

2018 Provider Directory Survey: Supplemental Disability and Language Access Requirements

New Federal CFR requires Medicaid managed care plans (CCOs, MHOs, DCOs) to document provider accessibility compliance and make this information available to all members via the provider directory.

All OHP managed care contracts will have to provide detail to members on accessibility of provider offices/health service locations for all providers within the plan's directory. Survey data collected will be incorporated into the member materials and located on the managed care plan website in a readily accessible format.

This tool addresses new requirements for 2018 directories in **CFR §438.10** that include:

(vii)The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training.

(viii)Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

This tool requires provider offices to complete a standards-based self-assessment of accessibility to return to the CCO for inclusion in 2018 provider directory materials for each provider office physical location address:

Provider(s): _____

Street Address/Office Location (s): _____

I certify that the information being submitted is accurate at the time of submission.

Name of Survey Completer _____

Signature of Survey Completer _____

Date of Survey Submission _____

PLEASE RETURN TO:

Please complete each item by first marking yes or no as follows:

“YES” answer indicates “ACCESSIBLE”.

“NO” answer indicates that the item is present but is a “NON-ACCESSIBLE” element or feature in the building or facility, that is, non-compliant with requirements of the ADA Standards.

Not Applicable means the element in question is either not present at the facility so does not apply or the facility has received an exemption. [Language and communication elements A1, A2, A3, A5 and A6 are required by CMS and other federal laws and cannot be exempted.] **FOR DISCUSSION 4/19__SOME FELT SHOULD BE REMOVED AS A CHOICE SINCE THIS DOESN'T MATTER TO MEMBER –EITHER MEET OR DON'T**

DEFINITIONS

Assistive Listening Devices: Help participants who are hard of hearing by making the voice or sound louder. They reduce background noise, make the voice clearer and easier to understand.

Communication Access: Means providing content in ways that are understandable and useable by people with reduced or no ability to: See, hear, read, learn, move, speak, remember and understand.

Computer Assisted Real Time Transcription (CART): A service similar to court reporting in which a transcriber types what is being said into a computer that projects the words onto a screen. This service, which can be provided on-site or remotely, is particularly useful for people who are deaf or have hearing loss but do not use sign language.

Mobility Aids: Cane, crutch, walker, mobility scooter, wheelchair.

Positioning Aids: Pillows, wedges, protective padding, positioning straps, Velcro, side rails, knee crutches

Readily accessible: Readily accessible per CFR 438.10 means electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.

Signed Films and Videos: include spoken words translated to sign language using live on-screen interpretation.

Speech-to-Speech: Relay services that provide Communications Assistants (CAs) for people with speech disabilities, including those who use speech generating devices, who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained participants familiar with many different speech patterns. The CA makes the call and repeats the words exactly.

Telecommunication and Phone: Includes but are not limited to, e-mail, instant messaging, short message service, TTY.

Telecommunications Relay Services: A free nationwide service, reached by calling 7-1-1, uses communications assistants (also called CAs or relay operators) who serve as intermediaries between people who have hearing or speech disabilities who use a text telephone (TTY) or text messaging and people who use standard voice telephones. The communications assistant tells the telephone user what the other party is typing and types to tell the other party what the telephone user is saying. TRS also provides speech-to-speech transliteration for callers who have speech disabilities.

Video relay service (VRS): A free, subscriber-based service for people who use sign language and have videophones, smart phones, or computers with video communication capabilities. For outgoing calls, the subscriber contacts the VRS interpreter, who places the call and serves as an intermediary between the subscriber and a person who uses a standard voice telephone. The interpreter tells the telephone user what the subscriber is signing and signs to the subscriber what the telephone user is saying.

