



CalOptima
Better. Together.

Disability Awareness

Learning Objectives

After completing the course, you will be able to:

- Explain the prevalence and types of disabilities within our CalOptima 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.
- 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 and community resources.

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

Note: 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.

CalOptima's Commitment

- In June 2011, CalOptima 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 members in any of its benefit plans.
- CalOptima 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 (tetraplegia)
- 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

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.

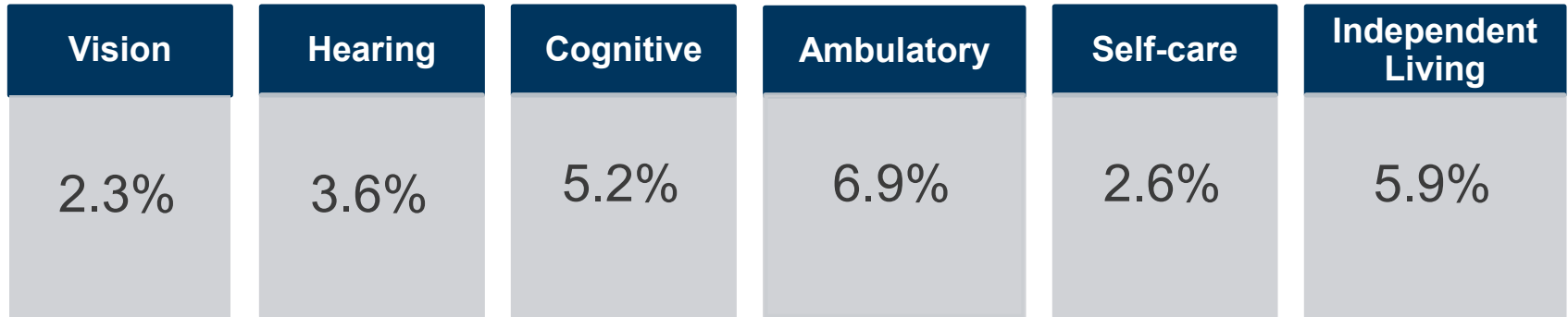
Who Are People with Disabilities?

- Disabilities span a broad spectrum ranging from mild, to moderate, to severe
- Self-report surveys use the following definitions to gather statistics:

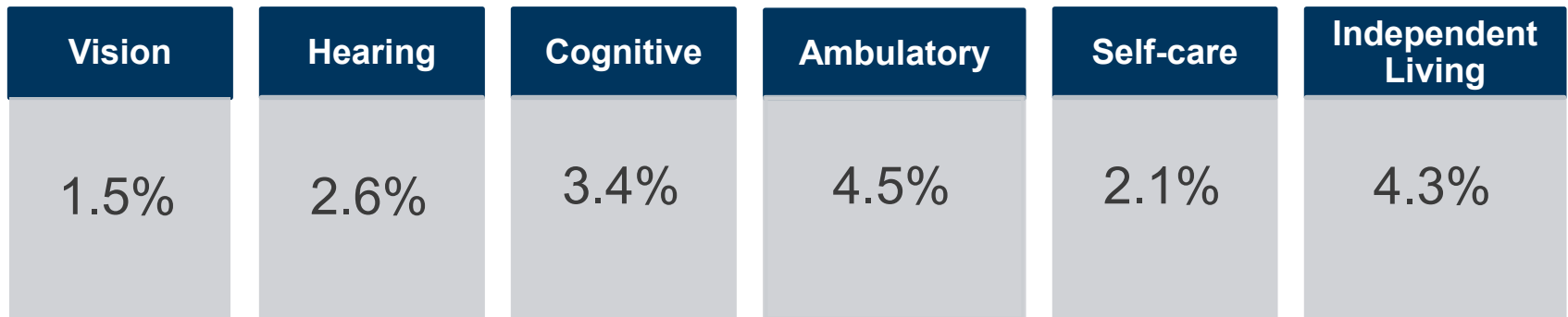
Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
<ul style="list-style-type: none">• Blindness or serious difficulty seeing even when wearing glasses	<ul style="list-style-type: none">• Deafness or serious difficulty hearing	<ul style="list-style-type: none">• Serious difficulty concentrating, remembering or making decisions	<ul style="list-style-type: none">• Serious difficulty walking or climbing stairs	<ul style="list-style-type: none">• Difficulty bathing or dressing	<ul style="list-style-type: none">• Difficulty doing errands alone, such as visiting a doctor's office or shopping

Disability Statistics

- U.S. total population of persons with a disability: **12.7%**



- OC's total population of persons with a disability: **8.6%**



Source: [U.S. Census Bureau, 2019z' SVD 1-Year Estimates Subject Tables](#)

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

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 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
- 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)

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.

