



Chapter 3

Providing Accommodations

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Orientation to Providing Accommodations Chapter

This document is one chapter of a broader Implementation Guide on providing accessible healthcare for people with disabilities. The chapter will guide you through providing accommodations at your clinic or organization. The information in this chapter is a synthesis of existing research and learnings from health systems across the country. It is intended to provide guidelines adaptable to your local context.

This chapter includes: 1) an introduction to the topic, 2) six steps for implementation, and 3) a variety of appendices. Under each step, the **Actions and Tasks** section outlines best practices and questions to consider while creating and implementing the provision of accommodations at your organization. The **Materials and Resources** section lists the relevant appendices, which include worksheets, templates, examples, and other resources to assist you in completing the **Actions and Tasks** of each implementation step.

Appendices can also be used independently as resources for providing accommodations. For example, you could use Appendix 3.4: *Accommodations Frequently Asked Questions* if you are only interested in sample responses to questions related to providing accommodations.

A note about terminology: Throughout this chapter, we refer to accommodations as any modification or adjustment made to standard processes in an organization to facilitate the full engagement of patients with disabilities in their healthcare. Healthcare organizations are legally required to make reasonable modifications of policies, practices, and procedures, ensure effective communication, and maintain accessible facilities for people with disabilities.¹⁻³ Healthcare organizations are also required to provide reasonable accommodations to their caregivers with disabilities.⁴ In this guide, we refer to all such modifications as “accommodations”.

Accommodations can be requested by a patient to facilitate their participation in their care and should be documented in a patient’s chart (see *Chapter 2: Documenting Disability Status and Accommodation Needs*). In contrast, accessibility features such as accessible bathrooms and ramps should be available to all patients and do not need to be requested. Appendix 0.7: *Accessibility Screening Tool Template* in the General Resources chapter can help identify potential points of care and locations where accommodations or accessibility features should be available.

Introduction to Providing Accommodations

People with the same disabilities can benefit from a range of different accommodations. Patients should always be at the center of the conversation in determining which accommodations enable access to their care. It is also important to note that accommodations may be needed across a patient's healthcare journey beyond the clinical encounter – from registration to after-visit summaries. Accommodation needs might differ by setting and clinical encounter (e.g., a patient might need a different modification during an oncology appointment than at a blood draw appointment.)

Why is it important to provide accommodations?

A growing body of literature finds that people with disabilities experience disparities in health and healthcare outcomes.⁵⁻⁷ For example, compared to non-disabled people, people with disabilities are more likely to have a greater number of chronic conditions and have higher rates of asthma, hypertension, emphysema, cardiovascular disease, diabetes, and arthritis.⁵ People with disabilities are also more likely to rate the quality of their health as fair or poor.^{8,9} Research has identified that a key factor in poor outcomes is the lack of provision of accommodations.¹⁰⁻¹²

What are the requirements for providing accommodations?

The Americans with Disabilities Act is a federal civil rights law that requires healthcare organizations to provide full and equal access to healthcare for people with disabilities.¹ It requires healthcare organizations to provide effective communication, establish accessibility standards, and make reasonable modifications to provide patients with disabilities access to the organizations' health programs and activities.

Additionally, healthcare organizations are required by Section 504 of the Rehabilitation Act and Section 1557 of the Patient Protection and Affordable Care Act to provide disabled patients with accommodations, including auxiliary aids and services, to ensure access to care.¹³ Healthcare organizations are also required to provide accommodations to disabled caregivers of patients.

Steps to Provide Accommodations

Step 1: Develop Leadership Support

When implementing any new accessibility initiative at your organization, earning buy-in from leadership is essential. Support from leadership will ensure you have the resources necessary to procure and successfully provide accommodations requested by patients with disabilities.

Actions and Tasks

1. Identify what types of leadership support and buy-in you will need.
2. Identify potential champions across your organization.
3. Identify how providing accommodations will fit within your organization's existing priorities and initiatives (e.g., health equity, quality and safety, patient experience goals, etc.).
4. Determine if your organization is involved in any regulatory initiatives that require providing accommodations (e.g., Joint Commission Excellent Health Outcomes for All Certification, U.S. Centers for Medicare and Medicaid (CMS) requirements, state-level requirements, etc.)

