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State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 28, 2015

ALL PLAN LETTER 15-023

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: FACILITY SITE REVIEW TOOLS FOR ANCILLARY SERVICES AND
COMMUNITY-BASED ADULT SERVICES PROVIDERS

PURPOSE:

The purpose of this All Plan Letter (APL) is to require Medi-Cal managed care health plans (MCPs) to use two new forms on assessing the physical accessibility of facilities used by providers of ancillary services and Community-Based Adult Services (CBAS) that serve a high volume of seniors and persons with disabilities (SPDs).

This APL supplements PLs 14-004 and 12-006. PL 14-004 discusses Facility Site Review (FSR) tools and PL 12-006 presents amendments to FSR Tool Attachment C. The FSR process detailed in PL 14-004 remains in effect for assessing the physical accessibility of primary care provider (PCP) sites.

BACKGROUND:

Welfare and Institutions Code (W&I Code) Section 14182(b)(9) requires the Department of Health Care Services (DHCS) to provide MCPs with survey tools to evaluate the accessibility of provider facilities for SPDs. DHCS originally provided MCPs with FSR tools in Policy Letter (PL) 02-002,¹ which was also intended to reduce the number of site reviews DHCS conducted, in compliance with Health and Safety Code Section 1342.8. Since then, MCPs have determined the local collaborative processes, systems, and methods to use to coordinate FSR processes. These responsibilities may be shared by all MCPs within a county, delegated to one or more MCPs, or subcontracted to other entities. Each MCP is responsible to coordinate and consolidate FSRs and to share responsibility for defining the local process. These procedures are also established in the MCP contract in Exhibit A, Attachment 4, Site Review.²

¹PL 02-002 is available at:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2002/MMCDPL02002.pdf>

² Boilerplate contracts are available at:

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>

MCPs are also required to identify such high-volume SPD facilities per PLs 12-006 and 14-004, and to report that information to their Managed Care Operations Division (MCO) contract manager.³

Attachments A and B of PL 14-004 provide current survey forms (i.e., tools) for FSRs related to facility operations, sterilization, and medical records reviews, respectively. MCPs must complete each tool and submit them to DHCS. The FSR tool for PCPs and specialists is available as Attachment C in PL 12-006. The new FSR tool for ancillary providers is attached to this APL as Attachment D. The new FSR tool for CBAS providers is attached to this APL as Attachment E.

Ancillary service provider sites are free-standing facilities that provide diagnostic and therapeutic services, such as, but not limited to: laboratory, infusion, radiology, imaging, cardiac testing, renal dialysis, occupational therapy, speech therapy, physical therapy, pulmonary testing, and cardiac rehabilitation.

CBAS provider sites include all facilities that provide bundled CBAS services, and do not include Licensed Only Adult Day Health Care centers and Programs of All-Inclusive Care for the Elderly. CBAS centers offer a package of health, therapeutic, and social services in a community-based day health care program. Services are provided according to a six-month plan of care developed by the CBAS center's multidisciplinary team. The services are designed to prevent premature and unnecessary institutionalization and to keep recipients as independent as possible in the community. CBAS services (defined in W&I Code Section 14550.5 and provided each day of attendance) include professional nursing services, personal care services and/or social services, therapeutic activities, one meal per day, and additional services as specified on the participant's Individual Care Plan.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations and other contract requirements as well as DHCS's guidance, including APLs.

REQUIREMENTS:

This APL provides FSR tool Attachments D (ancillary) and E (CBAS). These new forms are based on FSR Tool Attachment C, last updated in PL 12-006.

For FSR tool Attachments D and E, MCPs must comply with the same requirements as were defined in PL 12-006, relating to assessing physical accessibility. MCPs should not submit the completed Attachments D and E to DHCS, but must retain and keep them available for inspection by DHCS staff during site reviews or audits. DHCS does not require that FSR tool Attachments D and E be conducted by a registered nurse or

³PLs 12-006 and 14-004 are available at: <http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx>.

physician. As with FSR tool Attachments A, B, and C, an MCP may delegate these responsibilities to another MCP or subcontract these responsibilities to an appropriate entity. However, the delegating MCP remains responsible to ensure that surveys completed by another entity are conducted in compliance with the FSR requirements. DHCS recognizes that hospitals represent a unique group of ancillary providers; therefore, each MCP is required to collaborate with each hospital in its provider network to assess whether the hospital meets each of the components of Attachment C. Each MCP must demonstrate that it received adequate documentation from each hospital in its provider network to complete Attachment C by maintaining the records that support its assessment of the hospital's physical accessibility.

Each MCP must make this physical accessibility information available through its website and provider directory. The information provided must, at a minimum, display the level of access results met per provider site as either Basic Access or Limited Access. Additionally, each MCP must indicate whether each site has the Medical Equipment (and/or Participant Area) Access (appropriate to ancillary or CBAS providers) as defined in FSR Attachment C, and identify whether each provider site has or does not have access in the following categories: parking, building exterior, building interior, exam room, restroom, and medical equipment.

