

Written Protocols to Improve Accessibility for Persons with Disabilities¹ Between Disability Organizations² and Regional Care Collaborative Organizations (RCCOs)

Intent

The protocols are designed to be bi-directional and collaborative. They are meant to be relevant to the successful support of persons with disabilities in the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may be useful to the Accountable Care Collaborative (ACC) as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

Process

- Facilitate a meeting between a small number of representatives from disability organizations and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss roles and responsibilities, common and differing elements of education and support, and ways to work together to better serve Demonstration enrollees with disabilities.
- Prepare a preliminary draft of disability-focused protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

Elements

¹ The definition used here is consistent with Section 12102 of the Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008, Public Law 110-325, Retrieved from <http://www.ada.gov/pubs/ada.htm>, in which persons with disabilities are defined to include those who have a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or are being regarded as having such an impairment.

² Disability organizations are defined to include any Demonstration enrollee with a disability, their family members, or individual caregivers; disability care providers; county health nurses; advocates; and other disability-focused entities run by and for persons with disabilities served in the Demonstration.

The purpose of the protocols is to assist collaboration between disability organizations and RCCOs to better serve Demonstration enrollees with disabilities. According to the Medicare-Medicaid Coordination Office, between 2006 and 2011:³

- The total number of Medicare-Medicaid enrollees increased almost 18% from 8.6 million to 10.2 million.
- Medicare-Medicaid enrollees with a disability grew from 37% to 41%.
- The number of Medicare-Medicaid enrollees under the age of 65 with a disabling condition escalated faster than those over the age of 65.

These protocols foster the disability organization and RCCO common aims of (1) improving health outcomes for Demonstration enrollees regardless of disability, (2) improving Demonstration enrollee experience through increased access to disability-competent care,⁴ and (3) decreasing unnecessary and duplicative services and costs.

Disability organization and RCCO core activities include (1) increasing provider awareness of compliance responsibilities set forth in federal and state statutes including but not limited to the Civil Rights Act of 1964,⁵ the Rehabilitation Act of 1973,⁶ and the Americans with Disabilities Act (ADA) of 1990;⁷ (2) furnishing provider information and training as practical solutions to improve accessibility for Demonstration enrollees with disabilities; and (3) supporting Demonstration enrollees as well as their family members and caregivers with contact information and educational materials related to disability-competent care.

³ The Medicare-Medicaid Coordination Office, Data Analysis Brief, Medicare-Medicaid Dual Enrollment from 2006 through 2011, February 2013, Retrieved from http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Enrollment_2006-2011_Final_Document.pdf

⁴ Resources for Integrated Care, Resources for Plans and Providers for Medicare-Medicaid Integration, supported by the CMS Medicare-Medicaid Coordination Office in conjunction with The Lewin Group and the Institute for Healthcare Improvement, Retrieved from <https://www.resourcesforintegratedcare.com/concepts/disability-competent-care>

⁵ Public Law 88-352, 78 United States Statutes at Large 241, Retrieved from http://library.clerk.house.gov/reference-files/PPL_CivilRightsAct_1964.pdf

⁶ U.S. Government Printing Office, Rehabilitation Act, 87 Stat. 355, Public Law 93-112, September 26, 1973, Retrieved from <http://www.gpo.gov/fdsys/granule/STATUTE-87/STATUTE-87-Pg355/content-detail.html>

⁷ Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008, Public Law 110-325, Retrieved from <http://www.ada.gov/pubs/ada.htm>

Increasing Provider Awareness

Disability organizations and RCCOs will work together to engage the disability community and increase provider awareness of federal and state compliance responsibilities related to disability-competent care. Provider assistance may include but not be limited to sharing and discussing resources related to accessible health care such as those found in Attachment A at the end of this document.

