

Accommodations and accessibility: Enhancing health outcomes



Providers should be aware that their patients/consumers might have disabilities and may need varying accommodations to have their health care needs met effectively. All providers, including Medicaid providers, operating an existing public accommodation have requirements under Title III of the Americans with Disabilities Act (ADA) of 1990. This article has been issued to help providers define appropriate accommodations for all patients/consumers including Medicaid recipients.

Census statistics

According to the U.S. Census Bureau, one out of every five Americans has some type of disabling condition. Nationwide, that is more than 48 million people. Based on this statistic, over a million people in Wisconsin have some type of disability.

Accommodations enhance health outcomes

In most cases, accommodations are the product of common-sense thinking and discussion between providers and patients/consumers. Accommodations are often needed to provide safe and effective medical treatment. Without certain accommodations, medical staff run the risk of not understanding their patient's/

consumer's symptoms, misdiagnosing a patient's/consumer's medical problem, or prescribing inadequate or even harmful treatment. Similarly, without certain accommodations, patients/consumers may not understand medical instructions and warnings or prescription guidelines.

Examples of accommodation might include:

- A person who has a mobility disability might need help opening the door to a provider's office.
- A person using a wheelchair, or someone unsteady, might need to be offered assistance or provided with an adjustable-height examination table.
- A person who is visually impaired might need written materials in large print.

People who have disabilities and older adults represent a large customer base

The Americans with Disabilities Act (ADA) defines a "disability," with respect to an individual, as:

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

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If an individual meets any one of these three tests, he or she is considered to be an individual with a disability for purposes of coverage under the ADA.

People who have disabilities and older adults represent a large customer base for health care providers. As previously noted, one out of five people have a disability. This figure does not only include people with significant, physical disabilities. Our nation's baby boomers are aging, and physical and other limitations will become a reality for more and more people.

Examples of possible disabilities include:

- Orthopedic, visual, speech, and hearing impairments.
- Cerebral palsy.
- Epilepsy.
- Muscular dystrophy.
- Multiple sclerosis.
- Cancer and heart disease.
- Diabetes.
- Mental retardation.
- Psychiatric disability.
- Specific learning disabilities.
- HIV disease (whether symptomatic or asymptomatic).
- Tuberculosis.
- Drug addiction.
- Alcoholism.

Reasonable modifications

Accommodations need not be costly. In fact, sometimes the simplest and least costly modifications are the most effective. In accordance with the ADA, health care providers and their offices may need to make reasonable modifications to their policies, practices, and procedures in order to make their goods and services available to people who

have disabilities. There is no set list of accommodations as each situation is treated individually.

For example, accommodations for people who are blind or visually impaired may include alternative formats of materials used in a practice, such as Braille, large print, or audio tape. Having staff personnel read these materials to a patient/consumer might also be considered an appropriate accommodation.

“Readily achievable” modifications to structural barriers

The ADA defines “readily achievable” as easily accomplished and able to be carried out without much difficulty or expense. In other words, removal of a barrier should be relatively simple and inexpensive.

Health care providers and their offices need to remove structural barriers that may impede patient/consumer access if removal is readily achievable.

The ADA's readily achievable standard does not require barrier removal that involves significant restructuring or expense. The readily achievable standard is intended to be a flexible one that is applied on a case-by-case basis.

Effective communication with patients/consumers

To provide quality health care services, health care providers must effectively communicate with their patients/consumers, including patients/consumers who have disabilities. Effective communication can often be achieved by using auxiliary aids and services.

Accommodations need not be costly. In fact, sometimes the simplest and least costly modifications are the most effective.

When specific modifications are not readily achievable or are an undue burden, providers are required to take alternative steps that can be accomplished without much difficulty or expense.

Some examples of auxiliary aids and services include:

- Hiring qualified sign language interpreters.
- Written materials.
- Assistive listening devices.
- TTYs (text telephones for people who are deaf or hard of hearing).
- Audio tapes.
- Braille or large-print materials.
- Readers (staff reading materials to the patient/consumer).

