

April 16, 2014

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[SENT VIA ELECTRONIC MAIL]

Re: ADA compliance and attestation in the Fully Integrated Duals Advantage (FIDA) program

Dear Mr. Banach and Mr. Kissinger:

Thank you very much for organizing the conference call on April 1, 2014, to discuss ADA compliance for managed care plans participating in New York's FIDA demonstration program with members of the Coalition to Protect the Rights of New York's Dually Eligible (CPRNYDE). FIDA implementation offers a significant opportunity to meet the health needs of disabled and elderly New Yorkers in need of long-term services and supports. Its success, however, will depend in part on the ability of plans to understand the needs and important health disparities of this population and to facilitate access to equitable health care for people with any disability—including physical, sensory, cognitive or intellectual, and psychiatric disabilities.

We appreciate the commitment of both the New York State Department of Health (DOH) and the Centers for Medicare and Medicaid Services (CMS) to seeking out and incorporating the concerns of the consumer advocacy community, drawing on the experience of advocates who work with this population on a daily basis. We welcome the opportunity to inform FIDA implementation both now and in on-going discussions with CMS and DOH.

Broadly speaking, ADA compliance for managed care plans and healthcare providers participating in FIDA must encompass a range of issues. The purpose should be to ensure program accessibility for all members, not just physical accessibility of providers' offices. Plans must be able to communicate effectively with a population that includes people who are Blind or have visual impairments, Deaf or have hearing impairments, and people with cognitive or intellectual disabilities, or psychiatric disabilities. This population may also include people with limited English proficiency and limited literacy. Additionally, plans must ensure that they contract with an adequate network of ADA-compliant providers so that plan members have full and equal access to choice in health services without discrimination based on their disabilities.

As such, we present the following recommendations for the State and CMS to consider in addressing ADA compliance and attestation in FIDA going forward; many of these recommendations were discussed on the April 1<sup>st</sup> conference call:

- DOH should establish clear standards for ADA compliance for FIDA plans, including but not limited to: standards for ADA-compliant provider networks; standards for ADA-compliant policies and procedures for plans themselves and their providers; standards for training for health plan and practitioner personnel; standards for ADA-compliant communications, including web sites; and standards for reasonable accommodations and policy modifications for prospective members and members with disabilities;
- There should be a clear requirement that plans provide a choice of provider within time and distance standards in each provider category before plans may begin enrollment of dual eligibles;
- FIDA plans must be given clear timelines to document and improve ADA compliance in consultation with consumer advocates;
- FIDA plans should facilitate meaningful access by maintaining multiple avenues of communication themselves, including:
  - Providing notices and plan materials in plain language and multiple languages;
  - Offering alternate formats including large print, taped text, digital versions and Braille for people who are Blind or have a visual impairment;
  - Utilizing VRI, text messages, real time captioning, ASL interpretation and TTY telephone capacity for people who are Deaf or have a hearing impairment; and

- Creating simplified but accurate notices and materials for members with intellectual and cognitive impairments as well as the ability to read and explain such materials and help with filling in documents;
- FIDA plans should inform beneficiaries of their rights under the ADA—with examples of disabilities and reasonable accommodations provided and an indication that these lists are nonexclusive, including their right to file grievances with the U.S. Department of Health and Human Services Office for Civil Rights. These must be provided in sufficient detail to be usable—for example identifying how to obtain a reasonable accommodation;
- In order to ensure that plans achieve and maintain adequate networks of ADA-compliant providers, DOH should engage in a multi-faceted approach. While an attestation form for providers may be useful, the ADA Attestation Form that DOH has created is inadequate. The following recommendations help ensure that the form more reliably reflects provider ADA compliance:
  - The attestation form should clearly define compliance standards, including specific measurements with illustrations where appropriate;
  - The attestation form should not be limited to issues of physical accessibility, but should also identify policies and procedures that must be in place such as flexible scheduling to accommodate those who depend on often unreliable paratransit or unexpected exacerbations of conditions, including mental health conditions or reduced waiting time for individuals whose cognitive disabilities would make a crowded waiting room over-stimulating;
  - Providers should demonstrate capacity to communicate effectively with people with a variety of conditions, including people who are Deaf or have hearing impairments and people with cognitive or intellectual disabilities;
  - Providers should demonstrate capacity to provide qualified American Sign Language interpretation, VRI, texting and TTY telephone access;
  - Detailed provider ADA compliance information should be available to both prospective members and enrollees to ensure that they can choose among available plans and appropriately access necessary care;
- DOH must ensure provider comprehension of ADA compliance standards in health care settings:
  - DOH should contract with independent living centers to provide trainings to providers and plans covering ADA compliance standards;