Furnishing Provider Information and Training

Examples of disability organization and RCCO provider information and training activities may include but are not limited to:

- Providing initial and ongoing disability awareness and competency training to RCCO personnel, new and existing providers, and other community partners serving Demonstration enrollees with disabilities.
- Including information and training materials for Demonstration enrollees with disabilities in newsletters, on websites, and through other appropriate media sources.
- Assisting with preparation for standardized accessibility reviews that identify common barriers to disability-competent care and that develop transition plans to remove such barriers and include accommodation strategies for Demonstration enrollees with disabilities.
- Offering information and support for website development and electronic resource compliance to improve access by Demonstration enrollees with disabilities in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973, as amended.⁸
- Identifying and utilizing qualified local disability resources such as those found in Attachment B at the end of this document.
- Utilizing qualified resources to assist in assessing and supporting overall improvement in provider accessibility and disability-competent care.

Disability organization and RCCO personnel will work collaboratively with providers to identify ways to eliminate barriers with minimal effort and expense. Some examples of low and no-cost steps to improve access to health care practices may be found at the end of this document in Attachment C.

Supporting Demonstration Enrollees

Demonstration organizations and RCCOs will continue to support Demonstration enrollees with disabilities as well as their family members and caregivers with contact information and educational materials related to disability-competent care

⁸ U.S. Department of Health and Human Services, *What is section 504 and how does it relate to Section 508?*, Retrieved from <http://www.hhs.gov/web/508/section504.html>

that conform to federal and state guidelines. Such support activities may include but not be limited to:

- Making information about ADA compliance and disability-competent care available to providers before Demonstration implementation and to Demonstration enrollees with disabilities before enrollment and in the Demonstration enrollment packets.
- Encouraging attendance by Medicare-Medicaid enrollees with disabilities at regular state and local Demonstration stakeholder and advisory meetings.
- Presenting disability relevant meeting topics for discussion such as best practices associated with disability-competent care, overcoming barriers to disability-competent care, and feedback for providers.

Timeline

Disability organizations and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (November 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (December 2013).
- Recommend protocols to the Department (December 2013-January 2014).
- Implement protocols for testing (January 2014).
- Assess protocols quarterly and make any necessary adjustments (April 2014 and thereafter).

Attachment A: Resources for Accessible Health Care⁹

Below are several electronic links to national and state websites and publications that provide additional resources to support this protocol.

Publications

- Access to Medical Care for Individuals with Mobility Disabilities (U.S. Departments of Justice and Health and Human Services)
http://www.ada.gov/medcare_ta.htm or
<http://www.hhs.gov/ocr/civilrights/understanding/disability/adamobilityimpairmentsguidance.pdf>
- ADA Update: A Primer for Small Business (U.S. Department of Justice)
<http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.htm> or
<http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.pdf>
- Americans with Disabilities Act of 1990, As Amended
<http://www.ada.gov/pubs/adastatute08.htm> or
<http://www.ada.gov/pubs/adastatute08.pdf>
- Communication with People who are Deaf or Hard of Hearing in Hospital Settings (U.S. Department of Justice)
<http://www.ada.gov/hospcombr.htm> or
<http://www.ada.gov/hospcombrprt.pdf>
- Disability-Competent Care Self-Assessment Tool (Centers for Medicare & Medicaid Services)
<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf>
- Proposed Accessibility Standards for Medical Diagnostic Equipment (U.S. Access Board)
<http://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/proposed-standards>
- The Current State of Health Care for People with Disabilities (National Council on Disability)
<http://www.ncd.gov/publications/2009/Sept302009>

Websites

- Guidelines and Standards (U.S. Access Board)
<http://www.access-board.gov/guidelines-and-standards>

⁹ Compiled by Jana L. Burke, Mariposa Professional Services, Colorado Springs, CO, 719/229-0629.

