



DHoH Services Compliance - Client

1. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-12.a) If the provider staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, did the provider staff shall advise the person of the denial of the requested service and 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 and provide them with a copy of the denial (must be on CF 761 & CF 763).
2. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-14, a.) Did DCF Direct Service Facilities and DCF Contracted Client Services Providers provide a Customer/Companion Feedback Form (Attachment 5 to CFOP 60-10, Chapter 3) to each customer or companion who is deaf or hard of hearing?
3. Deaf & Hard of Hearing Client Tool (CFOP 60-10, 4-10.b.) For clients residing in state mental health hospitals, treatment centers, and any other Direct Service Facility where customers typically reside for long periods of time and/or have numerous communications of varying length and complexity, did the provider staff develop a communication plan using the Communication Plan section of CF 761 and document it in the customer case file?
4. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-10, b.) Were all provider staff that typically interact with the customer involved in developing customer communication plans or were aware of the results of the extended assessments and how staff shall ensure effective communication during interactions with the customer or companion?
5. Deaf & Hard of Hearing Client Tool (CFOP 60-10, 4-12.b.) If the provider determined to not provide the requested aid or interpreter, did the provider still ensured effective communication with the client by providing an alternate aid or service?
6. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-14.c) If the client or companion had Limited English Proficiency or otherwise may have not understood the feedback form, did the provider offered assistance to complete the form?
7. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-8,b. and CFOP 60-10 4-9, c.) Did the Department or provider staff conduct an initial communication assessment using the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761) and store in customer case file or medical chart?
8. Deaf & Hard of Hearing Client Tool (CFOP 60-10, 4-19) If the provider made a referral for the client or client with a companion, did the provider documented a statement in the client record or on the CF 761, that the referral agency was provided information about the client's or companion's requested aids/services?
9. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-14,d.) If the client or companion chose to provide feedback on the Customer/Companion Feedback Form, was it retained for five years for monitoring and self-assessment purposes.
10. Deaf & Hard of Hearing Client Tool (CFOP 60-10, 4-8.d.) If communications were not effective or if the nature of communication changed significantly, did the provider reassess the client or companion?
11. Deaf & Hard of Hearing Client Tool (CFOP 60-10, 4-10.a.) Did the provider have appropriate aids and services available to the client or companion during the entire visit and during subsequent visits without requiring subsequent request?



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12. Deaf & Hard of Hearing Client Tool (CFOP 60-10, Chapter 4-9,d.) Is CF 763 completed indicating what type of assistance is being requested or that the customer is declining free communication assistance and documented in the customer's case file or medical chart?

13. Deaf & Hard of Hearing Client Tool Ax (CFOP 60-10, Chapter 4-8,b.) If the communication is deemed aid essential, did the Department or provider staff provide the auxiliary aid or service requested by the customer or companion?

14. Deaf & Hard of Hearing Client Tool Services (CFOP 60-10, 4-7.d.) If a client/family/close friend/job associate provided interpretation services to client or companion, did the client sign the Waiver to Free Interpreter Services form and indicate this option that he/she is over the age of 18?