

Physical Accessibility Review Survey (PARS)

Accessibility and Accommodation Webinar

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Agenda

Introduction

Addressing Accessibility at Provider Sites

Physical Accessibility Indicators and Access Levels

Access Levels

Accessibility Indicators

Building Accessibility

Q&A

Learning Objectives



- Provide an overview of statewide Physical Accessibility Review Survey (PARS) activities impacting the Medi-Cal & Cal MediConnect products
- Review of the current required statewide PARS
 - This survey is used to identify potential accessibility barriers to providers' offices, clinics, and other health care providers for seniors and people with disabilities

Addressing Accessibility at Provider Sites

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Physical Accessibility Review Survey

PHYSICAL ACCESSIBILITY ALLOWS ALL PEOPLE TO:

- Get to the medical office
- Enter the building/exam room
- Use facilities
- Communicate health care needs with providers



Physical Accessibility Review Survey

- Health Net must conduct a PARS for provider sites every three years as required by:
 - The Department of Health Care Services (DHCS)
 - Medi-Cal Managed Care Division (MMCD)
- The purpose of PARS is to assess the physical accessibility of provider sites, including PCPs who serve Medi-Cal and/or CalMediConnect members, high volume specialists, ancillary service providers, and Community-Based Adult Services (CBAS) centers that serve seniors and persons with disabilities (SPD)

Physical Accessibility Review Survey

- DHCS requires Health Net to collaborate with other health plans to conduct these assessments to reduce redundancy of the PARS as well as provider abrasion.
- The assessment results are shared among Medi-Cal participating health plans in the county and are reflected in the form of indicators in the provider directory and Health Net's website at www.HealthNet.com, as required by DHCS.
- The survey is NOT an ADA audit—it is an assessment only; no corrective actions are required.
- However, recommendations are made on how to make a site more accessible.
- The survey is to provide accessibility information to help the members select a provider that meets their needs.

Physical Accessibility Review Survey

THERE ARE THREE STATEWIDE SURVEY TOOLS IN USE FOR MEDI-CAL AND CALMEDICONNECT:

- **Primary Care Physician and High Volume Specialists' offices** are assessed for Physical Accessibility using the:
 - DHCS tool known as PARS
 - Physical Accessibility Review Survey (FSR Attachment C)
- **Two new tools have been approved by DHCS and have been in use since 2015:**
 - CBAS specific PARS (FSR Attachment E)
 - Ancillary Provider Specific PARS (FSR Attachment D)

Physical Accessibility Indicators and Access Levels

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Physical Accessibility Indicators

THE SURVEY RESULTS ARE SUMMARIZED BY SIX ACCESSIBILITY INDICATORS AND TWO OVERALL SUMMARY CATEGORIES—BASIC OR LIMITED ACCESS:

| Abbreviation | Meaning |
|--------------|---|
| P | Parking |
| EB | Exterior Building |
| IB | Interior Building (e.g., elevators) |
| E | Exam Room |
| R | Restroom |
| ME/T | Medical Equipment |
| PA | Participant Area (CBAS Tool) |
| PD | Patient Diagnostic and Treatment Use (Ancillary Tool) |

Access Levels

BASIC ACCESS: DEMONSTRATES FACILITY SITE ACCESS FOR MEMBERS

WITH DISABILITIES TO:

Parking

- Exterior Building
- Interior Building (e.g., elevators)
- Exam Room
- Restroom

In addition, availability of accessible medical equipment
(height adjustable exam tables and accessible weight scale)

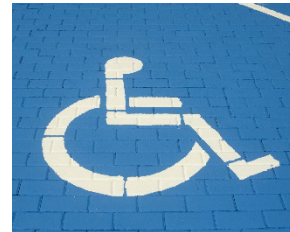


Physical Accessibility Access Level

LEVEL OF ACCESS: *ASSESSMENT AND ACCESSIBILITY DESIGNATIONS AND SYMBOLS FOR “LEVELS OF ACCESSIBILITY”:*

- **Basic Access**

- Demonstrates facility site access for members with disabilities to independently:
 - Park
 - Get into the building
 - Navigate the building
 - Obtain health care independently
- To meet Basic Access requirements within the tool, there are 29 Critical Elements (CEs) in the assessment that must be met (Note: There are 86 overall elements).



Physical Accessibility Access Level

LIMITED ACCESS: DEMONSTRATES MISSING OR INCOMPLETE FACILITY SITE

ACCESS FOR MEMBERS WITH DISABILITIES TO ONE OR MORE OF THE FOLLOWING:

- Parking
- Exterior Building
- Interior Building (e.g., elevators)
- Exam Room
- Restroom



Accessibility Indicators

DEFINITIONS:

- **P = Parking**

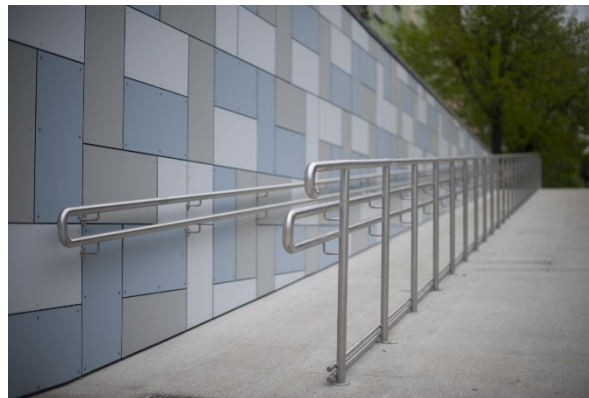
- Parking spaces, including van accessible spaces, are accessible.
- Pathways have curb ramps between the parking lot and office, and at drop-off locations.