Each MCP must submit all required documentation of how it implements the requirements of Attachment C (not Attachment C itself) to its designated MCOD contract manager. MCPs are also required to submit updated documentation of the above by January 31 of each year indicating any changes made to the high-volume benchmarks (see PL 12-006, page 3) as a result of the availability of more complete utilization data. If an MCP has made no changes to its implementation method, only a letter stating this must be submitted to the MCP's MCOD contract manager. If there are changes, all of the documentation must be submitted to the MCP's MCOD contract manager in red-line to clearly identify the changes.

DHCS will continue to review these annual submissions and provide feedback to MCPs regarding any areas of concern. However, each MCP must maintain all original documentation of these assessments and make this information available to DHCS or its representative for contract monitoring or auditing purposes.

IMPLEMENTATION TIMELINE:

MCPs are required to begin using FSR Attachments C, D, and E appropriate to their provider type in line with the three-year cycle requirement of FSR Attachments A and B, effective one year from the date of this APL. New providers who meet the criteria mentioned above are subject to the FSR immediately. MCPs must ensure that site reviewers, including delegated and sub-delegated site reviewers, receive training on the accessibility tools for ancillary and CBAS providers, as required in APL 14-004 under Local Collaboration and the MCP contract.

If you have any questions regarding this APL, please contact your MCO contract manager.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Attachments

Below are the symbols that will be used in the provider directories to indicate areas of accessibility at the ancillary site. These should also be used in online directories. In order for an ancillary site to receive a symbol, the appropriate criteria must be met.

These symbols are in addition to identifying whether the provider office has Basic Access or Limited Access. A provider who has Basic Access will automatically meet the critical elements for the first 5 symbols (P, EB, IB, R, PD).

Accessibility Indicator	Must Satisfy these Criteria	Yes	No	N/A	Comments
P = PARKING	Critical Elements (CE): 3,7,8,11				
EB = EXTERIOR BUILDING	(CE): 14,20,21,22,25				
IB = INTERIOR BUILDING	(CE): 28,31,42,43,44,45,46,47				
R = RESTROOM	(CE): 53, 55,56,59,62,64				
PD = PATIENT DIAGNOSTIC AND TREATMENT USE	(CE): 66,67,70,76,78				
T = MEDICAL EQUIPMENT	(T): 72,73,74,77,80,81				

2nd Periodic PARS Review: I certify that there have been no changes since the last physical accessibility review:

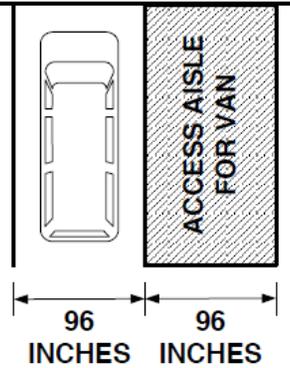
Name: _____ Signature: _____ Date: _____

3rd Periodic PARS Review: I certify that there have been no changes since the last physical accessibility review:

Name: _____ Signature: _____ Date: _____

PARKING

1	Is off-street public parking available?	Self explanatory.				
2	Are accessible parking spaces provided in off-street parking?	Self explanatory.				
3 (CE)	<p>Are the correct number of accessible parking spaces provided?</p> <p>1 to 25 total spaces - 1 required 26 to 50 - 2 required 51 to 75 - 3 required 76 to 100 - 4 required 101 to 150 - 5 required 151 to 200 - 6 required 201 to 300 - 7 required 301 to 400 - 8 required</p>	<p>If there are 25 total parking spaces or less, at least one accessible space is required. If there are between 26 and 50 total spaces, at least two accessible spaces are required, etc.</p>				
4	Is the accessible parking space(s) closest to the main entrance?	The accessible parking space (s) should afford the shortest route of travel from adjacent parking to the accessible entrance.				

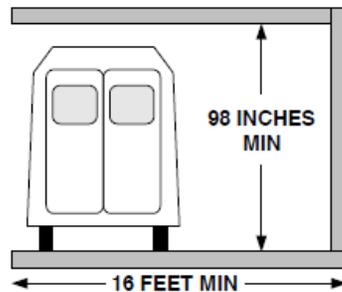
5	Is there an access aisle next to the accessible space(s)?	<p>The access aisle is the space next to the accessible parking space where a person using the accessible space can load and unload from the vehicle.</p>  <p style="text-align: center;"> 96 96 INCHES INCHES </p>				
6	Is the parking space(s) and access aisle(s) free of curb ramps that extend into the space and other obstructions?	<p>If a curb ramp extends into the parking space(s) or access aisle, a person using that space and aisle would not have adequate level space to unload and load from the vehicle.</p>				

<p>7 (CE)</p>	<p>Do curbs on the route from off-street public parking have curb ramps at the parking locations?</p>	<p>Pathways should have curb ramps. Without curb ramps, wheelchair users may be required to travel in the street or behind parked cars where drivers cannot see them.</p>				
<p>8 (CE)</p>	<p>Do curbs on the route from off-street public parking have curb ramps at the drop off locations?</p>	<p>See above Question # 7.</p>				

