recommend direct-dial.

- Relay Customer Service
- 1-800-676-3777 (English)
- 1-800-676-4290 (Spanish)

**Remember**  
711—Relay Service  
411—Directory Assistance  
911—Local Emergency Assistance



### User Friendly Features

- Toll-free access calling.
- Available 24 hours a day, 365 days a year.
- No restrictions on the number or length of calls.
- No charge for local calls.



*Do you know someone who can use Florida Relay? Share this with them.*

**Florida Telecommunications Relay, Inc.**  
Equipment Distribution Program  
Customer Service  
1-800-222-3448 (Voice)  
1-888-447-5620 (TTY)  
Monday-Friday, 8:30 a.m.-5:00 p.m.  
[www.ftri.org](http://www.ftri.org)



## **ABOUT FLORIDA RELAY 711**

Florida Relay is the communications link for people who are Deaf, Hard-of-Hearing, Deaf/Blind, or Speech Impaired. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment.

To call Florida Relay, dial 7-1-1, or use the following toll free numbers

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-3771 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-800-955-5334 (STS)
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Cr)

### ***Types of Florida Relay Calls***

Thousands of Floridians depend upon Florida Relay every day to make both personal and business phone calls. Here are examples of how the specialized telephone equipment and services work.

#### **Voice (for a hearing caller)**

Standard telephone users can easily initiate calls to TTY users. The Relay operator types the hearing person's spoken words to the TTY user and reads back the typed replies.

1. Dial 7-1-1 for the Florida Relay Service.
2. You will hear, "Florida Relay operator (number), May I have the number you are calling please?"
3. Give the Relay operator the area code and telephone number you wish to call and any further instructions.
4. The Relay operator will process your call, relaying exactly what the TTY user is typing. The Relay operator will relay what you say back to the TTY user.
5. When you finish the conversation and are ready to hang up, don't forget to say "SK" which stands for "stop keying" (which alerts both the Relay operator and the other party that you are ready to end the conversation) then hangs up.



### TIPS FOR HEARING CALLERS:

- Be sure to talk **directly** to your caller.
- **Avoid** saying "tell him" or "tell her".
- **Say** "GA" or "Go Ahead" at the end of your response.
- **Say** "Signing Off" before you hang up.

### Text Telephone (TTY)

A person who is deaf, hard-of-hearing, deaf-blind, or speech-disabled uses a TTY to type his/her conversation to a Relay operator, who then reads the typed conversation to a hearing person. The Relay operator relays the hearing person's spoken words by typing them back to the TTY user.

1. Dial 7-1-1 for the Florida Relay Service.
2. The Relay operator will answer with "FL Relay OPR 8234" (for Relay operator identification), "F" or "M" (for Relay operator gender) and "GA." ("GA" denotes "go ahead.")
3. Type in the area code and telephone number you wish to call and then type "GA."
4. The Relay operator will dial the number and relay the conversation to and from your TTY. Type in "GA" at the end of each message.
5. When you are finished with the conversation, type "SK" for "Stop Keying" then hang up



### Voice Carry-Over (VCO)

Voice Carry-Over is an ideal service that enables a hard-of-hearing or deaf user to use his/her voice to speak directly to hearing person. When the hearing person speaks to back, the Relay operator serves as the "ears" and types everything that is said on a TTY or text display.

1. Dial the Florida Relay Service VCO number 1-800-955-8771.
2. The Florida Relay operator will answer "FL OPR 8234M (For relay operator identification) "F" or "M" (for Relay operator gender) GA".
3. Voice the area code and telephone number of the party you want to call.
4. The Relay operator will type the message "Voice Now" to you as your cue to start speaking. You speak directly to the hearing person. The Relay operator will not repeat what you say, but only type to you what the hearing person says. You both need to say "GA" at the end of your response.

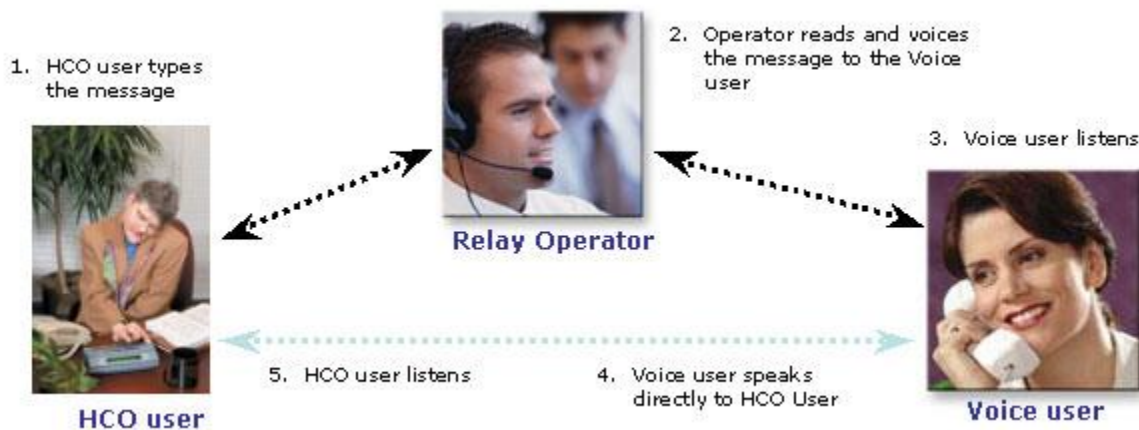




## Hearing Carry-Over (HCO)

Hearing Carry-Over (HCO) allows speech-disabled users with hearing, to listen to the person they are calling. The HCO user then types his/her conversation for the Relay operator to read to the standard telephone user.

