

# **Accommodating Seniors and People with Disabilities: Model Policies and Procedures for Primary Care Practices**

## **Introduction**

Some people who have one or more physical, sensory, intellectual or cognitive disabilities or conditions, including older persons, may require specific accommodations in order to ensure that healthcare and preventive services are appropriate and effective. Examples of such accommodations include Sign Language interpreters for deaf or hard-of-hearing patients; print materials in alternative formats such as large print or electronic formats for people who are blind or have visual impairments; height-adjustable examination tables and lifting assistance for wheelchair users; and flexible and extended appointment times for people with various impairments including communication, and intellectual and developmental disabilities.

Meeting the individual accommodation needs of seniors and people with disabilities to the extent possible not only ensures that the practice provides appropriate and effective care, but such steps also ensure compliance with the federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act. The ADA and Section 504 require that healthcare services provide certain accommodations that ensure equitable and non-discriminatory access to care.

Policies and procedures related to assessing the level of need for and providing accommodations for seniors and people with disabilities signal that the medical practice understands the basic principles of accommodation and has established the capacity to respond to accommodation requests when the need arises. They also indicate that the practice has formally communicated this message to medical and office staff responsible for providing accommodations.

## **Accommodating Seniors and People with Disabilities: Model Policies and Procedures for Medical Practices**

Accommodating Seniors and People with Disabilities: Model Policies and Procedures for Medical Practices, has been designed to stand alone as a new chapter that can be inserted into either a three-ring binder or added to a digital file of existing policies and procedures. Policies set forth the basic position of the practice on key issues while procedures describe specific tasks required to implement the policy including managing the delivery of care, and they also specify who is responsible for accomplishing the task.

In addition to the model policies and procedures, a Resource Guide is included that provides more detailed information about how to determine what the ADA requires in health care settings for individuals with a variety of impairments, and a listing of San Francisco Bay Area organizations that health care providers can contact when they need to provide certain accommodations such as ASL interpreters and alternative formats for print materials. Subsections of the Resource Guide are referenced in specific sections of the policies and procedures.

SFHP does not require that you adopt these policies and procedures in order to be part of our network, but we encourage you to adopt them in order to ensure that you have assessed and if required, broadened your capacity to provide appropriate health care services to people with disabilities including seniors who have disabilities.

(For more information about the specific requirements of the ADA as it applies to the operation of health care services, see the U.S. Justice Department ADA Home Page at <http://www.ada.gov>)

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San Francisco Health Plan: Disability Reference Guide for Health Care Providers

## **Accommodating Seniors and People with Disabilities: Model Policies and Procedures for Primary Care Practices**

### **POLICY # 1: Americans with Disabilities Act (ADA) Compliance**

The (name of practice) shall be aware of the basic requirements of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act and other applicable state laws and regulations that prohibit discrimination on the basis of disability, and will not discriminate against people with disabilities, including seniors with disabilities in the provision of medical services. Procedures will be adopted that ensure that medical services provided for people with disabilities, at a minimum, will meet standards of accommodation required under applicable laws. (See Resource Guide, Part A, Americans with Disabilities Act (ADA) Questions and Answers for Health Care Providers)

Any employee who recognizes that a person with a disability may have an issue that relates to the obligations of the practice under the ADA shall bring that information to the attention of her or his supervisor, the office manager, or Medical Director.

### **POLICY # 2: Accommodations for Seniors and People with Disabilities**

The (name of practice) shall provide accommodations for seniors and people with disabilities as defined by the Americans with Disabilities Act (ADA). Such accommodations include auxiliary aids and services that ensure effective communication with people who are deaf or hard-of-hearing, or who are blind or have visual impairments. Accommodations also include reasonable modification of policies, practices and procedures that do not fundamentally alter the nature of the services provided or that would result in an undue burden. Such modifications may range from making an exception to a “no pets allowed” policy for service animals to providing assistance with undressing for an individual with a mobility impairment even though the office typically does not provide such assistance. (See Resource Guide, Part A, Americans with Disabilities Act (ADA) Questions and Answers for Health Care Providers.)

