Disability Awareness

2024

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Learning Objectives

- After completing the course, you will be able to:
  - Explain the prevalence and types of disabilities within our CalOptima Health population.
  - Identify and explain the legal requirements related to access for persons with disabilities.
  - Define the basic rights of persons with disabilities.
  - Identify the physical accessibility components at a provider's office that are assessed and reported by CalOptima Health.
  - Define your responsibilities in interacting with members, visitors, patients and their companions with disabilities.
  - Use appropriate terminology and proper etiquette when interacting with people with disabilities.
  - Identify available CalOptima Health and community resources.

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Course Content

- Definitions: Disability and Functional Limitations
- Americans with Disabilities Act (ADA)
- Olmstead Decision
- Barriers to Access and Care
- Access and Accommodations
- Communication Tips
- Available Resources

Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.

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CalOptima Health's Commitment

- In June 2011, CalOptima Health initiated disability awareness and sensitivity training as required by the California Department of Health Care Services (DHCS).

- Disability awareness education continues to be required for all staff and health care providers who care for CalOptima Health members in any of its benefit plans.

- CalOptima Health is committed to ensuring that communications, services and programs are accessible to people with functional limitations, including visual, hearing, cognitive and physical disabilities.

Definitions: Impairment vs. Disability

Impairment

- Alteration of a person's health status as assessed by medical means
- Typically identified with an organ or body part
- Ranges from mild (pinky amputation) to severe (tertraplegia)
- Does not include impact on person's ability to function in society

Disability

- A physical or mental impairment that substantially limits one or more of the major life activities (mobility, cognitive, vision, speech, or hearing)
- Birth (congenital) to acquired over lifetime
- Visible or hidden

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Definitions: Functional Limitations and Capabilities

Functional Limitations

- Difficulty completing basic or complex activities because of a physical, mental, or emotional restriction.
- May be due to behavioral and/or chronic health conditions.

Functional Capabilities

- Strengths of a person with a disability to perform certain activities, with or without accommodations.
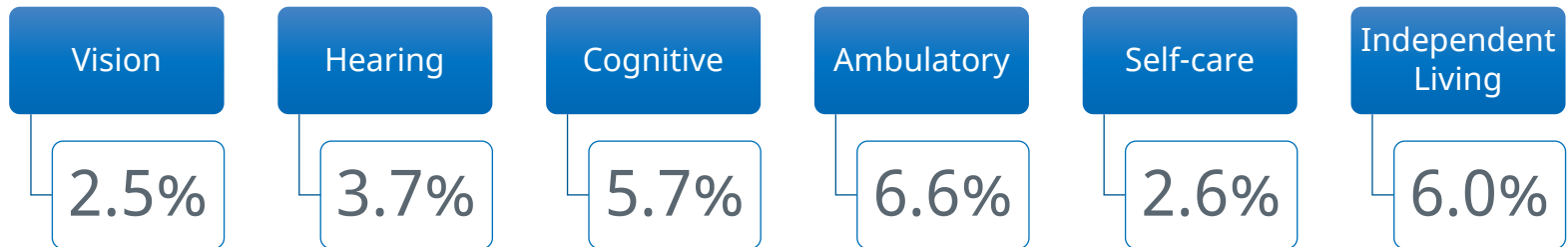
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Who Are People with Disabilities?

○ Disabilities span a broad spectrum ranging from mild, to moderate, to severe

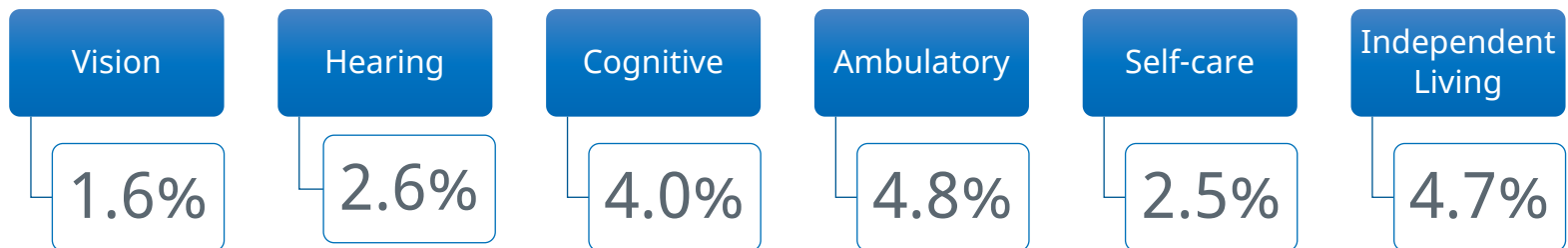○ Self-report surveys use the following definitions to gather statistics:

Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
• Blindness or serious difficulty seeing even when wearing glasses	• Deafness or serious difficulty hearing	• Serious difficulty concentrating, remembering or making decisions	• Serious difficulty walking or climbing stairs	• Difficulty bathing or dressing	• Difficulty doing errands alone, such as visiting a doctor's office or shopping

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Disability Statistics

○ U.S. total population of persons with a disability: **13.4%**

Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
2.5%	3.7%	5.7%	6.6%	2.6%	6.0%

○ OC's total population of persons with a disability: **9.7%**

Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
1.6%	2.6%	4.0%	4.8%	2.5%	4.7%

Source: U.S. Census Bureau, 2022: ACS 1-Year Estimates Subject Tables

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Federal Law Protections

○ Americans with Disabilities Act (ADA)
○ The Rehabilitation Act (1973)
  ▪ Section 504
  ▪ Section 508
○ The Olmstead Decision (1999)
○ Section 1557 of the Affordable Care Act (2022)

Americans With Disabilities Act (ADA)

"No individual shall be discriminated against on the basis of disability…"

Most important legislation for disability rights	Prohibits discrimination	Fundamental Values: Equal Opportunity Integration Full participation

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Americans with Disabilities Act (cont.)

- The ADA also requires:
  - Medical care providers make their services available in an accessible manner.
  - Policies, procedures and guidelines be in place regarding non-discrimination on the basis of disability.
- CalOptima Health is committed to providing equal access for members and their companions with disabilities.

The Rehabilitation Act of 1973

○ Section 504 — Prohibits discrimination due to disabilities in programs that receive federal funding

  ▪ "No qualified individual with a disability…shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity.

    • Program accessibility

    • Effective communication

    • Accessible construction and alterations

The Rehabilitation Act of 1973 (cont.)

- Section 508 — Requires electronic and information technology to be accessible to people with disabilities, including employees and members of the public
  - Visual and audio outputs, optical aids
  - Accessibility-related software: JAWS (Job Access with Speech)

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The Olmstead Decision

○ In 1999, the Supreme Court's decision in Olmstead v. L.C.

   ▪ Required states to provide qualified individuals with disabilities access to home and community-based services, rather than place them in or keep them in institutions, when:

      • Treatment professionals determine that such placement is appropriate.

      • The affected persons do not oppose such placement.

      • The state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities.

   ▪ The ADA require public entities to administer their services, programs and activities in the **most integrated setting appropriate to the needs of qualified individuals with disabilities.**

Most Integrated Setting

○ Key concept

- Integrated Setting

  - Refers to a setting that: "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible..."

  - Term means services and benefits to persons with disabilities should not be separate or different from persons without disabilities unless the separate programs are necessary to ensure that the benefits and services are equally effective.

- Least restrictive

  - Least restrictive environment is terminology for educational settings -- all other settings use the term "integrated setting".

  - A "least restrictive environment/setting possible" means members are treated in an environment and manner that respects individual worth, dignity, privacy and enhances their personal autonomy.

Section 1557 of the Affordable Care Act (ACA)

○ In 2022, Section 1557 of the Affordable Care Act (ACA) makes it unlawful for any health care provider who receives funding from the federal government to refuse treatment to or discriminate against an individual based on race, color, national origin, sex, age, or disability.