Materials and Resources

- Appendix 0.3: Federal Requirements
- Appendix 0.10 Leadership Support: Key Individuals

**Appendices 0.3 and 0.10 can be accessed in the General Resources chapter.*

Step 2: Identify Implementation and Leadership Team

The implementation team will be responsible for designing, leading, and monitoring the provision of accommodations across your organization.

Actions and Tasks

1. Identify the implementation team for providing accommodations.
 - a. Consider including people across different departments and units within your organization.
 - b. Include leadership and others who have the authority to make changes.
 - c. Include staff who will be doing the work; they know their clinic workflows and will be helpful in implementing and piloting the project. This will also help with buy-in for the staff—who will more eagerly participate—and sustainability will be more attainable.
 - i. It could be helpful to start with a pilot team to work through challenges before expanding to the entire clinic or healthcare system.
2. Determine the implementation team meeting structure.
 - a. How often will the team meet?

- b. Is this a project that will be part of a quality improvement team or embedded within another team?
3. Identify champion(s) for the project
 - a. Who is this person(s) going to be?
 - b. Are they able to implement changes?
 - c. Will they be a clinical champion or a non-clinical champion? Are both clinical and non-clinical needed?
 - d. Is there someone at the *system level* with whom you can partner? For example, a Disability Coordinator or your organization's Section 1557 Coordinator might already be engaged in the delivery of accommodations.
4. Establish common goals for team.
 - a. Ensure that it fits within organizational goals.
 - b. Use SMART Goals (Specific, Measurable, Attainable, Realistic, and Time-bound)

Materials and Resources

- Appendix 0.6: Project Planning
- Appendix 3.1: Accommodations Implementation Team
- Appendix 3.5: Accommodations Barriers and Strategies

**Appendix 0.6 can be accessed in the General Resources chapter.*

Step 3: Needs Assessment

Identify the current state of documenting disability status and accommodation needs at your organization using Appendix 3.2: *Accommodations Needs Assessment*.

Actions and Tasks

1. Engage with other healthcare organizations to understand how they provide accommodations, including what is and isn't working for them. Consider joining the Disability Equity Collaborative's Leaders workgroup to create a peer network.
2. Determine how you will include patient perspectives.
 - a. Will you include people with disabilities on your implementation team?
 - b. Will you convene a patient advisory board?
 - c. Will you conduct a patient experience survey?
 - d. Will you engage disability community organizations?

Materials and Resources

- Appendix 0.7 Accessibility Screening Tool Template
- Appendix 0.8: Disability Accommodations Examples
- Appendix 0.9: Accommodations Inventory Table
- Appendix 3.2: Accommodations Needs Assessment
- [Disability Equity Collaborative's Leaders workgroup](#)

**Appendices 0.7 – 0.9 can be accessed in the General Resources chapter.*

Step 4: Determine What, How, When, and Who Will Provide Accommodations

In determining what accommodations your organization will provide, consider all essential activities required in a visit (e.g., scheduling, navigating within the facility, communication during and after the visit, etc.). Patients with disabilities should be able to access each of these essential activities. For example, if you provide after-visit summaries, plan accommodations so that patients with visual, cognitive, and communication disabilities can access these materials.

Actions and Tasks

1. Use your completed Appendix 0.7: *Accessibility Screening Tool Template* to determine what accommodations your clinic or organization will provide.
 - a. Plan how equipment will be purchased, including which budgets will fund them.
 - b. Identify the scope of the project. Consider if the accommodations will be available across the entire organization or a single clinic.
2. Decide how accommodations will be provided within a clinic. Aim to integrate the process into existing clinic and system-level workflows when possible. This step can include the following activities:
 - a. Identify local barriers and facilitators to providing accommodations.
 - i. For example, determine clinic level readiness and motivation for providing accommodations and potential pitfalls.
 - b. Use the *Accommodations Implementation Planning* worksheet (Appendix 3.3) to specify site or clinic goals, strategies, timelines, milestones, and measures for providing accommodations.
 - c. Create a workflow map, a visual representation of the actions, decisions, and tasks to be performed for successful provision of accommodations. Appendix 0.6: *Project Planning* includes example workflow maps. Consider the following details:
 - i. Who will purchase the necessary equipment for disability accommodations?
 - ii. How many of each accommodation will the clinic need?
 - iii. Where will the accommodation be located?
 - iv. How or when will new supplies be ordered?
 - v. How will the accommodations be maintained?
 - vi. What infection control issues need to be considered?
 - vii. Who will schedule if the accommodation involves providing a service?
 - d. Determine what can and cannot be adapted in the process for providing accommodations. For example, could there be different processes for different types of accommodations?
 - e. Determine the resources needed to provide accommodations. For example, you will likely need to dedicate time for staff to complete trainings.
3. Following decisions made on workflows, processes, and roles, revisit the composition of the implementation team. Determine if additional individuals from departments or units that will be involved in any aspect of the process to provide accommodations should be included.