9	Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?	<p>Symbol in the illustration depicts the International Symbol of Accessibility.</p> 				
10	Are signs mounted a minimum of 60 inches above the ground surface so that they can be seen over a parked vehicle?	Signs must be located so a vehicle parked in the space does not obscure them. (Van accessible spaces must be indicated with an additional sign)				
	Is VAN accessible parking provided?	1 van space for every 6 standard accessible spaces must be provided, but never less than one. For example, if there are 23 total spaces, at least one accessible space is required and it must be large enough (See Question # 5 for dimensions) to accommodate a van. If there are 201 total parking spaces, at least seven accessible spaces would be required and two of those would have to accommodate vans.				
12	Is VAN accessible parking signage provided?	Signs must be mounted a minimum of 60 inches above the ground surface so that they can be seen over a parked vehicle.				

If there is no parking garage, check NA.

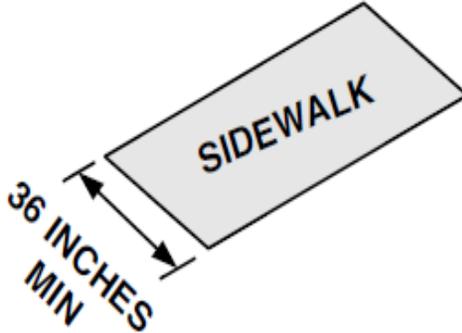
If designated accessible parking is located in a garage, the vertical clearance should be at a minimum 8 feet 2 inches (98 inches). Vertical clearance should be posted.



13

If van accessible parking is provided in a parking garage, is there at least 8 feet 2 inches (98 inches total) vertical clearance available for full-sized, lift equipped vans?

EXTERIOR ROUTE (FROM ACCESSIBLE PARKING, PUBLIC TRANSPORTATION, AND PUBLIC SIDEWALK TO THE ENTRANCE)

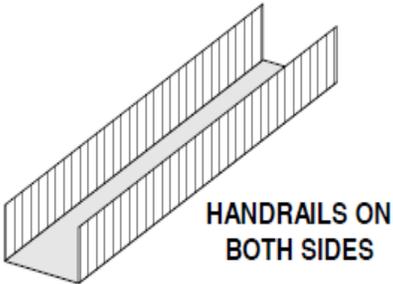
14 (CE)	<p>For exterior routes, if the accessible route crosses a curb, is a curb ramp provided to the building entrance from the following: (Please mark NA for those that do not apply.)</p>	<p>Self explanatory.</p>				
	a. Parking?					
	b. Public transportation?					
	c. Public sidewalk?					
15	<p>Is the accessible route to the building entrance at least 36 inches wide for exterior routes from the following: (Please mark NA for those that do not apply.)</p>	 <p>The diagram shows a gray rectangular area labeled "SIDEWALK" tilted at an angle. A double-headed arrow indicates the width of the sidewalk, with the text "36 INCHES MIN" written below it.</p>				

	a. Parking?					
	b. Public transportation?					
	c. Public sidewalk?					
16	Is the accessible route to the building entrance stable, firm, and slip resistant from the following: (Please mark NA for those that do not apply.)	<p>An example of a stable surface is a floor or ground surface without loose elements like gravel or wood chips.</p> <p>Firm surfaces include solid concrete or pavement as opposed to a grassy, graveled or soft soil surface.</p> <p>Avoid glossy or slick surfaces such as ceramic tile.</p>				
	a. Parking?					
	b. Public transportation?					
	c. Public sidewalk?					
17	Is there an accessible route that does not include stairs or steps?	Self explanatory.				

18	Is the route to the entrance from the accessible parking spaces, including transitions at curb ramps, free of grates, gaps, and openings that are both greater than ½ inch wide and over ¼ inch deep?	Self explanatory.				
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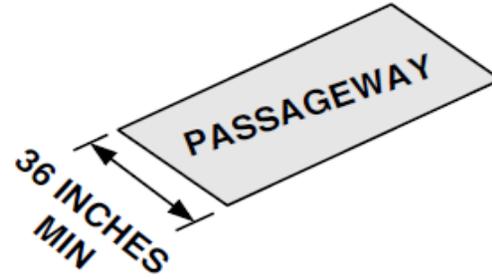
RAMPS:

19	Is an access ramp present?	If there is more than one ramp, select the one that appears to be the primary access ramp.				
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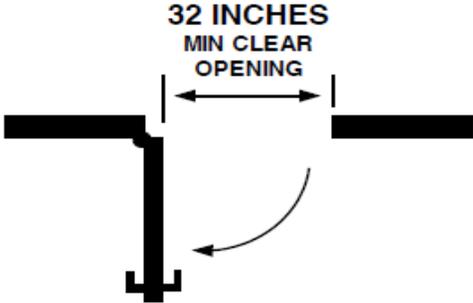
20 (CE)	Are handrails provided on both sides of the ramp that are mounted between 34 and 38 inches above the ramp surface, if it is longer than 6 feet?	<p>If the ramp is not longer than 6 feet, check NA.</p>  <p>HANDRAILS ON BOTH SIDES</p>				
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21
(CE)

Are all ramps at least 36 inches wide?