Knowledge Check 1

○ Match the term with the definition

TERM
1. Disability
2. Impairment
3. Functional limitation
4. Functional capacity

DEFINITION
A. Difficulty completing basic activities
B. Substantially limits life activities
C. Strengths of a person with disability
D. Alteration of health status by medical means

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Knowledge Check 1 Answers

TERM	DEFINITION
(1) Disability	(B) Substantially limits life activities
(2) Impairment	(D) Alteration of health status by medical means
(3) Functional limitation	(A) Difficulty completing basic activities
(4) Functional capacity	(C) Strengths of a person with disability

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Knowledge Check 2

○ Match the term with the definition

TERM
1. Americans with Disabilities Act
2. Section 508
3. Section 504
4. Olmstead Decision
5. Section 1557

DEFINITION
A. Accessible technology
B. Civil rights for people with disabilities
C. Nondiscrimination
D. Most integrated setting
E. Program accessibility

Knowledge Check 2 Answers

TERM	DEFINITION
(1) Americans with Disabilities Act	(B) Civil rights for people with disabilities
(2) Section 508	(A) Accessible technology
(3) Section 504	(E) Program accessibility
(4) Olmstead Decision	(D) Most integrated setting
(5) Section 1557	(C) Nondiscrimination

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Disabilities and Healthcare Access

Healthcare access barriers for working-age adults include

1 in 4 adults with disabilities (18-44 years) — do not have a usual healthcare provider

1 in 4 adults with disabilities (18-44 years) — have an unmet healthcare need because of cost in the past year

1 in 5 adults with disabilities (45-64 years) — did not have a routine check-up in the past year

Barriers to Access and Care

○ Persons with disabilities and functional limitations may encounter environmental and attitudinal barriers to care:

Physical Access	Communication Access	Program Access
Ability to get: • To • Into • Through • Onto	**Ability to:** • Understand what is being asked • Use the information given • Result in effective communication	**Participate in:** • Health education • Prevention & treatment • Community-based programs

○ Most difficult barriers to overcome are **attitudes**.

▪ Focus on individual's ability rather than on disability.

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Accessibility Requirements for Providers

○ Intended to meet the needs of any patient to improve program access and health outcomes.
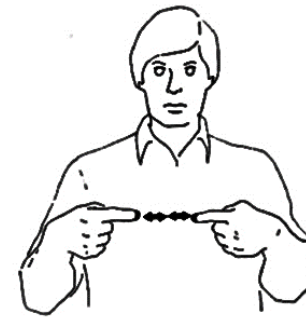
○ Two areas:

Physical access

Effective communication

doctor

hurt, pain,
sore, painful

Physical Access

- ○ Facility Site Review (FSR)
    - ▪ DHCS requirement MMCD PL 12-006 requires California plans "to assess the physical accessibility of provider sites, including specialist and ancillary service providers that serve a high volume of seniors and persons with disabilities."
    - ▪ Required for all Medi-Cal contracted providers
    - ▪ FSR survey
        - • CalOptima Health coordinates with all providers to complete the survey on a regular basis
        - • Uses the DHCS Physical Accessibility Review Survey Attachment C (PARS)
    - ▪ Results of FSRs are available to members through the CalOptima Health website and the provider directory.

CalOptima Health's Provider Directory

○ Members can identify areas of physical accessibility in an office when they search in the Provider Directory and review the office profile.

- P = Parking
- EB = Exterior Building
- ET = Electronic Table
- IB = Interior Building
- R = Restroom
- E = Exam Room
- T = Exam Table/Scale

Effective Communication

○ Providers and members need to get, understand and use health information to improve health outcomes.

○ No cost to members, including authorized representatives, for auxiliary aids and services
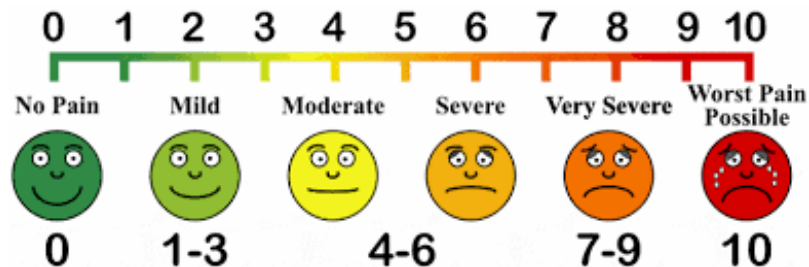
Reasonable Accommodations and Access

Accommodations:
- Adjustments made to the environment or policies to enable access to services & programs

Provided for:
- Members with disabilities, including authorized representatives
- Seniors

Provided by:
- CalOptima Health
- Providers

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Reasons for Accommodations

○ Functional limitations may create a need for accommodations, such as:

- Physical accessibility
- Changes to provider office policies
- Accessible exam or medical equipment
- Effective communication
- Member and health education materials in alternate formats

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Reasons for Accommodations (cont.)

