

## ACCOMMODATION CHECKLIST FOR SENIORS AND PERSONS WITH DISABILITIES (SPD)

**Please contact an identified SPD member prior to the member's appointment to complete this form.**

This form will assist office staff in identifying the member's disabilities that may limit his/her ability to physically access health care, communicate effectively or follow directions given by the provider. Identifying the member's needs helps ensure that the member is able to receive quality health care services.

### Instructions to complete this form:

- Complete this form for each SPD member accessing services in your office/facility to identify the member's accommodation needs. This form may be completed by office staff with assistance from the member, the member's caregiver or authorized representative.
- Mark the appropriate box below with the type of visit (i.e., initial visit, annual follow-up visit or status change/new checklist), and document the date completed.
- If a member's disability status changes, then a new Accommodations Checklist may be needed.
- Keep a copy of this form in the member's medical records (hard copy or electronic).

| TYPE OF VISIT  | DATE OF VISIT |
|--|---------------|
| <input type="checkbox"/> <b>Initial visit</b><br><input type="checkbox"/> <b>Annual follow-up visit</b><br><input type="checkbox"/> <b>Status change/new checklist</b> | <b>Date:</b>  |

| MEMBER INFORMATION/PREFERRED MEANS OF CONTACT |   |  |
|---|---|--|
| <b>Name:</b>                                  | <b>CIN#:</b>                                | <b>Mailing address:</b>                |
|   |   |  |
| <b>Method of contact:</b>                     |   |  |
| <input type="checkbox"/> <b>Cell phone:</b>   | <input type="checkbox"/> <b>Home phone:</b> | <input type="checkbox"/> <b>Email:</b> |

**I. After communicating with the member, please write a brief description of the member's disability and accommodation needs in the box below. Please see listed examples:**

- Uses wheelchair and requires assistance to transfer to a chair/exam table
- Is hard-of-hearing and requires written communications
- Has visual impairment and needs large-print text
- Has developmental disability and needs additional time for office visits
- Takes medications and requires an afternoon appointment
- Is a senior who uses a walker and needs help getting on the exam table

**II. Please check any of the following accommodations that the member may need during the member's health care appointment or for a follow-up visit.**

| <b>COMMUNICATION: How the member makes or confirms appointments and/or exchanges information</b>   |   |
|--|---|
| <b>Accommodation Needed</b>  | <b>How to Access Resources</b>  |
| <input type="checkbox"/> Language interpreters/sign language interpreters  | <b>COD/CCN:</b> Call CalOptima Customer Service at 714-246-8500<br><b>Health Networks:</b> Refer to "How to Access Interpreter Services" listing located on CalOptima's website at <a href="http://www.caloptima.org">www.caloptima.org</a> |
| <input type="checkbox"/> California relay service  | Call CalOptima's TDD/TTY line at 714-246-8523   |
| <input type="checkbox"/> Braille<br><input type="checkbox"/> Audiotape/audio CD<br><input type="checkbox"/> Electronic format CD<br><input type="checkbox"/> Other | Call CalOptima's Health Education department at 888-587-8088 or 714-246-8500, or email <a href="mailto:healthpromotions@caloptima.org">healthpromotions@caloptima.org</a>   |

| <b>MEDICAL EQUIPMENT/EXAMINATION SPACE NEEDED TO ENSURE AN EFFECTIVE EXAM</b> |                           |
|---|---------------------------|
| <b>Accommodation Needed</b>   | <b>Office Staff Notes</b> |
| <input type="checkbox"/> Height adjustable exam table                         |                           |
| <input type="checkbox"/> Wheelchair accessible weight scale                   |                           |
| <input type="checkbox"/> Lifting assistance                                   |                           |
| <input type="checkbox"/> Exam room space to maneuver mobility device          |                           |
| <input type="checkbox"/> Ample doorway space                                  |                           |
| <input type="checkbox"/> Other  |                           |

| <b>ANY OTHER MODIFICATION OR EXTRA TIME AND ASSISTANCE</b> |                           |
|--|---------------------------|
| <b>Accommodation Needed</b>                                | <b>Office Staff Notes</b> |
| <input type="checkbox"/> Extended appointment time         |                           |
| <input type="checkbox"/> Assistance with paperwork         |                           |
| <input type="checkbox"/> Limited English proficiency       |                           |
| <input type="checkbox"/> Service animal                    |                           |
| <input type="checkbox"/> Other                             |                           |

| <b>METHOD FOR GETTING TO APPOINTMENTS</b>   |                                     |
|---|-------------------------------------|
| <b>Accommodation Needed</b>   | <b>Office Staff Notes: Contacts</b> |
| <input type="checkbox"/> Self — Private car/van   | Name:                               |
| <input type="checkbox"/> Driver/caregiver — Private car/van   | Phone #:                            |
| <input type="checkbox"/> Para-transit (transportation that does not follow a fixed route, such as mini-bus or taxi) | Arrangements:                       |
| <input type="checkbox"/> Public transit contact information   | Authorization #:                    |
| <input type="checkbox"/> Non-emergency medically necessary transportation (obtain authorization as necessary)       |                                     |

**Office Use Only**

|                      |       |       |
|----------------------|-------|-------|
| <b>Completed by:</b> | Name: | Date: |
|----------------------|-------|-------|