- **EB = Exterior Building**

- Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter user.
- Handrails are provided on both sides of the ramp.
- There is an “accessible” entrance to the building.
- Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.

Accessibility Indicators

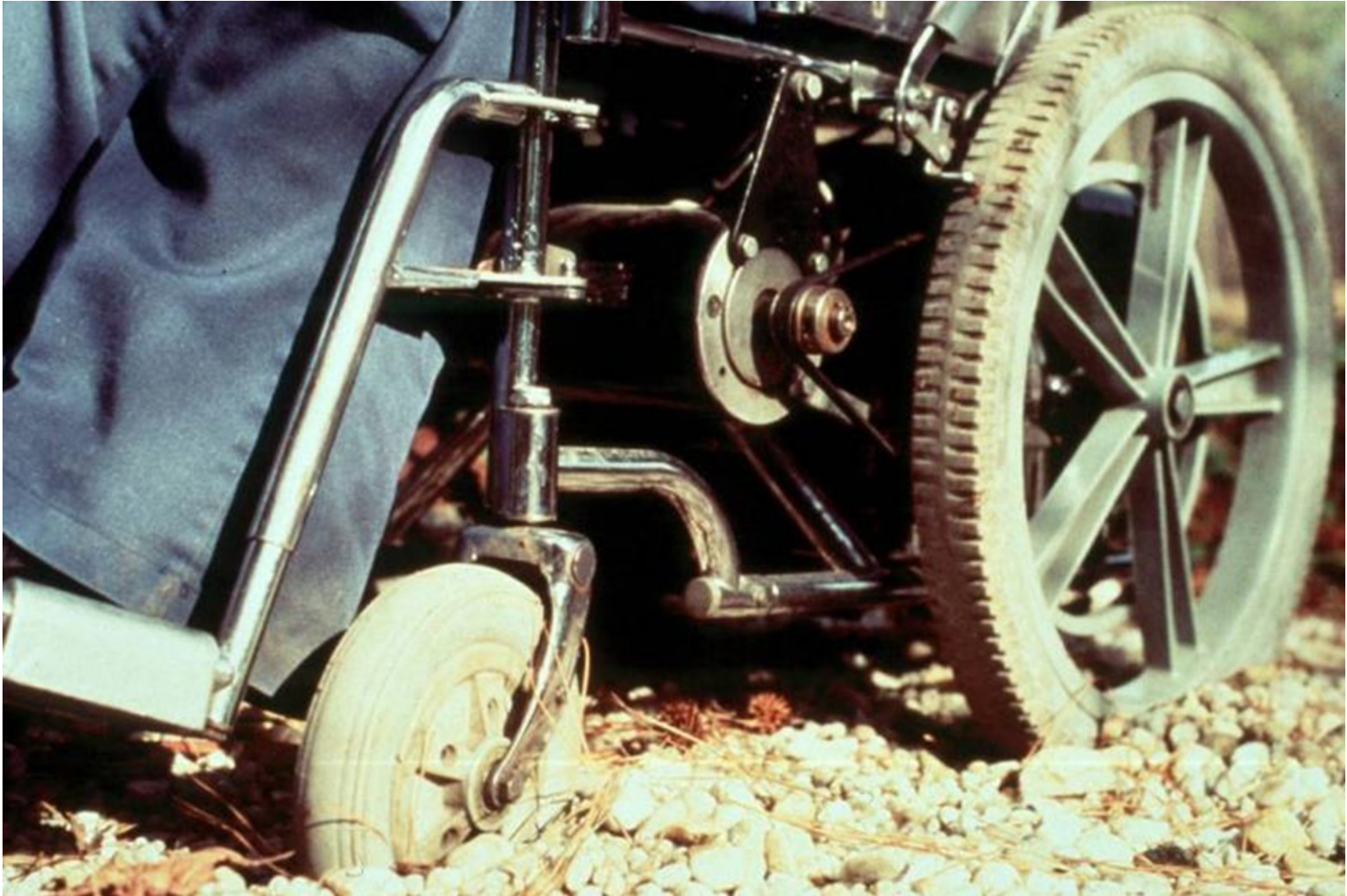
- **People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else**
- At least one route of travel should be safe and accessible for everyone, including people with disabilities
 - Is there a route of travel that does not require use of stairs?
 - Is route of travel stable, firm, and slip-resistant?
 - Is there a barrier?



Obstructed Sidewalk Ramp



Inaccessible Path



Accessible Parking and Volume of Spaces



Exterior Building Accessibility

- Are handrails provided on both sides of the ramp?
- Are handrails mounted between 34 and 38 inches above the ramp surface if it is longer than 6 feet?