- Dial Florida Relay 7-1-1.
- A Florida Relay operator will answer "Fl Relay OPR 8234M GA", where "8234" for relay operator identification, "F" or "M" for operator gender and "GA" denotes "go ahead."
- Type in the area code and telephone number you wish to call and then type "HCO PLEASE GA."
- The Relay operator will make the connections and voice the typed conversation to the called party.



## Speech-to-Speech (STS)

Speech-to-Speech (STS) allows speech-disabled persons to voice their conversation. A specially trained Florida Relay Operator will listen and repeat the speech-disabled user's dialogue to the called party. No special telephone equipment is needed to use this service. A STS call can be made from any standard telephone.

- Dial Florida Relay STS number 1-877-955-5334.
- You will hear "Florida Relay Speech-to-Speech operator (number). May I have the number you are calling to please?"
- Voice the area code and telephone number of the party you want to call.
- The Relay operator will say "Voice Now" to you as your cue to speak directly to your party. The Relay operator will then re-voice what you have said if the called party does not understand you. There may be instances where you will be asked to repeat your message to ensure that it is conveyed correctly.
- Remember to say "Go Ahead" when you are ready for the other person to respond.



## CapTel

The CapTel phone is ideal for a hard-of-hearing individual to use his/her own voice to speak directly to hearing person. When the hearing person speaks back, the Captel user can read the response on a text display. CapTel allows users to place a call in the same way they would when using a traditional phone - by dialing the number directly. The CapTel™ phone automatically connects to the Captioning Relay Service when the number is dialed. When the person answers, you hear everything that he/she says, just like a traditional phone call.

Here's how to **make a** CapTel call:

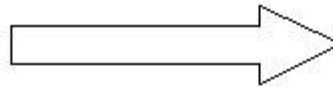
1. Get a special CapTel phone at no-cost from FTRI.
2. When dialing out, simply dial the number of the person you want to call.
3. Your CapTel phone will automatically connect to both the captioning service and the party you wish to reach.
4. A captionist transcribes everything the party says to you into written text (captions) using the very latest in voice-recognition technology.

Here's how to **receive a call** using a CapTel:

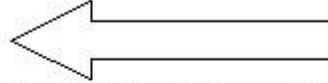
1. The voice user calling you should first dial 1-877-243-2823 (toll free).
2. Once connected, the voice user then enters your area code and phone number followed by the # symbol.
3. Whether it's an incoming or outgoing call, everything the voice user says to you is transcribed into captions that display in an easy-to-read window on your CapTel phone



CapTel User



1. You talk to the other party...

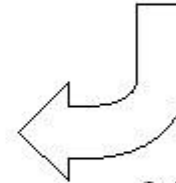


2. ...who talks back to you to hear.



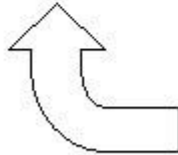
Voice User

Captioning  
Service



3. Everything  
they say also  
goes  
through a  
Captioning  
Service...

5. ...for you  
to read on  
the CapTel  
display.



4. ...who re-voices what is said to a  
powerful voice recognition system  
which transcribes the words into  
captions...

ATTACHMENT I

**AUXILIARY AIDS AND SERVICES RESOURCES**







**Limited English Proficiency (LEP)  
and Sign Language Interpreters (STAFF)**

| LOCATION/PROGRAM | LANGUAGE | EMPLOYEE NAME | WORK NUMBER |
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**DIRECTORY OF AGENCIES AND ORGANIZATIONS**

The following agencies or organizations may be able to assist in ensuring accessibility for individuals with disabilities or Limited English Proficiency:

| AGENCY   | TELEPHONE                             | TDD or 800           | URL/Email  |
|--|---------------------------------------|----------------------|--|
| Link Translations and Interpretation, Inc. (Translation & Interpretation Services)                                 | (305)790-9071                         |                      |  |
| Language Line (Customer ID:580036)   | (866)874-3972                         |                      |  |
| Florida Relay Services   | (800)955-8770                         | (800)955-8771        |  |
| Florida Division of Blind Services (Visual Impaired)   | (305)377-5339                         |                      | <a href="http://www.soflacil.org/">http://www.soflacil.org/</a>      |
| Miami Lighthouse for the Blind Visually Impaired, Inc.   | (305)856-2288                         |                      | <a href="http://www.miamilighthouse.com">www.miamilighthouse.com</a> |
| Accessible Communications for the Deaf<br>19451 Sheridan St., Suite 340<br>Pembroke Pines, FL 33332                | (954)578-3081                         |                      |  |
| Advocacy Center for Persons with Disabilities  | (800)342-0823                         |                      | <a href="http://www.advocacycenter.org">www.advocacycenter.org</a>   |
| Center for Independent Living of South Florida (Auxiliary Aids and Services for persons with disabilities)         | (305)751-8025                         |                      | <a href="http://www.soflacil.org/">http://www.soflacil.org/</a>      |
| Florida Keys, Center for Independent Living  | (305)453-3491                         |                      | <a href="http://www.soflacil.org/">http://www.soflacil.org/</a>      |
| Interpreters Network (American Sign Language, Translation and Interpretation)                                      | (305)381-9555                         |                      |  |
| Jackson Memorial Hospital Mental Health Hospital Center<br>Outpatient Program for Deaf/Hard of Hearing Individuals | (305)355-8059                         | (305)355-8066<br>TDD |  |
| Language Speak Inc. (Translation, Interpreters, C.A.R.T, and ASL)  | (305)668-9797                         |                      | <a href="http://www.languagespeak.com">www.languagespeak.com</a>     |
| Miami Dade City Disability Svc. & Independent Living   | (305)547-5444<br>(305)547-7355<br>Fax |                      |  |
| Seven Languages Translating (Translation, Interpreters and audio equipment)  | (305)374-6761                         |                      |  |