



Neighborhood Health Plan of Rhode Island (“Neighborhood”) contracted providers and facilities are required to accommodate members with disabilities by providing services that are geographically and physically accessible as defined by The Centers for Medicare and Medicaid Services (“CMS”) through the Americans with Disabilities Act (“ADA”) requirements.

The purpose of this survey is to determine and document if your provider location meets these requirements. All of the questions below are mandatory.



Neighborhood may perform site visits, from time to time, to ensure compliance with the CMS and ADA requirements.

Additionally, as part of the CMS requirements for Neighborhood, the information submitted will appear in Neighborhood’s Provider Pharmacy Directory in a format that will identify the provider and location.

**Enter NPI:**

Please verify the following REQUIRED information:

Provider or Group Name:		
Provider Billing Tax ID#:		
Provider Site Address 1:		
Provider Site Address 2:		
Provider City:		
Provider State:		
Provider Zip Code:		

Website Address:		
Provider Main Phone Number:		
Provider Fax Number:		
Administrator Name: 		
Administrator Email:		
Administrator Phone Number:		
Contact for Disability Related Issues: 		
Disability Contact Email:		
Disability Contact Phone Number:		
If This Information is Correct Click Here <input type="checkbox"/>		If Not Click Here to Update <input type="checkbox"/>

<b>Please Select Locations to Be Certified:</b>		
Site Name:		
Site Address 1:		
Site Address 2:		
Site City:		
Site State:		
Site Zip Code:		
Site Phone Number:		
Site Fax Number:		
If This Information is Correct Click Here <input type="checkbox"/>		If Not Click Here to Update <input type="checkbox"/>

<b>Please verify provider information for each location:</b>																											
Provider First Name:																											
Provider Last Name:																											
Provider E-mail: (Optional)																											
Provider NPI:																											
Provider License Number:																											
Languages Spoken: <input type="checkbox"/> (checklist) <i>Select all that apply</i>																											
Provider Experience in Treating the Following: <i>Select all that apply</i>																											
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Physical Disabilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td>HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Chronic Illness</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Serious Mental Illness</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Persons with Intellectual/Cognitive Disabilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Homeless Persons</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Deafness or Hard of Hearing</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Blindness or Visual Impairment</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Persons with Co-Occurring Disorders</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Trauma</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Child Welfare</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Substance Abuse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other Areas of Specialty:</td> </tr> </table>		<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>	Serious Mental Illness	<input type="checkbox"/>	Persons with Intellectual/Cognitive Disabilities	<input type="checkbox"/>	Homeless Persons	<input type="checkbox"/>	Deafness or Hard of Hearing	<input type="checkbox"/>	Blindness or Visual Impairment	<input type="checkbox"/>	Persons with Co-Occurring Disorders	<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Other Areas of Specialty:
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<input type="checkbox"/>	Other Areas of Specialty:																										

**Access to Public Transportation Services:**

1. Are bus transportation services available?

*Please check for each location.*

Location One:  Yes  No

2. Are commuter rail transportation services available?

*Please check for each location.*

Location One:  Yes  No

3. Is the facility less than or equal to a ¼ mile walking distance from the bus or train?

*Please check for each location.*

Location One:  Yes  No

**Translation Services:**

4. Are translation services readily available, both by telephone and/or in person?

*Please check for each location.*

Location One:     Yes                                     No

5. Is translation provided by a translation service or language line?

*Please check for each location.*

Location One:     Yes                                     No

6. Are medical interpretation services provided for the following languages:

*Please select all that apply for each location:*

Location One:     (Drop down of languages)

**General Information:**

7. Do/can you provide alternative appointment scheduling for those who need extra time?

*Please select one.*

Location One:     Yes                                     No

8. Do/can you provide extended hours?

*Please select one.*

Location One:     Yes                                     No

9. Do/can you provide home visits if needed?

*Please select one.*

Location One:     Yes                                     No

10. What are your office hours? (Select opening and closing time for each day).

*Please select all that apply.*

*Click here to display in 1/2 hour increments*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Compliance for the Physically Disabled

### Parking:

11. Are the correct number of accessible spaces available?

- 1-25 total spaces= 1 required space
- 26-50 total spaces= 2 required spaces.
- 51-75 total spaces=3 required spaces
- 76-100 total spaces= 4 required spaces
- 101-150 total spaces= 5 required spaces
- 151-200 total spaces= 6 required spaces
- 201-300 total spaces= 7 required spaces

**Example:** *1 accessible parking space to 25 total parking spaces ratio.*

*Please select one.*

- Yes
- No

12. Is van accessible parking available?

- 1-400 total spaces = 1 required space
- 401-500 total spaces= 2 required.