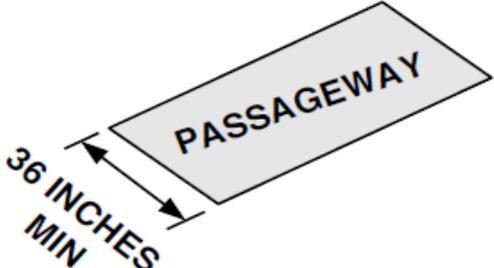
BUILDING ENTRANCE

<p>22 CE</p>	<p>Is the main entrance accessible?</p>	<p>Self explanatory.</p>				
<p>23</p>	<p>If a main entrance is not accessible, is there another accessible entrance?</p>	<p>Self explanatory.</p>				
<p>24</p>	<p>If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?</p>					
<p>25 (CE)</p>	<p>Do doors have an opening at least 32 inches wide (at the narrowest point below the opening hardware) when opened to 90°?</p>	<p>When measuring double doors, measure the opening with one door open to 90°.</p> 				

26	Are there automatic doors?	Self explanatory.				
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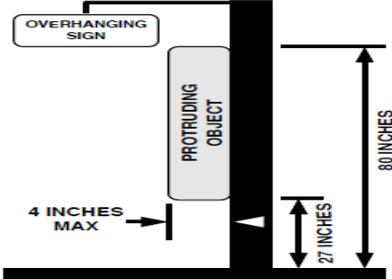
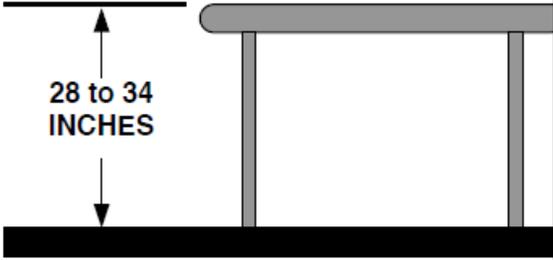
INTERIOR ROUTE (FROM THE BUILDING ENTRANCE, TO THE REGISTRATION COUNTER/WINDOW, AND THROUGH TO THE PARTICIPANT AREAS)

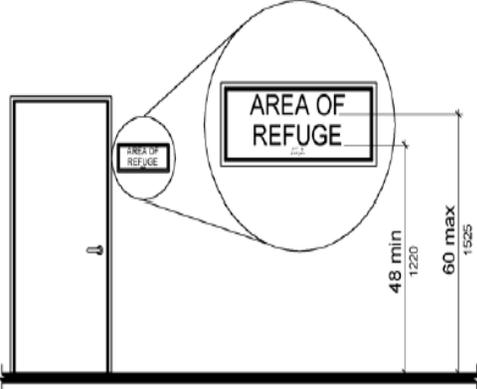
27	Is there an interior route to the patient area?	Some patient areas are accessed directly from the street or drop off rather than being located within a larger building or complex, therefore they do not have interior routes.				
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	Are <u>ALL</u> interior paths of travel at least 36 inches wide?					
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29	Is the interior accessible route stable, firm, and slip resistant?	<p>Avoid unsecured carpeting or other loose elements.</p> <p>It is easier for people using walkers, wheelchairs and other aids to walk or push on surfaces that have low pile carpeting without a pad underneath.</p> <p>Glossy or slick surfaces such as ceramic tile or marble can be slippery.</p>				
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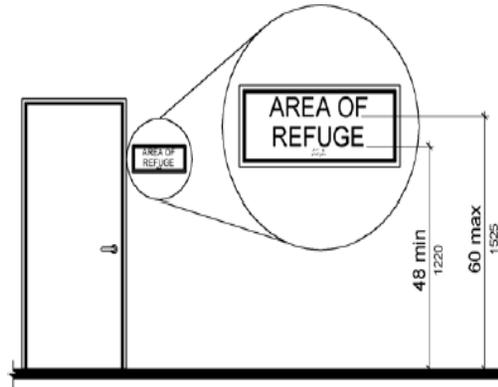
30	Is the interior accessible route well lighted?	A brightly lit corridor will help avoid falls.				
31 (CE)	If there are stairs on the accessible route, are there handrails on each side?	If there are no stairs, check NA.				
32	If there are stairs, are all stair risers closed that are on the accessible route?					
33	If there are stairs, are all stair treads marked by a stripe providing a clear visual contrast to assist people with visual impairments?	<p>Contrast striping must be provided on the upper approach and lower tread for interior stairs and on the upper approach and all treads for exterior stairs. Stripes must be 2" to 4" wide placed parallel to and no more than 1" from the nose of the step or upper approach. The stripe must extend the full width of the step or upper approach and should be made of material that is at least as slip resistant as the other stair treads (a painted stripe is acceptable).</p>				

