

SANTA CRUZ COUNTY
Behavioral Health Services

POLICIES AND PROCEDURE MANUAL

Subject: ADA Service Accessibility for Persons with Visual, Hearing and/or Physical Challenges

Policy Number: 3108

Date Effective: 10/15/2020

Pages: 2

Replaces: 4/22/2019

Responsible for Updating:
Quality Improvement Director

Approval:



Behavioral Health Director

10-15-2020

Date

BACKGROUND:

The Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008 provides civil rights protections and equal opportunities to individuals with disabilities. The ADA protects three categories of individuals from discrimination based on that disability.

1. Those who have a physical or mental impairment that substantially limits one or more major life activities.
2. Those who have a record of a physical or mental impairment that substantially limited one or more of the individual's major life activities, including people who have recovered from mental or emotional illness, drug addiction, heart disease, or cancer.
3. Those who are regarded as having such a disability, regardless of whether they have the disability.

SCOPE:

This policy and procedures requirements apply to all Behavioral Health Services (BHS) employees and subcontractor staff who render services for the MHP and/or DMC-ODS networks, including in governance, leadership and direct service positions.

PURPOSE:

To ensure that all programs provide appropriate accessibility of medically necessary services to beneficiaries who have a visual, hearing and/or physical impairment.

POLICY:

Santa Cruz County Behavioral Health Services (MHP and DMC-ODS) does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. All staff and contractors shall ensure that its programs, services and activities are fully accessible to and usable by people with disabilities without cost to the individual.

DEFINITIONS:

1. Interpretation:

The transference of meaning between spoken languages.

PROCEDURES:

1. Service Access for the Hearing Challenges:

- a. BHS or contracted staff will use approved qualified interpreter services.
- b. The BHS website provides information about MHP and DMC-ODS services; and how to access them with an email address to contact the BHS Access Team for persons with hearing challenges.
 - i. Behavioral Health Access staff shall monitor the email address activity daily to ensure timely responses regarding requests for information and access to care needs, including scheduling access appointments.
- c. When a hearing-challenged beneficiary presents as a walk-in at BHS, staff shall utilize the phone line, 711, for relay services, or the available video ASL (American Sign Language) interpretive services through BHS contracted service vender, to attend to request for information or access evaluation.
- d. For face-to-face evaluations and/or ongoing services for a beneficiary with a hearing challenge, those services shall be provided by a program staff member fluent in ASL or an interpreter from a contracted service for the hearing challenges.

2. Service Access for the Visually Challenged:

- a. Audio devices with pertinent beneficiary and provider information are available for the Access Team and other service "gates". This information is in English & Spanish. Should audio devices not be available, pertinent documents will be read out to the beneficiary in English or Spanish.
- b. Information will be provided over the phone to the visually challenged by the Access Team or support staff.
- c. Direct services for the Visually Challenged will be provided at all program sites with accommodation as necessary, such as the beneficiary being accompanied to and from the waiting area.
- d. The Medi-Cal Specialty Mental Health Services Handbook and the DMC-ODS Beneficiary Handbook are also available in large print and audio recording.

3. Service Access for the Physically Challenged:

- a. Newly constructed or altered facilities shall comply with federal and state laws requiring physical accessibility; including accessible paths of travel, elevators, ramps, doors that open easily, reachable light switches, accessible bathrooms, accessible parking and signage.
- b. Building not altered since 1990 are subject to the accessibility requirements for existing buildings and shall make reasonable accommodations to ensure accessibility; such as removing architectural barriers, keeping travel paths clear of barriers, or relocating services to an accessible location.
- c. Programs shall not deny admission, services or activities due to an inaccessible treatment room or office.

PRIOR VERSIONS: 04/22/2019, 02/12/2018, 07/18/2016, 12/05/2008

REFERENCES: CCR, Title 9, Chapter 11, Sections 1810:410 & 1810.110; 42 CFR, Section 438.10 & 438.68(c)(3); MHP Contract, Exhibit A; DMC-ODS Contract with DHCS, Exhibit A, Attachment I; Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008

FORMS/ATTACHMENTS: N/A