- Office for Civil Rights (U.S. Department of Health & Human Services)
<http://www.hhs.gov/ocr/office/index.html>
- Information and Technical Assistance on the Americans with Disabilities Act, Barrier-Free Health Care Initiative (U.S. Department of Justice)
<http://www.ada.gov/usao-agreements.htm>
- Resources for Integrated Care (The Medicare-Medicaid Coordination Office in the Centers for Medicare & Medicaid Services, The Lewin Group, and the Institute for Healthcare Improvement)
<https://www.resourcesforintegratedcare.com/>

State and Local Resources

- Colorado Advisory Council for Persons with Disabilities
<http://coloradodisabilitycouncil.org/>
- Colorado Cross Disability Coalition
<http://www.ccdconline.org/>
- Rocky Mountain ADA Center, Health Care & the ADA
<http://adainformation.org/healthcare>

Attachment B: Local Disability Resources

Although the list below is not all-inclusive, it contains some organizations that may be contacted for different types of disability expertise:

- Ability Connection Colorado, <http://abilityconnectioncolorado.org/>
- Advocacy Denver, <http://www.advocacydenver.org/>
- American Council of the Blind of Colorado, <http://www.acbco.org/>
- American Federation for the Blind, <http://www.afb.org/default.aspx>
- Colorado Center for the Blind, <http://coloradocenterfortheblind.org/>
- Colorado Commission for the Deaf and Hard of Hearing, <http://www.ccdhh.com/>
- Colorado Developmental Disabilities Council, <http://www.coddc.org/>
- Colorado Family for Hands & Voices, <http://www.handsandvoices.org/chapters/colo.htm>
- Colorado Post-Polio Organization, <http://www.polioplace.org/history/collection/colorado-post-polio-organization>
- Colorado Statewide Independent Living Council, <http://coloradosilc.org/>
- Easter Seals Colorado, http://www.eastersealsco.org/about_us.html
- Family Voices Colorado, <http://familyvoicesco.org/>
- Hearing Loss Association of America, Colorado Chapter, <http://www.hearinglosscolorado.org/>
- JFK Partners, <http://www.jfkpartners.org>
- National Federation of the Blind, <https://nfb.org/>
- Parkinson Association of the Rockies, <http://www.parkinsonrockies.org/>
- Rocky Mountain Down Syndrome Association, <http://www.rmdsa.org/>
- Rocky Mountain Stroke Center, <http://www.strokecolorado.org/>
- The Arc of Colorado, <http://www.thearcofco.org/>
- The Colorado Association of the Deaf, <http://www.cadeaf.org/>
- United Cerebral Palsy, <http://ucp.org/>

Attachment C: Steps to Improve Access to Health Care Practices¹⁰

Federal and state laws require health care professionals to ensure their services are accessible to clients with disabilities as well as their family members and caregivers. A range of no-cost and affordable solutions exists to assist health care providers in making facilities accessible and offering disability-competent care. Practical examples include but are not limited to:

1. Working together with qualified persons with disabilities in response to requests for reasonable modification of policies, procedures, and practices.
2. Eliminating obstacles from parking lot to building entrances and exits (e.g., snow, ice, leaves, debris along the path of travel).
3. Providing ease of door access (e.g., adjust automatic door closers to allow sufficient time to enter and exit, use a pressure gauge to ensure that less than five pounds of pressure is necessary to open any door).
4. Creating a facility access policy for service animals.
5. Providing disability etiquette training for all administrative and service personnel.
6. Training front-desk personnel to appropriately assist persons with disabilities in completing any intake paperwork or required forms.
7. Furnishing facility and practice information in alternate formats (e.g., large print, assistive technology for sensory impairments, other electronic and information technology).
8. Identifying local sign language interpreting agencies (e.g., make accurate contact information available to front-desk personnel, schedule an interpreter before the appointment).
9. Ensuring wheelchair accessibility and periodic staff training for safe transfer techniques (e.g., to and from examining tables, clutter-free examining rooms, wheelchair accessible scales for weighing, at least one examining room large enough to accommodate individuals with mobility devices).

¹⁰ Developed by Jana L. Burke, Mariposa Professional Services, Colorado Springs, CO, 719/229-0629.