- DOH should ensure that the attestation form is completed by staff adequately trained in ADA compliance; and
- DOH should audit or contract with independent living centers to audit plan and provider compliance;
- Providers must complete ADA attestation forms at regular intervals to ensure continued compliance, including a section to describe changes since the previous attestation form was completed;
- Because an attestation form alone cannot ensure actual ADA compliance, DOH should implement third-party review of plans and providers;
- DOH should provide technical assistance to plans and providers seeking to improve ADA compliance or direct them to independent living centers to aid them in this way. Advice should include incentives for improved compliance and assistance with obtaining relevant tax credits;
- Both CMS and DOH should specifically monitor participant complaints about ADA compliance of plans and providers and take remedial action up to and including stopping enrollment or discontinuing the participation of plans;
- Detailed information on plan/provider compliance should be publically available, including whether or not the plan/provider is subject to any remediation plan;
- Providers should be advised of the responsibility to assist patients with disabilities (e.g., assist with transfer; have a Hoyer lift available with staff trained to use it; responsibility to provide adequate and appropriate interpretation services; to explain information and provide assistance with filling in forms or gathering documents, etc.)

Because many of our concerns at this point relate specifically to the ADA Attestation Form the State proposes using to verify ADA compliance of providers contracted with FIDA plans, we have enclosed a matrix comparing New York's proposed attestation form with forms used in various other states, including California<sup>1</sup>, Massachusetts<sup>2</sup>, and Oregon<sup>3</sup>, as well as Department of Justice Settlement

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[http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/FEB24/ADA%20Tool\\_IEHP\\_LACare\\_Health\\_Net\\_Molina.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/FEB24/ADA%20Tool_IEHP_LACare_Health_Net_Molina.pdf)

2

<https://custom.cvent.com/6B69D1BB987746C499AB0B03DF2C3D36/files/92c381189a6e48ee84e53f01fe85c598.d>

OC

<sup>3</sup> [www.rtcil.org/micl/Projects/R6/OHCUP%20Version%204.pdf](http://www.rtcil.org/micl/Projects/R6/OHCUP%20Version%204.pdf)

Agreements and negotiated Settlement Agreements<sup>4</sup> from around the country. The matrix compares the various tools across a number of areas – e.g., inclusion of instructions for completing the tool, evaluation of arrival areas, public facilities, and equipment, and whether the tools include criteria for individuals with limitations in communication, or mental health and cognitive impairments. The matrix indicates a range of responses to complex considerations in each of these areas – many of which are yet to be addressed in the tool proposed by DOH. It will take time and consideration to develop constructive solutions to measuring ADA compliance. We welcome the opportunity to work with DOH and CMS to methodically address these issues in the implementation of the FIDA program.

In comparison to other tools, New York’s proposed attestation form falls short in a number of areas. For example, it contains no instruction on how to complete the form, nor does it advise on ADA compliance standards. And, similar to many other tools, New York’s attestation form contains no measures for addressing deficits in communication or cognitive, intellectual or psychiatric disability issues. By expanding its attestation form beyond concern for physical disabilities and learning from the rich developments in the field of health care accessibility, New York has an opportunity to set the standard for other states as well.

Additionally, we believe it will be important for New York to establish a clear timeline for attaining ADA compliance. New York State should be required to share its plan for increasing compliance and report its annual progress to CMS.

