



A Public Agency

CalOptima
Better. Together.

Disability Awareness and Sensitivity Training

Learning Objectives

After completing the training you will:

- Be able to define **disability** and **functional limitations** and identify types of **accommodations** that may be needed for members
- Gain a level of comfort around issues of disability, including etiquette and **communication tips**
- Be familiar with **basic rights** of persons with disabilities
- Identify available CalOptima and community **resources**
- Help ensure members get the right service at the right time in the right place

Course Content

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

CalOptima's Commitment

- Starting June 2011, the California Department of Health Care Services (DHCS) required CalOptima to conduct awareness and sensitivity training for CalOptima employees, as well as network providers and staff who come in contact with Medi-Cal members identified by DHCS as Seniors and Persons with Disabilities (SPD).
- Disability awareness and sensitivity training continues to be required for all staff and health care providers who care for CalOptima members in any of the benefit plans.
- CalOptima is committed to ensuring that communications, physical spaces, services and programs are accessible to people with special needs, including visual, hearing, cognitive and physical disabilities.

Definitions:

Disability and Functional Limitations

Disability

- May be physical, cognitive, mental, sensory, emotional, developmental or some combination of these.
- A disability may be present from birth or occur during a person's lifetime.

Functional Limitations

- Are difficulties completing a variety of basic or complex activities that are associated with a health problem.
- For example, vision loss, hearing loss, and inability to move one's legs are functional limitations.

Limitations may also be due to mental and behavioral health issues.

Americans With Disabilities Act (ADA)

Important legislation governing how people with disabilities are to be treated.

- 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 an "equal opportunity" law for people with disabilities.

The Olmstead Decision

- In 1999, the Supreme Court made the Olmstead Decision:
Title II of the ADA requires states to place qualified individuals with **mental disabilities** in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and 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/Least Restrictive Setting

Key concept:

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.

1986 Mental Health Act requires restrictions on people with mental illnesses be **minimum necessary** to enable effective treatment, and to ensure protection of members and the public

Barriers to Access and Care

- Disabilities and functional limitations may create barriers to care:

Physical Access

- The ability to get into 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 communicate and understand the information asked and directions given

Program Access

- The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan

- Most difficult barriers to overcome are **attitudes**.
 - Focus on individual's ability rather than on disability.

The CalOptima Model of Care

Promotes Access to Care

- Health Risk Assessment (HRA) identifies and assesses:

Conditions

Mental health and
cognitive function

Cultural linguistic
needs

Visual and hearing
needs, preferences
and limitations

Activities of daily
living and
instruments of
activities of daily
living

Need for referrals to
Long-Term Services
and Supports (LTSS)
and In-Home
Supportive Services
(IHSS)

- An Interdisciplinary Care Team (ICT) develops an Individualized Care Plan (ICP), taking members' needs into account, including required accommodations, based on evidence-based practices.

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)
- CalOptima considers a member’s medical, psychosocial and behavioral needs.

Independent Living

- Concepts of choice, autonomy and control
- 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

Access and Accommodations

- CalOptima ensures that members with disabilities get accommodations that meet physical and psychosocial needs.
- Services are available to all members, whether supplied by CalOptima or by 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 to help providers and their office staff identify accommodation needs
 - 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
 - Doors, doorways and hallways
 - Waiting areas and reception desk
 - Drinking fountains and water coolers
 - Elevators
 - Posted signs
 - Telephones
 - Forms and documents

Types of Accommodations (cont.)

- Changes to provider office policies may include:
 - Flexible appointment times
 - Longer appointment times
 - Providing support to fill out forms
 - Providing lift assistance
 - Providing print materials in alternate 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.)

- To help you better communicate with members who are deaf or hard-of-hearing, learn about and use resources or services, such as:
 - Assistive listening devices or amplification technologies
 - Augmentative and alternative communication devices
 - Audio recordings
 - Captioning
 - Qualified American Sign Language (ASL) interpreters
 - Qualified readers
 - Relay service
 - Speech reading
 - Video relay

Types of Accommodations (cont.)

- Speech disabilities may be developmental or a result of illness or injury.
- Members with speech disabilities may use:
 - Their own voice
 - Letter board
 - Pen and paper
 - Augmentative and alternative communication devices

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.