Under the ADA, health care providers and their offices are required to remove communication barriers if removal is readily achievable. The use of auxiliary aids can be flexible. The goal is to find an effective means of communication appropriate to the particular circumstance. For example, for a simple and straightforward procedure involving a person who is deaf but reads and writes, communication might be improved by using a pen and notepad to explain the procedure involved. However, this may not be the most effective means of communication if a physician needs to explain treatment options. If a patient/consumer needs to understand medically complex treatment options, effective communication might require using a sign language interpreter.

Alternatives when modifications are not readily achievable or create an undue burden

When specific modifications are not readily achievable or are an undue burden, providers are required to take alternative steps that can be accomplished without much difficulty or expense. For example, a surgeon who has an office on an upper floor of a building that has no elevator may be able to arrange to use an office

on a lower, accessible floor in the same or nearby building to serve patients/consumers when necessary.

Resources to assist you

A good source for contacting services requested for accommodation and information on accessibility is your local Independent Living Center (ILC). Independent Living Centers are non-residential, consumer-controlled agencies serving as a resource for people who have disabilities and the community as a whole. They provide resource information about accommodations and accessibility. They are also an excellent resource for your patients/consumers. Refer to Attachment 1 of this *Update* for a map and locations of the ILCs in Wisconsin.

Local social service agencies and your chamber of commerce may also be good resources for information and referral. Attachment 2 of this *Update* offers resource information on tax incentives for businesses that incur expenses in removing barriers or increasing accessibility for people who have disabilities.

Watch for more information specific to various disabling conditions in future *Updates*. These topics will help you understand how your facility and personnel can better provide services to people who have disabilities. ✦

The preceding article was developed in collaboration with Wisconsin's Independent Living Centers. We would like to give a special thank you to IndependenceFirst, an Independent Living Center in Milwaukee.

Commonly asked Family Care questions

The following are answers to provider questions about Family Care, Wisconsin's voluntary program that provides various long term care (LTC) services. Family Care is currently being piloted in Fond du Lac, Portage, La Crosse, and Milwaukee counties.

Family Care covers individuals with long term care needs who are elderly or have physical or developmental disabilities; what is the definition of "elderly"?

In Milwaukee County, individuals must be at least 60 years of age to be eligible for Family Care. In Fond du Lac, Portage, and La Crosse counties, individuals must be at least 65 years of age.

What are the residency requirements for Family Care?

To qualify for Family Care, individuals must have their legal residence in one of the pilot counties—Fond du Lac, Portage, La Crosse, or Milwaukee. If the pilot county Care Management Organization (CMO) purchases services for a member in a residential facility outside of the county, that person is still officially a resident of the pilot county and retains eligibility for Family Care.

What are Resource Centers?

Aging and Disability Resource Centers in pilot counties help people make informed choices about long term care (LTC) by providing advice on available LTC options. Resource Centers serve all individuals, not only those eligible for Family Care and other public programs. Resource Centers provide LTC options counseling to individuals who are seeking admission to nursing homes or other LTC

residential settings and to people who inquire about LTC on their own. Once an individual completes the LTC functional screen and financial assessment, is found eligible for Family Care, and expresses a desire to participate in Family Care, the Resource Center helps the individual enroll. Enrollment in Family Care is always voluntary. Resource Centers also provide participants of the home and community-based waiver program with information about Family Care and offer them the opportunity to enroll and begin receiving services from the CMO instead of the ~~community-based waiver program~~. ✦

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Correction to Update 2000-20 for dentists

The Wisconsin 1999-2001 Biennial Budget authorized the Department of Health and Family Services (DHFS) to establish new maximum allowable fees for adult and children's dental services effective for dates of service on and after July 1, 1999. For more information on this increase, refer to *Wisconsin Medicaid and BadgerCare Updates 2000-03 and 2000-13*.

The Legislature did not authorize an additional rate increase for dentists in the second year of the biennium. Other noninstitutional Medicaid providers received a 1% rate increase effective July 1, 2000, because they did not receive an increase in the first year.

Dentists were inadvertently included in the June 2000 *Wisconsin Medicaid and BadgerCare Update (2000-20)*, titled "One percent reimbursement increase for noninstitutional services – Effective July 1, 2000." Dentists will *not* be reimbursed an additional 1% for services provided to Medicaid recipients.

The information in this *Update* article applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for rate information. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements. ✦

What's new on the Medicaid Web site

The Wisconsin Medicaid Web site includes provider and recipient publications, Medicaid contacts and statistics, and eligibility and benefit information. You may visit the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

The following is a list of what has recently been added to the Medicaid Web site:

- September 2000 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- Interactive version of the All-Provider Handbook.
- Updated STAT-PA information.
- Updated Estate Recovery Brochure.

Keep in mind that if you do not have a computer with Internet access, many libraries have access available. ✦

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

HIPAA uptodate

It's official!

The rule for Transactions and Code Sets is final

The final rule for Transactions and Code Sets was published in the Federal Register on August 17, 2000.

This is the first of many rules expected to be published under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The final rule for Transactions and Code Sets establishes standards for the following electronic transactions:

- Health claims or equivalent encounter information.
- Enrollment and disenrollment in a health plan.
- Eligibility for a health plan.
- Health care payment and remittance advice.
- Health plan premium payments.
- Health claim status.
- Referral certification and authorization.
- Coordination of benefits.

In addition, it mandates the use of national code sets (e.g., diagnosis codes, procedure codes, Remittance and Status Report messages) and eliminates local coding structures.

If you haven't done so already, it is important that you and your information system vendors obtain a copy of this rule and review it thoroughly to determine the effects HIPAA will have on your organization's systems and processes. The final rule defines the requirements and standards that you must implement to comply with HIPAA regulations.

A copy of the final rule for Transactions and Code Sets, along with other valuable HIPAA information, can be found on the Internet at aspe.os.dhhs.gov/admsimp/. If you do not have a computer with Internet access, many libraries have Internet access for public use.

You can also order a paper copy of the Federal Register directly from the United States government. When ordering, you must indicate the publication date of August 17, 2000. You will receive the entire Federal Register for that day. The final rule for Transactions and Code Sets is located in Part III, Department of Health and Human Services.

To order, send a check or money order for \$8.00 made payable to the Superintendent of Documents, or your Visa, MasterCard, or Discover number along with its expiration date to:

New Orders, Superintendent of Documents

P.O. Box 371954

Pittsburgh, PA 15250-7954

Credit card orders can also be placed by calling (202) 512-1800 or by faxing (202) 512-2250.

Frequently Asked Questions

By now you should have begun to familiarize yourself with HIPAA regulations so that you can effectively analyze your organization's systems and processes to determine what needs to be done to ensure timely compliance. To help you as you begin your research, the Division of Health Care Financing (DHCF) has compiled the following answers to frequently asked questions.

Q. On what date do our systems have to be HIPAA compliant?

A. Health plans, health care clearinghouses, and health care providers that transmit health information in electronic form will have approximately 26 months from the publication of each final rule to implement the standards of that rule. Compliance deadlines will vary based on the date of publication for each rule. For example, the compliance deadline for the final rule on Transactions and Code Sets is October 2002.

Q. What changes will I have to make to my computer systems to comply with HIPAA regulations?

A. Since computer systems vary from provider to provider, you will need to analyze HIPAA regulations to determine what changes need to be made to *your* computer system. You should also contact your software vendors and billing services regarding potential upgrades to their products. They are responsible for verifying that *their* products are HIPAA compliant.

Q. How will HIPAA affect Medicaid policies?

A. We anticipate some Medicaid policies will change as a result of HIPAA. We are currently analyzing the final rule for Transactions and Code Sets and will notify you of any policy changes that need to be made as a result of these standards.

Q. Can I continue to submit my claims on paper?

A. Yes. HIPAA mandates standards for electronic claims but does not require providers to submit their claims electronically. However, to further streamline processes, some changes to paper forms and to Medicaid billing requirements for paper claims submission may be made.