CPRNYDE welcomes the opportunity to actively work with DOH and CMS to ensure that implementation of the FIDA demonstration program will fully meet the needs of a vulnerable population experiencing a range of chronic impairments. We look forward to continuing to meet and discuss with both CMS and DOH issues related to ADA compliance.

Sincerely,

The Coalition to Protect the Rights of New York’s Dually Eligible

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<sup>4</sup> <http://www.ada.gov/bidmsa.htm>

Matrix Comparing the New York ADA Attestation Form to Attestation Tools in Other States (Table 1 of 2)

\*Please note: blank cells indicate that a tool did not include provisions or questions related to a specific category.

STATE [TOOL]	INSTRUCTIONS AND TRAINING FOR COMPLETING THE TOOL	PATIENT ARRIVAL (parking lots, entrance ramps/doors, signage)	PUBLIC FACILITIES (bathrooms, dressing rooms, waiting room seating, reception counters)
NEW YORK [FIDA ADA ATTESTATION FORM]		<p>-Includes questions about the number of accessible parking spaces and references appropriate ratios.</p> <p>-Includes questions about curb ramps and pedestrian ramps at sidewalks.</p> <p>-Includes questions related to path of travel (does not require use of stairs, is stable/firm/slip-resistant, is at least 36" wide)</p> <p>-Includes two (2) questions: signage leading to accessible entrances, and signage in elevators including raised Braille lettering</p>	<p>-Includes questions about accessible routes (i.e. at least 36" wide)</p> <p>--Includes several detailed questions about public restrooms, including questions about signage, restroom doorways and doors; countertops, sinks and other fixtures (mirrors, soap dispensers, hand dryers); horizontal grab bars (but does not distinguish between standards for interior stall doors and exterior doors).</p>
Boston Medical Center Settlement Agreement	<p>-Provides that an architectural consultant will provide architectural barrier assessment of the facilities.</p>	<p>-Agreement includes provisions for clear wayfinding, including universal symbols on signage, accessible kiosks, and ambassadors at key entrances to assist individuals on arrival.</p>	<p>-Includes detailed provisions for architectural barrier removal, policies and procedures, ADA training and accessible medical equipment.</p> <p>-Includes provision for a survey report and a plan for barrier removal. Requires that for projects of less than \$1 million, plans will be reviewed internally for compliance, over \$1 million and affecting accessibility of rooms, bathrooms, waiting rooms, etc. then plans must be submitted to expert on ADA compliance and architecture.</p>
CALIFORNIA	<p>The instrument includes 55 criteria of which 25 are considered critical elements. The tool was administered by RNs employed by the Managed Care Plans. The RNs received joint training conducted by two disability consultants and a key manager from one of the plans. After the initial training the key manager conducts all subsequent training. The tool provides specific assessor guidelines for each of the evaluation criteria. Assessors are instructed to rate each provider as having Basic Access (All critical elements are met) or Limited Access (One or</p>	<p>The tool has 17 criteria including 11 critical elements pertaining to parking, exterior ramps, exterior stairways and entrances to the buildings</p> <ul style="list-style-type: none"> <li>- Includes questions and guidelines regarding number of spaces and the ratio of accessible spaces including Van Accessible spaces. It also includes appropriate dimensions of spaces and access aisles. Note NY has universal parking spaces rather than designated Van Spaces. No mention</li> </ul>	<p>The tool has 38 criteria including 14 critical elements including the following categories: Interior Circulation; Interior Doors; Interior Ramps; Interior Stairways; Elevators and Lifts; Controls (Reach Ranges); Restrooms; Reception and Waiting Areas; and Exam and Treatment Rooms. Provides detailed criteria and reviewer guidelines. These relate to doors, necessary clear floor space, does not provide minimal dimensions for an accessible toilet stall. Includes height adjustability standards for exam tables and the availability of an accessible</p>