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

Knowledge Check 1 Answers

TERM

1. **Disability:**

2. **Impairment:**

3. **Functional limitation:**

4. **Functional capacity:**

DEFINITION

B. Substantially limits life activities

D. Alteration of health status by medical means

A. Difficulty completing basic activities

C. Strengths of a person with disability

Knowledge Check 2

Match the term with the definition

TERM

5. Americans with Disabilities Act
6. Section 508
7. Section 504
8. Olmstead Decision

DEFINITION

- E. Accessible technology
- F. Civil rights for people with disabilities
- G. Most integrated setting
- H. Program accessibility

Knowledge Check 2 Answers

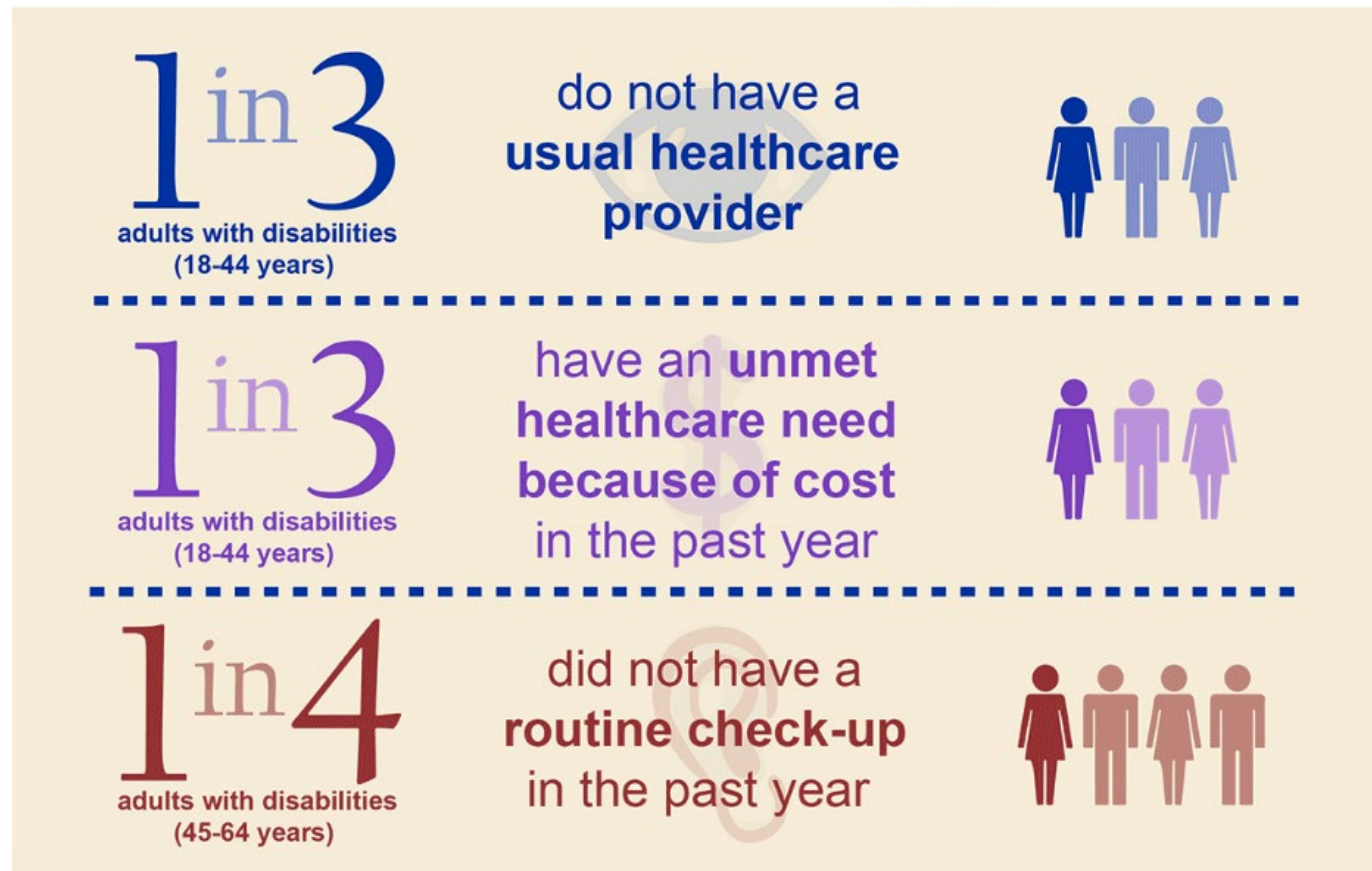
TERM

DEFINITION

- | | |
|--|--|
| 5. Americans with Disabilities Act: | F. Civil rights for people with disabilities |
| 6. Section 508: | E. Accessible technology |
| 7. Section 504: | H. Program accessibility |
| 8. Olmstead Decision: | G. Most integrated setting |

Disabilities and Healthcare Access