Materials and Resources

- Appendix 0.5: Policy Writing Guidance
- Appendix 0.6: Project Planning
- Appendix 0.7: Accessibility Screening Tool Template
- Appendix 0.8: Disability Accommodations Examples
- Appendix 3.2: Accommodations Needs Assessment
- Appendix 3.3: Accommodations Implementation Planning
- Appendix 3.5: Accommodations Barriers and Strategies

**Appendices 0.5 – 0.8 can be accessed in the General Resources chapter.*

Step 5: Pre-implementation

Ahead of implementation, consider the following actions to ensure staff, patients, and your organization's systems are prepared to provide and use accommodations.

Actions and Tasks

1. Identify, purchase, or develop necessary resources and accommodations.
 - a. Establish relationships with service providers.
 - b. Create policy adaptation documents (see Appendix 0.5: *Policy Writing Guidance*).
2. Ensure that identified accommodations can be documented in the electronic health record (EHR). (See Chapter 2: *Documenting Disability Status and Accommodation Needs* for additional information.)
3. Determine who will provide consultation to assist with training for staff and providers on use of accommodations.
 - a. This person will offer expert guidance, feedback, and problem-solving to a site longitudinally.
 - b. This can be a practice facilitator or similar role.
4. Determine who will provide technical assistance for both providing accommodations generally and the use of each accommodation.
5. Determine how accommodations will be maintained.
6. Create resources and trainings on how to use accommodations for staff and providers (see Appendix 3.7: *Accommodations Training Table*).
7. Identify or develop tools and reminders to encourage use of accommodations (see Appendix 3.4: *Accommodations Frequently Asked Questions*).
8. Identify or develop patient-facing education materials to disseminate information on available accommodations to patients.
9. Determine how success will be defined for providing accommodations, including appropriate metrics (e.g. were requested accommodations provided; patient, staff, and clinician satisfaction with the process, etc.).
 - a. Specify how you will monitor or assess whether patients are receiving requested accommodations.
 - b. Develop an evaluation plan to reflect your definition of success.

Materials and Resources

- Appendix 0.5: Policy Writing Guidance
- Appendix 3.3: Accommodations Implementation Planning
- Appendix 3.4: Accommodations Frequently Asked Questions
- Appendix 3.6: Accommodations Monitoring Progress and Adaptations
- Appendix 3.7: Accommodations Training Table

**Appendix 0.5 can be accessed in the General Resources chapter.*

Step 6: Implementation, Evaluation, and Monitoring

Roll out the implementation plan developed in previous steps to provide accommodations.

Actions and Tasks

1. Track and communicate rates of providing accommodations to responsible individuals (e.g., clinic leadership, those providing accommodations) and the implementation team.
2. Review site-level data on provision rates and determine if changes in workflow or strategies are needed.
3. Review site-level data to determine if additional accommodations are needed.
4. Make and document all needed adaptations.
5. Conduct Audit and Feedback, an implementation strategy that includes providing site-level staff, provider, or team-level data on providing accommodations to those assigned to perform tasks.
 - a. For example, create a progress chart to display in a staff breakroom.
 - b. This [Audit and Feedback article](#) details how to employ the strategy.
6. Recognize high performing staff, clinicians, or specific clinics or sites to recognize and celebrate high provision rates.