	more critical elements are deficient)	<ul style="list-style-type: none"> <li>- of drop-off/loading zones</li> <li>- Includes questions and Guidelines about curb ramps and pedestrian ramps at sidewalks.</li> <li>- Includes questions related to path of travel- Exterior Ramps: Width of ramp; Level Landings on top and bottom of ramp; Length of ramps between level areas. Stairways with handrails on each side. Width of Doorways; Maneuvering clearances at door, Accessible Doorway Handles and signage regarding location of accessible entrances</li> </ul>	<p>weight scale.</p> <ul style="list-style-type: none"> <li>* Note: Tool does not address non-physical access issues including documents in an alternate accessible format; obstacles in an accessible route (protrusions and height of those protrusions) Policies regarding provision of alternate means of communication (i.e. ASL, knowledge of use of alternate telecommunications) Training regarding challenges and best practices to serve people who are developmentally disabled, have cognitive deficits, and those with serious mental health disabilities</li> </ul>
U.S. DOJ	<ul style="list-style-type: none"> <li>-Tool includes overview and general requirements, commonly asked questions, advice on obtaining training.</li> <li>-Instructions for Examination Rooms and Medical Equipment are detailed and include illustrations.</li> </ul>		
Disability Rights and Education Fund Health Provider Survey	<ul style="list-style-type: none"> <li>-Tool includes a focus on policies and procedures related to serving people with disabilities: procedures to make health services accessible for individuals who are Deaf or Hard of Hearing; Accessible Medical Equipment; Alternative Formats; Emergency Evaluation Procedures; Policies and Procedures Regarding Patient's Request for Disability Accommodations;</li> </ul>		<ul style="list-style-type: none"> <li>-Includes detailed explanation of accessible examination rooms with measurements and illustrations including entry doors, clear floor and turning space inside examination rooms, maneuvering clearance needed at the door to the room;</li> </ul>
One Care MassHealth & Medicare	<ul style="list-style-type: none"> <li>-Tool on Provider Access, Availability and ADA Assessment includes explanation of intent to have a searchable provider directory with a system of icons that identify information on a provider's ability to accommodate an individual's access to their site, equipment, communications and programmatic access.</li> <li>-Provides Accommodation indicator symbols for physical accessibility; medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>-Includes questions about the number of accessible parking spaces (with detailed list of requirements); accessible van parking with guidance indicated on measurement; designated drop-off zone; curb cuts;</li> <li>-Includes questions about exterior travel route, including curb cuts, ramps, width of route to building entrance, firm slip resistant and stable route; handrails on ramps with measurement;</li> </ul>	<ul style="list-style-type: none"> <li>-Includes questions on waiting area to accommodate a wheelchair; method by which people who are seated or of short stature can sign-in or register; chairs for those who cannot stand to register (instructions);</li> <li>-Includes questions about access for service animals with guidance about requirements;</li> <li>-Includes questions about restrooms, including: directional signage; adequate space in stall for</li> </ul>

	<p>accessibility; intellectual or cognitive disability; Blind; Deaf.</p>	<p>-Includes questions on building entrance: if not accessible—then is there directional signage to accessible entrance; do doors open automatically; space for wheelchair user to approach and open door, door handle description;</p> <p>-Includes questions on interior route with definition of requirements related to accessibility and measurements; elevator car dimensions and controls audible signals and/or Braille signage.</p>	<p>mobility device turning radius; grab bars; toilet paper dispenser; accessible sink and faucets with requirements;</p> <p>-Includes questions on exam rooms, including: entry door to exam room has an adequate width; space large enough to fit a patient, caregiver and physician with turning radius and room enough for transfer to adjustable table.</p>
<p>OREGON [OHCUP] NIDRR</p>	<p>-Tool includes detailed instructions for completion, including information on how the tool is arranged and other “tips for completing.” Instructions are listed before the tool and include information about scoring. Tool also includes FAQs about how to answer specific questions.</p> <p>-Tool includes an appendix outlining specific accessibility ratios, instructions for calculating scores.</p>	<p>-Includes questions about the number of accessible parking spaces (including vans) and references appropriate ratios.</p> <p>-Identifies the space necessary for vertical clearance of lift-equipped vans.</p> <p>-Includes question about designated passenger loading zones and access zones (detailed illustration included with tool).</p> <p>-Includes questions about curb ramps and pedestrian ramps at sidewalks.</p> <p>-Includes questions related to path of travel (does not require use of stairs, is stable/firm/slip-resistant, is at least 36” wide)</p> <p>-Includes questions about signage at alternative entrances; signage throughout facility, including ratio of sign height to height of letters used in each sign.</p> <p>-Includes question related to raised Braille and non-glare finishes used on sign at clinic entrance</p>	<p>-Includes questions about accessibility of waiting room seating and aisle space</p> <p>-Includes questions about accessible height of counters/desk at registration areas and/or reception areas</p> <p>-Includes questions about accessible routes (i.e. at least 36” wide)</p> <p>-Includes several detailed questions about public restrooms, including questions about signage, restroom doorways and doors; countertops, sinks and other fixtures (mirrors, soap dispensers, hand dryers); horizontal grab bars.</p> <p>-Includes separate sets of questions related to bathroom toilet stalls, toilet seats and toilet rooms.</p> <p>-Tool distinguishes between toilet rooms and toilet rooms where lab specimens are collected.</p>