<p>34</p>	<p>Is the path through the facility free of any objects that stick out into the circulation path that a blind person might not detect with a cane?</p>	<p>If an object protrudes more than 4 inches and is located between 27 inches above the walking surface and below 80 inches, a blind person walking with a cane will not detect it.</p> 				
<p>35</p>	<p>If floor mats are used, are the edges of floor mats stiff enough or secured so that they do not roll up?</p>	<p>If floor mats are not in use, check NA. Floor mats that are not secured to the floor can roll up or bunch up under walkers or wheelchair casters and cause a tripping hazard.</p>				
<p>36</p>	<p>Is a section of the sign-in/registration counter no more than 34 inches high and at least 36 inches wide and free of stored items?</p>					

37	Does the office have a method, other than a lowered counter, by which people can sign in/register? (If yes, please note this method in comments.)	A medical office may use reasonable alternative methods to meet this need such as a clip board.				
38	Do signs identifying permanent rooms and spaces include raised letters and Braille?					

39

Are the raised letters and Braille signs mounted between 48 inches and 60 inches from the floor?

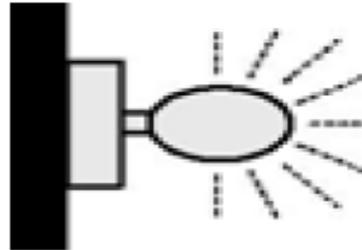


Raised letters and Braille signs are either on the latch side of doors or on the face of doors and are mounted between 48 inches and 60 inches from the floor.

40

If the building has a fire alarm system, are visual signals provided in each public space, including toilet rooms and Participant Areas?

If the building does not have a fire alarm system, check NA.

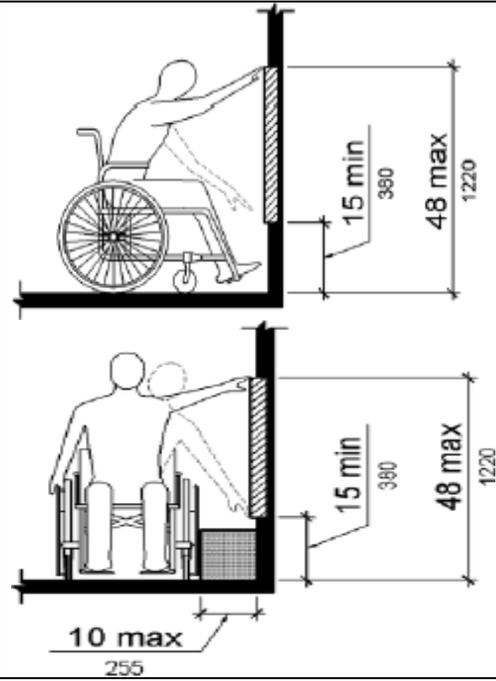


ELEVATORS

41	Is there an elevator?	Self explanatory.				
42 (CE)	If needed, is the elevator available for public/patient use during business hours?	Self explanatory.				
43 (CE)	Is the elevator equipped with both visible and audible door opening/closing and floor indicators?	<p>A visible and audible signal is required at each elevator entrance to indicate which car is answering a call. An audible signal would be a "ding" or a verbal announcement.</p> 				
44 (CE)	Is there a raised letter and Braille sign on each side of each elevator jamb?	These signs allow everyone to know which floor they are on before entering or exiting the elevator.				

45
(CE)

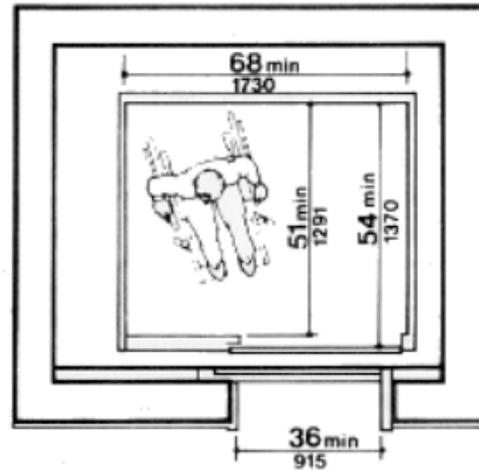
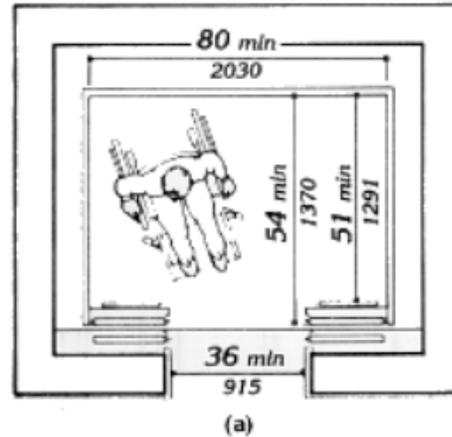
Are the hall call buttons for the elevator no higher than 48 inches from the floor?



46
(CE)

Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?

The doorway should be at least 36 inches wide and the floor area should be at least 51 inches long and 80 inches wide or 54 inches long and 68 inches wide, depending on where the door is located.