Materials and Resources

- Appendix 3.4: Accommodations Frequently Asked Questions
- Appendix 3.5: Accommodations Barriers and Strategies
- Appendix 3.6: Accommodations Monitoring Progress and Adaptations

Appendices Table

NAME	DESCRIPTION
Appendix 3.1: Accommodations Implementation Team	A list of all the individuals who could participate on the implementation team.
Appendix 3.2: Accommodations Needs Assessment	A worksheet to review the current landscape of an organization, identify mission, priorities, gaps, strengths, and specific goals for providing accommodations.
Appendix 3.3: Accommodations Implementation Planning	A worksheet to identify the future direction and processes that will be followed for implementing accommodations.
Appendix 3.4: Accommodations Frequently Asked Questions	A Frequently Asked Questions (FAQ) document for staff about providing accommodations.
Appendix 3.5: Accommodations Barriers and Strategies	A list of potential barriers to provide accommodations and possible strategies to address the barriers. Barriers are organized categorically.
Appendix 3.6: Accommodations Monitoring Progress and Adaptations	A worksheet to track progress and adaptations to the implementation plan.
Appendix 3.7: Accommodations Training Table	A training table that outlines who may be trained, what challenges, topics, or attitudes training could address, when to conduct training, and how.

References

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Appendix 3.1

Accommodations Implementation Team

Consider including these individuals on the team implementing accommodations within your organization.

1. Clinic manager(s)
2. Compliance or regulatory department representative
3. Directors of departments or groups who will be affected
 - a. Scheduling director
 - b. Registration director
 - c. Medical Assistant director
 - d. Nursing director
 - e. Patient and Family Experience/Patient Relations
4. Disability coordinator(s)
5. Diversity, Equity and Inclusion leader
6. Executive or chief officers
7. Facilities management or representative from the organization's architectural group
8. Family and patient experience liaison
9. Patient(s) with disabilities or patient advisory board
10. Infection control
11. Interpreter service lead
12. Medical Assistant
13. Nurses
14. Operational and electronic health record analysts
15. Patient navigators
16. Project managers and/or quality improvement specialists
17. Purchasing department representative
18. Workforce safety/Safe patient handling
19. Inpatient or outpatient operation leads and project managers
20. Social workers or case managers
21. Child Life Specialist
22. Workflow consultants



Appendix 3.2

Accommodations Needs Assessment

Instructions:

- This assessment can be completed by anyone at any point in developing systems and processes for providing any type of accommodation. Questions that are not applicable to your organization or clinic can be skipped.
- Please note that Needs Assessments are long processes that require input and commitment from multiple partners within the organization and community to develop a robust and sustainable plan.

Current State of Providing Accommodations

This section will help you capture the current state of providing accommodations at your organization or clinic. The questions will work to identify existing resources, opportunities, and current processes.

Background

1. What is the motivation driving the development of systems and processes for providing accommodations?
 - a. Are there specific populations you are focused on (e.g., people with physical disabilities, intellectual or developmental disabilities, etc.)? If so, why?
 - b. Are there certain settings you are focused on (e.g., scheduling, specific specialty appointments, etc.)? If so, why?
2. What is the specific goal or desired outcome of developing processes to provide disability accommodations?
3. How does providing accommodations align with current organizational priorities (e.g. quality and safety; health equity; Diversity, Equity, and Inclusion)?
4. What, if any, leadership support is there for providing accommodations? What levels of support do you need (C-Suite, Director(s), Manager(s), etc.)?
5. What, if any, regulatory requirements are there for providing accommodations (e.g., Joint Commission Excellent Health Outcomes for All Certification, CMS requirements, state-level requirements etc.)

Accommodations

*Reminder: Questions that are not applicable can be skipped.

1. What accommodations are currently provided?
 - a. Consider accommodations in the following categories (See *Appendix 0.8* in the General Resources chapter for a list of accommodations):
 - i. Adapting a policy or process (e.g., allow patient to wait in private room)
 - ii. Provide a “thing” (e.g., assistive listening devices)
 - iii. Provide a service (e.g., sign language interpretation)
 - iv. Scheduling a patient where an accommodation is located (e.g., exam room with a Hoyer lift)
 - v. Change in clinician/staff interaction style (e.g., ask the patient how best to verbally communicate with them)
 - vi. Staff provide assistance (e.g., assistance with transferring)
 - vii. Modify the environment (e.g., low light)
 - b. In which clinics or units are the accommodations available?
2. Are there any specific individuals, groups, or departments within your organization who are excelling at providing accommodations to patients?
 - a. What types of disability do available accommodations support?
 - b. Are existing accommodations available to caregivers with disabilities?
3. Is there a budget to provide disability accommodations?
 - a. What types of budgets exist?
 - b. Whose budget is used for the accommodations?
 - c. What types of initiatives or supplies are covered by that budget?
4. Is there a list of the accommodations available across the healthcare system (clinics/units)?

- a. Is this posted internally?
 - b. Is this posted externally so patients can view the list?
 - c. Who maintains the list, and when has it last been updated?
5. How are available accommodations tracked in the organization?
 6. What accommodations are listed in your electronic health record as options for patients?
 7. What is the process for a patient to request an accommodation?
 8. What is the process for a caregiver with a disability to request an accommodation?
 9. What trainings are available for staff and clinicians on available accommodations and/or how to use the accommodations?

People

1. Who oversees what accommodations are prioritized and/or purchased?
2. Who oversees the provision of accommodations?
 - a. How might this differ by type of accommodation?
 - b. How might this differ by clinic?
3. Who might be your champions?
 - a. Disability Coordinator (could be: “ADA Coordinator”, “Section 1557 Coordinator” or “Disability Accessibility Coordinator”)
 - b. Clinician champion(s)?
 - c. Practice managers?

- d. If not, do you have someone who is willing to lead this work?
4. Who in your organization might have expertise on accommodations?
 - a. Interpreter services?
 - b. Rehabilitation departments?

Institutional Support:

1. What initiatives exist for providing access to care for patients with disabilities?

Identify Gaps and Struggles

This section will help you identify existing gaps and opportunities for future initiatives.

Based on the above information, describe your organization's:

1. Strengths: What internal factors exist that could facilitate providing accommodations in your organization?
2. Weaknesses: What internal barriers exist that inhibit providing accommodations at your organization?
3. Opportunities: What favorable external factors exist that could promote providing accommodations at your organization?
4. Threats: What external factors exist that have the potential to inhibit the success of providing accommodations at your organization?

Materials and Resources

1. Appendix 0.8: Disability Accommodations Examples
2. Appendix 0.9: Accommodations Inventory Table
3. Appendix 3.1: Accommodations Implementation Team
4. Appendix 3.7: Accommodations Training Table

**Appendices 0.8 and 0.9 can be accessed in the General Resources chapter.*



Appendix 3.3

Accommodations Implementation Planning

The following plan will help guide your work to provide accommodations at your organization.

INSTRUCTIONS: Use this worksheet to guide your overall organizational/clinic plan for providing accommodations. For each of the questions below, select or complete all that may apply. The following could serve as a practical worksheet or a thought exercise for your implementation team.

GOALS FOR THIS PLAN:

(Examples: “We plan to focus on federally mandated equipment.”; “We plan to focus on communication accommodations in the inpatient setting.”)

Team

WHO will be on the team to implement provision of disability accommodations?

WHO will be on the team to monitor and evaluate provision of disability accommodations?

WHO will coordinate provision of disability accommodations in the clinics, units, etc.?

WHAT other institutional partners will you need to engage?

Types of Accommodations

WHICH accommodations are you currently providing that you will continue to provide?

WHAT new accommodations will you offer? See Appendix 0.8 in the General Resources chapter for a list of examples.

WHAT accommodations will be available to patients across the entire organization?

If different from those listed above, WHAT accommodations will be available to caregivers across the entire organization?

WHAT accommodations will be available only to specific clinics? Which clinics?

WHAT accommodations are already listed in the electronic health record (EHR)?

WHAT accommodations will be newly listed in the EHR?

WHICH populations could benefit from the accommodations you will be providing?

WHAT gaps in patients' needs will the accommodations address?

Methods for Providing

Note: This step will likely be an involved process to map out your process for providing each accommodation.

WHAT is the workflow for providing each accommodation (or accommodation category), including who, what, and when?

WHAT is the workflow for maintaining accommodations (or accommodation category) including who, what, and when?

WHO designs and updates workflows? (See Appendix 0.6: *Project Planning* in the General Resources Chapter for workflow examples.)

Training and Buy-In

HOW will you inform staff and clinicians that your organization is providing accommodations?

- Newsletters
- Presentations at staff meetings
- Email announcements
- Other: _____

HOW will you engage staff and clinicians and increase buy-in for providing accommodations?

- Training
- Kudos
- Other: _____

WHAT tools will you use to promote providing accommodations?

- EHR tools (e.g., hard stop or yield signs)
- Email reminders
- Reminders at staff meetings
- Other: _____

HOW will you train staff and clinicians on what accommodations are available?

HOW will you train staff and clinicians on how to use the accommodations?

WHERE will training materials be located?

- Internal website
- Other: _____

HOW often will you provide training?

- New employee orientation
- Yearly
- Other: _____

WHO will be trained/educated in providing accommodations?

WHO is trained for assistance with *particular* accommodations, such as helping with transfers?

- All staff
- Medical assistants
- Office manager
- Other: _____

HOW will you inform patients and caregivers with disabilities of what accommodations are available?

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Communication during appointment scheduling
- Medical staff will communicate during visit

Other: _____

Planning for Implementation and Evaluation

WHAT is your timeline for implementing the provision of accommodations?

HOW will you monitor what accommodations are available and used within your organization?

WHAT process will you use to ensure that accommodations requests are fulfilled?

HOW will you monitor when to procure or implement a new accommodation that you currently do not have available?

HOW will you monitor the maintenance of accommodations?

HOW often will you monitor your progress to fulfill accommodations requests?

- Weekly
- Monthly
- Quarterly
- Other: _____

HOW will you monitor whether your processes align with federal, state, accreditation, or other standards?

- Work with your Disability Coordinator
- Work with your compliance office
- Other: _____

HOW will you continue to engage leadership in this work?

- Regular reporting of data
- Highlight positive patient stories
- Other: _____

Resources

WHAT resources will you need? Reference your completed Needs Assessment.

- FAQ pages
- Training materials
- Scripts
- Other: _____

WHERE will you identify resources needed?

- Within your clinic/department
 - Team meetings
- Other departments/clinics
- External to your organization
- Other: _____

WHAT is the budget source for each accommodation (if needed)?

WHAT central resources (lists of accommodations, tip sheets, etc.) are available for the accommodations?

Materials and Resources

1. Appendix 0.6: Project Planning
2. Appendix 0.8: Disability Accommodations Examples
3. Appendix 0.9: Accommodations Inventory Table
4. Appendix 3.1: Accommodations Implementation Team
5. Appendix 3.2: Accommodations Needs Assessment

*Appendices 0.6, 0.8, and 0.9 can be accessed in the General Resources chapter.



Appendix 3.4

*Accommodations
Frequently Asked
Questions*

Below is a list of frequently asked questions that staff or clinicians may ask about providing accommodations.

1. Are we required to provide accommodations?

Healthcare organizations are legally required to provide accommodations to patients with disabilities and their caregivers with disabilities to ensure equitable access to care. Providing accommodations supports timely, safe, and effective care for people with disabilities.

2. What accommodations are we required to provide?

While there is no required list of disability accommodations, you are required to provide accommodations that enable patients with disabilities to access the same services and quality of care patients without disabilities receive. For example, you must have accessible medical equipment to ensure that all patients can be examined on a table, such as a Hoyer lift or adjustable height exam table. See Appendix 0.8: Disability Accommodations Examples for a list of sample accommodations. This list is not exhaustive and should be tailored for your site.

3. What if a patient requests an accommodation that our organization doesn't have?

First, acknowledge their request and your intention to ensure that they can access their care. Apologize that the specific accommodation they've requested is not available, and tell them which accommodations you have that might meet their needs. Communicate with the patient to learn the supports they need and identify reasonable alternative accommodation(s).

Remember that healthcare organizations are required to provide reasonable accommodations. Note the accommodation request and let the appropriate people in your organization (e.g., program managers, disability coordinator, quality, safety, patient relations, facilities) know of the request.

4. What if a patient requests an accommodation, but it doesn't seem like they really need it?

As a healthcare provider or staff member, your role is to support access to healthcare for people with disabilities. The patient with a disability is the authority on their need for supports. You still need to provide the accommodation(s) the patient has requested. People can have disabilities that are not apparent.



Appendix 3.5

Accommodations Barriers and Strategies

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Below is a list of potential barriers that may be encountered when implementing a plan for providing accommodations. The far-right column lists implementation strategies to address the barriers. You could use one or a combination of the implementation strategies listed for each barrier.

Refer to the [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#) for descriptions of each strategy.