Matrix Comparing the New York ADA Attestation Form to Attestation Tools in Other States (Table 2 of 2)

\*Please note: blank cells indicate that a tool did not include provisions or questions related to a specific category.

STATE [TOOL]	EQUIPMENT (examination rooms/tables, lifts, accessible scales, restrooms in examination areas)	MEASURES FOR ACCOMMODATIONS FOR PEOPLE WHO ARE BLIND OR DEAF (people with hearing and/or speaking trouble, people who speak different languages including ASL)	MEASURES FOR ACCOMMODATIONS OF COGNITIVE and/or INTELLECTUAL DISABILITIES or PSYCHIATRIC DISABILITIES. QUESTIONS RELATED TO ALL DISABILITIES.
NEW YORK [FIDA ADA ATTESTATION FORM]			
Boston Medical Center Settlement Agreement	<p>-Includes provision for built in lifts in 10% of rooms, lifts also required in ambulatory or treatment space, standardization of toilets to accessible height.</p> <p>-Agreement addresses furniture and equipment arrangement to ensure accessibility, door access.</p>		<p>-Agreement includes provisions for clear wayfinding, including universal symbols on signage, accessible kiosks, and ambassadors at key entrances to assist individuals on arrival.</p>
CALIFORNIA	<p>Provides Standards and Assessor Guidelines for examination tables (adjustable to a 20 inch height)</p>		
U.S. DOJ	<p>-Includes information and illustrations on accessible medical diagnostic equipment, including adjustable height examination tables and chairs, including measurements and procedures for staff, transfer techniques, using patient lifts, portable lifts, overhead track lifts, freestanding overhead lifts, use of stretchers and gurneys, radiologic equipment, mammography equipment, weight scales, staff training.</p> <p>-Includes provision for adjustable exam tables.</p> <p>-Reception desks must be ADA accessible and staffed.</p>		<p>-Includes detailed policies on training, including training for anyone with patient contact. Training is specific to the responsibilities of the persons being trained. Requires provider to retain an Access Policy Consultant to review policies and procedures and develop training. --- There has to be a complete review of all policies and procedures with input from the Center for Independent Living.</p>
Disability Rights and Education Fund Health Provider Survey	<p>-The survey instrument is accompanied by a guide with clear definitions related to physical, communications and programmatic accessibility. It points out that examples of reasonable accommodations given are just that—examples and not an exclusive list.</p> <p>-Includes detailed questions concerning accessible medical equipment, including</p>	<p>-Includes questions on accommodations for people who are Deaf: TTY Machine; staff familiarity with Relay Service Calls; Allow individuals to communicate through email; capacity to send individuals text messages for appointment reminders and administrative matters; provide qualified Sign Language Interpreters or Real Time Captioners during</p>	<p>-Includes questions about policies and procedures regarding patient’s request for disability accommodations: extended appointment times; flexible appointment scheduling; assistance in filling out paperwork including reading and writing information; -Includes questions on written policies on service and support animals to accompany</p>

