MODERNIZING HEALTH CARE TO IMPROVE PHYSICAL ACCESSIBILITY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

RESOURCES INVENTORY

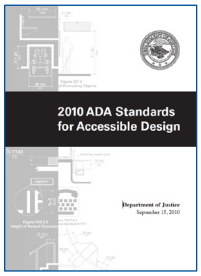
Many Americans live with disabilities—whether congenital or acquired during the course of life. Approximately 20 percent of U.S. adults report having at least one disability; mobility-related disabilities are the most common (13 percent).[1] The prevalence of disability is highest among older age groups. Approximately 11 percent of people between the ages of 21 and 64 years report having a disability. That figure increases to 25 percent among people ages 65 to 74 and to 49 percent among people ages 75 and older.[2] As more "baby boomers" (the generation born between 1946 and 1964) become older adults, and people more frequently survive injuries and illnesses or chronic health conditions, the number of Americans with disabilities will continue to grow.[3]

Adults with disabilities are almost twice as likely as those without disabilities to report unmet health care needs due to problems with the accessibility of a doctor's office or clinic.[4] Many individuals with mobility disabilities face difficulties locating or otherwise traveling a burdensome distance to physically accessible services.[5] Progress has been made to improve physical accessibility of health care facilities, particularly with accessing exterior and public interior spaces of medical buildings (e.g., ramps, automatic doors, and parking spaces for people with disabilities). However, patients with disabilities continue to encounter barriers inside provider offices.[6,7,8,9] A lack of physically accessible diagnostic equipment, examination spaces, and restrooms contributes to disparities that people with disabilities experience.[10,11]

The resources in this inventory include guidance on how to increase physical accessibility of medical services, tools to assess your practice or facility's accessibility for individuals with disabilities, and tips and training materials to support efforts to reduce barriers and improve quality of care. This document is intended to provide recommendations on how to improve accessibility in order to improve quality of care for patients with disabilities. The Centers for Medicare & Medicaid Services (CMS) does not intend, in providing these resources, to provide legal advice or to take a position on whether and to what extent federal, state, or local law requires health care facilities and providers to undertake the measures discussed in these resource documents. The sole purpose of the resource list is to provide information that may help you to improve the physical accessibility of programs and facilities.

FEDERAL STANDARDS AND OTHER GUIDANCE ON PHYSICAL ACCESSIBILITY

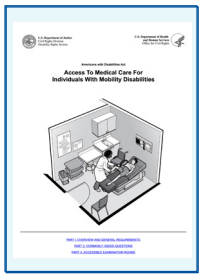
This section provides information on Federal standards and other guidance related to the Americans with Disabilities Act (ADA). These documents include fact sheets and other resources that highlight different ADA requirements, including general overviews of the 2010 ADA Standards for Accessible Design, as well as information on specific elements of accessibility, such as medical examination tables, chairs, and parking lots.



2010 ADA STANDARDS FOR ACCESSIBLE DESIGN

U.S. Department of Justice

The 2010 ADA Standards for Accessible Design set minimum requirements for newly designed and constructed or altered State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities.

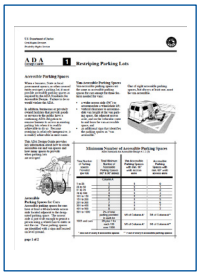


ACCESS TO MEDICAL CARE FOR INDIVIDUALS WITH MOBILITY DISABILITIES

U.S. Department of Justice, Civil Rights Division, Disability Rights Section and U.S. Department of Health and Human Services, Office for Civil Rights

This resource provides information on ways that health care facilities can meet their legal obligations.

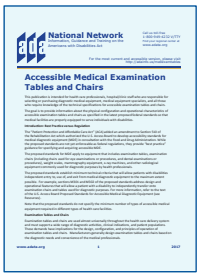
It includes an overview of general ADA requirements, commonly asked questions, and illustrated examples of accessible facilities, examination rooms, and medical equipment. This document also clearly describes the types of medical facilities covered under Title II and Title III regulations.



ADA DESIGN GUIDE: RESTRIPING PARKING LOTS

U.S. Department of Justice, Civil Rights Division, Disability Rights Section

This design guide from the U.S. Department of Justice provides details about parking lot restriping requirements for businesses, states or local government agencies, and other covered entities. It provides important information about the minimum number of accessible parking spaces required when parking lots are restriped, and details on how to create accessible spaces for both cars and vans.



ACCESSIBLE MEDICAL EXAMINATION TABLES AND CHAIRS

Northwest ADA Center

This fact sheet provides information about the physical configuration and operational characteristics of accessible medical examination tables and chairs. It provides navigation for selecting or purchasing diagnostic medical equipment to ensure that medical facilities are better able to serve individuals with disabilities.

OPENING DOORS TO EVERYONE

Northwest ADA Center

This fact sheet provides details about door accessibility requirements and common door accessibility issues. It describes elements of accessible doors such as hardware, thresholds, maneuvering space, closing speed, and more.