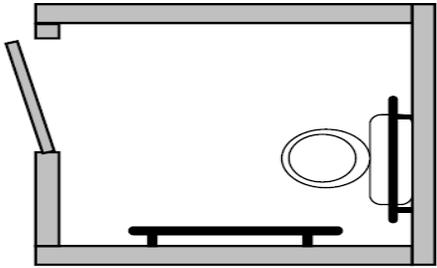


Do the buttons on the control panel inside the elevator have Braille and raised characters/symbols near the buttons?

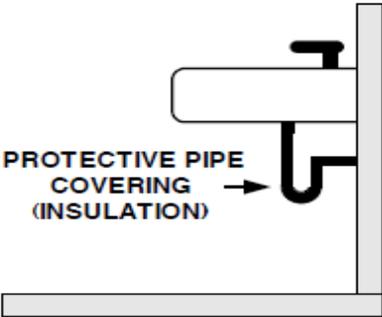
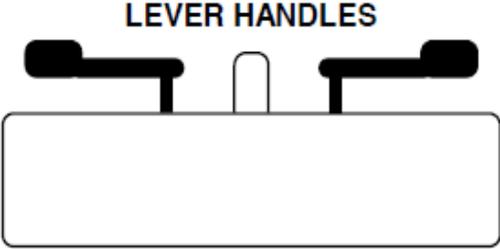
Self explanatory.

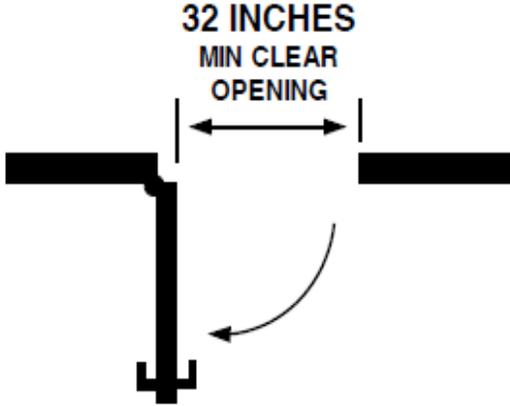
48	Is there an emergency communication system in the elevator?	Self explanatory.				
49	Is the elevator emergency communication system usable without requiring voice communication?	It is essential that emergency communication not be dependent on voice communications alone because the safety of people with hearing or speech impairments could be jeopardized. Visible signal requirement could be satisfied with something as simple as a button that lights when the message is answered, indicating that help is on the way.				
50	Do raised letters and Braille identify the emergency intercom in the elevator?	Self explanatory.				

ALL RESTROOMS/TOILET ROOMS (WITH AND WITHOUT STALLS):

51	Is there an accessible restroom/toilet room?	Self explanatory.				
52	Does the interior door to the restroom require less than 5 pounds of pressure to open?	<p>If restroom door is a fire door, check NA.</p> <p>For interior doors (not fire doors), labor force to open a door should be ≤ 5 lbs. Measure the weight of the labor force of the door after the door is unlatched; attach the hook end of the scale to the door handle and pull until the door opens and read the weight of the force.</p>				
53 (CE)	Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet?	<p>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.</p> 				
54	Are all objects mounted at least 12 inches above and 1½ inches below the grab bars?	This includes seat cover dispensers, toilet paper dispensers, sanitizers, trash containers, etc.				

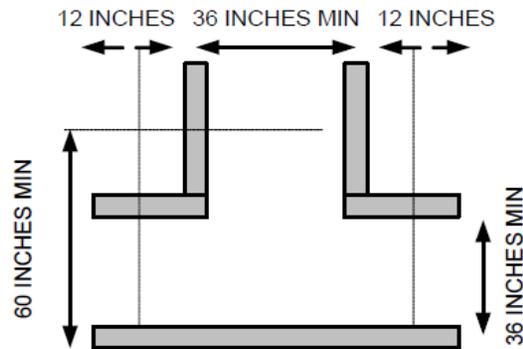
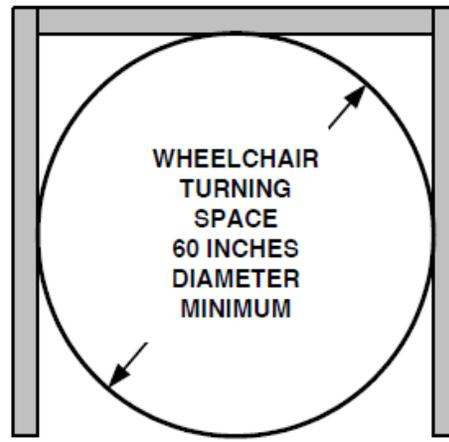
<p>55 (CE)</p>	<p>Is the toilet paper dispenser mounted below the side grab bar with the centerline of the toilet paper dispenser between 7 inches and 9 inches in front of the toilet, and at least 15 inches high?</p>					
<p>56 (CE)</p>	<p>Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to park in front of the sink?</p>	<p>This space must extend at least 17 inches under the sink from the front edge, although it can extend up to 19 inches underneath.</p>				
<p>57</p>	<p>Is the space in front of the sink free of trashcans and other movable items?</p>	<p>Self explanatory.</p>				

58	Are the pipes and water supply lines under the sink wrapped with a protective cover?					
59 (CE)	Are faucet handles operable with one hand and without grasping, pinching, or twisting? (Check Yes if faucets are automatic.)	<p>A knob handle would not be accessible.</p> 				
60	Are all dispensers mounted no higher than 40 inches from the floor?	Included are soap dispensers, paper towel dispensers, seat cover dispensers, hand dryers, etc.				
61	Are all dispensers (soap, paper towel, etc.) operable with one hand and without grasping, pinching, or twisting?	Self explanatory.				