**Example:** *At least one space must be van-accessible. Also, one of every eight handicapped-accessible parking spaces must be van-accessible: i.e. (401-500 total spaces= 9 handicapped accessible spaces 2 of which are van-accessible spaces)*

*Please select one.*

- Yes
- No

13. Is the space(s) clearly marked by the International Symbol of Accessibility?

*Please select one.*

- Yes
- No

14. Is there a designated drop off zone?

**Example:** *This “Handicapped Drop-Off Zone/ No Parking” prohibits parking in the posted areas being used by vehicles dropping off those who have disabilities.*

*Please select one.*

- Yes
- No

15. If only on street parking is available, is there an unobstructed curb cut/ramp?

*Please select one.*

- Yes
- No
- N/A



**Exterior Travel Route:**

16. If the accessible route crosses a curb, is a curb ramp provided?

*Please select one.*

- Yes
- No
- N/A

17. Is the accessible route to the building entrance consistently at least 36 inches wide?

*Please select one.*

- Yes
- No

18. Is the accessible route to the building entrance firm, slip resistant, and stable?

**Guidance:** *A stable surface contains no loose elements such as gravel or wood chips. A firm surface consists of concrete or pavement as opposed to a soft soil, grass, or gravel. Slippery surfaces may include ceramic or tile and should be avoided.*

*Please select one.*

- Yes
- No

19. Handrails

a. Are handrails provided on the ramp?

*Please select one.*

- Yes
- No
- N/A

b. Is the ramp at least 36 inches wide?

- Yes
- No

c.

**Building Entrance:**

20. If the main entrance is not accessible, is there directional signage of the accessible location?

*Please select one.*

- Yes  
 No

21. Are automatic opening doors present?

*Please select one.*

- Yes  
 No

22. Doors:

a) If automatic opening doors are not present, is space available for a wheelchair user to approach and open the door?

*Please select one*       Yes     No

b) Does the entrance door contain handles that can be opened without grasping, pinching, or twisting of the wrist?

*Please select one*       Yes     No

**Example:**

*Approaching the door and pulling it toward you requires 60 inches of clear space perpendicular to the doorway and 18 inches parallel to the doorway. Approaching the door and pushing it away from you requires 48 inches of clear space perpendicular to the doorway.*

**Interior Route (From the building entrance to clinic entrance, registration counter, or office area)**

23. Accessibility of the Interior Travel Route.

- a. Are all paths of travel at least 36 inches wide?

*Please select one.*

- Yes  
 No

- b. Is the route stable, firm and slip resistant?

*Please select one.*

- Yes  
 No

- c. Is the route clear of any free objects that may stick out?

*Please select one.*

- Yes  
 No

**Example:** *It is best to have surfaces with low pile carpeting. Glossy or slick surfaces such as ceramic or tile may become slippery.*

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

**Example:** *The doorway should be at least 36 inches wide. Measurements will vary depending on location of the door.*

*Please select one.*

- Yes  
 No  
 N/A

25. Elevators

a. Do the elevators provide audible signal indicators?

*Please select one.*

- Yes
- No
- N/A

b. Do the elevators provide Braille signage?

*Please select one.*

- Yes
- No
- N/A

**Waiting Area:**

26. Is there space in the waiting area to accommodate a wheelchair?

*Please select one.*

- Yes  
 No

27. Receptionist Station

a. Does the office have a method by which people that are seated or of a shorter stature can sign in/register?

*Please select one.*

- Yes  
 No

b. Are there additional chairs available for people who cannot stand while transacting business?

*Please select one.*

- Yes  
 No

**Example:** *This may include a low receptionist station for transactions or desk-height writing surfaces with knee space. This may also include the use of a clip board as well. Access to additional chairs will help to decrease the risk of potential falls.*

28. Is access permitted for service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go?

**Example:** Existing policies must allow for the use of service animals in all generally public areas. If the animal must be excluded from a specific area, the patient should be notified in advance. A service animal should have access to areas such as patient rooms, clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms or burn units where the animal's presence may compromise a sterile environment.

Please select one.

- Yes  
 No

**Restrooms:**

29. Is there directional signage to an accessible toilet room?

Please select one.

- Yes  
 No

30. Is there adequate space in a stall for a mobility device to make a 180° turn? This may include a 60" diameter turning circle or a T-shaped turn (60"x 60"square with two 12" x 24").

Please select one.

- Yes  
 No

31. Are grab bars provided, one on the wall behind the toilet and one next to the toilet?

Please select one.

- Yes  
 No

32. Is the toilet paper dispenser mounted below the side grab bar in a reachable location?

*Please select one.*

- Yes  
 No

33. Sink, Soap and Towel Dispensers:

a) Is there at least one accessible sink?

*Please select one.*

- Yes  
 No

b) Is there enough space for wheelchair users to park in front of the sink?

*Please select one.*

- Yes  
 No

c) Is the faucet handle operable without needing to grasp, twist, or pinch?

*Please select one.*

- Yes  
 No

d) Are the soap and towel dispensers within reach (No higher than 40 inches from the floor?)