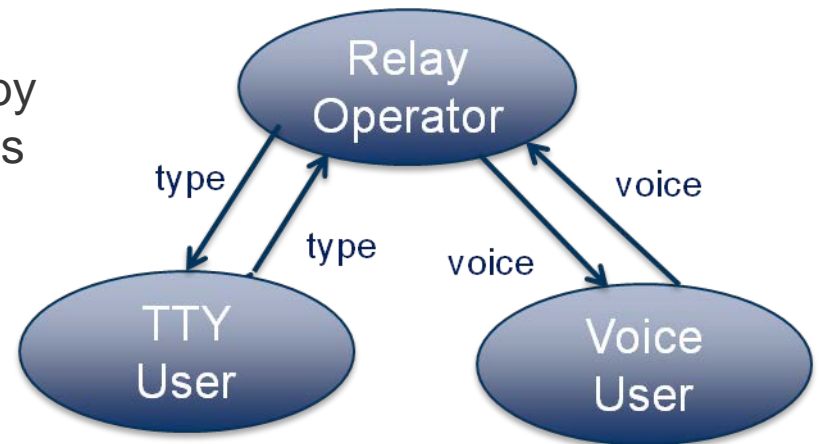
Types of Accommodations (cont.):

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.):

Language Interpreter Services

- **NO-COST** telephone or face-to-face interpreter services are available for CalOptima members (no authorization is needed).
- For face-to-face interpreter and American Sign Language (ASL) services, schedule one week in advance.
- For health network members, contact the member's assigned health network for language and interpreter services.
- For Interpreter Services, contact CalOptima:
 - Toll-free at **1-855-705-8823**.
 - Available Monday - Friday, from **8 a.m. to 5:30 p.m.**
 - TDD/TTY users can call **1-800-735-2929**

Types of Accommodations (cont.):

Materials in alternate formats

- Members may request health education materials in alternate formats: Braille, digital, audio or large print.
 - If health education information is needed right away for a member, CalOptima can be contacted to provide an oral interpreter for key information.
 - A health education topic in an alternate 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.
 - Alternate format requests to CalOptima may take up to 21 days.

Available Resources

- Schedule a language interpreter or American Sign Language interpreter:
 - Call CalOptima's CalOptima Customer Service department toll-free at **1-855-705-8823** or TTD/TTY users can call **1-800-735-2929**.
 - 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

Available Resources (cont.)

- Request health education materials in alternate formats:
 - Call CalOptima's Health Education department toll free at **1-888-587-8088** or **1-714-246-8500**.
 - Visit CalOptima's website at www.caloptima.org for a Health Education Request Form located in the Common Forms section.
 - Fax a complete Health Education Request Form to **1-714-338-3127** or email to healthpromotions@caloptima.org
 - For member materials in alternative formats, call CalOptima's Cultural & Linguistics (C&L) Services toll-free number at **1-888-587-8088** or e-mail C&L Services at culturallinguistic@caloptima.org

Available Resources (cont.)

- CalOptima's Provider Resource Line at **1-714-246-8600**
- CalOptima's website – www.caloptima.org
 - Materials are found under Providers/Manuals, Policies and Resources/Provider Trainings/SPD Training Resources for:
 - Accommodation Checklist for Seniors and People with Disabilities
 - Communication Tips
 - Tips on Disability Etiquette
 - Tips on Being an Empathetic Listener
 - Tips for Dealing with Difficult Members
 - Information and Contact Sheet for Interpreter Services
 - Americans with Disabilities Act (ADA) Questions and Answers for Health Care Providers — General
- Aging and Disability Resource Connection of Orange County (ADRCOC) at **1-800-510-2020** or visit www.adrcoc.org

Communication Tips

- When talking about 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, deaf person, wheelchair-bound, 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 to assume 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

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

Use sighted guide technique, if asked

Don't:

Shout;

move someone's cane without asking; if you move it, tell where it is.

Communications Tips (cont.)

Members with hearing impairments may need consideration:

Speak clearly and slowly

Offer pen and paper

Ask if a sign language interpreter is needed

Make eye contact

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 impediments 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; 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; 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; 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 possible crisis

Listen to ensure understanding

Change words you use

Keep it simple. Break ideas into small pieces that can be more easily remembered

Put instructions and important information in writing if member has short-term memory issues

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; be patronizing.

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”)

References

- 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
- CMS/DHCS/ CalOptima 3-way Agreement
- CalOptima Model of Care

Training Attestation

Please click on the link below to access the attestation for the Disability Sensitivity and Awareness Training. Be sure to follow the instructions provided on the form for the appropriate process to complete and submit the attestation.

[Link to Training Attestation Form](#)

CalOptima's Mission

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal

CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

CalOptima

Better. Together.



A Public Agency

OneCare Connect

CalOptima

Better. Together.



A Public Agency

PACE

CalOptima

Better. Together.