

Americans with Disabilities Act



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Anthem HealthKeepers Plus and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) provider training

We understand the legal responsibilities set forth in the Americans with Disabilities Act (ADA) can be difficult to determine. We want to help.

We're providing this resource so you have an overview of the sections of the law that may affect you. You'll also find some guidance on making changes to your practice and office procedures to ensure compliance with the ADA.

The basics

We want to ensure services, programs and activities are readily accessible and useable to our members with disabilities. Under the ADA, "disability" means:

- A physical or mental impairment that substantially limits one or more of an individual's major life activities.
- A record of such an impairment.
- Being regarded as having such an impairment.

As a contracted provider with HealthKeepers, Inc., you're legally required to provide full and equal access to medical services. In other words, your public accommodations must not exclude, segregate or treat people unequally; the law considers unequal treatment discriminatory. Although reviewing the requirements of the law and implementing regulations can be unnerving, the basis for providing full and equal access to members with disabilities includes:

- Removing physical barriers.
- Providing means for effective communication with people who have vision, hearing or speech disabilities.
- Making reasonable modifications to policies, practices and procedures when necessary to make health care services fully available to individuals with disabilities (unless the modifications would fundamentally alter the essential nature of the services).

You must comply with all federal and state laws to deliver services in a manner that accommodates the needs of members with disabilities, assuring accessibility to services. Accessibility includes physical accessibility of service sites and medical and diagnostic equipment. In addition, vehicles must comply with the ADA specifications for transportation (*49 CFR § 38, Subparts A and B*).



<https://mediproviders.anthem.com/va>



Historical background on the ADA

The ADA became law in 1990 to ensure people with disabilities had the same rights and opportunities as everyone else. It was amended in 2008 with an effective date of January 1, 2009. It gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, gender, gender identity, national origin, age and religion. The ADA covers all areas of public life, including jobs, schools, transportation, and all public and private places open to the general public.

The ADA is divided into five titles (or sections) relating to these different areas of public life:

Title I	Employment practices of private employers with 15 or more employees, state and local governments, employment agencies, labor unions, agents of the employer, and joint management labor committees
Title II	Programs and activities of state and local government entities
Title III	Private entities that are considered places of public accommodation
Title IV	Telecommunications
Title V	Miscellaneous

For most physician practices, the most relevant are those aspects of the ADA that relate to discrimination in employment (Title I) and public accommodations (Title III, which includes doctors' offices and applies to all sizes of businesses, regardless of the number of employees).

Accommodating individuals with disabilities

Providers must ensure physical, communication and programmatic barriers don't hinder patients with disabilities from obtaining all covered services (*28 CFR § 35.130* in the ADA and Section 504, *29 USC § 794*, of the Rehabilitation Act of 1973). You must accommodate members' needs by:

- Providing flexibility in scheduling.
- Providing interpreters or translators for members who are deaf or hard of hearing.
- Having an understanding of disability-competent care.
- Ensuring individuals with disabilities, and their companions if applicable, are provided with reasonable accommodations to ensure effective communication (including auxiliary aids and services).
 - Reasonable accommodations will depend on the particular needs of the individual and include but aren't limited to:

- Ensuring safe and appropriate physical and communication access to buildings, services and equipment.
- Allowing extra time for members to dress and undress, transfer to examination tables, and speak with the practitioner to ensure the individual is fully participating and understands the information.
- Demonstrating compliance with the ADA by conducting an independent survey or site review of facilities for physical, communication and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies.

Note: It's best to consult with the member to determine the type of auxiliary aid needed for effective communication. You have the ultimate decision on which measures to take as long as the method chosen results in effective communication.

The use of service dogs must be permitted unless the animal is out of control or not housebroken. In that case, your patient must be given an opportunity to access services without having the animal on the premises.

You're **not allowed** to ask for proof of certification or licensing for a service animal. You **are allowed** to ask if the animal is required due to a disability. You can also ask "what work or task the animal has been trained to perform" (*28 CFR § 36.302c*). Interestingly, a new provision now permits miniature horses to be used as service animals if they've been "individually trained to do work or perform tasks for the benefit of the individual with the disability" (*28 CFR § 36.302c9*).

Location and accessibility requirements

New construction and alterations to health care facilities must adhere to ADA requirements (*28 CFR § 35.151* for Title II entities and *28 CFR § 36*, Subpart D, for Title III entities). All buildings, even those built before the ADA became law, are subject to these requirements.

Under Title III, existing facilities are required to remove architectural barriers when removal is “readily achievable” (that is, when it’s easily accomplished and can be carried out without much difficulty or expense). If barrier removal isn’t readily achievable, you must make services available through alternative, readily achievable methods. Under Title II, a public entity must ensure its program as a whole is accessible; this may entail removing architectural barriers or adopting alternative measures such as relocating activities to accessible locations. This program accessibility standard applies under Section 504 as well.

