# Promoting Physical and Programmatic Accessibility in Managed Long-Term Services and Supports Programs

## Appendix: Examples of Promising Contract Language[1]

### KEY ELEMENT # 1

### POLICIES & PROCEDURES (Excerpts)

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| **ILLINOIS** | 2.9.1.6 Reasonably accommodate Enrollees and ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual without disabilities. The Contractor and its Network Providers must comply with the ADA (28 C.F.R. § 35.130) and § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the Contractor… |
| **MICHIGAN** | 2.8. Enrollee Access to Services<br>2.8.1.6. The ICO must reasonably accommodate persons and shall ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual<br>without disabilities. The ICO and its network providers must comply with the American with Disabilities Act (ADA) as outlined in Section 2.8.12.1 of this Contract. The ICO shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the ICO by:<br>2.8.12. Access for Enrollees with Disabilities<br>2.8.12.5. The ICO must have policies and procedures in place demonstrating a commitment [to] accommodating physical access and flexible scheduling needs of Enrollees, in compliance with the ADA. This includes the use of TTY/TDD devices for the Deaf and hard of hearing, qualified American Sign Language (ASL) interpreters and alternative cognitively accessible communication for persons with cognitive limitations. |

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| **NEW YORK** | 2.7 Provider Network<br>2.9 Participant Access to Services<br>2.9.1.5 Reasonably accommodate Participants and ensure that the Covered Items and Services are as accessible (including physical and geographic access) to a Participant with disabilities as they are to a Participant without disabilities. The FIDA Plan and its Participating Providers must comply with the ADA (28 C.F.R. § 35.130) and § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Participants. The FIDA Plan shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit Participants with disabilities from obtaining all Covered Items and Services from the FIDA Plan. |
| **NEW MEXICO** | 4.8.1.2 The CONTRACTOR shall submit a Provider Network Development and Management Plan as required in Section [4.21.5.1.5] of this Agreement.<br>4.8.2 Required Policies and Procedures<br>4.8.2.4 Consider, in establishing and maintaining the network of appropriate providers, its:<br>4.8.2.4.5 Geographic location of Contract Providers and Members, considering distance, travel time, the means of transportation ordinarily used by Members; and whether the location provides physical access for Members with disabilities. |
| **NEW JERSEY** | The Contractor shall and shall require its providers and subcontractors to accept assignment of an enrollee and not discriminate against eligible enrollees because of race, color, creed, religion, ancestry, marital status, sexual<br>orientation, national origin, age, sex, physical or mental handicap in accordance with Title VI of the Civil Rights Act<br>of 1964, 42 U.S.C. § 2000d, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12131 and rules and regulations promulgated pursuant thereto, or as otherwise provided by law or regulation.<br>B. ADA Compliance. The Contractor shall and shall require its providers or subcontractors to comply with the requirements of the Americans with Disabilities Act (ADA). In providing health care benefits, the Contractor shall not directly or indirectly, through contractual, licensing, or other arrangements, discriminate against Medicaid/NJ FamilyCare beneficiaries who are qualified disabled individuals covered by the provisions of the ADA (See also Article 4.5.2 for a description of the Contractor's ADA compliance plan).<br>The Contractor shall submit to DMAHS a written certification that it is conversant with the requirements of the ADA, that it is in compliance with the law, and that it has assessed its provider network and certifies that the providers meet ADA requirements to the best of the Contractor's knowledge. The Contractor shall survey its providers of their compliance with the ADA using a standard survey document that will be developed |

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| | by the State. Survey attestation shall be kept on file by the Contractor and shall be available for inspection by the DMAHS. The Contractor warrants that it will hold the State harmless and indemnify the State from any liability 01/2015 Accepted Article 7 – Page 9 which may be imposed upon the State as a result of any failure of the Contractor to be in compliance with the ADA. Where applicable, the Contractor shall abide by the provisions of Section 504 of the federal Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, regarding access to programs and facilities by people with disabilities.<br>The Contractor shall have written policies and procedures that ensure compliance with requirements of the Americans with Disabilities Act of 1990, and a written plan to monitor compliance to determine the ADA requirements are being met. The compliance plan shall be sufficient to determine the specific actions that will be taken to remove existing barriers and/or to accommodate the needs of enrollees who are qualified individuals with a disability. The compliance plan shall include the assurance of appropriate physical access to obtain included benefits for all enrollees who are qualified individuals with a disability including, but not limited to, street level access or accessible ramp into facilities; access to lavatory; and access to examination rooms. The Contractor shall also address in its policies and procedures regarding ADA compliance the following issues:<br>1. Provider refusal to treat qualified individuals with disabilities, including but not limited to individuals with HIV/AIDS.<br>2. Contractor's role in ensuring providers receive available resource information on how to accommodate qualified individuals with a disability, particularly mobility impaired enrollees, in examination rooms and for examinations.<br>3. How the Contractor will accommodate visual and hearing impaired individuals and assist its providers in<br>communicating with these individuals.<br>4. How the Contractor will accommodate individuals with communication-affecting disorders and assist its providers in communicating with these individuals.<br>5. Holding community events as part of its provider and consumer education responsibilities in places of public accommodation, i.e., facilities readily accessible to and useable by qualified individuals with disabilities.<br>6. How the Contractor will ensure it will link qualified individuals with disabilities with the providers/specialists with the knowledge and expertise in treating the illness, condition, and special needs of the enrollees. |