Healthcare access barriers for working-age adults include



Source: Centers for Disease Control and Prevention. Disability Impacts All of Us, 2018. [Internet: www.cdc.gov/disabilities]

Barriers to Access and Care

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

Physical Access

Ability to get:

- To
- Into
- Through
- Onto

Communication Access

Ability to:

- Understand what is being asked
- Use the information given
- Result in effective communication

Program Access

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.

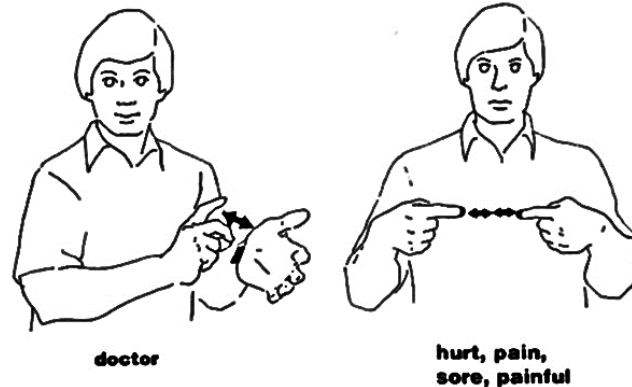
Accessibility Requirements for Providers

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

Physical access



Effective communication



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 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 website and the provider directory.

CalOptima's Provider Directory

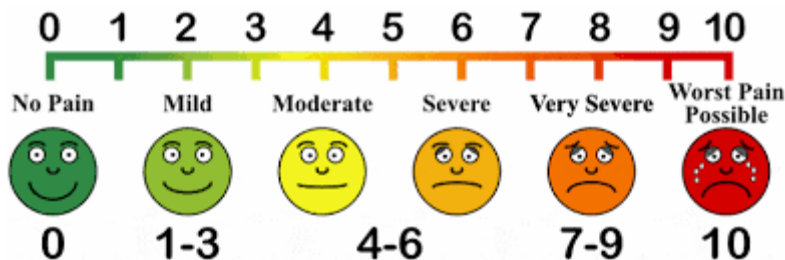
- Members can identify areas of physical accessibility in an office when they search in the Provider Directory and review the office profile.