Accessibility Indicators

DEFINITIONS:

- **IB = Interior Building**

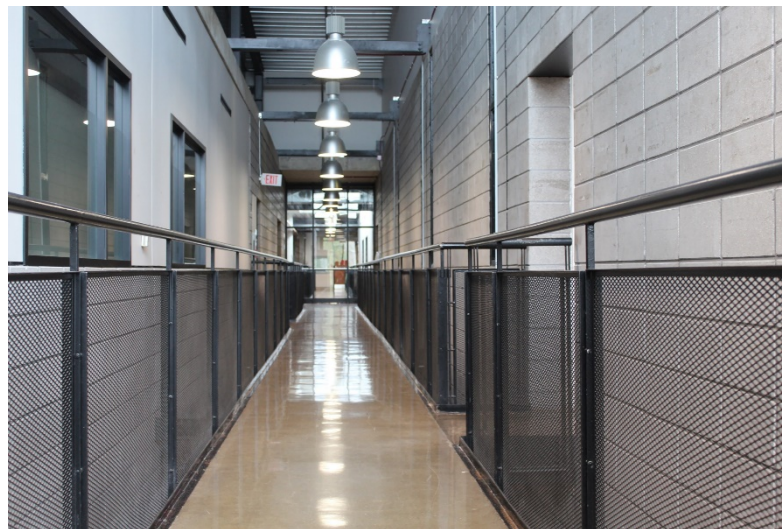
- Doors open wide enough to let a wheelchair or scooter user enter and have handles that are easy to use.
- Interior ramps are wide enough and have handrails.
- Stairs, if present, have handrails.
- If there is an elevator, it is available for public/patient use at all times the building is open. The elevator has easy to hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or scooter user to turn around.
- If there is a platform lift, it can be used without help.

- **R = Restroom**

- The restroom is accessible, and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open.
- The restroom has enough room for a wheelchair or scooter to turn around and close the door.
- There are grab bars that allow easy transfer from a wheelchair to the toilet.
- The sink is easy to get to, and the faucets, soap, and toilet paper are easy to reach and use.

Interior Building Accessibility

- If there are stairs on the accessible route, are there handrails on each side?
- Are ALL interior paths of travel at least 36 inches wide?
- Is there a clear space, 30 inches wide by 48 inches long, in the waiting area(s) for a wheelchair or scooter user to park that is not in the path of travel?



Accessible Waiting Room



Restroom Accessibility

- **Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet?**
 - Grab bars should be installed in a horizontal position between 33 and 36 inches above the floor measured to the top of the gripping surface.
- **Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to park in front of the sink?**
 - This space must extend at least 17 inches under the sink from the front edge, although it can extend up to 19 inches underneath.

Inaccessible Sink



Exam Rooms

DEFINITIONS:

- **E = Exam Room**
 - The entrance to the exam room is accessible, with a clear path.
 - The doors open wide enough to accommodate a wheelchair or scooter and are easy to open.
 - The exam room has enough room for a wheelchair or scooter to turn around.

- Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?

- Is there space next to the height adjustable exam table for a wheelchair or scooter user to:
 - Approach the table?
 - Park by the table?
 - Transfer or be assisted to transfer onto the table?

Medical Equipment

DEFINITIONS:

- **ME/T = Medical Equipment (Exam Table/Scale)**
 - The exam table moves up and down, and the scale is accessible with handrails to assist people with wheelchairs and scooters.
 - The weight scale is able to accommodate a wheelchair.

- Is there a height adjustable exam table that lowers to between 17 inches and 19 inches from the floor to the top of the cushion?

- Is a weight scale available within the medical office with a platform to accommodate a wheelchair or scooter and the patient?
 - Scale is to accommodate:
 - wheelchair users
 - people with activity limitations
 - larger people who may exceed a standard weight scale limit

Height Adjustable Exam Table



Participant Area

DEFINITIONS:

- **PA = Participant Area**
 - Members can get to and use all common areas and equipment with or without help.

- Is there a height adjustable exam table that lowers to between 17 inches and 19 inches from the floor to the top of the cushion?

- Is there space (48in x 30in) in the following areas for a wheelchair or scooter user to approach and park for participation in activities or use of exercise equipment?
 - Quiet Room
 - Physical Therapy Room
 - Occupation Therapy Room
 - Activity Area

Patient Diagnostic and Treatment Area

DEFINITIONS:

- **PD = Patient Diagnostic and Treatment Use**
 - Patients are able to access and use testing and treatment areas, and equipment.
- Is there space next to the equipment for a wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto following?
 - Equipment (such as PT)
 - Diagnostic Apparatus
 - Patient Activity Areas (such as OT, dining)
 - Infusion (chairs or beds for chemo and dialysis)
- If any diagnostic equipment or treatment tables/chairs are used, is there a patient pre-assessment process (i.e., phone call) prior to an appointment to verify that the necessary services can be provided?
- Does staff provide patient transfer assistance on and off of equipment (this includes use of lift equipment when needed)?

Any Additional Questions Please Contact

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