| KEY ELEMENT # 2<br>DISABILITY CULTURAL COMPETENCY<br>(Excerpts) | |
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| **ILLINOIS** | 2.5.2.2 Interdisciplinary Care Team Training: Members of the ICT must be trained on the following topics: person-centered planning processes, cultural and disability competencies, the Ombudsman program, compliance with the Americans with Disabilities Act (ADA), and independent living and recovery.<br>2.7.4.4 Cultural Competency. The Contractor will provide the cultural competency requirements at orientation, training sessions, and updates as needed. This will also include Americans with Disabilities Act (ADA) compliance, accessibility, and accommodations as required in Section 2.9.1.6.<br>2.8.1.1 The Contractor shall develop and implement a strategy to manage the Provider Network with a focus on access to services for Enrollees, quality, consistent practice patterns, Independent Living Philosophy, Cultural Competence, and the integration and cost effectiveness. The management strategy shall address all Providers. |
| **MASSACHUSETTS** | A. General Requirements<br>The Contractor shall:<br>1. Develop and implement a strategy to manage the Provider Network with a focus on access to services for Enrollees, quality, consistent practice patterns, the principles of rehabilitation and recovery for Behavioral Health Services, the Independent Living Philosophy, Cultural Competence, integration and cost effectiveness.<br>C. Provider Profiling<br>The Contractor must establish written qualifications for the IL-LTSS Coordinator that include, at a minimum:<br>6. Develop and provide continuing education programs for members of the Provider Network, including but not limited to: a. Identification and management of depression and alcohol abuse b. Identification of abuse and neglect of Enrollees; c. Person-centered planning processes and cultural competency taking into consideration the specific needs of subpopulations of Enrollees;<br>D. Provider Education and Training<br>c. Person-centered planning processes and cultural competency taking into consideration the specific needs of subpopulations of Enrollees;<br>h. ADA compliance, accessibility and accommodations;<br>i. Assisting disabled Enrollees to maximize involvement and decision making in their own care;<br>2.4 Covered Services<br>B. Interdisciplinary Care Team (ICT)<br>Document that all members of the ICT have participated in required |

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| | training on the person-centered planning processes, cultural competence, accessibility and accommodations, independent living and recovery, and wellness principles;<br>4. Independent Living and Long-Term Services and Supports (IL-LTSS) Coordinator<br>(2) Completion of person-centered planning and person-centered direction training;<br>2.8 Network Management<br>H. Personal Assistance Services Network<br>c. ICOs that do not contract with ILCs for PAS evaluations must provide and require training for their PAS evaluators on the Independent Living Philosophy.<br>F. Centralized Enrollee Record and Health Information Exchange<br>c. Documentation of physical access and programmatic access needs of the Enrollee, as well as needs for accessible medical equipment;<br>d. Documentation of communication access needs, including live interpreting services, access to telephone devices and advanced technologies that are hearing aid compatible, and video relay service or point-to-point video, for Enrollees who are Deaf or hard of hearing;<br>Section 1. Definition of Terms<br>Independent Living Philosophy — A philosophy which advocates for the availability of a wide range of services and options for maximizing self-reliance and self-determination in all of life's activities.<br>2.8 Network Management<br>H. Authorization of LTSS, Expanded Services, and Community-based Services<br>2. The Contractor must develop authorization criteria and a process for authorizing the expansions of PCA and DME services…Value shall be determined in light of the full range of services included in the ICP, considering how the services contribute to the health and independent living of the Enrollee in the least restrictive setting…<br>4. The Contractor has discretion to cover other community-based services not listed in Appendix B if the Contractor determines that such authorization would provide sufficient value to the Enrollee's care, considering the Enrollee's entire ICP. Value shall be determined in light of the full range of services included in the ICP, considering how the services contribute to the health and independent living of the Enrollee in the least restrictive setting and with reduced reliance on emergency department use, acute inpatient care and institutional long-term care.<br>2.10 Enrollee Services<br>10. Demonstrate sensitivity to culture, including disability culture and the Independent Living Philosophy… |

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| **MICHIGAN** | 2.5.3. ICO Care Coordinators<br>2.5.3.1.2. ICO Care Coordinators must have knowledge of physical health, aging and loss, appropriate support services in the community, frequently used medications and their potential negative side-effects, depression, challenging behaviors, Alzheimer's disease and other disease-related dementias, behavioral health, substance use disorder, physical and developmental disabilities, issues related to accessing and using durable medical equipment as appropriate, available community services and public benefits, quality ratings and information about available options such as nursing facilities, applicable legal non-discrimination requirements such as the ADA, person centered planning, cultural competency, and elder abuse and neglect.<br>2.7.5. Network Management<br>2.7.6.7. The ICO must ensure that all network providers receive proper education and training regarding the Demonstration to comply with this Contract and all applicable federal and State requirements. The ICO shall offer educational and training programs that cover topics or issues including, but not limited to, the following:<br>2.7.6.7.3. Special needs of Enrollees that may affect access to and delivery of services, to include, at a minimum, transportation needs;<br>2.7.6.7.4. ADA compliance, accessibility and accommodations;<br>2.7.6.7.9. Cultural competencies;<br>2.7.6.7.10. Person-Centered Planning Processes taking into consideration the specific needs of subpopulations of Enrollees;<br>2.7.6.8. The ICO must train or assure training of its medical, behavioral, and LTSS providers on disability literacy, including, but not limited to the following information:<br>2.7.6.8.1. Various types of chronic conditions prevalent within the target population;<br>2.7.6.8.2. Awareness of personal prejudices;<br>2.7.6.8.3. Legal obligations to comply with the ADA requirements;<br>2.7.6.8.4. Definitions and concepts, such as communication access, medical equipment access, physical access, and access to programs;<br>2.7.6.8.5. Types of barriers encountered by the target population;<br>2.7.6.8.6. Training on the Person-Centered Planning Process and Self-Determination, the social model of disability, the Independent Living Philosophy, and the recovery model…<br>2.9.1. Enrollee Service Representatives (ESRs)<br>2.9.1.1. The ICO must employ ESRs trained to answer Enrollee inquiries and concerns from Enrollees and Potential Enrollees, consistent with the requirements of 42 C.F.R.§§ 422.111(h) and 423.128(d);<br>2.9.1.2. ESRs must be trained to answer Enrollee inquiries and concerns from Enrollees and prospective Enrollees;<br>2.9.1.3. ESRs must be trained in the use of TTY/TDD, Video Relay services, remote interpreting services, how to provide accessible PDF materials… |