A.	Language & Communication Access: We have a clear process and staff know how to schedule, provide and/or arrange for (in a timely way):	Yes	NO
A.1.	Qualified or Certified American Sign language interpreters		
A.2.	Qualified or Certified oral interpreters in the member's preferred language (any language)		
A.3.	Auxiliary aids and services for all members with disabilities are made available upon request and at no cost to the member. Examples: Assistive Listening Devices, Computer Assisted Real Time Transcription (CART), Alternative formats, provide materials and information in: <ul style="list-style-type: none"> • Audio recordings • Braille • Large print (Size 18 font minimum per CMS) • Electronic text/disk/CD/flash drive • Closed caption video/Signed Video • Email • Text messaging • Speech-to-speech • Telecommunications Relay Services (711) or Video Relay Services (VRS) • TTY • Other member requested format 		
A.4.	We have providers with verifiable language fluency in non-English (i.e. such as clinical training in a foreign country or clinical language testing).	YES, Language of Fluency	NO
	PROVIDER NAME (as listed in provider directory)		

B.	Cultural Competency Training (required bi-annually per ORS 413.450 for licensed health professionals) for completion of OHA approved training or training approved by the licensed health professional advisory board.	YES	NO	Year Training Completed (within 2 years)
	PROVIDER NAME (as listed in provider directory)			

For more detail on Oregon Cultural Competency Training requirements and process:

https://www.oregon.gov/oha/oei/Documents/Cultural%20Competence%20CE%20Brief_FINAL.pdf

<https://www.oregon.gov/oha/oei/Pages/Cultural-Competence-Continuing-Education-Approval-Committee.aspx>

C.	For participants with mobility limitations or other disabilities, we ensure building accessibility as outlined in the following four ways (for details on specific requirements in each section per NW ADA checklist standards 3/2015). – <i>Must meet all areas within a section to be considered meeting the bolded headline area {i.e. yes}</i>	YES	NO	N/A
C.1.	Accessible Parking <ul style="list-style-type: none"> • Number of accessible spaces • Access aisles and van accessible spaces • Curb ramps 			
C.2.	Accessible Approach and Entrance (Exterior Routes) <ul style="list-style-type: none"> • Surfaces and walkways • Ramps • Door width • Door handles and thresholds • Protruding objects 			
C.3.	Access to Goods and Services (Interior Routes) <ul style="list-style-type: none"> • Doors • Aisle width, reach and turning space • Table placement and height • Ramps • Elevators • Water Fountains • ATMs • Accessible medical equipment is placed in accessible exam rooms with maneuvering space for participants using mobility aids 			
C.4.	Toilet Rooms <ul style="list-style-type: none"> • Entrance, turning space, mirrors and sinks • Pipes, floor space, faucets and dispensers • Toilets and grab bars • Stalls and single-occupant restrooms 			

D.	Equipment for participants with mobility limitations, [See Resources below]	YES	NO	N/A
D.1.	We use Exam and Procedural Tables & Chairs that: <ul style="list-style-type: none"> • Are height adjustable with a minimum of 17-19 inches from the floor to the top of the cushion? • Have extra wide cushion tops, 24 inches or greater to accommodate larger participants • Have higher weight capacities, 400 lbs. or greater to accommodate larger participants • Have adjustable handrails and/or side rails • Have foot/leg supports than can be adjusted and locked (i.e., articulating knee crutches for table only) • Positioning aids are available and used as needed. 			
D.2.	We have Weight Scales that have: <ul style="list-style-type: none"> • Sturdy hand rails • Higher weight capacity (400-800lbs+) • Large and easy to read display (digital) • Scale platforms accommodate large power wheelchairs. • Instructions next to or attached to the weight scale on how to weigh a person using a mobility aid. 			
D.3	Lift Equipment and/or Lift Assistance: <ul style="list-style-type: none"> • We provide participants transfer assistance on and off of equipment (this includes use of lift equipment when needed) by trained staff. • Lift equipment is available to assist staff with transfers (portable, overhead, or ceiling mounted)? 			

These items are from the Oregon Health Authority commissioned **Providing Health Care for Participants with Disabilities: Competency Planning Checklists** by June Isaacson Kailes, Associate Director, Center for Disability and Health Policy, Western University of Health Sciences, Pomona, California , Adapted for Health Systems Division, Oregon Health Authority, August 2016 and correspond to **Checklist for Medical Clinics and Facilities in Oregon, 2010 ADA Standards For Accessible Design Oregon State Building Code, 3/2015**, Northwest ADA Center University of Washington, <http://nwadacenter.org/toolkit/accessibility-checklists> . Additional definitions and resources to assist in understanding and implementing standards that meet national recommendations for compliance are included in these documents.