- 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 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
- Seniors

Provided by:

- CalOptima
- Providers

Reasons for Accommodations

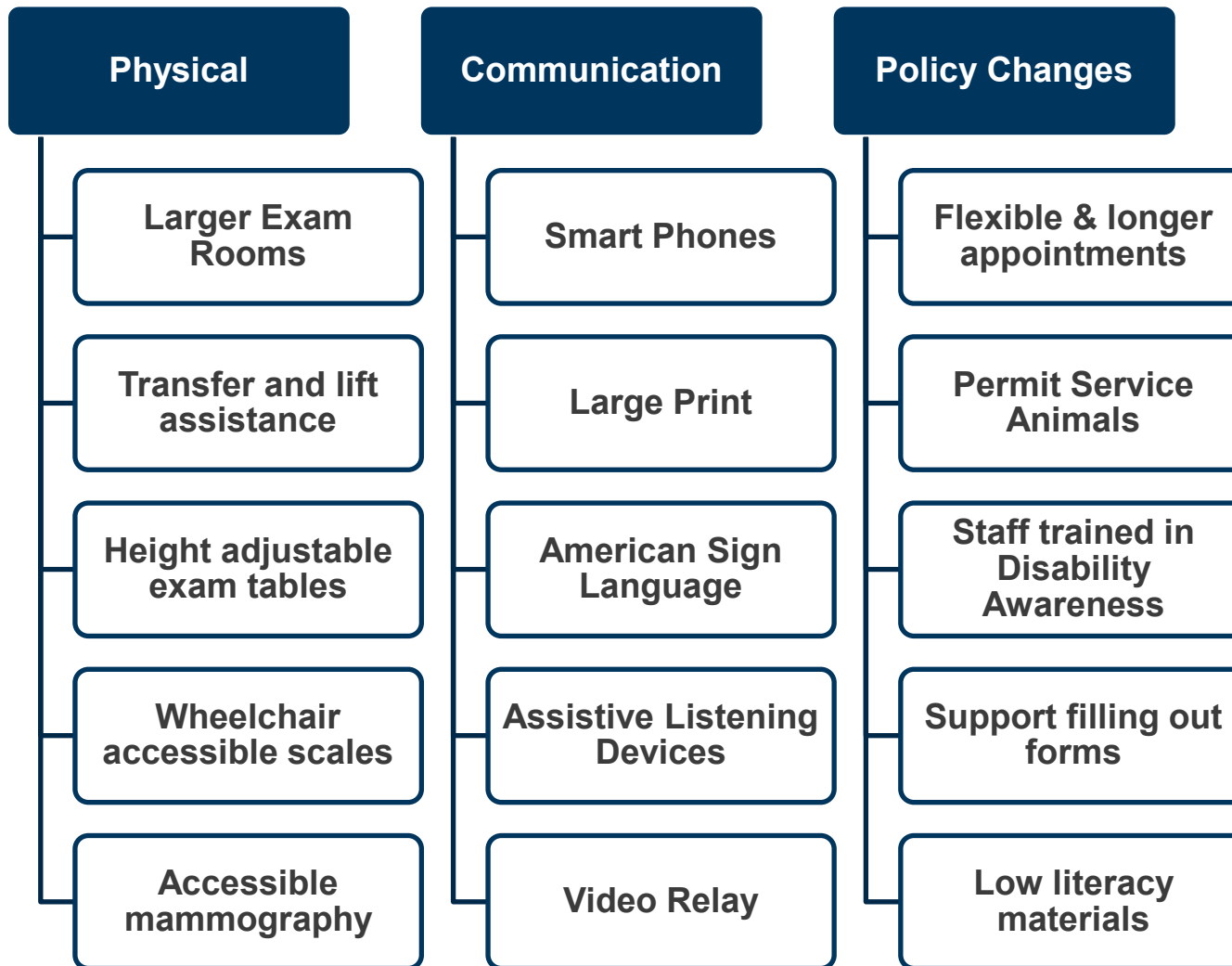
- Functional limitations may create a need for accommodations, such as:
 - Physical accessibility
 - Changes to provider office policies
 - Accessible exam or medical equipment
 - Effective communication
 - Member and health education materials in alternate formats
- Physical disabilities may be more 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