The practice will not charge a patient for the cost of providing an auxiliary aid or service, either directly or through the patient’s insurance. The practice will take reasonable steps to ensure that all patients, including patients with communication disabilities, are informed of this accommodation policy.

**PROCEDURE 2A: Accommodating Seniors and People with Disabilities -- General**

In order to ensure that the practice has the capacity to provide appropriate and effective care to patients with disabilities, management will:

1. Identify a lead staff person who is responsible for arranging accommodations including, but not limited to:
  - Modifying standard policies such as “no animals allowed” to permit service animals and appointment times and durations
  - Arranging for use of the most accessible exam room, equipment or other facilities when required by a person with a disability
  - Hiring Sign Language interpreters or identifying medical group or health plan resources for providing interpreters
  - Arranging for print materials in alternative formats
  - Purchasing or arranging for the use of accessible equipment such as a height-adjustable examination table and a wheelchair accessible weight scale or identifying medical group or health plan resources for providing such items or access to them
  - Arranging lifting assistance
2. Identify local organizations with which the practice or the patient’s medical group or health plan can contract for accommodations including, but not limited to:
  - Sign Language interpreters
  - Print materials, such as practice brochures, in alternative formats
  - Rental, purchase or use of equipment and devices such as assistive listening devices and height-adjustable examination tables, or
  - Other needed accommodations
3. Establish contracts or billing arrangements with key vendors or with the patient’s medical group or health plan
4. Create a resource list of vendors or medical group or health plan contacts responsible for arranging accommodations that is included with these procedures
5. Make the resource list readily available to all staff
6. Update resource list as needed

## **PROCEDURE 2B: Accommodating People with Mobility Disabilities**

Some people who have mobility disabilities including people who use wheelchairs, scooters, walkers, crutches, canes, braces and prostheses may require a height-adjustable exam table that lowers to chair seat height, a wheelchair accessible weight scale, and/or assistance dressing, undressing and getting on to and off of the examination table or other examination equipment. (Many individuals with mobility disabilities will also require physical access to medical facilities and offices.)

In order to ensure that the practice accommodates patients who have mobility disabilities:

1. Reception or scheduling staff shall take the following steps if a person identifies that she or he has a mobility disability and requires an accommodation:
  - Inquire what, if any specific accommodations the person might require
  - If the patient identifies a specific accommodation such as either a height adjustable examination or lifting assistance, inform the staff person in charge of arranging accommodations who will:
    - Determine if that accommodation request can be met under ADA requirements
    - Either arrange for the accommodation to be provided or if the requested accommodation cannot be provided, identify an equally effective alternative that can be provided
    - Contact the San Francisco Health Plan for assistance if needed in determining how to acquire the accommodation or provide another equally effective accommodation
  - Send the person the Accommodations Checksheet to be completed before the first office visit
  
2. Upon arrival for the first visit, the receptionist or other appropriate staff person will:
  - Make sure the person either has completed and returned the Accommodations Checksheet, or completes or receives needed assistance with appropriate privacy to complete it. The Accommodations Checksheet will provide a written record of accommodations required by that individual
  - Either place the Checksheet in a prominent place in the patient's permanent medical record or use an equally effective method that is

integrated with office workflow such as tabs, colored labels, flags in medical records, appointment notation systems, or other methods

3. Future and ongoing visits:

When a patient schedules a return visit, the appointment scheduler will alert the person in charge of arranging accommodations immediately so s/he can determine with the patient what accommodation, if any, will be required for that appointment. If an accommodation is needed, the responsible person will make every effort to make arrangements in advance of the patient's appointment.

**PROCEDURE 2C: Accommodating People with Communication, Intellectual or Developmental Disabilities**

People who have communication, intellectual or developmental disabilities may require a variety of accommodations. In addition to those discussed for people with other disabilities, these can include flexible appointment times and longer medical visits in order to ensure that sufficient time for communication and discussion with the medical professional.

