

POLICY NUMBER: **AC-100-007**SUBJECT: **TRANSLATION/INTERPRETATION SERVICES**EFFECTIVE DATE: **03/09/1998**REVISION DATE: **07/30/2021**

APPROVED BY: _____

 CHIEF EXECUTIVE OFFICER

DATE: _____

POLICY

It is the intention of Charlotte Behavioral Health Care, Inc. (CBHC) to provide timely translation and interpretation services for patients and companions, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. This policy is developed to ensure that all individuals have access to and a complete understanding of all communications with staff, including their rights and responsibilities.

PROCEDURE

1. CBHC subcontracts interpretation and translation services with Language Line Solutions, which provides on demand telephone and video interpretation/translation for patients or companions with a disability, Deaf or Hard-of-Hearing, or limited English proficiency. This service is on demand and available 24 hours per day, seven (7) days per week and adheres to CBHC's standards for confidentiality and professionalism. Language Line Solutions verifies interpreter's certifications and has lists of certified sign language interpreters and qualified foreign language translators. Live interpreters may be used on a case-by-case basis.
2. Staff are informed of these services and trained within 60 days of commencing employment on how to provide timely auxiliary aids and services to patients or companions with a disability, Deaf or Hard-of-Hearing, or limited English proficiency as part of New Hire Orientation training and as part of Annual Training. Reminders of available services are provided in the following manners: posters are displayed conspicuously in areas where people enter or are admitted; individual instruction cards; and periodic email reminders. Staff can contact the CBHC designated Single Point of Contact (SPOC) for instructions on the process to follow should they not be familiar with an auxiliary aid or service requested by a patient or a companion.

A. Timely Request for auxiliary Aid or services for patients or companions who are deaf or hard of hearing:

- **Scheduled Appointment:** A certified interpreter will be provided at the time of the appointment. If the interpreter fails to appear (video or live) the staff will take action to have a certified interpreter as soon as possible but in **No** case later than **two (2) hours** after scheduled appointment, or as convenient to the patient or companion. **(Contact the SPOC if the interpreter fails to appear. This is documented on the assessment form or in a progress note)**

- **Non-scheduled Appointment:** If there is a non-scheduled appointment or non-emergency situation, staff will provide a certified interpreter **within two (2) hours** of the request, or at least by the next business day. **(This is documented on the assessment form or in a progress note)**
 - **Emergency:** If there is an emergency situation an interpreter will be made available as soon as possible, but in **No** case later than **two (2) hours** from the time the patient or companion requests an interpreter, whichever is earlier. **(This is documented on the assessment form or in a progress note)**
3. Patients are notified of these services in the following ways:
 - Conspicuously displayed posters.
 - Guide to Services (GTS) (distributed at intake, upon request, and annually). The GTS is published in English, Spanish, and large print.
 - By staff.
 - On the CBHC website: www.cbhcfi.org
 4. The patient or companion's preference is the primary consideration in what auxiliary aid or service provided.
 5. If a patient chooses to utilize a companion (friend or family member) for interpretation, CBHC staff should ensure the accuracy of that person's interpretations by first utilizing a professional interpreter to monitor the interaction. If the interpreter agrees that the companion is interpreting accurately, the professional interpretation will not be required for future visits.
 6. Accessibility at meetings, conferences and seminars will be provided to patients or companions with a disability, Deaf or Hard-of-Hearing, or Limited English Proficiency (LEP), including providing necessary aids and services for those individuals who are in attendance.
 7. The designated SPOC for CBHC is the Director of Quality and Innovation. This person is designated to ensure effective communication with the patient or companion (who is Deaf or Hard-of-Hearing) as mandated by DCF. If staff are not familiar with an auxiliary aid or service requested by a patient or companion they must contact the SPOC for assistance.
 8. If a patient or companion declines translation or interpretation services, it remains the responsibility of CBHC to ensure effective communication with the patient or companion. Contact the SPOC, Section 504 Designee, or other assigned designee if communication through an auxiliary aid or service for patient or companion (who is Deaf or Hard-of-Hearing) is found to be ineffective.