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| | 2.9.1.12. ESRs must demonstrate sensitivity to culture, including disability culture, the Independent Living Philosophy, and Person-Centered Planning… |
| **KEY ELEMENT # 3**<br>**ACCOMMODATIONS, POLICY MODS, AUXILIARY AIDS/SERVICES (Excerpts)** | |
| **ILLINOIS** | 2.9.1.6 Reasonably accommodate Enrollees and ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual without disabilities. The Contractor and its Network Providers must comply with the ADA (28 C.F.R. § 35.130) and § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the Contractor by:<br>2.9.1.6.1 Providing flexibility in scheduling to accommodate the needs of the Enrollees;<br>2.9.1.6.2 Providing interpreters or translators for Enrollees who are Deaf or hard of hearing, visually impaired, and those who do not speak English;<br>2.9.1.6.3 Ensuring that individuals with disabilities are provided with reasonable accommodations to ensure effective communication, including auxiliary aids and services. Reasonable accommodations will depend on the particular needs of the individual and include but are not limited to:<br>Providing large print (at least 16- point font) versions of all Written Materials to individuals with visual impairments;<br>Ensuring that all Written Materials are available in formats compatible with optical recognition software;<br>Reading notices and other Written Materials to individuals upon request;<br>Assisting individuals in filling out forms over the telephone;<br>Ensuring effective communication to and from individuals with disabilities through email, telephone, and other electronic means;<br>Making available services such as TTY, computer-aided transcription.<br>2.9.1.6.4 Ensuring safe and appropriate physical access to buildings, services and equipment… |

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| **MASSACHUSETTS** | 2.9 Enrollee Access to Services<br>c. Reasonably accommodate persons and ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual without disabilities. The Contractor and its Network Providers must comply with the American with Disabilities Act (ADA) (28 C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the Contractor by: (1) Providing flexibility in scheduling to accommodate the needs of the Enrollees;<br>(2) Ensuring that individuals with disabilities are provided with reasonable accommodations to ensure effective communication, including auxiliary aids and services. Reasonable accommodations will depend on the particular needs of the individual and include but are not limited to:<br>(A) Providing large print (at least 16-point font) versions of all written materials to individuals with visual impairments;<br>(B) Ensuring that all written materials are available in formats compatible with optical recognition software;<br>(C) Reading notices and other written materials to individuals upon request;<br>(D) Assisting individuals in filling out forms over the telephone;<br>(E) Ensuring effective communication to and from individuals with disabilities through email, telephone, and other electronic means;<br>(F) TTY, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, videotext displays and qualified American Sign Language interpreters for the Deaf; and<br>(G) Individualized forms of assistance;<br>(3) Ensuring safe and appropriate physical access to buildings, services and equipment;<br>(4) Demonstrating compliance with the ADA by conducting an independent survey or site review of facilities for both physical and programmatic accessibility; documenting any deficiencies in compliance and monitoring correction of deficiencies. |

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| **SOUTH CAROLINA** | 2.3.6. Initial Enrollee Contact and Orientation<br>2.3.6.7. The CICO shall ensure that documents for its Enrollees, such as the Enrollee handbook, are comprehensive yet written to comply with readability requirements. For the purposes of this Contract, no program information document shall be used unless it achieves a Flesch Total Readability Score of forty (40) or better (at or below a 6th grade reading level). The document must set forth the Flesch score and certify compliance with this standard. These requirements shall not apply to language that is mandated by federal or state laws, regulations or agencies. Additionally, the CICO shall ensure that written Enrollee material is available in Alternative Formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited. [42 C.F.R. § 438.10(d)(1)(ii)]<br>2.8. Enrollee Access to Services<br>2.8.1.6. The CICO must reasonably accommodate Enrollees and shall ensure that the programs and services are as accessible (including physical and geographic access) to an Enrollee with disabilities as they are to an Enrollee without disabilities. The CICO and its Network Providers must comply with the ADA (28 C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The CICO shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit Enrollees with disabilities from obtaining all Covered Services from the CICO by:<br>2.8.1.6.1. Providing flexibility in scheduling to accommodate the needs of the Enrollees;<br>2.8.1.6.2. Providing interpreters or translators for Enrollees who are deaf and hard of hearing and those who do not speak English;<br>2.8.1.6.3. Ensuring that Enrollees with disabilities are provided with reasonable accommodations to ensure effective communication, including auxiliary aids and services. Reasonable accommodations will depend on the particular needs of the Enrollee and include but are not limited to:<br>2.8.1.6.3.1. Providing large print (at least 16-point font) versions of all written materials to Enrollee with visual impairments;<br>2.8.1.6.3.2. Ensuring that all written materials are available in formats compatible with optical recognition software;<br>2.8.1.6.3.3. Reading notices and other written materials to Enrollee upon request;<br>2.8.1.6.3.4. Assisting Enrollee in filling out forms over the telephone;<br>2.8.1.6.3.5. Ensuring effective communication to and from Enrollee with disabilities through email, telephone, and other electronic means;<br>2.8.1.6.3.6. Providing TTY, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, videotext displays and qualified interpreters for the deaf; and |

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| | 2.8.1.6.3.7. Providing individualized forms of assistance.<br>2.8.1.6.3.8. Ensuring safe and appropriate physical access to buildings, services and equipment;<br>2.8.11. Access for Enrollees with Disabilities<br>2.8.11.1. The CICO and its Providers must comply with the ADA (28 C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees…<br>2.8.11.3. Physical and telephonic access to services must be made available for individuals with disabilities and fully comply with the ADA.<br>2.8.11.4. The CICO must reasonably accommodate persons with disabilities and ensure that physical and communication barriers do not inhibit individuals with disabilities from obtaining services from the CICO. |
| **VIRGINIA** | 2.11. Enrollee Access to Services<br>2.11.1.6. Reasonably accommodate persons and shall ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual without disabilities. The Contractor and its network providers must comply with the ADA (28C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the Contractor by:<br>2.11.1.6.1. Providing flexibility in scheduling to accommodate the needs of the Enrollees;<br>2.11.1.6.2. Providing interpreters or translators for Enrollees who are Deaf and hard of hearing and those who do not speak English;<br>2.11.1.6.3. Ensuring that individuals with disabilities are provided with reasonable accommodations to ensure effective communication, including auxiliary aids and services. Reasonable accommodations will depend on the particular needs of the individual and include but are not limited to:<br>2.11.1.6.3.1. Providing large print (at least 16-point font) versions of all written materials to individuals with visual impairments;<br>2.11.1.6.3.2. Ensuring that all written materials are available in formats compatible with optical recognition software;<br>2.11.1.6.3.3. Reading notices and other written materials to individuals upon request;<br>2.11.1.6.3.4. Assisting individuals in filling out forms over the telephone;<br>2.11.1.6.3.5. Ensuring effective communication to and from individuals with disabilities through email, telephone, and other electronic means;<br>2.11.1.6.3.6. Providing TTY, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed |

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| | caption decoders, videotext displays and qualified interpreters for the Deaf; and<br>2.11.1.6.3.7. Providing individualized forms of assistance.<br>2.11.1.6.3.8. Ensuring safe and appropriate physical access to buildings, services and equipment;<br>2.11.1.6.3.9. Demonstrating compliance with the ADA by conducting an independent survey or site<br>review of facilities for both physical and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies… |
| **MINNESOTA** | Article. 3 Duties. MCO agrees to provide the following services to the STATE during the term<br>of this Contract.<br>3.1 Eligibility and Enrollment.<br>3.6.2 Communications Compliance with the Americans with Disabilities Act.<br>(Americans with Disabilities Act of 1990, 42 USC, § 1210, et seq.; hereafter "ADA").<br>(A) All communications with Enrollees must be consistent with the ADA's prohibition on unnecessary inquiries into the existence of a disability.<br>(B) The MCO shall have information available in alternative formats and in a manner that takes into consideration the Enrollee's special needs, including those who have visual impairment or limited reading proficiency.<br>(C) All written materials, including all membership materials, must be updated with the following statement: "This information is available in other forms to people with disabilities by calling 000-000-0000 (voice), or 1-800-000-0000 (toll free), or 000-000-0000 (TDD), or 7-1-1, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (Speech-to-Speech relay service)," or similar language approved by the STATE pursuant to section 3.6.<br>3.6.9 Provision of Required Materials in Alternative Formats.<br>The STATE or the MCO may provide in an alternative (other than paper) format enrollment materials such as a PCNL, Provider Directory and EOC or Member Handbook, or materials otherwise required to be available in writing under 42 CFR § 438.10, pursuant to Minnesota Statutes, § 256B.69, subd 30. If the MCO provides the materials in an alternative format, the materials must also comply with the accessibility standards of Section 508 of the Rehabilitation Act of 1973. See http://www.w3.org/TR/WCAG20/. For MSHO, the MCO may follow CMS guidance regarding the provision of materials in alternative formats.<br>(A)The STATE or MCO informs the Enrollee that:<br>(1) an alternative format (other than paper) is available and the Enrollee affirmatively requests of the STATE or MCO that the PCNL, Provider Directory, EOC or Member Handbook, or materials be provided in an |

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| | alternative<br>format; and (2) a record of the Enrollee request (whether to receive materials in alternative<br>formats or to withdraw the request) is retained by the STATE or MCO in the form of written or electronic direction from the Enrollee or a documented telephone call followed by a confirmation letter to the Enrollee from the STATE or MCO that explains that the Enrollee may change the request at any time;<br>(B) If the materials contain individually identifiable Enrollee data, the materials are sent to a secure electronic<br>mailbox and are made available at a password-protected secure electronic Web site or on a data storage device;<br>(C)The Enrollee is provided an MCO customer service number on the Enrollee's identification card that may be called to request a paper version of the materials provided in an alternative format; and the materials provided in an alternative format meets all other requirements of the Contract regarding content, size of the typeface, and any required time frames for distribution…<br>(E) The MCO may provide in an alternative format its PCNL to the STATE and to Local Agencies within its service area. The STATE or Local Agency, as applicable, shall inform a Potential Enrollee of the availability of an MCO's PCNL in an alternative format. If the Potential Enrollee requests an alternative format of the PCNL, a record of that request shall be retained by the STATE or Local Agency. The Potential Enrollee is permitted to withdraw the request at any time.<br>3.1 Eligibility and Enrollment.<br>3.6 Potential Enrollee and Enrollee Communication.<br>3.6.12 Additional Information Available to Enrollees. The MCO shall furnish the following information to Potential Enrollees and Enrollees upon request:<br>(C) Any other information available to the MCO within reasonable means on requirements for accessing services to which an Enrollee is entitled under the contract, including factors such as physical accessibility.<br>6.17 Serving Minority and Special Needs Populations. The MCO must offer appropriate services for the following special needs groups. Services must be available within the MCO or through contractual arrangements with Providers to the extent that the service is a Covered service pursuant to this Article.<br>(D) Enrollees with Language Barriers. Services for this group include interpreter services, bilingual staff, culturally appropriate assessment and treatment. When an individual is enrolled in MSHO, the enrollment form will indicate whether the Enrollee needs the services of an interpreter and what language he or she speaks. Upon receipt of enrollment information indicating interpreter services are needed, the MCO shall contact the Enrollee by phone or mail in the appropriate language to inform the Enrollee how to obtain Primary Care services. In addition, whenever an Enrollee requests an interpreter in order to obtain |