In order to ensure that the practice accommodates patients who have communication, intellectual or developmental disabilities:

1. Reception or scheduling staff shall take the following steps if a person identifies that she or he has a disability and requires an accommodation:
  - Inquire what, if any specific accommodations the person might require
  - If the patient identifies a specific accommodation such as extended appointment time, inform the staff person in charge of arranging accommodations who will:
    - Determine if that accommodation request can be met under ADA requirements
    - Either arrange for the accommodation to be provided or if the requested accommodation cannot be provided, identify an equally effective alternative that can be provided
    - Contact the San Francisco Health Plan for assistance if needed in determining how to acquire the accommodation or provide another equally effective accommodation
  - Send the person the Accommodations Checksheet to be completed before the first office visit

2. Upon arrival for the first visit, the receptionist or other appropriate staff person will:
  - Make sure the person either has completed and returned the Accommodations Checksheet or completes or receives needed assistance with appropriate privacy to complete it. The Accommodations Checksheet will provide a written record of accommodations required by that individual
  - Either place the Checksheet in a prominent place in the patient's permanent medical record or use an equally effective method that is integrated with office workflow such as tabs, colored labels, flags in medical records, appointment notation systems, or other methods
3. Future and ongoing visits:

When a patient schedules a return visit, the appointment scheduler will alert the person in charge of arranging accommodations immediately so s/he can determine with the patient what accommodation, if any, will be required for that appointment. If an accommodation is needed, the responsible person will make every effort to make arrangements in advance of the patient's appointment.

***PROCEDURE 2D: Effective Communication with People who are Deaf or Hard-of-Hearing***

People who are deaf or hard-of hearing who seek or use the services of the practice might use specific communication devices or services such as the California Relay Service, a TTY telephone communication device, or electronic communication methods such as email in order to make appointments or communicate with office staff. They might also require accommodations such as Qualified Sign Language interpreters who are versed in medical terminology, assistive listening devices or exchange of written notes to ensure effective communication with medical providers and staff during office visits. (See Resource Guide, Part B, ADA Questions and Answers for Health Care Providers – Auxiliary Aids and Services, for information on communication methods used by many people who are deaf or hard-of hearing and situations where Sign Language interpreters may be required.) The type of accommodation required for effective communication will vary depending on the level of complexity of the information being exchanged, and the patient's level of English language proficiency.

In order to ensure that (name of the practice) provides appropriate and effective care to new patients who are deaf or hard-of-hearing:

1. Reception or scheduling staff shall take the following steps if a patient identifies that she or he is deaf or hard-of-hearing when scheduling the first appointment:
  - Inquire what method enables effective communication with the doctor or other medical professional during the upcoming visit
  - If the patient identifies a specific, preferred method of communication, inform the staff person in charge of arranging accommodations who will:
    - Determine if that accommodation request can be met and meets ADA requirements for effective communication
    - Either arrange for the accommodation to be available, or if the requested accommodation cannot be provided, work with the patient to identify an equally effective alternative that can be provided
    - Contact the San Francisco Health Plan for assistance in determining how to acquire the accommodation or otherwise provide an effective method of communication for the individual
  - Send the person the Accommodations Checksheet to be completed before the first office visit
2. Upon arrival for the first visit, the receptionist or other appropriate staff person shall:
  - Make sure the person either has completed and returned the Accommodations Checksheet, or completes or receives needed assistance with appropriate privacy to complete it. The Accommodations Checksheet will provide a written record of accommodations required by that individual
  - Either place the Checksheet in a prominent place in the patient's permanent medical record or use an equally effective method that is integrated with office workflow such as tabs, colored labels, flags in medical records, appointment notation systems, or other methods
3. Future and ongoing visits:

When a patient schedules a return visit, the appointment scheduler will alert the person in charge of arranging accommodations immediately so s/he can determine with the patient what accommodation, if any, will be

required for that appointment. If an accommodation is needed, the responsible person will make every effort to make arrangements in advance of the patient's appointment.