<p>62 (CE)</p>	<p>Do restroom 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?</p>	 <p>The diagram illustrates a door in an open position at a 90-degree angle. A horizontal double-headed arrow indicates the distance between the face of the door and the opposite stop, labeled as '32 INCHES MIN CLEAR OPENING'. A curved arrow points to the door, indicating its 90-degree opening.</p>				
<p>63</p>	<p>Is the space inside the restroom clear, without trashcans, shelves, equipment, chairs, and other movable objects?</p>	<p>Self explanatory.</p>				

64
(CE)

Is there a 60-inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space inside the restroom to allow a turn around for wheelchair and scooter users?

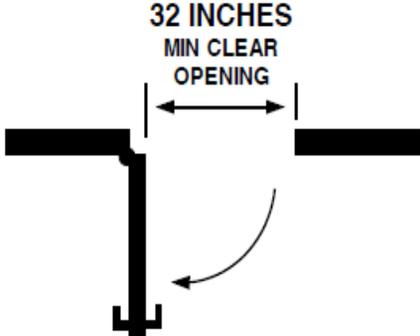
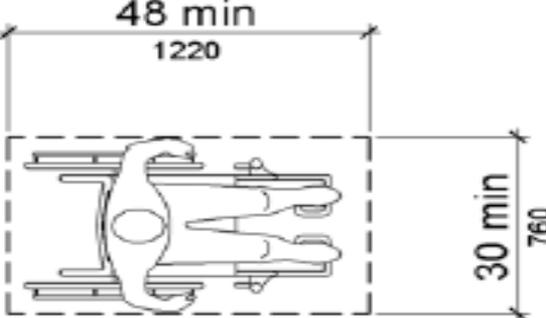


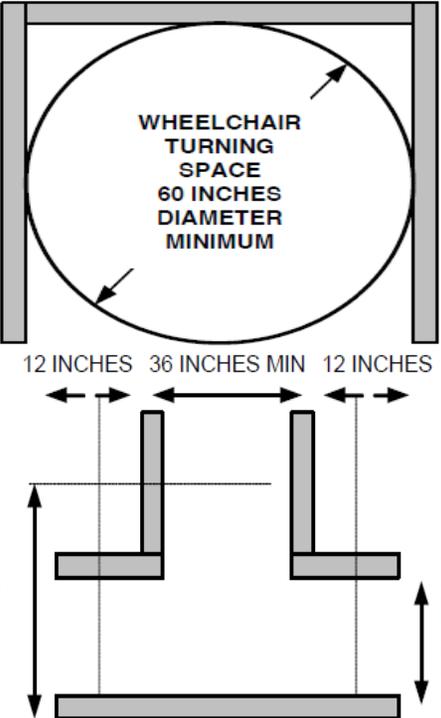
65

Can the hardware on the stall door be operated without grasping, pinching, or twisting of the wrist?

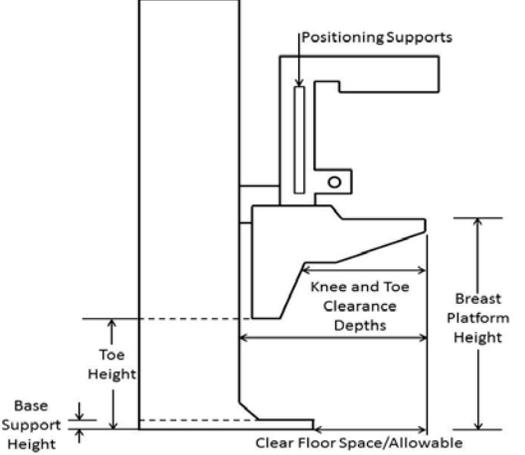
Handles, pulls, latches, locks, and other operating devices on accessible doors shall have a shape that is easy to grasp with one hand and does not require tight grasping, tight pinching, or twisting of the wrist to operate.

