

The **Coordinated Care Initiative (CCI)** is an effort by California and the federal government to integrate the delivery of medical, behavioral, and long-term services and supports for persons eligible for both Medicare and Medi-Cal (i.e., dual eligibles). Many of these individuals are living with disabilities, and have a right to accessible health care facilities or other assistance accessing services.

Providers are required to make their facilities accessible to people with disabilities under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Additionally, providers must make other accommodations to ensure health services are accessible and that they can communicate effectively with their patients.

## ACCESSIBILITY REQUIREMENTS

Under federal and state law, medical care providers must provide individuals with disabilities:

- 1 Full and equal access to their health care services and facilities;
- 2 Reasonable modifications to policies, practices, and procedures when necessary to make health care services accessible; and
- 3 Effective communication, including auxiliary aids and services, such as the provision of sign language interpreters or written materials in alternative formats.

---

## PHYSICAL ACCESS

Providers must make their facilities, as well as their medical equipment, and exam rooms, accessible. The law requires the development and maintenance of accessible paths of travel, elevators, ramps, doors that open easily, reachable light switches, accessible bathrooms, accessible parking and signage that can be used by individuals who are blind or have low vision.

Additionally, health care providers must provide accessible equipment, such as exam tables and diagnostic equipment, and use a lift or trained staff as necessary to ensure equal access to medical examinations and tests. Office staff must also schedule the use of accessible rooms, equipment, and trained staff to ensure availability as needed.

---

## REASONABLE MODIFICATIONS

The ADA provides protection from discrimination for people with all types of disabilities, including people with physical, cognitive, communication and mental health disabilities. Health care providers must make “reasonable modifications in policies, practices and procedures” when necessary to avoid discrimination on the basis of disability, unless the provider can demonstrate that making the modification would “fundamentally alter the nature of the service, program or activity.”

Some examples of reasonable modifications health care providers may need to make to accommodate people with disabilities include:

- Taking extra time to explain a procedure to a patient who has a cognitive disability and might have difficulty understanding;
- Scheduling an appointment at a specific time to accommodate a patient with an anxiety disorder who has difficulty waiting in a crowded waiting room; or
- Allowing patients to be accompanied by service dogs.

## EFFECTIVE COMMUNICATION

Under the ADA, health care providers must provide effective communication for patients, family members, and visitors who are blind, visually impaired, deaf, or hard of hearing. Since people who are blind or visually impaired or deaf or hard of hearing use a variety of ways to communicate, the method that the health care provider must provide will vary depending on the abilities of the individual, his or her preferences for communication, and the complexity, importance, and nature of the communications required.

Communication methods patients may request will vary by their needs and preferences:

**1 Assistance for the Blind or Visually Impaired:** Readers, taped texts, Braille materials, buying or modifying equipment, assistance with filling out forms.

**2 Assistance for the Deaf or Hard of Hearing:** Qualified sign language interpreters, assistive listening devices, note takers, written materials, television decoders, closed caption decoders, and real-time captioning.

Whatever method is used, the person's privacy and independence must be respected.

**Note:** A health care provider cannot require individuals who are blind, visually impaired, deaf, or hard of hearing to bring someone with them to interpret or facilitate communication, and generally cannot rely on a companion to interpret or facilitate communication. A health care provider cannot charge patients for providing sign language interpreter services or alternative formats. Cal MediConnect plans and Medi-Cal plans will provide sign language interpreter services for members of the plan.

---

## PROCEDURES FOR PROVIDING ACCOMMODATIONS

Health care providers must:

- Ensure that individuals are informed of their right to request accommodations;
- Provide individuals with information about the process for requesting accommodations; and
- Provide individuals with information about filing complaints about accommodations with the managed care plan if the provider is in a managed care network, and filing complaints with other entities that oversee disability access laws in the health care context.

There are many tools that can help you assess the accessibility of your office, exam rooms, equipment and communication. For example, see the U.S. Department of Justice publication "**Access To Medical Care For Individuals With Mobility Disabilities**". In addition, Cal MediConnect plans and Medi-Cal plans have trained clinical staff who survey all primary care and some specialty care offices and make recommendations about how to improve accessibility. Contact your Cal MediConnect or Medi-Cal plan for more information.

- 
- See the Harris Family Center for Disability and Health Policy's training program at <http://www.hfcdhp.org/training/>; See also [http://www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm)
  - More information about physical access requirements is available at: 28 C.F.R. § 35.151 (Title II); 28 C.F.R. Part 36, Subpart D (Title III). Regulations available at: <http://www.ada.gov/reg2.html> and <http://www.ada.gov/reg3a.html>; Cal.Gov't. Code §§ 4450 et seq. See also, <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2010/PL10-016.pdf>; <http://www.ada.gov/rachek.pdf>
  - [http://www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm#accessmedequip](http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm#accessmedequip)
  - More information is available at <http://www.afb.org/info/programs-and-services/public-policy-center/ada-checklist-health-care-facilities-and-service-providers/125>; <http://www.ada.gov/hospcombr.htm>.
  - See, e.g., U.S. Department of Health and Human Services Office of Civil Rights (OCR) [www.hhs.gov/ocr/civilrights/complaints](http://www.hhs.gov/ocr/civilrights/complaints); United States Department of Justice (DOJ), [www.askDOJ@usdoj.gov](mailto:www.askDOJ@usdoj.gov); California Department of Social Services (CDSS) Civil Rights Bureau (CRB), [www.dss.cahwnet.gov/cdssweb/PG49.htm](http://www.dss.cahwnet.gov/cdssweb/PG49.htm); California Department of Managed Care, <http://www.dmhc.ca.gov/>.