### **POLICY # 3: Standard Patient Information Materials Produced in Alternative Formats**

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Management will arrange to produce and make available standard patient information materials (such as a description of the practice) that are routinely provided to those making inquiries about the practice and by new patients, in formats that are accessible to people who are blind or have visual impairments including but not limited to large print, electronic and audio formats and in Braille. Management will also provide other materials in alternatives to print formats as required by individual patients in accordance with the requirements of the Americans with Disabilities Act (ADA).

#### ***PROCEDURE 3A: Effective Communication with People Who Are Blind or Who Have a Visual Impairment***

People who are blind or who have visual impairments require access to print materials in various forms that are accessible to them such as large print, electronic formats, audio recordings or Braille. Under some circumstances, qualified readers can read the information to the individual.

In order to ensure that (name of the practice) provides access to print for people who are blind or have visual impairments:

1. Reception or scheduling staff shall take the following steps if a person identifies that she or he is blind or has a visual impairment when scheduling the first appointment:
  - Inquire what method of access to print information is most effective for the individual
  - If the patient identifies a specific preferred method, such as large print or electronic or audio formats, inform the staff person in charge of arranging accommodations who will arrange for the accommodation to be available
  - Send the person the Accommodations Checksheet electronically or in that individual's preferred format to be completed before the first office visit

2. Upon arrival for the first visit, the receptionist or other appropriate staff person shall:
  - Make sure the person either has completed and returned the Accommodations Checksheet, or completes or receives needed assistance with appropriate privacy to complete it before the appointment. The Accommodations Checksheet will provide a written record of accommodations required by that individual
  - Either place the Checksheet in a prominent place in the patient's permanent medical record or use an equally effective method that is integrated with office workflow such as tabs, colored labels, flags in medical records, appointment notation systems, or other methods
3. Future and ongoing visits:

When a patient schedules a return visit, the appointment scheduler will alert the person in charge of arranging accommodations at least three days before the visit, if possible, to determine with the patient what accommodation, if any, will be required for that appointment. If an accommodation is needed, make arrangements for it to be provided.

#### **POLICY # 4: Disability Awareness Staff Training**

Management shall ensure that all staff, including new staff receive basic disability awareness and Americans with Disabilities Act (ADA) training; an orientation to the policies and procedures for accommodating patients with disabilities; and methods by which seniors and people with disabilities may file a grievance internally and/or with the San Francisco Health Plan.

(Participation in disability awareness and ADA training offered by the San Francisco Health Plan is one method to meet the basic training requirement.)

#### **POLICY # 5: Accommodations for Seniors and People with Disabilities Checksheet**

The (name of practice) will determine if seniors and people with disabilities require accommodations by ensuring that a completed Accommodations Checksheet (See Resource Guide, Part D for a copy of the Checksheet) either is

included in a visible, permanent location in their medical records or is otherwise integrated with office workflow using methods such as, but not limited to tabs, colored labels, flags in medical records, and appointment notation systems.

Information about accommodation needs may be supplied directly by the patient wherever possible, but may also be obtained through the patient's designated personal assistant, patient's caregiver or other designated person, or with the assistance of medical office staff.

Staff will make sure the person either has completed and returned the Accommodations Checksheet, or completes or receives needed assistance with appropriate privacy to complete it before the appointment. The Accommodations Checksheet will provide a written record of accommodations required by that individual.

### **POLICY # 6: Grievance Policy**

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Management shall ensure that grievance procedures are available to people with disabilities and that disputes concerning the provision of accommodations, including but not limited to auxiliary aids and services, modification of policies and practices, and other physical accessibility issues, may be brought to the attention of the practice through the procedure. The practice will take reasonable steps to ensure that all patients, including patients with communication disabilities, are informed of this grievance policy.

Grievances can also be directed to SFHP. Members should be encouraged to call SFHP Member Services at 415-547-7800 to file a grievance at any time.

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