○ Physical disabilities may be more obvious, but unseen mobility issues are more common.

▪ For example, a member may experience an issue with physical ability to move around or walk a distance due to hip or knee problems, breathing issues, weakness, etc.

○ Never assume to know the member's disability.

Identifying Accommodation Needs

○ An Accommodation Checklist (two-page form) can be obtained from CalOptima Health

- Checklist should be completed by office staff with assistance from the member, member's caregiver or authorized representative prior to the appointment.
- Checklist should be used to prepare appropriate accommodations.
- Place the checklist in the member's medical or electronic record for easy access and future use.

○ The checklist can be downloaded from the CalOptima Health website: http://caloptima.org > For Providers > Provider Training > Seniors and Persons with Disabilities > Accommodation Checklist

Provider Accommodations

Physical

- **Larger Exam Rooms**
- **Transfer and lift assistance**
- **Height adjustable exam tables**
- **Wheelchair accessible scales**
- **Accessible mammography**

Communication

- **Smart Phones**
- **Large Print**
- **American Sign Language**
- **Assistive Listening Devices**
- **Video Relay**

Policy Changes

- **Flexible & longer appointments**
- **Permit Service Animals**
- **Staff trained in Disability Awareness**
- **Support filling out forms**
- **Low literacy materials**

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Types of Physical Accommodations
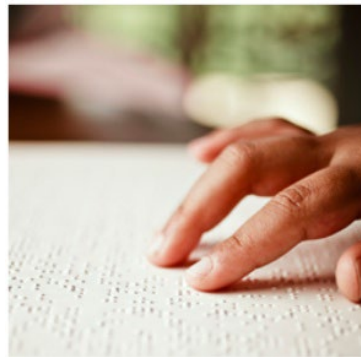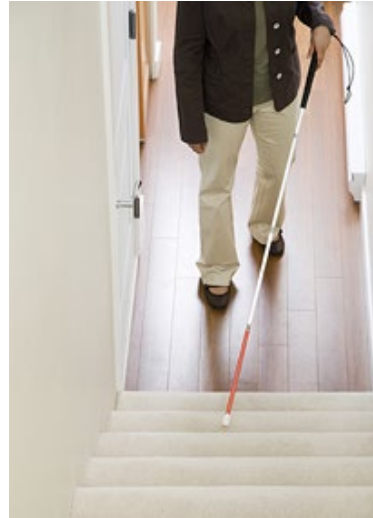
Types of Physical Accommodations (cont.)

○ Put yourself in the position of a person who is sight impaired, uses a wheelchair or is hard of hearing. Then think about what you would need to access information or simply enter an office.

○ Can you think of additional common types of physical accommodations? There are many barriers to access that are often overlooked by people who don't need them. These are everyday things we use, including:

- Elevators
- Doors
- Doorways
- Hallways

- Restrooms
- Parking lots
- Telephones
- Forms and documents

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Types of Accommodations (cont.)

○ The Deaf and Disabled Telecommunication Program (DDTP) provides access for all Californians who are deaf or disabled.

○ CalOptima Health uses TTY(teletypewriter) to communicate with people with a hearing or speech impairment (deaf, hard-of-hearing, deaf-blind or speech disability) by calling:

Types of Accommodations (cont.)

○ Auxiliary aids and services for speech impaired

Speech disabilities can be:

- Developmental
- Result of illness or injury
- No speech
- Difficult to understand

Members with speech disabilities may use:

- Their own voice
- Letter board
- Pen and paper
- Augmentative and alternative communication devices
- Speech generating devices (SGDs) "talk" when certain letters, words, pictures, or symbols are selected
- Speech-to-speech relay service (STS)
  - A call that uses a specially-trained communications assistant

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Types of Accommodations (cont.)

○ Language Interpreter Services
  ▪ CalOptima Health has the responsibility to ensure effective communication.
  ▪ Members cannot be required to provide their own interpreter.
  ▪ Members' companions should only be used for interpreting for two reasons:
    • Emergencies where a qualified interpreter is not available and the safety of the individual or the public is at risk.
    • If the member requests and the companion agrees to provide interpretation in appropriate situations (this does not apply to minors).
  ▪ Minors should not be used as interpreters.

Types of Accommodations (cont.)

○ Language Interpreter Services (cont.)