*Please select one.*

- Yes  
 No

**Example:** *The sink area must be clear of any movable items, such as trash cans, to make room for a wheelchair user. It is also imperative to make sure pipe lines beneath the sink are wrapped in a protective cover.*

**Exam Rooms:**

34. Are all exam room doors at least 36" in width?

*Please select one.*

- Yes  
 No

35. Exam Rooms:

a) Are the exam rooms large enough to fit the patient, caregiver, and physician?

*Please select one.*

- Yes  
 No

b) Is there adequate space for a mobility device to make a 180° turn?

*Please select one.*

- Yes  
 No

**Example:** *There needs to be adequate room adjacent to an adjustable exam table for a mobility device to park to facilitate transfer from device onto the exam table. The minimum amount of space required is 30 inches by 48 inches.*



**Compliance for the Physically Disabled Equipment:**

36. If you have a weight scale, is the scale available with a platform to accommodate people in a wheelchair or who are unable to stand w/out assistance?

**Example:** *Accessible scales are usable by people including: wheelchair users, those with activity limitations, and larger people. Scales must have a platform large enough to fit a wheelchair. There must also be a sloped surface that allows access to the scale platform.*

*Please select one.*

- Yes
- No
- N/A

37. Do you have or can you adapt an exam table for accessible transfers for people who use a wheelchair or are unable to access an exam table without assistance? This may include the use of an adjustable-height table, transfer board, portable lift or a stretcher/gurney.

**Example:**

- 1. Adjustable-height tables must lower to the height of the wheelchair seat, 15 inches or lower from the floor.*
- 2. A transport board is a simple tool made of a smooth rigid material which acts as a supporting bridge between a wheelchair and another surface, along which the individual slides*
- 3. The portable lift base must go under or fit around the exam table for transfer*
- 4. Some equipment, including radiologic equipment, lacks the space beneath them necessary for a portable lift. Lifts may not be compatible with some radiological technologies. A stretcher or gurney can be raised or lowered to the height of the exam surface.*

*Please select one.*

- Yes
- No

38. Is the staff trained to help a person with a disability transfer onto the exam table and to operate other accessible equipment?

**Example:** *Staff members need to know how to operate the accessible equipment, how to assist with transfers and positioning of individuals with disabilities.*

*Please select one.*

- Yes
- No

39. If the facility provides a specialized diagnostic service, is the device used handicap accessible? This may include X-Ray equipment, Ultrasound equipment, mammography equipment, and gynecological examine tables.

**Example:** *This may include the use of: Mobile Digital X-Rays or Mobile Ultrasound Units. Mammography devices that can be used on a woman in a seated position. A gynecological accessible height exam table with adjustable, padded leg supports, rather than typical stirrups.*

*Please select one.*

- Yes
- No
- N/A

40. Other accessible equipment:

*List any additional accessible equipment:*

**Accommodations for Intellectually and/or Cognitively Disabled:**

41. Do you accommodate services, teaching materials, and documents for individuals with learning, intellectual and/or cognitive disabilities?

**Example:** *This may include: training staff members on effective communication techniques; written documents recorded on audiotape; the availability of an employee to explain/ assist in the completion of documents.*

*Please select one.*

- Yes
- No

**Accommodations for the Blind or Visually Impaired:**

42. Are all printed materials made available in alternative formats?

**Example:** *This shall include the use of large print (16-18pt font), Braille, taped text, digital versions of all written materials and Optical Recognition Software.-Ok-MB 8-30-15*

*Please select all that apply.*

- Braille
- Taped Text
- Digital Version
- Large Print (16-18pt font)
- Optical Recognition Software

43. Do you have staff members available to assist with these services?

**Example:** *Staff members may be needed to assist with the completion of documents/ consents/ payments either in person or over phone. It is also imperative to provide visually impaired individuals with the orientation of the room/facility. Staff should verbalize procedures prior to their implementation. Staff should be available to read notices or other written material to individuals upon request. Ok-MB-8-30-15*

*Please select one.*

- Yes
- No

**Accommodations for the Deaf or Hard-of-Hearing:**

44. Are proper accommodations made in order to ensure effective communication to and from individuals with hearing impairments?

**Example:** *This may include the use of: qualified sign language interpreters; written notes between the provider and patient; the use of Computer Aided Realtime Transcription (CART); Video Relay Service (VSR); Assisted Listening Devices/Systems; telephone handset amplifiers; Closed caption decoders; or access to a TTY/TTD line. Ok-MB-8-30-15*

*Please select one.*

- Yes
- No

45. Alarm System

a. Does the fire alarm system provide visual signals in all public spaces (waiting rooms, exam rooms, bathrooms)?

*Please select one.*

- Yes
- No

b. Are evacuation procedures clearly marked?

*Please select one.*

- Yes
- No

**Example:** *Visual warning lights are to be mounted 6 inches below the ceiling.*

**Comments and Concerns:**

I hereby certify that I have answered the above questions truthfully to the best of my knowledge on behalf of the provider and location(s) listed above.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(virtual signature)*