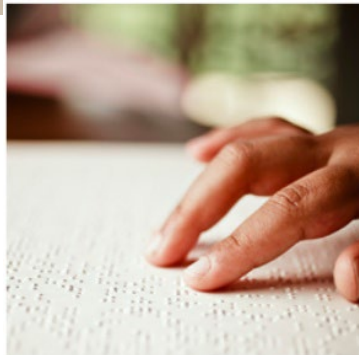
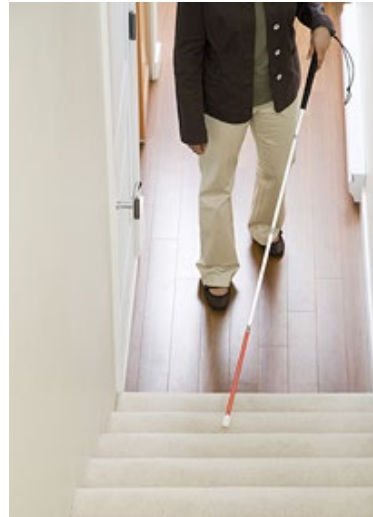
- An **Accommodation Checklist** (two-page form) can be obtained from CalOptima
 - The checklist should be completed by office staff with assistance from the member, member's caregiver or authorized representative **prior** to the appointment.
 - The information from the checklist should be used to prepare 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 website. (<http://caloptima.org>, [Provider Training, Accommodation Checklist for Seniors and Persons with Disabilities](#))

Provider Accommodations



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
 - Restrooms
 - Doors
 - Parking lots
 - Doorways
 - Telephones
 - Hallways
 - Forms and documents

Types of Accommodations (cont.)

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

Types of Accommodations (cont.)

Language Interpreter Services

- CalOptima 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 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.)

- Members may request health education materials in alternative formats: Braille, digital, audio or large print.
 - A health education topic in an alternative format for the member may be requested by calling CalOptima's Customer Service.
 - Members can call CalOptima's Population Health Management Library phone line (1-714-246-8895, option 2) and listen to a variety of health topics in audio format.
 - If health education information is needed right away for a member, CalOptima can be contacted to provide an oral interpreter for key information.
 - Alternative format requests to CalOptima may take up to 21 days.

Knowledge Check

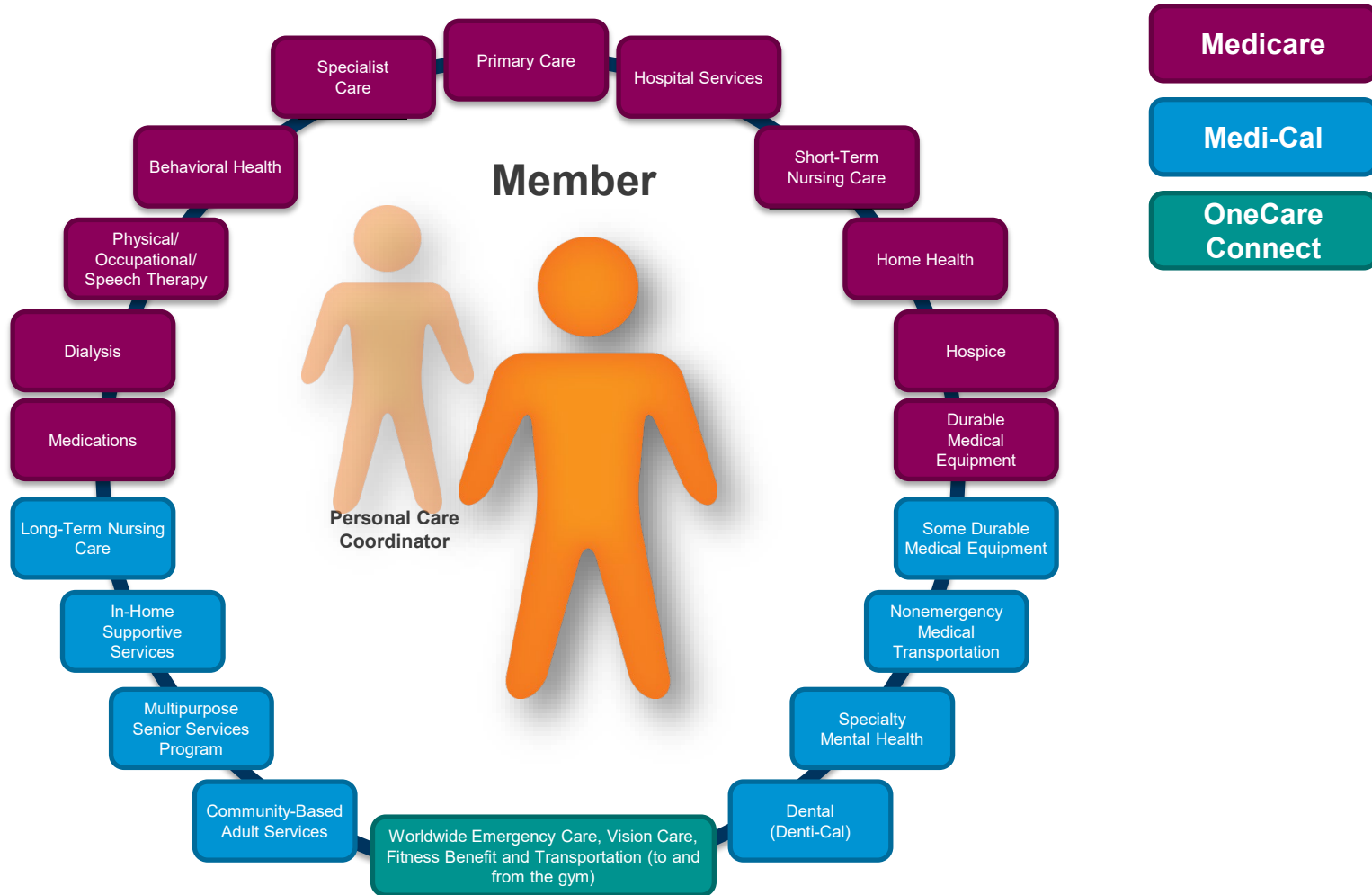
1. Language interpreters are available only if a member pays for it.
 - a) True
 - b) False