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| | health care services, the MCO must provide the Enrollee with access to an interpreter, pursuant to section 6.1.20 of this Contract.<br>(H) Hearing Impaired. Services for this group include access to TDD and hearing impaired interpreter services.<br>6.25 Access to Culturally and Linguistically Competent Providers. To the extent possible, the MCO shall provide Enrollees with access to Providers who are culturally and linguistically competent in the language and culture of the Enrollee. For the purpose of this Contract, cultural and linguistic competence includes Providers who serve Enrollees who are deaf and use sign language or an alternative mode of communication. |
| **NEW MEXICO** | 4.8.16 Telehealth Requirements<br>4.8.16.1.1 Promote and employ broad-based utilization of statewide access to HIPAA-compliant Telehealth service systems including, but not limited to, access to TTYs and 711 Telecommunication Relay Services;<br>4.14 Member Materials<br>4.14.2.7 The CONTRACTOR shall make all written Member Materials available in alternative formats and in a manner that takes into consideration the Member's special needs, including those who are visually impaired or have limited reading proficiency. The CONTRACTOR shall notify all Members and potential Members that information is available in alternative formats and how to access those formats at no expense to the Member.<br>4.14.2.8 Once a Member has requested a Member Material in an alternative format or language, the Contractor shall (i) make a notation of the Member's preference in the system and (ii) provide all subsequent Member Materials to the Member in such format unless the Member requests otherwise.<br>4.15 Member Services<br>4.15.1 Member Services Call Center<br>4.15.1.4 The Member services information line shall be equipped to handle calls from callers with Limited English Proficiency as well as calls from Members who are hearing impaired.<br>4.15.3 Interpreter and Translation Services<br>4.15.3.1 The CONTRACTOR shall provide oral interpretation services to individuals with LEP and sign language services and TDD services to individuals who are hearing impaired at no cost to the individual.<br>The CONTRACTOR shall notify its Members and potential Members of the availability of free interpreter services, sign language and TDD services, and inform them of how to access these services.<br>4.15.3.2 Interpreter services should be available in the form of in-person interpreters or telephonic assistance, such as the Language Line. For phone interpreters, the caller should not have to hang up or call a separate number.<br>4.15.3.5 The CONTRACTOR is prohibited from requiring or suggesting that Members with LEP or Members using sign language provide their own interpreters or utilize friends or family members. |

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| **NEW JERSEY** | 4.2 SPECIAL PROGRAM REQUIREMENTS<br>4.2.1 EMERGENCY SERVICES<br>C. Access Standards. The Contractor shall ensure that all covered services, that are required on an emergency basis are available to all its enrollees, twenty-four (24) hours per day, seven (7) days per week, either in the Contractor's own provider network or through arrangements approved by DMAHS. The Contractor shall maintain<br>twenty-four (24) hours per day, seven (7) days per week on-call telephone coverage, including Telecommunication Device for the Deaf (TDD)/Tech Telephone (TT) systems, to advise enrollees of procedures for emergency and urgent care and explain procedures for obtaining non-emergent/non-urgent care during regular business hours within the enrollment area as well as outside the enrollment area<br>4.5 ENROLLEES WITH SPECIAL NEEDS<br>4.5.1 GENERAL REQUIREMENTS<br>5. Methods to assure that access to all Contractor-covered services is available for enrollees with special needs whose disabilities substantially impede activities of daily living. The Contractor shall reasonably accommodate enrollees with disabilities and shall ensure that physical and communication barriers do not prohibit enrollees with disabilities from obtaining services from the Contractor.<br>6. Services for enrollees with special needs must be provided in a manner responsive to the nature of a person's disability/specific health care need and include adequate time for the provision of the service.<br>7. In addition to the standards set forth in this Article, the Contractor shall make all reasonable efforts and accommodations to ensure that services provided to enrollees with special needs are equal in quality and accessibility to those provided to all other enrollees.<br>D. Outreach and Enrollment Staff. The Contractor shall have outreach and enrollment staff who are trained to work with enrollees with special needs, are knowledgeable about their care needs and concerns, and are able to converse in the different languages common among the enrolled population, including TDD/TT and American Sign Language if necessary.<br>5.11 TELEPHONE ACCESS<br>A. Twenty-Four Hour Coverage. The Contractor shall maintain a twenty-four (24) hours per day, seven (7) days per week toll-free telephone answering system that will respond in person (not voice mail) and will include Telecommunication Device for the Deaf (TDD) or Tech Telephone (TT) systems. Telephone staff shall be adequately trained and staffed and able to promptly advise enrollees of procedures for emergency<br>and urgent care. The telephone answering system must be available at no cost to the enrollees for local and long-distance calls from within or out-of-state.<br>7.8 NON-DISCRIMINATION<br>B. ADA Compliance. |

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| | The Contractor shall submit to DMAHS a written certification that it is conversant with the requirements of the ADA, that it is in compliance with the law, and that it has assessed its provider network and certifies that the providers meet ADA requirements to the best of the Contractor's knowledge. The Contractor shall survey its providers of their compliance with the ADA using a standard survey document that will be developed by the State. Survey attestation shall be kept on file by the Contractor and shall be available for inspection by the DMAHS. The Contractor warrants that it will hold the State harmless and indemnify the State from any liability which may be imposed upon the State as a result of any failure of the Contractor to be in compliance with the ADA. Where applicable, the Contractor shall abide by the provisions of Section 504 of the federal Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, regarding access to programs and facilities by people with disabilities.<br>The Contractor shall have written policies and procedures that ensure compliance with requirements of the Americans with Disabilities Act of 1990, and a written plan to monitor compliance to determine the ADA requirements are being met. The compliance plan shall be sufficient to determine the specific actions that will be taken to remove existing barriers and/or to accommodate the needs of enrollees who are qualified individuals with a disability. The compliance plan shall include the assurance of appropriate physical access to obtain included benefits for all enrollees who are qualified individuals with a disability including, but not limited to, street level access or accessible ramp into facilities; access to lavatory; and access to examination rooms<br>The Contractor shall also address in its policies and procedures regarding ADA compliance the following issues:<br>1. Provider refusal to treat qualified individuals with disabilities, including but not limited to individuals with HIV/AIDS.<br>2. Contractor's role in ensuring providers receive available resource information on how to accommodate qualified individuals with a disability, particularly mobility impaired enrollees, in examination rooms and for examinations.<br>3. How the Contractor will accommodate visual and hearing impaired individuals and assist its providers in communicating with these individuals.<br>4. How the Contractor will accommodate individuals with communication-affecting disorders and assist its providers in communicating with these individuals.<br>5. Holding community events as part of its provider and consumer education responsibilities in places of public accommodation, i.e., facilities readily accessible to and useable by qualified individuals with disabilities.<br>6. How the Contractor will ensure it will link qualified individuals with disabilities with the providers/specialists with the knowledge and expertise in treating the illness, condition, and special needs of the enrollees. |

