



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### POLICIES AND PROCEDURES

#### SECTION 5, CHAPTER 5, POLICY 011

#### ACCESSIBILITY OF SERVICE FOR PERSONS WITH DISABILITIES (PWD)

#### BEHAVIORAL HEALTH

##### A. PURPOSE

The purpose of this policy is to inform Health and Human Services Agency (HHS) staff and subcontracted providers of the Accessibility of Service for Persons with Disabilities (PWD) requirements in accordance to Federal and State rules and regulations.

##### B. FORMS REQUIRED/ATTACHMENTS:

- Disability Admission and Referral Policy (Sample)
- Accessibility Needs Assessment

##### C. DEFINITIONS:

N/A

##### D. POLICY:

HHS staff, network providers, and service programs shall ensure compliance to the following:

- Americans with Disability Act (ADA);
- Section 504 of the Rehabilitation Act of 1973;
- 45 Code of Federal Regulations (CFR), Part 84, Non-discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance;
- Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance and;
- Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for persons with disabilities (PWD).

##### E. PROCEDURES:

Yolo County HHS and its' subcontracted providers shall ensure compliance to ADA requirements through one or more methods which include, but are not limited to, site monitoring visits, self-assessments, and provider directory updates.

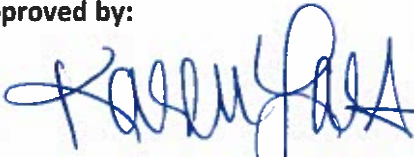
Onsite monitoring visits shall be conducted in accordance to Medi-Cal Site certification requirements and may include an ADA compliance review and/or a ADA Self-Assessment. Additionally, providers are required to provide monthly updates on the organizations' ability to provide accommodations for people with physical disabilities.

County-operated and contracted service providers shall complete and retain in program files a copy of the "Disability Admission and Referral Policy". In addition, providers shall offer to beneficiaries the "Accessibility Needs Assessment" and retain a copy as a record in the clients' file. These records may serve to identify clients for referrals to the HHSA designated access coordinator for further evaluation.

**F. REFERENCES:**

1. Americans with Disability Act (ADA);
2. Section 504 of the Rehabilitation Act of 1973;
3. 45 Code of Federal Regulations (CFR), Part 84, Non-discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance;
4. Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance and;
5. Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for persons with disabilities (PWD).

**Approved by:**



**Karen Larsen, LMFT Director  
Yolo County Health and Human Services Agency**



**Date**

**Disability Admission and Referral Policy**

**(Sample)**

It is the policy [Insert Name of the Program] to support and comply with the requirements of the Americans with Disabilities Act (ADA) and to ensure that, to the maximum extent practicable, persons with disabilities are afforded equal access to our facilities, programs, and services.

Reasonable accommodation shall be provided for individuals with a physical, sensory, or cognitive disability, who meet our admission criteria, shall receive consistent service within the capabilities of our program design and staff. Reasonable accommodations for individuals who identify as having a disability will be based on an assessment of their functional limitations and discussions with the individual.

In the event [Insert Name of the Program] is unable to accommodate an individual due to physical, sensory, or cognitive disabilities, the individual will be referred to the Yolo County HHSA designated access coordinator for further needs assessment and placement.

**County Contact Information:**

Yolo County Health and Human Services Agency  
Quality Management  
137 N. Cottonwood Street Suite 2500  
Woodland, CA 95695  
[insert access number]  
[HHSAQualityManagment@yolocounty.org](mailto:HHSAQualityManagment@yolocounty.org)

**APPROVED BY:**

\_\_\_\_\_  
[Insert Organization Director or Approved Designee ]  
[Insert Title of Signatory]

\_\_\_\_\_  
Date

**ACCESSIBILITY NEEDS ASSESSMENT**

<b>Client Name:</b>				
<b>Circle One:</b>	Accepted Assessment / Declined Assessment			
<b>Client Signature and Date:</b>				
<b>Staff Signature and Date:</b>				
<b>QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
Do you have a disability or have you ever been told that you have a disability?				
Are you currently under the care of a doctor or other medical care professional?				
Do you take medications?				
Do you have difficulty hearing in group settings (e.g., theaters, classrooms, family dinners)?				
Do you frequently need people to repeat what they have said to you?				
Have people complained that you don't hear or don't listen to them?				
Do you wear glasses or contact lenses?				

QUESTIONS	YES	NO	N/A	COMMENTS
Do you have difficulty seeing things that are far away or very close?				
Do you have frequent eye pain or headaches?				
Have you ever hit your head and lost consciousness?				
Have you ever received health or disability issues?				
Have you ever been unemployed for a long period of time?				
Have you ever been fired from a job, asked to leave a job, or passed over for a promotion?				
Did you ever have special classes or tutoring in school?				
In a school or work setting, do you like to learn or learn best by:				
Listening to someone talk				
Watching someone perform a task				
Reading on your own				
Performing tasks yourself				
QUESTIONS	YES	NO	N/A	COMMENTS

Discussing things with another person				
Discussing things with a group of people				
Have you had problems or difficulty with any of the following?				
Getting your point across to others				
Sitting still				
Focusing on the task at hand for more than several minutes at a time				
Understanding the point that others are making to you or what others are saying to you				
Communicating your feelings or thoughts to others.				
Have you ever had problems with or been bothered by any of the following:				
• Controlling anger				
• Remembering things				
• Following instructions (verbal written, or demonstrated)				
• Concentrating				
<b>QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
• Becoming tired easily				

<ul style="list-style-type: none"> <li>• Getting along with others</li> </ul>				
Have you ever had problems or been bothered by any of the following:				
<ul style="list-style-type: none"> <li>• Depression</li> </ul>				
<ul style="list-style-type: none"> <li>• Anxiety</li> </ul>				
<ul style="list-style-type: none"> <li>• Forgetfulness</li> </ul>				
<ul style="list-style-type: none"> <li>• Sleep problems</li> </ul>				
<ul style="list-style-type: none"> <li>• Nervousness</li> </ul>				
<ul style="list-style-type: none"> <li>• Muscle tension or soreness</li> </ul>				
<ul style="list-style-type: none"> <li>• Uncontrolled worry</li> </ul>				
<ul style="list-style-type: none"> <li>• Excessive worry</li> </ul>				
<ul style="list-style-type: none"> <li>• Irritability</li> </ul>				
<ul style="list-style-type: none"> <li>• Restlessness (feeling on edge)</li> </ul>				
<ul style="list-style-type: none"> <li>• Mind "going blank"</li> </ul>				
<ul style="list-style-type: none"> <li>• Rapid heart rate</li> </ul>				
<ul style="list-style-type: none"> <li>• Pounding in chest</li> </ul>				

<ul style="list-style-type: none"> <li>Heart burn or stomach pain</li> </ul>				
<ul style="list-style-type: none"> <li>Uncontrolled feeling of happiness or euphoria</li> </ul>				

**If concerns or noticeable impairments are established, the client should be referred to the HHSA designated access coordinator for a more in-depth screening. The manner in which the questions in the assessment are asked may further provide additional information concerning potential needs for referral and/or follow-up treatment planning. Throughout the assessment, it is important for the assessor to pay attention to the individual's affect and behavior in order to determine any possible cognitive or affective impairments. Screening for psychiatric disorders is discussed in TIP 9, Assessment and Treatment of Patient with Coexisting Mental Illness and Alcohol and Other Drug Abuse (CSAT,1994).**