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

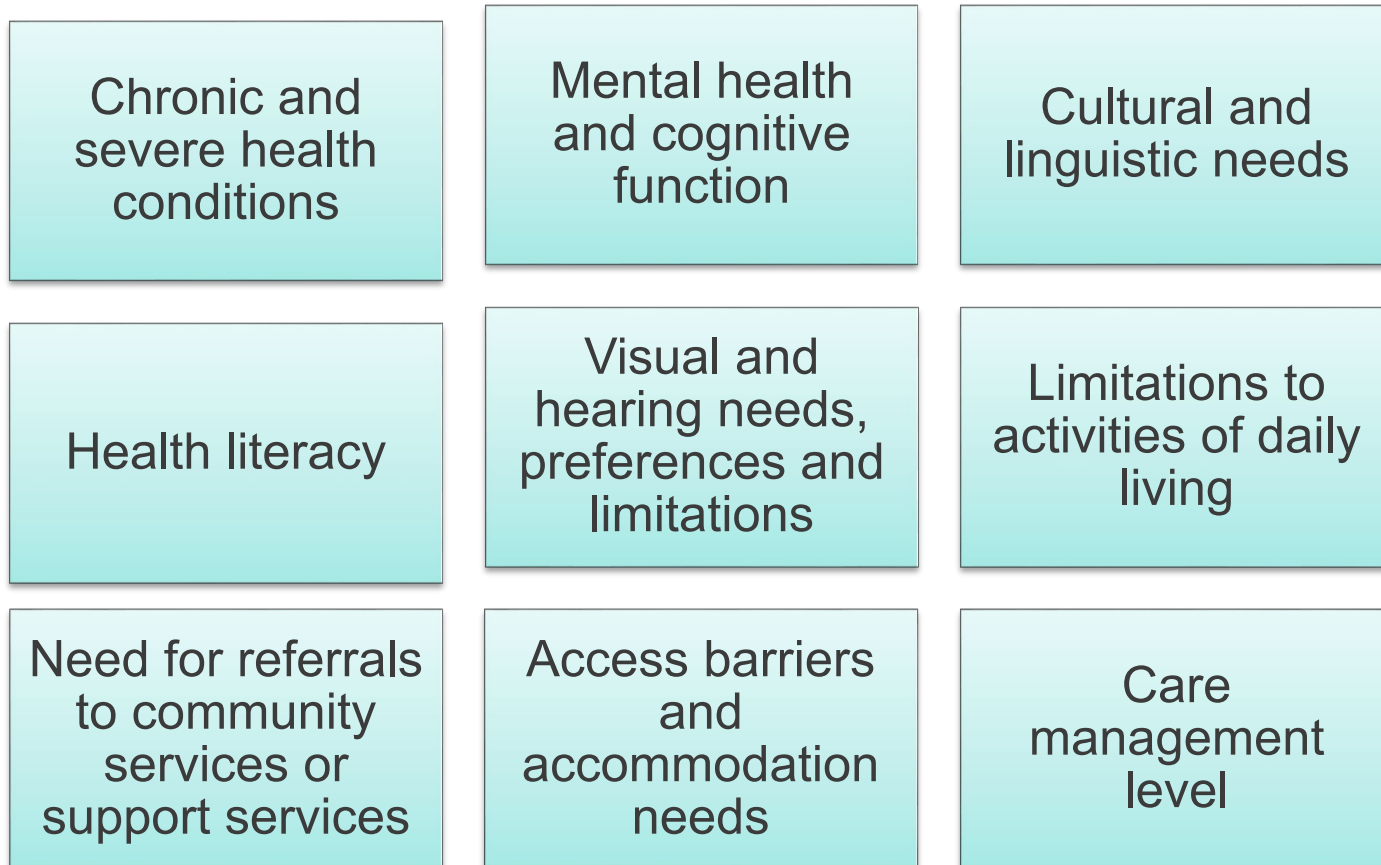
1. a) False
2. b) Assistance with meals

CalOptima Model of Care



Model of Care Promotes Access to Care

- Health Risk Assessment (HRA) identifies and assesses:



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.