	<p>adjustable exam table (height given); lift to assist with transfers; lifting team or trained lifters for a variety of equipment; information on where to send a patient for diagnostic scans using accessible machines; wheelchair accessible weight scales. Includes photographs and detailed descriptions.</p> <p>-Includes questions about provision of assistance with dressing, undressing, using the restroom, lifting and positioning on the exam table; scheduling a room with a height adjustable exam table for individuals who have difficulty getting on an exam table; assistance with scheduling transportation.</p> <p>-Independent living center will comment on survey tool that includes survey of accessible medical equipment. Provider agrees to spend \$12 million on new equipment and other capital improvements.</p> <p>-Provider is required to report on progress to the independent living center.</p> <p>-Includes detailed summary of complaints related to architectural barriers, policies and procedures, accessibility of equipment.</p>	<p>appointments; provide assistive listening devices.</p> <p>-Includes questions on accommodations for people who are Blind: capacity to provide forms, medical information, instructions, other healthcare-related material for individuals who have vision impairments in formats other than standard print (e.g. CD, Braille, enlarged print) either as general practice or on request; accessible web site;</p> <p>-Includes questions on written policies on service and support animals to accompany individuals during an appointment;</p> <p>-Includes detailed “Accessible Communication for Individuals who are Deaf or Hard of Hearing” including defining assistive listening devices and giving examples of how they work and are used; real time Captioners—how these work and who uses them; sign language interpreters; TTY including TTY etiquette and a sample conversation, relay services with numbers to call, instructions on setting up a call, text messaging and email communications.</p> <p>-Includes details on alternate formats including audio formats, Braille, text-only electronic formats, large print.</p>	<p>individuals during an appointment;</p> <p>-Includes question about questions on accommodations asked during appointment scheduling or intake conversations;</p> <p>-Includes questions about office notes in patient charts about disability accommodations required.</p> <p>-Questions about staff training on: disabilities; legal requirements of the ADA; disability literacy and competency; how to use accessible medical diagnostic equipment; TTY and Relay; assistive listening devices; sign language interpreter scheduling; real time captioning; document requests for accommodation; other.</p> <p>-Questions on awareness of tax credits to offset cost of purchasing accessible medical equipment, communication devices and providing sign language interpreters.</p> <p>-Includes definition of service and support animals: guide dogs, mobility dogs, hearing alert animals, medical alert/medical response animals, emotional support animals/psychiatric service animals. Describes etiquette of working with someone who has a service animal. Addresses issue of access to health facilities for service animals.</p> <p>-Describes staff disability training including: ADA; disability awareness, use of accessible equipment and communication devices, how patients can request accommodations and procedures for documenting requests, emergency evacuation procedures, assistance available.</p> <p>-Describes tax credits available, including contact information.</p>
<p>One Care (includes Commonwealth Care Alliance)</p>	<p>-Includes questions with guidance on equipment including weight scales with platforms to accommodate people in wheelchairs/those who cannot stand without assistance; adjustable-height exam table, transfer board, portable lift, stretcher/gurney; staff trained to help with transfer to medical</p>	<p>-Tool asks whether medical interpretation services are provided for American Sign Language and whether translation/language line services are available; whether ASL is spoken by the provider;</p> <p>-Tool asks about accommodations for people who are Blind or visually impaired including:</p>	<p>-Includes questions about access to public transportation services: commuter rail; subway; bus; walking distance to transportation;</p> <p>-Includes questions about alternative appointment scheduling for those who need extra time, provision of extended hours, home visits.</p>