Accessible exam rooms have:

- An accessible route to and through the room.
- An entry door with sufficient clear width, maneuvering clearance and accessible hardware.
 - Note: Door hardware should not need tight grasping, tight pinching or twisting of the wrist for use.
- Appropriate models and placement of accessible examination equipment.
- Enough floor space next to the exam table so an individual using a wheelchair can approach the side of the table to transfer to it.
 - This includes turning space for wheelchairs to make 180 degree turns.
- Enough floor space inside the room for side transfers and lift equipment.

Things like the size of the practice and the patient population will determine how many exam rooms with accessible equipment are needed. One may be sufficient in a small doctor’s practice, but a larger clinic would likely need more.

Making sure medical equipment is accessible and available is essential to providing medical care that is free of barriers for individuals with disabilities. When determining how best to provide accessible care, you should assess your existing equipment, the space available within the exam room and in storage, your patient population, and the size of your practice and staff to make sure your patients with disabilities receive medical services equal to those received by your patients without a disability. The following are examples of accessible medical equipment:

- Gurneys and stretchers
- Portable floor and overhead track lifts
- Adjustable-height exam tables, chairs and radiologic equipment
- Wheelchair-accessible scales

Linguistic services

You must be responsive to linguistic, cultural, ethnic, racial, religious, age, gender or other unique needs of any members with disabilities or other special population served, including the capacity to communicate with members in languages other than English as well as those who are deaf, hard of hearing or blind.

Here are some guidelines around communicating with patients with a disability:

- You cannot rely on a minor to facilitate the communication.
- You cannot require the patient to bring another person to interpret for him or her.
- An accompanying adult can be relied on to facilitate communication if it’s an emergency or the patient requests it and the accompanying adult agrees. This arrangement must also be appropriate for the circumstances (*28 CFR §36.303*).
- The patient cannot be charged for the:
 - Use of an interpreter or other auxiliary aids and services needed for effective communications.
 - Costs of barrier removal and reasonable modifications in policies, practices and procedures (*28 CFR § 36.301c*).

Providers will need to:

- Assist members with skilled medical interpreters and resources.
- Have interpreters or translators available for those who are deaf, visually impaired or hearing impaired.
 - To request interpreter services from HealthKeepers, Inc., Anthem HealthKeepers Plus providers and members should call **1-800-901-0020** and Anthem CCC Plus providers and members should call **1-855-323-4687**.
- Be responsive to the unique needs of members, including those who are homeless, disabled (both congenital and acquired disabilities) or part of other special populations.



Transportation

All provider vehicles must comply with the ADA's vehicle specifications. Here are some of the guidelines around transportation:

- There must be functioning, clean and accessible seat belts for each passenger seat.
- Each vehicle must utilize child safety seats when transporting children under 8 years of age.
- Vehicles must be available for members who have special needs when needed.

Individuals with mobility disabilities can use manual and power driven mobility devices in areas open to pedestrian use. Modifications to policies, practices and procedures must be made to allow the use of power-driven mobility devices unless these devices "cannot be operated in accordance with legitimate safety requirements" (28 CFR § 36.311).

To determine whether a device is allowed, a list of assessment factors must be considered – size, speed of device, volume of facility pedestrian traffic, facility design, whether legitimate safety requirements can be established and risk of serious harm to the immediate environment. Under the ADA, the definition of a power-driven mobility device includes a golf cart or Segway.

You're **not allowed** to ask the individual with the device about the nature and extent of his or her disability, but you **are allowed** to ask for credible assurance that it's needed due to the disability. Verbal assurance is adequate if it agrees with your observation.

For questions, please contact your local Provider Relations representative or call Anthem HealthKeepers Plus Provider Services at 1-800-901-0020 or Anthem CCC Plus Provider Services at 1-855-323-4687.

Training resources

Ongoing training is essential. From the first contact a member has with your office, staff should be knowledgeable about:

- Not refusing service.
- Not providing unequal access to health care services to any person with a disability.
- Not giving the appearance of discriminating against the person.
- Proper transfer techniques for persons with mobility disabilities (to avoid injuries and provide proper safety).
- Effective communications for persons who are deaf, hearing-impaired or those with visual impairments or other disabilities.
- Keeping public areas accessible to all persons and maintaining clear routes to exam rooms, restrooms, etc.

Staff should be involved in revising policies and procedures that support equal access. All staff training should be documented and provided at the time of initial orientation, annually, and when needed to update with new information and material.

For more information on the ADA, refer to the following resources:

- <https://www.ada.gov>
- https://www.ada.gov/medicare_mobility_ta/medicare_ta.htm

We also have additional training resources for you and your staff available on our provider website:

- *Cultural Competency Tool Kit:*
https://mediproviders.anthem.com/Documents/VAVA_CAID_CulturalCompetencyToolkit.pdf
- Additional cultural competency training:
https://mediproviders.anthem.com/Documents/VAVA_CAID_CulturalCompetency.pdf
- Additional ADA compliance training:
https://mediproviders.anthem.com/Documents/VAVA_CAID_ADACompliancePresentation.pdf



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