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| | 7.37 EQUALITY OF ACCESS AND TREATMENT/DUE PROCESS<br>D. The Contractor shall assure the provision of services, notifications, preparation of educational materials<br>in appropriate alternative formats, for enrollees including the blind, hearing impaired, people with cognitive or communication impairments, and individuals who do not speak English.<br>ATTACHMENT A: HMO Non-Institutional Provider Network File Specifications (provider form)<br>Special needs code: Indicates provider has expertise serving specific populations. Use all OMHC special needs codes that apply to provider, including D=developmental disabilities, A=Aged and H=HIV and/or AIDS. |
| **KEY ELEMENT # 4**<br>**RESPONSIBLE PERSON**<br>**(Excerpts)** | |
| **ILLINOIS** | 2.9.1.6.6 Identifying to CMS and the Department the individual, and the job title, in its organization who is responsible for ADA compliance related to this Demonstration. The Demonstration Plan must also establish and execute a work plan to achieve and maintain ADA compliance.<br>MMC Reporting:<br>ADA Compliance or Quality Officer (Element B) – This document should identify the staff person responsible for ADA compliance and also provide his/her job description. |
| **MICHIGAN** | 2.2.3. Organizational Structure<br>2.2.3.5.1. Key personnel positions include, but are not limited to ADA compliance director or point of contact for reasonable accommodations<br>2.8. Enrollee Access to Services<br>2.8.1.6.3.10. The ICO must identify to MDCH the individual in its organization who is responsible for ADA compliance related to this Demonstration and his/her job title. The ICO must also establish and execute, and annually update a work plan to achieve and maintain ADA compliance. |
| **NEW MEXICO** | 3.3.3 The CONTRACTOR Key Personnel<br>3.3.3.7 A full-time Compliance Officer, who shall lead a compliance committee that is accountable to senior management in accordance with Section [4.17] of this Agreement. |

| KEY ELEMENT # 5<br>REQUIREMENTS OF PLANS, THEMSELVES<br>(Excerpts) | |
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| **MASSACHUSETTS** | F. Centralized Enrollee Record and Health Information Exchange<br>c. Documentation of physical access and programmatic access needs of the Enrollee, as well as needs for accessible medical equipment;<br>d. Documentation of communication access needs, including live interpreting services, access to telephone devices and advanced technologies that are hearing aid compatible, and video relay service or point-to-point video, for Enrollees who are Deaf or hard of hearing… |
| **MICHIGAN** | 2.9. Enrollee Services<br>2.9.1. Enrollee Service Representatives (ESRs)<br>2.9.1.14. ESRs must provide reasonable accommodations needed to assure effective communication and provide Enrollees with a means to identify their disability to the ICO;<br>2.9.1.11. ESRs must maintain the availability of services, such as TTY/TDD services, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, videotext displays and<br>qualified interpreters including ASL and other services for Enrollees who are Deaf or hard of hearing;<br>2.9.1.12. ESRs must demonstrate sensitivity to culture, including disability culture, the Independent Living Philosophy, and Person-Centered Planning;<br>2.9.1.13. ESRs must provide assistance to Enrollees with cognitive impairments; for example, provide written materials in simple, clear language at or below sixth (6th) grade reading level, and individualized guidance from ESRs to ensure materials are understood… |
| **NEW YORK** | 2.11 Participant Services<br>2.11.1 Participant Service Representatives (PSRs). The FIDA Plan must employ PSRs trained to answer inquiries and concerns from Participants and Eligible Individuals, consistent with the requirements of 42 C.F.R. §§ 422.111(h) and 423.128(d) as well as the following requirements for PSRs:<br>2.11.1.1 Be trained to answer Participant inquiries and concerns from Participants and Eligible Individuals;<br>2.11.1.2 Be trained in the use of TTY, Video Relay services, remote interpreting services, how to provide accessible PDF materials, and other Alternative Formats;<br>2.11.1.3 Be capable of speaking directly with, or arranging for an interpreter to speak with, Participants in their primary language, including American Sign Language, or through an alternative language device or telephone translation service; |

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| | 2.11.1.4 Inform callers that interpreter services are free;<br>2.11.1.5 Be knowledgeable about the New York State Medicaid program, Medicare, and the terms of the Contract,<br>including the Covered Items and Services listed in Appendix A;<br>2.11.1.6 Be available to Participants to discuss and provide assistance with resolving Participant Grievances;<br>2.11.1.7 Have access to the FIDA Plan's Participant database, the FIDA Plan's Participant Handbook, and an electronic Provider and Pharmacy Directory;<br>2.11.1.8 Make oral interpretation services available free-of-charge to Participants in all non-English languages spoken by Participants, including American Sign Language (ASL);<br>2.11.1.9 Maintain the availability of services, such as TTY services, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, videotext displays and qualified interpreters, and other services for Deaf and hard of hearing Participants;<br>2.11.1.10 Demonstrate sensitivity to culture, including disability culture and the independent living philosophy;<br>2.11.1.11 Provide assistance to Participants with cognitive impairments; for example, provide Marketing, Outreach,<br>and Participant Communications in simple, clear language at a 4th to 6th grade reading and below, and individualized guidance from PSRs to ensure materials are understood;<br>2.11.1.12 Provide reasonable accommodations needed to assure effective communication and provide<br>Participants with a means to identify their disability to the FIDA Plan;<br>2.11.1.13 Maintain employment standards and requirements (e.g., education, training, and experience) for Participant services department staff and provide a sufficient number of staff to meet defined performance objectives; and 2.11.1.14 Ensure that PSRs make available to Participants and Eligible Individuals, upon request, information concerning the following:<br>2.11.1.14.1 The identity, locations, qualifications, and availability of Participating Providers;<br>2.11.1.14.2 Participants' rights and responsibilities;<br>2.11.1.14.3 The procedures available to a Participant and Provider(s) to challenge or Appeal the failure of the FIDA Plan to provide a Covered Item or Service and to Appeal any adverse Actions (denials);<br>2.11.1.14.4 How to access oral interpretation services and Marketing, Outreach, and Participant Communications in Prevalent Languages and Alternative Formats, which are cognitively accessible;<br>2.11.1.14.5 Information on all Covered Items and Services and other available services or resources (e.g., State agency services) either directly or through authorization;<br>2.11.1.14.6 Information on the availability of reasonable accommodations and how they can be arranged and delivered; |