9. Auxiliary aid services are available to patients and companions who are Deaf or Hard-of-Hearing at no cost.
10. Documentation required by Central Florida Behavioral Health Network for patients or companions who are Deaf or Hard-of-Hearing:
- Customer/Companion Communication Assessment and Auxiliary Aid and Service Record, **prior to services complete top and section one; before patient leaves complete the remainder of the form**, to determine the patient's or companion's preferred method of communication. **(Completely filled out and signed by the patient and/or companion on the date that the service is provided. Missing or conflicting information must be documented in the electronic medical record)** Re-assessment will occur if communication is not found to be effective or if the nature of the communication changes significantly after the initial assessment. This shall be accomplished, where possible, in consultation with the person seeking the auxiliary aids or services.
 - CHBC does not deny aid essential Deaf or Hard-of-hearing services and ensures that all patients and companions with disabilities or Limited English Proficiency have access to timely translation and interpretation services. If staff determines, after conducting the Communication Assessment, that the communication situation is **not** Aid Essential and does not warrant provision of the auxiliary aid or service requested by the patient or companion, the staff shall advise the person of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Staff shall provide the patient or companion, if applicable, a copy of the denial. **(Shall be documented on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record and in the electronic medical record. Denial determinations can only be made by the Regional Managing Director or Hospital Administrator (or designee) or the Contracted Client Services Provider Administrator (or designee)).**
 - Request for or Waiver of Free Communication Assistance Form, **prior to services**. **(Completely filled out and signed by patient and/or companion on every date a service is provided. Missing or conflicting information must be documented in the electronic medical record)**
 - Customer Feedback Form is provided to the patient or companion **following each visit**. If a long-term plan is in place, the patient or companion is offered the feedback form **at the start and end of treatment and when significant changes occur**. If a form is completed and left with staff it will be provided to the SPOC for appropriate submission. (Must be documented in electronic medical record)
 - Effectiveness of communication, **for each service date**, must be in the electronic medical record
 - A Communication Plan (Located at the bottom of the Communication Assessment and Auxiliary Aid and Service Record) will be completed if the initial assessment indicates the need for long-term or multiple visits. Services shall continue to be provided to patients or companions during the entire period of the patient's hospitalization, residency, long term treatment, or subsequent visits. Ensure that each service provided under the plan is documented on the Auxiliary Aid and Service Record Sheet (EHR).

11. To use telephone translation services through Language Line Solutions (available 24/7, on demand):
 - a. Dial 1-866-874-3972
 - b. Provide CBHC's ID: 280176
 - c. Provide your department access code
 - d. Indicate language
 - i. Press 1 for Spanish
 - ii. Press 2 for all other languages and clearly state the language
 - iii. Press 0 if you are not sure which language you need
 - e. Document the Translator's ID#
12. To use video interpretation/translation through Language Line Solutions (available 24/7, on demand):
 - a. Email _Support to request appropriate equipment. CSU/RC has a laptop available at all times.
 - b. Select the Insight shortcut on the desktop or go to <http://insight.languageline.com>
 - c. Choose service needed
 - d. The hold screen will appear while waiting to be connected
 - e. Greet your interpreter/translator and document the ID#
13. The Florida Relay Service is the communications link for people who are Deaf, Hard-of-Hearing, Deaf and blind, or Speech Disabled. Through the Florida Relay Service people who use specialized telephone services can communicate with people who use standard telephone equipment. To call Florida Relay, dial 7-1-1, or use the appropriate toll free numbers:
 - a. 1-800-955-8771 (TTY)
 - b. 1-800-955-8770 (Voice)
 - c. 1-877-955-8773 (Spanish)
14. TDD/TTY services are available for patients.
15. CBHC does not have access to the equipment needed for Video Remote or Relay services but can accept phone calls from those individuals who use these services to communicate.
16. Assisted listening devices are kept at the front desk of building A and available to patients or companions as needed.
17. The SPOC ensures that individuals are aware of and know how to use the Captioning in Real Time (CART) services. CART providers can be found online at <http://psl.ncra.org/index.asp>. A list of CART providers in Florida is maintained in the office of the SPOC.

REFERENCES

1. Section 504 of the Rehabilitation Act of 1973
2. The American with Disabilities Act of 1990
3. CFOP 60-10 Chapter 4, "Auxiliary Aids and Services for the Deaf or Hard-of Hearing"

REQUEST FOR ACCOMMODATION

Please refer to policy QM-100-019

RETENTION OF DOCUMENTS AND FORMS

CBHC policy is to maintain records for a minimum of nine (9) years following closing of the file. Please refer to MR-100-006 Security, Ownership, and Retention of Medical Records for detailed information.