- “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.

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
- Members or caregivers are encouraged to contribute to the initial and re-assessment care plans.
- A member-friendly ICP is given to the member.

Recovery Model

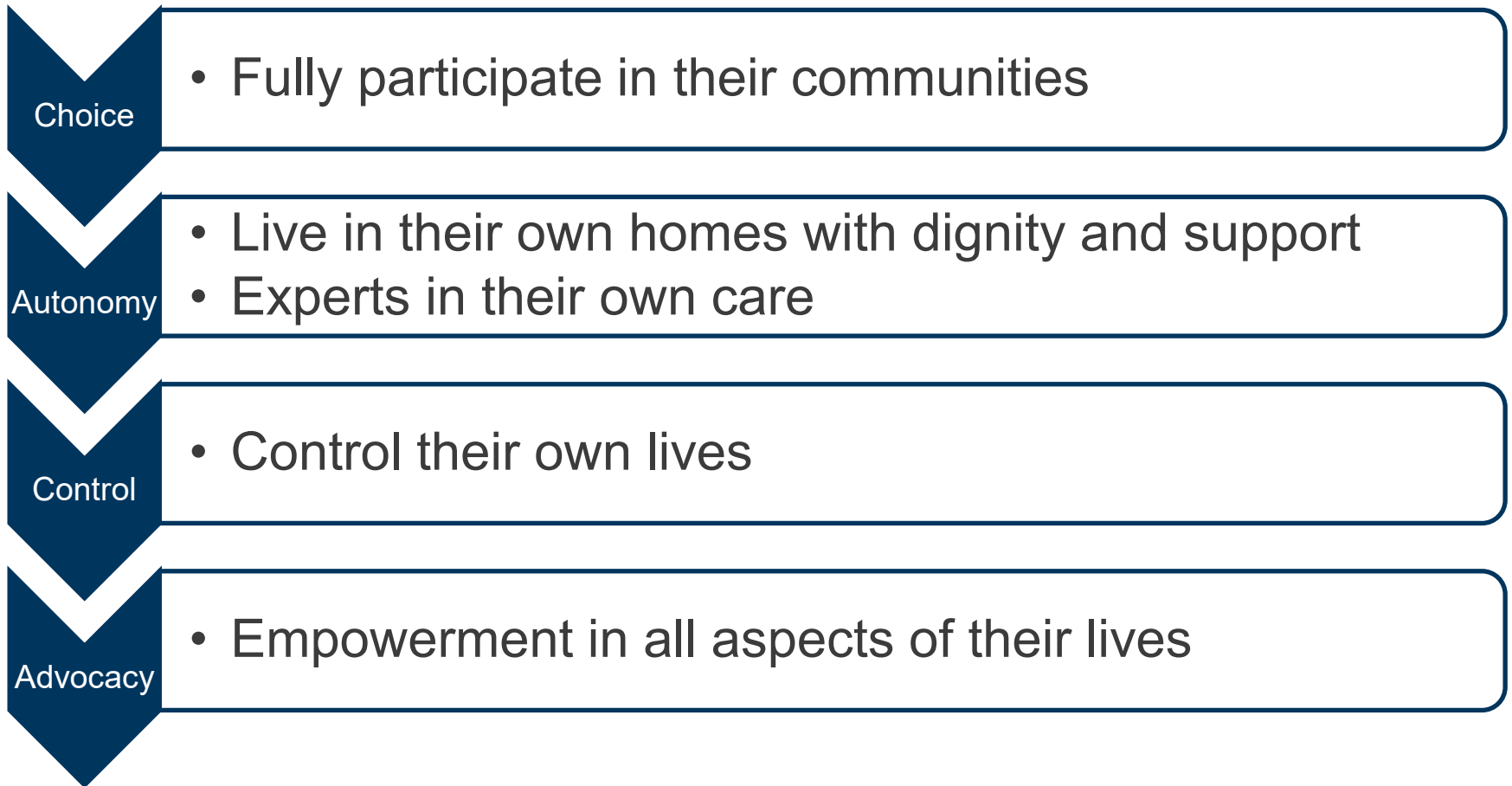
Two other important concepts in caring for the member:

1. Recovery Model
2. 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.

Independent Living



Source: National Council on Independent Living. (2015)

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 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'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'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

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.

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
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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
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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.

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.

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.

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.

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.

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.

Available Resources

- To schedule a language interpreter or American Sign Language interpreter:
 - Obtain instructions from the CalOptima website.
(<http://caloptima.org>, [Provider Training, Seniors and Persons with Disabilities, How to Access Interpreter Services](#))
 - Contact the member's assigned health network, if the member is in a health network.
 - Call CalOptima's CalOptima Customer Service department
 - 24 hours a day, 7 days a week.
 - Toll-Free: **888-587-8088**
 - TTY: **711** or **800-735-2929**
- To request printed member or health education materials in alternate formats, contact CalOptima's Customer Service.

Available Resources (cont.)

- Information and resources are available on CalOptima's website at www.caloptima.org
- CalOptima offers resources for providers and staff:
 - [Seniors and Persons with Disabilities Training and Resources](#)
 - [Behavioral Health Resources](#)
- CalOptima's Provider Resource Line at **714-246-8600**
- 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](#)

Available Resources (cont.)

- 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]
- 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 for help right away
 - e) a, b and c
 - f) a, b, c and d

Knowledge Check (cont.)

3. A member may request CalOptima 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 Customer Service
 - c) Local adult education program
 - d) Materials in alternative formats are not available to CalOptima members

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.)

5. 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.

What are some accommodations the provider office staff should consider for Debbie's 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 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”)
- Cal MediConnect CMS/DHCS/CalOptima 3-way Contract
- Department of Health Care Services (DHCS)
- Welfare and Institutions Code, Section 14182 (b) (5)

References

- CalOptima Policy AA.1250: Disability Awareness and Sensitivity, and Cultural Competency Staff Training
- CalOptima Policy CMC.1003: OneCare Connect Staff Education and Training
- CalOptima Policy CMC.4002: Cultural & Linguistic Services
- CalOptima Policy EE.1103: Provider Education and Training
- CalOptima Policy GG.1323: Seniors and Persons with Disabilities and Health Risk Assessment Policy
- CalOptima Policy GG.1324: Seniors and Persons with Disabilities Comprehensive Case Management
- CalOptima Policy GG.1608: Full Scope Site Reviews
- CalOptima Policy MA.1001: Glossary of Terms
- CalOptima Policy MA.7007: Access & Availability Standards
- CalOptima Model of Care