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| | 2.11.1.14.7 The procedures for a Participant to change FIDA Plans or to Opt Out of the FIDA Demonstration and information on how Participants can access the Enrollment Broker to effectuate such a change… |
| **VIRGINIA** | 2.3.6.5. Notify its Enrollees:<br>2.3.6.5.5. How Enrollees can make a standing request to receive all future notifications and communication in a specified Alternate Format.<br>2.3.6.7. The Contractor shall ensure that documents for its Enrollees, such as the Enrollee handbook, are comprehensive yet written to comply with readability requirements… Additionally, the Contractor shall ensure that written Enrollee material is available in Alternate Formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited.<br>5.3.23.7. Compliance with VITA Standard: The Contractor shall comply with all state laws and regulations with regards to accessibility to information technology equipment, software, networks, and web sites used by blind and<br>visually impaired individuals. These accessibility standards are state law (see § 2.2-3502 and § 2.2-3503 of the Code of Virginia). The Contractor shall comply with the Accessibility Standards at no additional cost to the Department. |
| **NEW MEXICO** | 3.5.1.3 Target Cultural Competence training to Member services staff…and ensure that staff at all levels receive ongoing education and training in culturally and linguistically appropriate service delivery;<br>3.5.1.4 Develop and implement a plan for interpretive services and written materials, consistent with Section [4.14] to meet the needs of Members and their decision makers whose primary language is not English, using qualified medical interpreters (both sign and spoken languages), and make available easily understood Member-oriented materials and post signage in the languages of the commonly encountered group and/or groups represented in the service area. |

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| **KEY ELEMENT # 6**<br>**ON-SITE INSPECTION**<br>**(Excerpts)** | |
| **SOUTH CAROLINA** | 2.7.7. Network Management<br>2.7.7.1.2. Conducting on-site visits to Network Providers for quality management and quality improvement purposes, and for assessing meaningful compliance with ADA requirements; and<br>2.7.7.10. The CICO shall collect sufficient information from Network Providers to ensure their compliance with the ADA.<br>2.8.1.6.3.9. Demonstrating compliance with the ADA by conducting an independent survey or site review of facilities for both physical and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies;<br>2.8.11. Access for Enrollees with Disabilities<br>2.8.11.2. The CICO and its Providers can demonstrate compliance with the ADA by conducting an independent survey/site review of facilities for both physical and programmatic accessibility. |
| **KEY ELEMENT # 7**<br>**Surveys include Equipment, ASL Interpreters**<br>**(Excerpts)** | |
| **ILLINOIS** | 2.9.1.6.4 Ensuring safe and appropriate physical access to buildings, services and equipment;<br>2.9.1.6.5 Demonstrating compliance with the ADA by surveying providers or site review of facilities for both physical and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies; and<br>MMC Reporting:<br>Provider Site Assessment Tool (Element C) – The assessment tool should contain all elements to assess physical site compliance, including the following areas:<br>• Parking accessibility<br>• Exterior Building<br>• Interior Building<br>• Office reception area<br>• Restroom<br>• Exam room<br>• Exam table<br>• Scale |

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| **VIRGINIA** | 2.11.1.6.3.9. Demonstrating compliance with the ADA by conducting an independent survey or site review of facilities for both physical and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies;<br>2.11.12.1. The Contractor and its Providers must comply with the ADA (28 C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor and its Providers can demonstrate compliance with the ADA by conducting an independent survey/site review of facilities for both physical and programmatic accessibility. Physical and telephone access to services must be made available for individuals with disabilities and fully comply with the ADA. |
| **KEY ELEMENT # 8**<br>**SURVEY REQUIRED**<br>**(Excerpts)** | |
| **MASSACHUSETTS** | 2.9 Enrollee Access to Services<br>(4) Demonstrating compliance with the ADA by conducting an independent survey or site review of facilities for both physical and programmatic accessibility; documenting any deficiencies in compliance and monitoring correction of deficiencies… |
| **VIRGINIA** | 2.11.12.1. The Contractor and its Providers must comply with the ADA (28 C.F.R. § 35.130) and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor and its Providers can demonstrate compliance with the ADA by conducting an independent survey/site review of facilities for both physical and programmatic accessibility. |
| **KEY ELEMENT # 9**<br>**COMPLIANCE PLAN: CORRECT ACCESS DEFICIENCIES**<br>**(Excerpts)** | |
| **ILLINOIS** | 2.13.2.7.2.19 ADA Compliance/Monitoring.<br>MMC Reporting:<br>ADA Compliance Plan (Element A) – The ADA Compliance Plan should clearly describe the policies and procedures for maintaining compliance with the ADA requirements. The plan can either be part of the organization's overall compliance plan or a separate document that just describes ADA compliance. The plan should include:<br>• Process for maintaining ADA compliance |

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| | • Person and committee responsible for oversight<br>• Description of training for network provider staff<br>• Description of training for Interdisciplinary Care Team members<br>• Description of provider site assessment for compliance and frequency of assessment<br>• Description of how non-compliant findings are remediated, including:<br>o Process for documenting non-compliance<br>o Process for documenting actions taken to remediate non-compliance<br>o Individual(s) responsible for remediation<br>o Timeline for remediation<br>o Monitoring and oversight of the remediation process<br>• Committee meeting minutes to validate oversight of the ADA Compliance Plan<br>• Annual assessment of the ADA Compliance Plan, including:<br>o Assessment of completion of planned activities and that the objectives of the plan were met<br>o Identification of issues or barriers that impacted meeting the objectives of the work plan<br>o Recommended interventions to overcome barriers and issues identified<br>o Overall effectiveness of the ADA Compliance Plan |
| **SOUTH CAROLINA** | 2.1.2. Compliance with Contract Provisions and Applicable Laws<br>2.1.2.1.2. Comply with all applicable provisions of federal and state laws, regulations, guidance, waivers, Demonstration terms and conditions, including the implementation of a compliance plan.<br>2.7.7. Network Management<br>2.7.7.1. The CICO shall develop and implement a strategy to manage the Provider Network with a focus on access to services for Enrollees, quality, consistent practice patterns, recovery and resilience, Independent Living Philosophy, cultural competence, integration and cost effectiveness. The management strategy shall address all Providers. At a minimum, such strategy shall include:<br>2.7.7.1.1. A system for the CICO and Network Providers to identify and establish improvement goals and periodic measurements to track Network Providers' progress toward those improvement goals… |