ASSESSMENT TOOLS

These tools describe in varying levels of detail how to identify barriers to access and improve accessibility for people with disabilities. In addition to using these tools, consulting with experts and gathering input directly from patients with disabilities may help identify additional barriers and needs.

ACCESSIBILITY CHECKLIST FOR MEDICAL CLINICS AND FACILITIES IN IDAHO

2010 ADA STANDARDS FOR ACCESSIBLE DESIGN

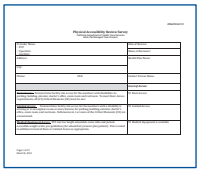
NOVEMBER 2015

Northwest ADA Center

ACCESSIBILITY CHECKLIST FOR MEDICAL CLINICS AND FACILITIES IN IDAHO

Northwest ADA Center

This checklist helps to identify barriers that individuals with visual impairments and physical disabilities may encounter in medical clinics and facilities. Providers and medical clinic staff may use this checklist to survey an entire facility or focus on specific areas and elements as part of the planning process for removal of barriers. The Northwest ADA Center has also published an accessibility checklist for medical clinics and facilities in Oregon based on the Oregon State Building Code. Both checklists include guidance on how to perform an accessibility survey.



PHYSICAL ACCESSIBILITY REVIEW SURVEY

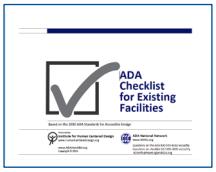
California Department of Health Care Services, Medi-Cal Managed Care Division

This survey evaluates access issues in six areas: parking, building exterior, building interior, restrooms, exam rooms, and exam tables and scales. It includes descriptions and illustrations of various physical and visual accessibility criteria. For example, the evaluation looks at not only the existence of accessible parking spaces but also the number, location, and design of the parking spaces to determine whether they meet criteria. California requires all Medicaid health plans to conduct a site review of each of primary care provider's site to evaluate accessibility using this standardized survey. This survey may serve as a source of ideas for improving accessibility. It is ***not*** designed to identify problems that violate ***federal*** disability rights standards.

OUTPATIENT HEALTH CARE USABILITY PROFILE

Oregon Health & Science University RRTC: Health & Wellness

The Outpatient Health Care Usability Profile (OHCUP) helps measure the usability of health clinics by people with disabilities. It contains three parts, starting with a section on patient arrival, followed by a section on public facilities, and lastly a section on examination rooms and access to primary services. This tool allows users to calculate an overall score as well as scores for usability by people with mobility, sensory, and cognitive disabilities.



ADA CHECKLIST FOR EXISTING FACILITIES

New England ADA Center

This checklist, produced by the Institute for Human Centered Design for the New England ADA Center in 2016, helps identify potential physical barriers that may hinder access to a building, services, bathrooms, and additional features such as drinking fountains. The introduction section includes steps for using the checklist, which may be particularly helpful for those just starting the evaluation process. The checklist also includes suggestions for possible solutions to a variety of identified barriers. This checklist is not specific to health care facilities, but it is relevant for those medical entities covered under Title II and III of the ADA.

DISABILITY-COMPETENT CARE SELF-ASSESSMENT TOOL (DCCAT)

Resources for Integrated Care

This self-assessment tool is designed for health plans and health systems to assess their ability to meet the needs of individuals with disabilities and identify specific areas for improvement. The DCCAT assesses seven functional areas ("pillars") of the Disability-Competent Care (DCC) model, which include understanding the DCC model and disabilities, participant engagement, access, primary care, care coordination, long-term services and support, and behavioral health. The DCCAT also includes an interactive scoring worksheet to determine areas for improvement in each of the pillars.

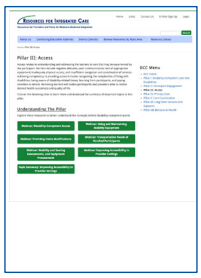
DISABILITY COMPETENT CARE ASSESSMENT TOOL

Accountable Care Collaborative, Colorado Department of Health Care Policy and Financing

The Accountable Care Collaborative within the Colorado Department of Health Care Policy and Financing developed a disability competent care assessment tool for primary care medical providers in Colorado. This assessment tool is based on three other tools: The CMS Disability-Competent Care Self-Assessment Tool, the California Physical Accessibility Review Survey (PARS), and the ADA Checklist for Readily Achievable Barrier Removal. It focuses on three pillars—communication access, programmatic access, and physical access—and allows both primary care medical providers and regional care collaborative organizations a way to assess a practice's ability to serve clients with disabilities.

TIPS AND RESOURCES TO SUPPORT IMPROVEMENTS

Materials in this section include tips, trainings, and other resources to support efforts to decrease health care barriers. Topics covered include facility adjustments, equipment/infrastructure upgrades, policy and procedure changes, and staff training.