	equipment; specialized diagnostic equipment including x-ray, ultrasound, mammography and gynecological tables.	printed materials available in Braille, large print, taped text, digital versions, optical recognition software and training for staff on these services. -Includes questions about accommodations for Deaf or hard of hearing regarding effective communication including: qualified ASL interpreters, written notes, computer aided real time transcription, video relay services, assistive listening devices, closed caption decoders, access to TTY/TDD.	-Includes questions about accommodation of people with learning, intellectual and/or cognitive disabilities, including staff training, effective communication techniques, audiotape, availability of an employee to assist in completion of documents.
OREGON [OHCUP]	-Includes questions related to availability of height-adjustable exam tables and lift or transfer devices in exam rooms	-Includes question about whether signage at facility entrance features raised Braille and glare-free finish -Includes questions about when pictograms or symbols are used on signs (i.e. to identify restrooms) and when Braille/raised lettering is included below those symbols	*NOTE: Some tools lack measures for accommodations of cognitive and/or intellectual disabilities, learning disabilities and psychiatric disabilities. Tools should include questions about availability of longer appointments for individuals who require additional time to communicate, about flexible scheduling for individuals who rely on paratransit or who disabilities include fatigue at certain times of the day, and reminder calls are made to those whose disabilities require that they receive appointment reminders.
MISC. Sources - ACCESS Board; - Wellpoint Settlement Agreement; - Other Settlement Agreements - NYS DDPC Report on Strategies for successful medical and dental office visits.	-The Access Board is a federal agency that has approved accessibility standards for medical diagnostic equipment, including examination tables and chairs, weight scales, radiological equipment, and mammography equipment under the "Patient Protection and Affordable Care Act." -DOJ settlements with medical facilities concerning medical equipment have required purchase of accessible medical equipment, such as adjustable exam tables and Hoyer lifts;	-Wellpoint Accessible Information Agreement includes specific provisions related to website accessibility, including: web content accessibility guidelines; CAPTCHA; accessible PDFs; third party content; website accessibility policy standard and protocols for testing and measuring; -Wellpoint Alternative Format for Print information includes specific provisions to be included in a policy on alternate formats, information and assistance by staff, flagging of member records to indicate that alternate formats are needed; -Wellpoint includes an Accessibility information page with specific information for users on access standards, usability tips, types of documents made available in alternate formats and standards used, process for members requesting them, method for contacting	-Wellpoint includes information on training of telephone customer service staff on: techniques for reading documents to people with vision impairments; alternate format policies and procedures including procedures for processing requests and informing members about the availability of alternative formats and the policy, handling of complaints, routing of calls concerning accessibility. -DOJ settlement agreements include training for staff on communication with people who are Deaf or hearing impaired; the focus of the training is on identification of communication needs and preferences and on securing interpreter services promptly. -DOJ settlement agreements have included requirements to enact non-discrimination policies and procedures that specify how people with disabilities will be accommodated,

		<p>Wellpoint about accessibility concerns;</p> <ul style="list-style-type: none"> <li>-18 DOJ settlement agreements regarding auxiliary aids in health care settings have addressed: nature, length and importance of issue; individual's skills and knowledge; health status or changes to health status; request for interpreter through VRI or on-site interpreter, foreseeable health care activities; availability of auxiliary aid services at different times.</li> <li>-DOJ settlement agreements describe in detail when an ASL interpreter must be available, including patient's condition, need for informed consent or treatment permission, communication about diagnosis or prognosis, procedures and medications explained, explanation of follow-up treatments, etc.</li> <li>-DOJ settlement agreements describe notices required for the community regarding interpreters and TTY;</li> </ul>	<ul style="list-style-type: none"> <li>including when scheduling an appointment asking whether assistance will be required.</li> <li>-DOJ settlement agreements include staff training on the ADA and disability sensitivity, operation of equipment, techniques for assisting with transfers.</li> <li>-Kaiser settlement agreement included requirement to hire an Access Coordinator charged with developing policies and procedures and oversight of a complaint system related to accessibility.</li> <li>-UCSF settlement agreement included appointment of an internal ADA oversight committee and a commitment to evaluate <u>all</u> existing policies and procedures related to the services, treatment and care provided to patients with disabilities and to determine whether any new policies are needed.</li> <li>-NYS DDPC report includes recommendations regarding training for providers and staff, short wait times, speaking directly to individual, preparing ahead to minimize waiting time in office.</li> </ul>
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