Watch for more *HIPAA Up-to-date* articles in future *Wisconsin Medicaid and BadgerCare Updates*.

ATTACHMENT 1

Wisconsin's Independent Living Centers

North Country
 2231 Catlin Ave.
 P.O. Box 1245
 Superior, WI 54880
 715-392-9118 (voice/tty)
 715-392-4636 (fax)
 800-924-1220

Midstate Independent Living
 P.O. Box 369
 Rhinelander, WI 54501
 800-311-5044 (voice/tty)
 1626 B.W. Pearl Street
 Stevens Point, WI 54481
 715-344-4210 (voice/tty)
 800-382-8484

Options for Independent Living
 555 Country Club Road
 P.O. Box 11967
 Green Bay, WI 54307-1967
 920-490-0500 (voice)
 920-490-0600 (tty)
 920-490-0700 (fax)
 888-465-1515

CILWW
 2920 Schneider Ave. E
 Menomonie, WI 54751
 715-233-1070 (voice/tty)
 715-233-1083 (fax)
 800-228-3287

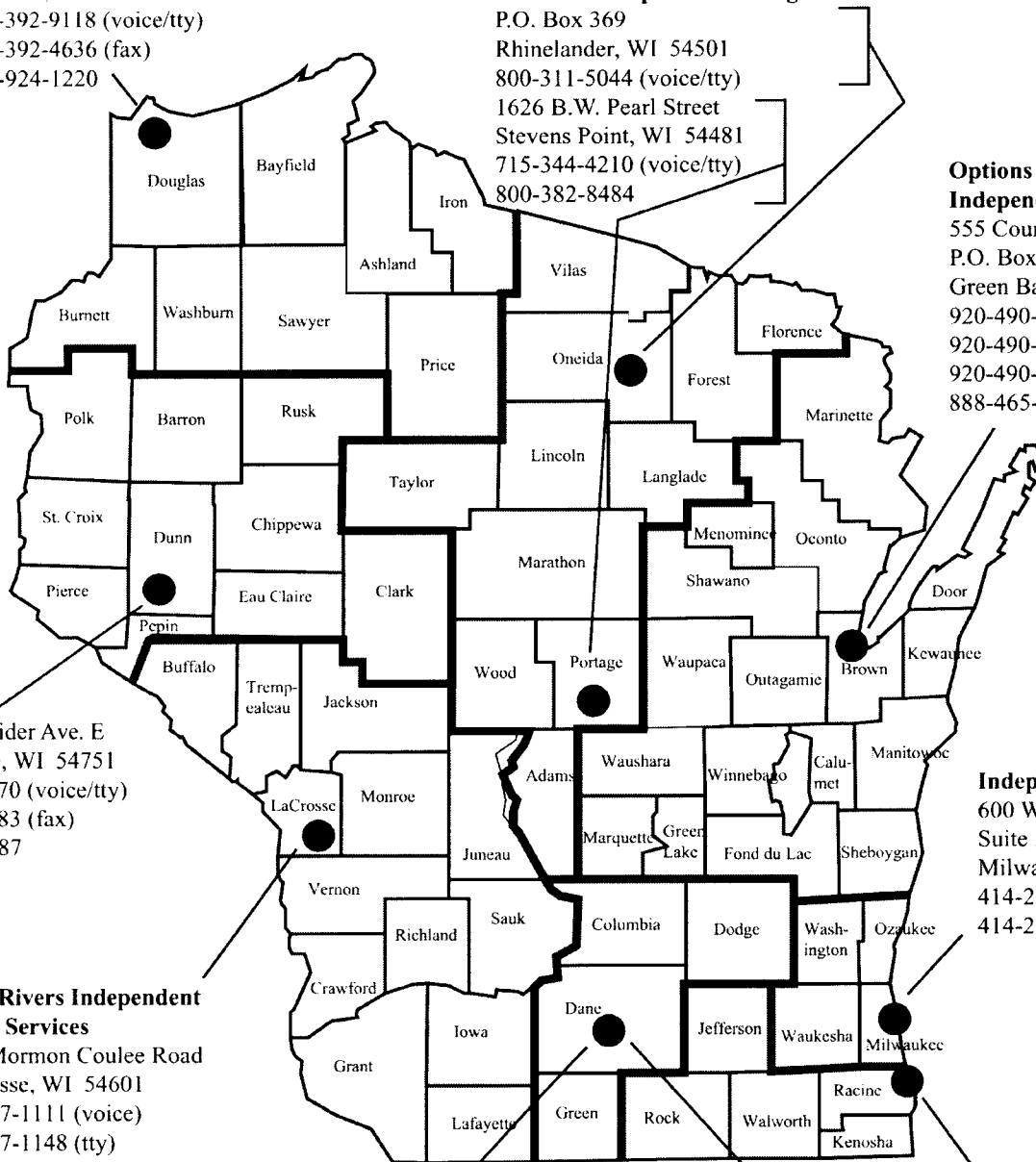
IndependenceFirst
 600 West Virginia Street
 Suite 301
 Milwaukee, WI 53204
 414-291-7520 (voice/tty)
 414-291-7525 (fax)