| KEY ELEMENT # 10<br>DISSEMINATE SURVEY INFORMATION<br>(Excerpts) | |
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| **ILLINOIS** | 2.14.5.2 Content of Provider and Pharmacy Directory. The Provider and Pharmacy Directory must include, at a minimum, the following information for all Providers/pharmacies in the Contractor's Provider and Pharmacy Network:<br>2.14.5.2.9 Languages other than English spoken by Providers or by skilled medical interpreters at the Provider's site, including ASL, and whether translation services are available… |
| **MASSACHUSETTS** | E. Provider/Pharmacy Network Directory<br>(2) As applicable, network Providers with training in and experience treating:<br>(A) Persons with physical disabilities, chronic illness, HIV/AIDS, and/or persons with serious mental illness;<br>(B) Homeless persons;<br>(C) Persons who are Deaf or hard-of-hearing and blind or visually impaired;<br>(D) Persons with co-occurring disorders; and<br>(E) Other specialties.<br>(4) As applicable, whether the health care professional or non-facility based Network Provider has completed cultural competence training…<br>(6) Whether the Network Provider has specific accommodations for people with physical disabilities, such as wide entry, wheelchair access, accessible exam rooms and tables, lifts, scales, bathrooms and stalls, grab bars, or other accessible equipment;<br>(8) Whether the Network Provider is on a public transportation route;<br>(9) Any languages other than English, including ASL, spoken by Network Providers or offered by skilled medical interpreters at the provider's site…<br>APPENDIX E – QUALITY IMPROVEMENT PROJECT REQUIREMENTS<br>3. Barriers to Health Access. The goal of this initiative is to better understand access issues experienced by ICO Enrollees.<br>• The Contractor shall identify a random sample of a minimum of 20 members each year.<br>• An independent quality assurance entity shall conduct interviews with each Enrollee in the sample, using a semi-structured interview tool provided by EOHHS, to determine if the Enrollees experienced any barriers to health care and, if so, to understand the nature of those barriers. Examples of barriers include, but are not limited to, the following: inaccessible medical equipment in provider offices, inaccessible signage in provider offices (i.e. no Braille |

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| | writing on signs), inaccessible 301 communication from the Contractor or providers<br>(i.e. no access to ASL interpreters, no written communication in large print or plain language, or no access to someone who can explain information), inadequate access to appropriate physicians for intellectually disabled Enrollees, and incomplete or poor care due to negative attitudes about disability and/or recovery from providers.<br>• The Contractor shall analyze results of its survey in order to understand the underlying causes of these barriers to health care access. The Contractor shall identify issues within its system of care that require improvement to promote access and ADA compliance and shall implement such improvements.<br>The Contractor will report results to EOHHS and to CMS. |
| **MICHIGAN** | 2.7. Provider Network<br>2.7.1. Network Adequacy<br>2.7.1.5. The ICO ensures that Enrollees have access to the most current and accurate information by updating its online provider directory and search functionality on a timely basis. This information includes provider compliance with the ADA in terms of physical and communications accessibility for Enrollees who are blind or deaf as well as other reasonable accommodations…<br>2.14.2. Requirements for Materials<br>2.14.4.1.10.1. Made available in large print (at least 16 point font) to Enrollees as an Alternative Format, upon request;<br>2.14.4.1.10.4. Available in Alternative Formats, according to the needs of Enrollees and Potential Enrollees, including Braille, oral interpretation services in non-English languages, as specified in Section 2.14.2.1.1. of this Contract; audiotape; ASL video clips, and other alternative media, as requested.<br>2.14.5.2. Content of Provider and Pharmacy Directory<br>2.14.5.2.1.2. Network providers with areas of special experience, skills and training, including providers with<br>expertise in treating:<br>2.14.5.2.1.2.1. Persons with physical disabilities, chronic illness, HIV/AIDS, and/or persons with serious mental illness;<br>2.14.5.2.1.2.2. Individuals who are homeless;<br>2.14.5.2.1.2.3. Individuals who are Deaf, hard-of-hearing, blind and/or visually impaired;<br>2.14.5.2.1.2.4. Persons with co-occurring disorders; and<br>2.14.5.2.1.2.5. Other specialties.<br>2.14.5.2.1.6. Whether the network provider is accessible for people with physical disabilities, including its office, exam room(s) and equipment… |
| **VIRGINIA** | 2.19.5.2. Content of Provider and Pharmacy Directory<br>2.19.5.2.1. The provider and pharmacy directory must include, at a minimum, the following information for all providers in the Contractor's |

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| | provider network:<br>2.19.5.2.1.6. Whether the network provider has specific accommodations for people with physical<br>disabilities, such as wide entry, wheelchair access, accessible exam rooms and tables, lifts,<br>scales, bathrooms and stalls, grab bars, or other accessible equipment;<br>2.19.5.2.1.9. Any languages other than English, including ASL, spoken by network providers or offered by skilled medical interpreters at the provider's site… |

[1] The following contracts are referenced in this chart, all of which are available at http://clpc.ucsf.edu/state-info:

- Illinois Medicare-Medicaid Alignment Initiative (MMAI)—Three-Way Contract 2016:
- Massachusetts OneCare Three-Way Contract 2015:
- Michigan Health Link Three-Way Contract 2016:
- New York Fully Integrated Duals Initiative (FIDA) Three-Way Contract 2014:
- Minnesota Senior Health Options and Senior Care Plus Contract 2017:
- South Carolina Healthy Connections Prime Three-Way Contract 2014:
- Virginia Commonwealth Coordinated Care Three-Way Contract 2016:
- New Mexico Centennial Care RFP and Contract 2012:
- New Jersey 1115 Contract 2016: