



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

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.
- The problem is 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 also 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.

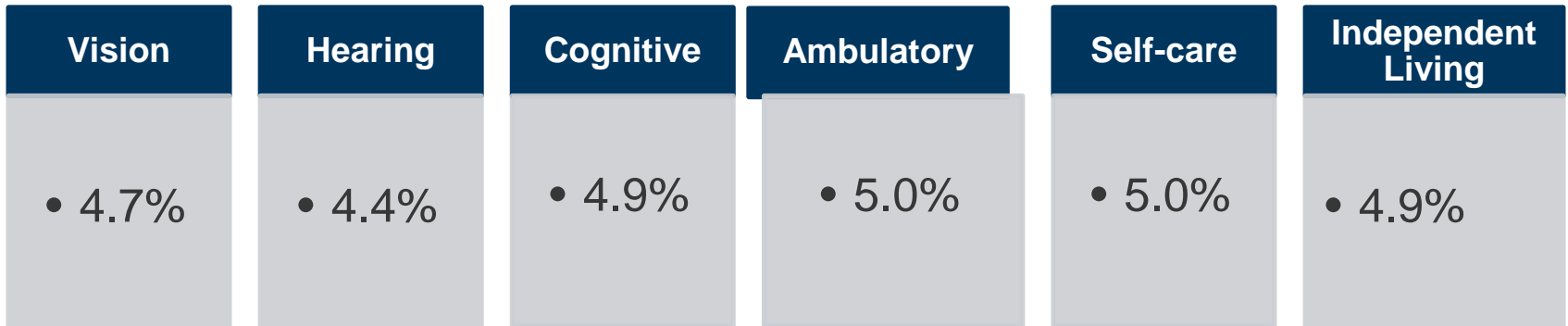
Who Are People with Disabilities?

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

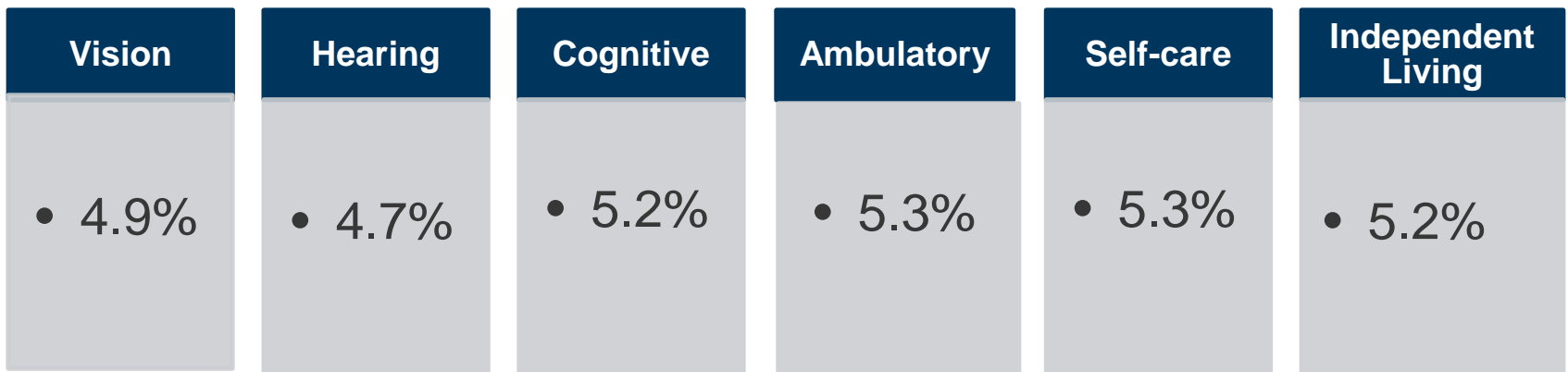
Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
<ul style="list-style-type: none">• Blindness or serious difficulty seeing even when wearing glasses	<ul style="list-style-type: none">• Deafness or serious difficulty hearing	<ul style="list-style-type: none">• Serious difficulty concentrating, 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: **12.3%**



- OC's total population of persons with a disability: **8.1%**



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Americans With Disabilities Act (ADA)

Important legislation that prohibits discrimination against people with disabilities.

- Passed in 1990, ADA states:

“No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.”

- The ADA is based on three fundamental values:
 1. Equal opportunity
 2. Integration
 3. Full participation

Americans with Disabilities Act (cont.)

- The ADA protects three classes of people with disabilities:
 1. Those with a physical or mental impairment that substantially limits one or more major life activities (not limited to):
 - Contagious and non contagious diseases
 - HIV (whether symptomatic or asymptomatic)
 - TB
 - Drug addiction and alcoholism (not currently using)
 - Orthopedic, visual, speech and hearing impairments
 - Cancer, heart disease, diabetes
 - Cerebral palsy, muscular dystrophy, multiple sclerosis
 - Specific learning disabilities
 2. Those who have a record of having a disability
 3. Those who are regarded as having a disability
- Does not specifically name all the disabilities covered

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 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 Department of Justice regulations implementing Title II of 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. Disabilities may be:
 - a. Physical
 - b. Developmental
 - c. Present at birth or occur during a person's lifetime
 - d. All of the above

2. The Olmstead Decision gives persons with disabilities rights under the law to receive services in the most integrated setting appropriate.
 - a. True
 - b. False

3. The Americans with Disabilities Act (ADA) applies only to people with physical disabilities.
 - a. True
 - b. False

Knowledge Check Answers

1. d. All of the above
2. a. True
3. b. False

Barriers to Access and Care

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

Physical Access

- The ability to get to, into, and through a building or the area where health care services are offered; and the ability to get onto the equipment needed for procedures and testing

Communication Access

- The ability of the provider and member to effectively communicate and understand the information asked and use the directions given

Program Access

- The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan and 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
- Improve health outcomes for persons with disabilities who are often less likely than persons without disabilities to get routine medical care.
- Helps members feel more relaxed and comfortable.
- 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
 - FSRs survey
 - CalOptima coordinates with providers to complete the survey on a regular basis
 - Uses the DHCS Physical Accessibility Review Survey Attachment C (*PARS*)
 - Standards are identified and encouraged BUT not required in California and no corrective action is provided.
 - Results of FSRs are to be made available to members through the CalOptima website and the provider directory.

Physical Access (cont.)

- Physical Accessibility Review Survey (PARS) reviews eight major areas for physical accessibility
 - Parking
 - Exterior route
 - Ramps
 - Building entrance
 - Interior route
 - Elevators
 - Restrooms
 - Exam, treatment rooms, medical equipment

Physical Access (cont.)

- Each area has “critical elements (CE)” assessed and used to designate a provider as having either:
 - Basic Access: Demonstrates facility site access to all CE
 - Limited Access: Demonstrates facility site access is missing or is incomplete in one or more CE areas
 - Medical Equipment Access: PCP site has height adjustable exam table and weight accessible scales for mobility devices plus patients.

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



CalOptima's Accessibility Codes

IB = Interior Building	P = Parking	R = Restroom	T = Exam Table/Scale
Doors are wide enough	Includes van accessible spaces	Restroom is accessible	Table moves up and down
Interior ramps are wide enough	Pathways have curb ramps	Doors are wide enough	Scale is accessible with handrails
Stairs have handrails		Easy to open	Weight scale accommodates a wheelchair
Elevator accessible to public patient at all times building is open		Room for a wheelchair or scooter to turn around	
Elevator has easy to hear sounds		Grab bars	
Braille button within reach		Sink is accessible	
Elevator has enough room for wheelchair and/or scooter			
Platform lift can be used without help			

CalOptima's Accessibility Codes (cont.)

E = Exam Room	EB = Exterior Building	ET = Electronic Table
Entrance is accessible	Curb ramps and ramps to building wide enough	Table lowers to between 17 and 19 inches from floor to the top of the cushion.
Clear path	Handrails on both sides of the ramp	
Doors wide enough	Doors wide enough	
Easy to open	Doors have handles that are easy to use	
Room for wheelchair or scooter to turn around	"Accessible" entrance	

Types of Physical Accommodations



Provider Accommodations

- Provider office policies include:
 - Flexible appointment times
 - Longer appointment times
 - Larger exam rooms
 - Support to fill out forms
 - Providing lift assistance
 - Providing print materials in alternative formats
 - Allowing service animals
- Provider office exam or medical equipment include:
 - Height adjustable exam table
 - Wheelchair accessible weight scale
 - Height adjustable mammography equipment
 - Movable optometry chair

Effective Communication

- To get, understand and use health information to improve health outcomes
- No cost to members for auxiliary aids and services
 - Alternative formats
 - Large print materials
 - Digital and audio formats
 - Braille
 - Language or ASL interpreters
 - Provide assistive listening devices
 - Communication or picture boards or cards
 - California Relay Service

CalOptima Model of Care

- CalOptima's Model of Care and the National Council on Disabilities both recommend and follow a person-centered approach in providing members' care.
- 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.
- "[T]he vast majority of people with disabilities are fully capable of directing their own lives, provided they receive the necessary information and support."

Source of Quote: National Council on Disabilities. Chapter 3. Guiding Principles for Successfully Enrolling People with Disabilities in Managed Care Plan. 2013

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

Model of Care Promotes Access to Care (cont.)

- An Interdisciplinary Care Team (ICT) develops an Individualized 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 individual care plan (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

Other important concepts in caring for the member:

- “Recovery is an individual’s journey of healing and transformation to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential.” (U.S. Department of Health and Human Services, 2005b, p. 4, as cited in NASW, 2005)
- The Recovery Model is a holistic approach widely accepted and used in behavioral health that focuses on personal strength and empowerment to make changes.
- The member’s care team will consider a member’s medical, psychosocial and behavioral needs when developing a plan of care.

Independent Living

- Based on concepts of:
 - Consumer choice
 - Autonomy
 - Empowerment in all aspects of their lives
 - Experts on their own needs
 - Advocacy for disability community
- Individuals with disabilities have these rights:
 - Live with dignity and with appropriate support in their own homes
 - Fully participate in their communities
 - Control and make decisions about their lives

Source: National Council on Independent Living. (2015)

Reasonable Accommodations and Access

- CalOptima ensures that members with disabilities receive the appropriate and necessary accommodations that meet physical and psychosocial needs.
- Services are available to all members, whether supplied by CalOptima or by providers.
- Accommodations are logical adjustments made to an environment that enables a person with a disability to access and receive services and programs.

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 at www.caloptima.org.

Types of Accommodations

- Physical accessibility may include all of these:
 - Building entrance
 - Restrooms
 - Parking lots, curb cutouts, sidewalks
 - Doors, door hardware, doorways and hallways
 - Waiting areas and reception desk
 - Larger exam rooms
 - Drinking fountains and water coolers
 - Elevators and lifts
 - Posted signs
 - Telephones
 - Forms and documents

Types of Accommodations (cont.)

- Changes to provider office policies may include:
 - Flexible appointment times
 - Longer appointment times
 - Appointments in a timely manner
 - Providing support to fill out forms
 - Lift assistance
 - Auxiliary Aids and Services
 - Providing print materials in alternative formats
 - Allowing service animals

Types of Accommodations (cont.)

- Members with limited mobility may need accessible exam or medical equipment, including:
 - Height adjustable exam table
 - Wheelchair accessible weight scale
 - Height adjustable mammography equipment
 - Moveable optometry chair

Types of Accommodations (cont.)

- Auxiliary aids and services for hearing impaired
 - To ensure effective communication with members who are deaf or hard-of-hearing, learn about and use appropriate resources or services, such as:
 - Assistive listening devices or amplification technologies
 - Augmentative and alternative communication devices
 - Audio recordings
 - Closed Captioning
 - Qualified American Sign Language (ASL) interpreters
 - Qualified readers
 - Relay service
 - Speech reading
 - Video relay

Types of Accommodations (cont.)

- Auxiliary aids and services for speech impaired
 - Types of speech disabilities
 - Developmental
 - Result of illness or injury
 - Degree of limitation
 - 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.)

- Communication services

- Relay Operator:

- Use of a TeleTYpe (TTY) or Telecommunication Device for the Deaf (TDD)
 - A TDD/TTY is a special device that lets people who are deaf, hard-of-hearing or have a speech disability use the telephone to communicate by typing messages.
 - A TDD/TTY is required at both ends of the conversation.
 - Not as widely used because of technology advancements like voice phones, iPhones, androids and tablets

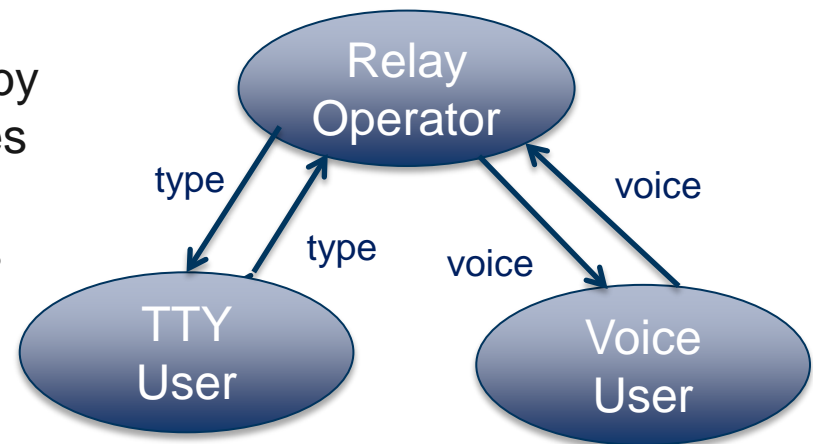
Types of Accommodations (cont.)

California Relay Service

- People with a hearing or speech impairment (deaf, hard-of-hearing, deaf-blind or speech disability) may use California Relay Service to communicate by telephone.

There are two ways to contact the Relay Operator.

1. TTY user dials 711 and communicates by typing to the Relay Operator, who replies back by typing.
2. Voice user dials 711 and communicates by voice to the Relay Operator, who replies back by voice
 - User should **speak slowly**.
 - User should **speak directly** to the caller.



Types of Accommodations (cont.)

California Relay Service (cont.)

➤ Additional services:

- Hearing Carry Over (HCO)
 - People who can hear but have a hard time speaking on the phone are able to listen to the person called and type their response.
- Speech-to-Speech (STS)
 - Speech that can be difficult for others to understand using a specially-trained communications assistant (CA)
- Voice Carry Over (VCO)
 - People with hearing loss and able to use their voice speak directly to the person they're calling and read what is spoken by the other party.
- Visually Assisted Speech-to-Speech (VA STS)
 - One-way video STS call using a webcam or videophone with Skype so the CA can see the person's mouth movements, facial expressions, and gestures

Types of Accommodations (cont.)

Language Interpreter Services

- **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.):

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.)

Materials in alternative formats

- 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 using the Health Education Request Form located in the Common Forms section of CalOptima's website www.caloptima.org.
 - 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. 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. 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 (cont.)

3. Language interpreter services for CalOptima members is:
 - a. A no-cost service and available by telephone or face-to-face
 - b. Available in American Sign Language only
 - c. Not needed as they can use a family member to interpret
 - e. Not a benefit for CalOptima members

4. 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.)

5. 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. b. Assistance with meals
3. a. A no-cost service and available by telephone or face-to-face
4. e. All of the above
5. 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.

Communications 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 where it is.

Communications 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.

Communications 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.

Communications 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.

Communications 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.

Communications 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:
 - Contact the member's assigned health network, if the member is in a health network.
 - For a listing of phone numbers for CalOptima health networks, please refer to Section B1: Health Network Contact Information of CalOptima's Provider Manual located on CalOptima's website at www.caloptima.org
 - Call CalOptima's Customer Service department toll-free at **855-705-8823** or TTD/TTY users can call toll free at **800-735-2929**.
 - Available Monday–Friday, from **8 a.m. to 5:30 p.m.**
- To request printed member or health education materials in alternate formats, contact CalOptima's Customer Service.

Available Resources (cont.)

- CalOptima's Provider Resource Line at **714-246-8600**
- CalOptima's website is www.caloptima.org
 - Resources for providers and staff found under Providers/Manuals, Policies and Resources/Provider Trainings/Seniors and Persons with Disabilities Training and Resources
- Aging and Disability Resource Connection of Orange County (ADRCOC) at **800-510-2020** or visit www.adrcoc.org

Knowledge Check

1. 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.
 - a. True
 - b. False
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

Lisa, age 68, uses a wheelchair and has multiple chronic conditions such as obesity, diabetes, hypertension, coronary artery disease and rheumatoid arthritis. She has been referred to a specialist for an evaluation.

The specialist provider and office staff have just completed the Disability Awareness module when Lisa calls to schedule a time for her first appointment.

What is the first step the provider office staff should take when talking to Lisa?

- a. Complete the Accommodations Checklist for Seniors and Persons with Disabilities with Lisa over the phone to identify her accommodation needs prior to her appointment.
- b. Complete with Accommodations Checklist at the time of appointment.
- c. Mail Lisa the Accommodations Checklist to complete and bring to her appointment.

Knowledge Check Answers

1. a. True
2. e. a, b and c
3. b. CalOptima Customer Service
4. b. False
5. a. Complete the Accommodations Checklist by phone prior to the visit

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 Training
- 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 CMC.4002: Cultural & Linguistic Services
- CalOptima Policy MA.7007: Access & Availability Standards
- CalOptima Policy MA.1608: Full Scope Site Reviews
- CalOptima Policy CMC.1003: OneCare Connect Staff Education and Training
- CalOptima Model of Care

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