- No-cost telephone or face-to-face interpreter services
  - Available to CalOptima Health members (no authorization is needed).
    - Schedule face-to-face interpreter and American Sign Language (ASL) services one week in advance.
  - Health network members need to contact the member's assigned health network for language and interpreter services.

Types of Accommodations (cont.)

- CalOptima Health offers health education materials that can be provided in alternative formats (Braille, digital, audio, or large print) upon request.
  - Make requests to CalOptima Health Provider Relations at 714-246-8600 or email providerservices@caloptima.org
  - If health education information is needed right away for a member, CalOptima Health can be contacted to provide an oral interpreter for key information.
  - Alternative format requests to CalOptima Health may take up to 21 days.
  - Please note alternative formats are available for health education materials created by and owned by CalOptima Health.

Knowledge Check

1. Language interpreters are available only if a member pays for it.
    a. True
    b. False

2. Which of the following is not an accommodation needed during a member's office visit:
    a. Physical accessibility
    b. Assistance with meals
    c. Accessible medical equipment
    d. Effective communication
    e. Health information in alternative formats
    f. All of the above

Knowledge Check Answers

1. a. False
2. b. Assistance with meals

CalOptima Health Model of Care

- Centers for Medicare and Medicaid Services (CMS) concept and strategy for improving the care of health plan members.

- The Model of Care defines the care management policies, procedures, and operational systems a health plan has in place for its members

- CalOptima has a written Model of Care with a person-centered approach.
  - Person-centered means the person is in the center of the decisions regarding their own care and lives
  - Members are treated in an environment and manner that respects individual worth, dignity, privacy and enhances their personal autonomy.

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Model of Care Promotes Access to Care

○ Health Risk Assessment (HRA) identifies and assesses:

Chronic and severe health conditions	Mental health and cognitive function	Cultural and linguistic needs
Health literacy	Visual and hearing needs, preferences and limitations	Limitations to activities of daily living
Need for referrals to community services or support services	Access barriers and accommodation needs	Care management level

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Model of Care Promotes Access to Care (cont.)

○ An Interdisciplinary Care Team (ICT) develops an Individual Care Plan (ICP)

  ▪ Composed of the member, primary care provider (PCP) and others key care team members as needed.

○ The ICT takes the members' needs into account, including functional limitations, functional capabilities, and required accommodations, based on evidence-based practices.

○ The ICT is encouraged to build a trusting relationship with members as persons with disabilities know their needs best.

Model of Care Promotes Access to Care (cont.)

○ Results in a finalized ICP that includes the member's prioritized goals and potential barriers.

▪ Dynamic and person-centered plan of care for all members:

- Includes comprehensive input from the member, member's caregiver, PCP, specialists and other providers according to member's wishes

- Identifies member strengths, capacities and preferences

- Provides additional care options, including transitions of care settings

- Identifies long-term care needs and the resources available

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Model of Care Promotes Access to Care (cont.)

○ "Dignity of Risk" is a member's right to make informed choices about their health and life, even if the ICT believes these choices put the person's health or longevity at risk

○ Members or caregivers are encouraged to contribute to the initial and re-assessment care plans.

○ A member-friendly ICP is given to the member.

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Recovery Model

○ Two other important concepts in caring for the member:

- Recovery Model
- Independent Living

○ Recovery Model:

- A holistic approach widely accepted and used in behavioral health that focuses on personal strength and empowerment to make changes.
- Member's care team will consider a member's medical, psychosocial and behavioral needs when developing a plan of care.

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Independent Living

Choice
- Fully participate in their communities

Autonomy
- Live in their own homes with dignity and support
- Experts in their own care

Control
- Control their own lives

Advocacy
- Empowerment in all aspects of their lives

Source: National Council on Independent Living. (2015)

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Knowledge Check

1. When an Individual Care Plan (ICP) is developed for a member it must take the members' needs into account, including required accommodations.
   a. True
   b. False

2. CalOptima Health strives to ensure that members with disabilities get accommodations to meet their:
   a. Physical needs
   b. Health care needs
   c. Psychosocial needs
   d. Language needs
   e. All of the above

Knowledge Check (cont.)