Great Rivers Independent Living Services
 4328 Mormon Coulee Road
 La Crosse, WI 54601
 608-787-1111 (voice)
 608-787-1148 (tty)
 608-787-1114 (fax)
 888-474-5745

Wisconsin Coalition of Independent Living Centers
 106 East Doty Street
 Suite 3A
 Madison, WI 53703
 608-251-9151 (voice/tty)
 608-251-9152 (fax)
 800-690-6665

Access to Independence
 2345 Atwood Avenue
 Madison, WI 53704
 608-242-8484 (voice)
 608-242-8485 (tty)
 608-242-0383 (fax)
 800-362-9877

Society's Assets
 5200 Washington Avenue
 Suite 225
 Racine, WI 53406-4238
 262-637-9128 (voice/tty)
 262-637-8646 (fax)
 800-378-9128



ATTACHMENT 2

Tax incentives

(Information from the Internal Revenue Service)

Congress amended the Internal Revenue Code to include tax incentives for businesses that incur expenses in removing barriers or increasing accessibility for people with disabilities.

Physical Barrier Removal

The “Tax Deduction to Remove Architectural and Transportation Barriers to People with Disabilities and Elderly Individuals” (Title 26, Internal Revenue Code, Section 190) allows a deduction for “qualified architectural and transportation barrier removal expenses” not to exceed \$15,000 for any taxable year.

Increasing Accessibility

The “Disabled Access Tax Credit” (Title 26, Internal Revenue Code, Section 44) is available to eligible small businesses with 30 or fewer employees in the preceding tax year or \$1 million or less in gross receipts for the preceding tax year. This provision allows a tax credit of 50 percent of eligible access expenditures that exceed \$250 but do not exceed \$10,250 made for the purpose of complying with the ADA during the tax year.

A business may take the credit each year that it makes an eligible access expenditure.

Eligible access expenditures are amounts paid or incurred by an eligible small business for the purpose of enabling the business to comply with the ADA. These include amounts paid or incurred to:

- remove architectural/communication physical, or transportation barriers;
- provide qualified readers, taped texts, or other effective methods of making materials accessible to people with visual impairments;
- provide qualified interpreters or other effective methods of making orally delivered materials accessible to individuals with hearing impairments;
- acquire or modify equipment or devices for individuals with disabilities; or
- provide other similar services, modifications, materials or equipment.

Expenses in connection with new construction are not eligible. To be eligible for the tax credit, barrier removals or the provision of services, modifications, materials, or equipment must meet technical standards of the ADA Accessibility Guidelines where applicable.

For more information on these tax provisions, contact:

Internal Revenue Service,

Office of the Chief Counsel

P.O. Box 7604, Ben Franklin Station

Washington, DC 20044,

1 (800) 829-1040 Voice 1 (800) 829-4059 TTY