PATIENT AREAS (DIAGNOSTIC & TREATMENT, ROOMS)

	<p>Do 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?</p>	 <p>32 INCHES MIN CLEAR OPENING</p>				
	<p>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?</p>	 <p>48 min 1220</p> <p>30 min 760</p>				
	<p>a. Equipment (such as PT)?</p>					
	<p>b. Diagnostic apparatus?</p>					
	<p>c. Patient activity areas (such as OT, dining)?</p>					
	<p>d. Infusion (chairs, beds for chemo, dialysis)?</p>					

68	<p>Patient Dressing Rooms are accessible (all bullet points need to be present)</p> <ul style="list-style-type: none"> • Doorways are at least 32 inches • Turning Radius is 60x60 inches • Seating 17-19 inches from the floor • Grab bars 	<p>If there are reasonable alternative for dressing room accommodations, this measure is met.</p>				
69	<p>In the diagnostic/treatment area, is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T" shaped space so that a wheelchair or scooter user can make a 180° turn?</p>	 <p>WHEELCHAIR TURNING SPACE 60 INCHES DIAMETER MINIMUM</p> <p>12 INCHES 36 INCHES MIN 12 INCHES</p> <p>60 INCHES MIN 36 INCHES MIN</p>				
70 (CE)	<p>If any diagnostic equipment or treatment tables/chairs are used, is there a patient pre-assessment process (i.e. phone, prior to appointment) to verify that the necessary services can be provided?</p>	<p>Self explanatory.</p>				

71	Does the Diagnostic Table have a weight limit?	Document weight limit : <input type="checkbox"/> MRI _____ <input type="checkbox"/> CT _____ <input type="checkbox"/> Fluoroscopy _____ <input type="checkbox"/> PET _____ <input type="checkbox"/> Bone Density/Dexascan _____ <input type="checkbox"/> Ultrasound _____ <input type="checkbox"/> Nuclear Medicine _____ <input type="checkbox"/> Xray _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				
72 (T)	Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion?	Score each appropriate equipment that do or do not lower 17 to 19 inches from the floor to the top of the cushion:				
	a. MRI					
	b. CT					
	c. Fluoroscopy					
	d. PET					
	e. Bone Density/Dexascan					
	f. Ultrasound					
	g. Nuclear Medicine					
	h. Xray					
	i. Physical Therapy Table					
	j. Dialysis Chair					
	k. Other					
	l. Other					
73 (T)	Mammography machine can accommodate wheelchair users with knee and foot clearance under the breast plate allowing technologist to take quality	The top of breast platform needs to go to 26 inches above the floor to accommodate an individual seated in a wheelchair.				

	images.					
74 (T)	<p>A Mammography chair is available for patients who must be seated. Example: persons with balance difficulties, or cannot stand for any length of time.</p>	<p>The chair's footrests must accommodate and ride over the base support.</p>				
75	<p>Are transfer and positioning supports available?</p>	<p>Examples include:</p> <ul style="list-style-type: none"> Positioning supports while on the equipment as pillows, wedges, strapping, transfer supports <p>Please list elements in comments.</p>				
76 (CE)	<p>Does staff provide patient transfer assistance on and off of equipment (this includes use of lift equipment when needed).</p>	<p>Self Explanatory</p>				

77 (T)	Is lift equipment available to assist staff with transfers (portable, overhead, or ceiling mounted)?	Self Explanatory				
78 (CE)	Is staff trained yearly on safe transfer techniques?	Self explanatory				

WEIGHT MEASUREMENT

79	Are patients normally weighed at this provider site?	Self explanatory				
80 (T)	Is a weight scale available that can be used by a wheelchair or scooter user, obese patients whose weight exceeds the weight limits for standard scales, and for patients that cannot step onto a standard scale?	Accessible scale platform dimensions-should be a minimum of 32x 36 inches				
81 (T)	If there is no accessible scale, are other methods to weigh the patient in place?	Examples of other methods to weigh the patient are: weight scales integrated into examination tables, chairs, stretchers, and lifts, or an accessible scale located in a nearby office, within the same building.				

References

2010 ADA Standards for Accessible Design

U.S Department of Justice

http://www.ada.gov/2010ADASTandards_index.htm

The revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 (ADA) were published in the Federal Register on September 15, 2010. They provide the scoping and technical requirements for new construction and alterations resulting from the adoption of revised 2010 Standards in the final rules for Title II (28 CFR part 35) and Title III (28 CFR part 36). The 2010 ADA Standards go into effect March 15, 2012, but can be used now instead of the 1991 standards. The FSR Attachment C draws upon access requirements found in both the 1991 Americans with Disabilities Act Accessibility Guidelines and the 2010 ADA Standards. Some diagrams that appear in the FSR Attachment C are reproduced from these sources.

Two questions in the FSR Attachment C were drawn from Title 24, Part 2 of the California Building Standards Code. These are 1133B.4.4 – Striping for the visually impaired (Rev.1-1-2009), and 1115B-1 – Bathing and Toilet Facilities, placement of toilet paper dispensers. These standards can be found in:

2009 California Building Standards Code with California Errata and Amendments

State of California

Department of General Services

Division of the State Architect

Updated April 27, 2010

http://www.documents.dgs.ca.gov/dsa/pubs/access_manual_rev_04-27-10.pdf

Some diagrams are reprinted with permission from the Kentucky Department of Vocational Rehabilitation. These illustrations can also be found in:

“Health Care Usability Profile V3”

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