3. Resources to assist with language interpreter services, health education materials in alternative formats and a copy of the Accommodations Checklist can be found on:

   a. CalOptima Health's website at www.caloptima.org
   b. At the library
   c. At the local Social Services office

Knowledge Check Answers

1. a. True
2. e. All of the above
3. a. CalOptima Health's website at www.caloptima.org

Communication Tips

○ When talking about a disability or with a person with disabilities, focus on the person, not the disability, avoid negative language and use people-first language

Use People-First Language			
Person with a disability	Person who is deaf	Person who uses a wheelchair	Person with an intellectual disability

Avoid Negative Language:
Handicapped person, blind person, wheelchair-bound or mentally retarded

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Communication Tips (cont.)

If you have trouble communicating:	
Ask the member how he or she wants to communicate	Speak slowly, clearly and patiently, and give time to respond

Don't:
Assume — which also includes not assuming someone from another culture understands American Sign Language.
Rush or ask the member to hurry.

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Communication Tips (cont.)

When assisting a member with limited mobility:				
Sit down	Relax, speak directly and be attentive	Ask before you attempt to help	Ask how assistive devices and equipment work if you don't know	Move furniture or objects

Don't:
Stand; speak through a caregiver or companion or treat the person as invisible; start pushing someone's wheelchair unless asked; touch or move a person's wheelchair, cane, crutches or walker without consent.

Communication Tips (cont.)

○ Members who are blind or have low vision may use:

  ▪ A white cane

  ▪ A service dog

  ▪ A sighted guide (a technique that enables a person who is blind to use a person with sight as a guide)

These members may or may not need assistance			
Identify yourself	Ask before you attempt to help	Give specific directions	Use sighted guide technique, if asked

Don't:
Shout; move away without excusing yourself first; pet or distract a guide dog; move someone's cane without asking
— if you move it, tell them where it is.

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Communication Tips (cont.)

Members who are deaf or have hearing loss may need consideration:				
Speak clearly and slowly, use more facial expressions and body language	Offer pen and paper	Ask if a sign language interpreter is needed	Make eye contact and speak directly to the person, not the interpreter	Make sure written materials are available

Don't:
Shout; assume the member will not speak; assume an interpreter is needed or wanted; look down, read or mumble.

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Communication Tips (cont.)

Members with speech disabilities may need consideration:			
Allow them to say what they want to say	Be polite	Ask them to repeat or rephrase, or offer a pen and paper	Be considerate

Don't:
Finish their sentences or cut them off; mimic or mock their speech; assume you know what they are saying; or be patronizing.

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Communication Tips (cont.)

Members with cognitive disabilities may need consideration:			
Listen to ensure understanding	Change words you use	Keep it simple. Break ideas into small pieces that can be more easily remembered	Be considerate

Don't:
Get frustrated; use complicated language or technical terms; speak for long periods of time; or be patronizing.

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Communication Tips (cont.)

Members with learning disabilities may need consideration:			
Put instructions and important information in writing if member has short-term memory issues	Use hands-on training	Provide a quiet environment	Be considerate

Don't:
Assume member will remember; use complicated language or technical terms; enable distractions for you and the member; or be patronizing.

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Communication Tips (cont.)

Members with mental health and/or substance abuse conditions may need consideration:					
Know how to get help in the event of a crisis, remain calm and offer support	Keep stress levels to a minimum	Change words you use	Ask what environment they are most comfortable in	Listen to ensure understanding	Be patient

Don't:
Ignore what members say; get frustrated; use complicated language or technical terms; speak for long periods of time; assume member will remember; or be patronizing.

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Available Resources

○ To schedule a language interpreter or American Sign Language interpreter:

- Obtain instructions from the CalOptima Health website. ([http://caloptima.org, Provider Training, Seniors and Persons with Disabilities, How to Access Interpreter Services](http://caloptima.org))

- Contact the member's assigned health network, if the member is in a health network.

- Call CalOptima Health's Customer Service department

  • 24 hours a day, 7 days a week.

  • Toll-Free: 888-587-8088

  • TTY: 711 or 800-735-2929

Available Resources (cont.)

○ To request printed member or health education materials in alternate formats, contact CalOptima Health's Customer Service.

○ Information and resources are available on CalOptima Health's website at www.caloptima.org

○ CalOptima Health offers resources for providers and staff:

- Seniors and Persons with Disabilities Training and Resources

- Behavioral Health Resources

○ CalOptima Health's Provider Resource Line at 714-246-8600

Available Resources (cont.)

- Aging and Disability Resource Connection of Orange County (ADRCOC) at 800-510-2020 or visit www.adrcoc.org

- The Dayle McIntosh Center for the Disabled

- Centers for Disease Control and Prevention, Disability and Health [www.cdc.gov/disabilities]

- Deaf and Disabled Telecommunications Program (DDTP), 1-800-806-1191 [http://ddtp.cpuc.ca.gov]

- California Telephone Access Program [www.youtube.com/watch?v=9j3lwGUvS0c]

Available Resources (cont.)

- California Relay Service (CRS) [http://ddtp.cpuc.ca.gov/default1.aspx?id=1482]
- Speech-to-Speech Training Video [https://www.youtube.com/watch?v=PQvUHMatTKc]

Knowledge Check

1. An example of people-first language is:
   a. Handicapped man
   b. Nut case
   c. Person who uses a wheelchair

2. When communicating with members with disabilities, you should:
   a. Be patient and listen carefully
   b. Ask the member to repeat themselves, if needed
   c. Use Speech-to-Speech Relay, if necessary
   d. Call CalOptima Health for help right away
   e. a, b and c
   f. a, b, c and d

Knowledge Check (cont.)

3. A member may request CalOptima Health materials or health education materials in alternate formats (e.g., language of choice, Braille, audio tape, etc.) by contacting:

   a. Any Orange County community agency

   b. CalOptima Health Customer Service

   c. Local adult education program

   d. Materials in alternative formats are not available to CalOptima Health members

Knowledge Check (cont.)

4. A cognitive disability refers to a person's ability to plan, comprehend, and reason or apply social and practical skills in everyday life. When speaking to a person with this type of disability, using complicated language or technical terms is the best way to help them understand.

    a. True

    b. False

Knowledge Check (cont.)

4. Based on the case study, what are some accommodations the provider office staff should consider for Debbie's appointment?

Case Study:
Debbie, age 30, has moderate-severe quadriplegia cerebral palsy, uses a power wheelchair and speech generating device, and needs personal hygiene assistance. She has a new PCP and is scheduled for her first appointment. However, her caregiver will not be able to accompany her to the appointment.

a. Complete the Accommodations Checklist for Seniors and Persons with Disabilities with Debbie over the phone to identify her accommodation needs prior to her appointment.

b. Transfer and lift assistance

c. Wheelchair accessible scale

d. Longer appointment time

e. Assistance with paperwork

f. All of the above

Knowledge Check Answers

1. c. Person who uses a wheelchair
2. e. a, b and c
3. b. CalOptima Health Customer Service
4. b. False
5. f. All of the above

Authorities

- Title 29, United States Code, Section 794 (section 504 of The Rehabilitation Act of 1973)

- Americans Disabilities Act of 1990

- DHCS Facility Site Review (FSR), Physical Accessibility Review Survey (Attachment C – "29 elements")

- Department of Health Care Services (DHCS)

- Welfare and Institutions Code, Section 14182 (b) (5)

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References

- CalOptima Health Policy AA.1250: Disability Awareness and Sensitivity, Cultural Competency, Diversity, Equity, Inclusion, and Bias Staff Training

- CalOptima Health Policy EE.1103: Provider Network Training

- CalOptima Health Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment

References (cont.)

- CalOptima Health Policy GG.1324: Seniors and Persons with Disabilities (SPD) Comprehensive Case Management
- CalOptima Health Policy GG.1608: Full Scope Site Reviews
- CalOptima Health Policy MA.1001: OneCare Glossary of Terms
- CalOptima Health Policy MA.7007: Access & Availability
- CalOptima Health Model of Care
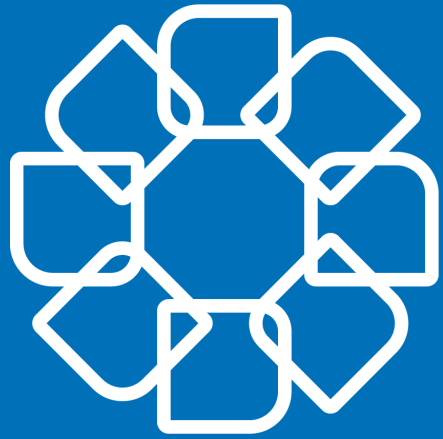
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