DISABILITY COMPETENT CARE–PILLAR III: ACCESS

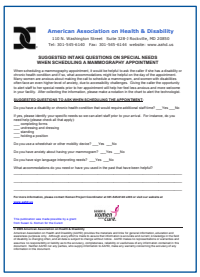
Resources for Integrated Care

The Resources for Integrated Care website includes several webinars on access, the third pillar of the Disability Competent Care model. The series includes webinars on overall disability-competent access, improving accessibility in provider settings, providing home modifications, mobility and seating assessments, equipment procurement, using and maintaining equipment, and transportation needs. Continuing education credits may be available for DCC access webinars; please visit https://www.resourcesforintegratedcare.com/ for more details.

TIPS FOR WEIGHING PATIENTS USING AN ACCESSIBLE SCALE

Harris Family Center for Disability and Health Policy

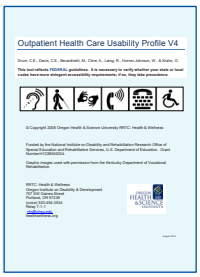
This two-page document provides tips about how to weigh individuals with an accessible scale. It begins with a description of which patients should use an accessible scale, followed by instructions on how to weigh wheelchair users and others with limited mobility.



SUGGESTED INTAKE QUESTIONS ON SPECIAL NEEDS WHEN SCHEDULING A MAMMOGRAPHY APPOINTMENT

American Association on Health and Disability

This document provides a number of possible questions for administrative staff to consider when scheduling a mammography appointment. As noted in the document, many women, particularly those with disabilities, experience anxiety about having mammograms. Developing intake questions that capture patient needs for accommodations can help improve access to and quality of care.



ACCESSIBLE HEALTH CARE BRIEFS

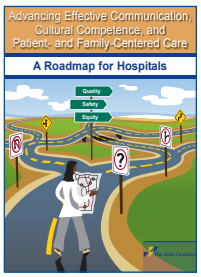
Western University of Health Sciences, Center for Disabilities Issues and the Health Professions

The Center for Disabilities and the Health Professions developed a series of briefs to educate managed care organizations, health care professionals, community organizations, advocates, and people with disabilities. This series includes discussions, examples, illustrations, and resource information for improving physical access to health care services, programs, and products. Titles include: Tools for Decreasing Health Care Barriers; Importance of Accessible Tables, Chairs, and Weight Scales; Choosing and Negotiating an Accessible Facility Location; Improving Accessibility with Limited Resources; Health Care Facilities Access; Providing Information in Accessible Formats; Accessible Web Site Design; ADA Resources; and Tax Incentives for Improving Accessibility.

REMOVING BARRIERS TO HEALTH CARE

The Center for Universal Design at NC State University and the North Carolina Office on Disability and Health

This booklet provides recommendations to help health care professionals ensure all patients have equal use of their facilities and services, along with illustrations to help describe certain guidelines and tips on ensuring physical accessibility of services and spaces in health care facilities. The guide includes information on how health care professionals can improve not only the physical environment, but also their personal interactions with patients with disabilities. It also reviews some of the design standards established through state and federal laws, such as the ADA.



ADVANCING EFFECTIVE COMMUNICATION, CULTURAL COMPETENCE, AND PATIENT- AND FAMILY-CENTERED CARE: A ROADMAP FOR HOSPITALS

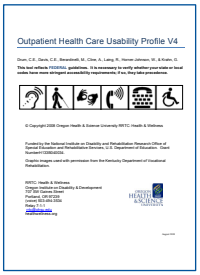
The Joint Commission

This toolkit provides recommendations and guidance for hospitals as they seek to provide high quality care and address patient needs related to communication, cultural competence, and more. It focuses on helping hospitals meet and comply with The Joint Commission requirements and Patient-Centered Communication standards. This resource includes a wealth of information for hospitals, including information about laws and regulations, examples and model policies, checklists and recommendations around readiness, and links to supplemental information.

QUALITY SERVICES FOR PEOPLE WITH DISABILITIES AND ACTIVITY LIMITATIONS

Harris Family Center for Disability and Health Policy

This online training program focuses on increasing individuals' awareness, competency, and ability to provide accessible and high quality health care services to individuals with disabilities.


Outpatient Health Care Usability Profile V4

Dean, C.E., Davis, C.E., Benedinelli, M., Cline, A., Lang, R., Horner-Johnson, W., & Krahn, G.

This tool reflects FEDERAL guidelines. It is necessary to verify whether your state or local codes have more stringent accessibility requirements; if so, they take precedence.

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CULTURAL COMPETENCY & DISABILITY TRAINING: TOOLKIT TO SERVE DIVERSE POPULATIONS

Santa Clara Family Health Plan

This toolkit developed by the Santa Clara Family Health Plan includes the following sections: (1) language barriers and providing quality care for individuals with limited English proficiency, (2) communication with seniors and people with disabilities, (3) cultural diversity, and (4) additional general resources on cultural competency.

For help with improving physical accessibility, email us at HealthEquityTA@cms.hhs.gov and visit our website: go.cms.gov/OMH.

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