Category of Barrier	Barriers to Providing Accommodations	Possible Implementation Strategies
Leadership, staff, and provider attitudes	Not seen as priority Not viewed as required Not viewed as valuable	<ul style="list-style-type: none"> Identify and prepare champions who can emphasize the necessity of providing accommodations with their colleagues Promote adaptability: Identify ways the process of providing accommodations can be tailored to meet individual clinic or unit needs Provide ongoing consultation and check-ins via Disability Coordinator, legal team, or other champion Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Use reminders (electronic health record alerts, tents, signs) Audit and provide feedback Kudos to high performing staff/clinicians/sites
	Insufficient buy-in or being “voluntold”	<ul style="list-style-type: none"> Identify and prepare champions Promote adaptability Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Use reminders (electronic health record alerts, tents, signs) Audit and provide feedback Kudos to high performing staff/clinicians/sites
Staff and provider knowledge and comfort	Discomfort asking about disability status	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation and check-ins Provide training on use of accommodations Provide staff and providers with tools (scripts, cheat sheets, quick guides) Use reminders (electronic health record alerts, tents, signs) Collect data (via patient experience surveys) related to provision of accommodations and relay to responsible individuals/roles Kudos to high performing staff/clinicians/sites Identify and celebrate early adopters
	Lack of knowledge about disability competency, language, preferences	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation and check-ins Provide training Provide staff and providers with tools (scripts, cheat sheets, quick guides)

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	<p>Hesitance to ask because do not know to provide</p> <p>Or</p> <p>System/clinic might not have the needed accommodation</p>	<ul style="list-style-type: none"> • Assess staff readiness for providing accommodations and identify local barriers/factors contributing to hesitancy • Workflow mapping • Identify and prepare champions • Provide ongoing consultation and check-ins • Establish centralized technical assistance (i.e., how to use an accommodation) • Educate staff on available accommodations and processes for requesting one in their unit • Provide staff and providers with tools (e.g., scripts, cheat sheets, quick guides) • Use reminders (electronic health record alerts, tents, signs) • Audit and provide feedback • Kudos to high performing staff/clinicians/sites • Patient-facing educational materials listing which accommodations are available • Identify early adopters
	<p>Lack of awareness that patients need accommodations or that the team is required to provide accommodations</p>	<ul style="list-style-type: none"> • Workflow mapping • Identify and prepare champions • Provide ongoing consultation and check-ins • Provide training on use of accommodations • Educate staff on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. • Use reminders (EHR alerts, tents, signs)
	<p>Lack of knowledge about how to use the accommodation, including how to keep staff and clinicians up to date with knowledge about accommodations</p>	<ul style="list-style-type: none"> • Establish centralized technical assistance • Provide training on use of accommodations • Use train-the-trainer strategies • Provide ongoing consultation and check-ins • Identify and prepare champions • Identify early adopters • Audit and provide feedback • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Use reminders (EHR alerts, tents, signs)
<p>Workflow and logistics</p>	<p>Challenges coordinating across departments and roles</p>	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Provide training • Relay clinical data to responsible individuals/roles • Review staff performance data (i.e., how often disability status questions were asked during registration) to inform changes • Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units

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	<p>Limited time, budget and resources available</p>	<ul style="list-style-type: none"> • Conduct needs assessment • Reexamine the implementation plan • Identify early adopters • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Provide resources • Use reminders (EHR alerts, tents, signs) • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Relay clinical data to responsible individuals/roles • Review staff performance data to inform changes • Audit and provide feedback • Kudos to high performing staff/clinicians/sites
	<p>Competing demands and can put additional burden on the organization</p>	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Relay clinical data to responsible individuals/roles • Review performance data to inform changes • Audit and provide feedback
	<p>Not assigned responsibility for tasks</p>	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Relay clinical data to responsible individuals/roles • Review performance data to inform changes • Audit and provide feedback

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Patient-level challenges	Patients are unaware that they have the right to accommodations	<ul style="list-style-type: none">• Workflow mapping• Use reminders (EHR alerts, tents, signs)• Promote adaptability• Establish centralized technical assistance• Provide training to staff on what accommodations are available in the organization and how to share with patients• Provide staff and providers with tools (scripts, cheat sheets, quick guides)• Relay clinical data to responsible individuals/roles• Patient-facing educational materials• Prepare patients/consumers to be active participants• Obtain and use patients/consumers and family feedback
	Patients are unsure of what accommodations are available	
	Patients are unsure of what accommodations they would benefit from	
	Patients don't know how to request accommodations	



Appendix 3.6

*Accommodations
Monitoring
Progress and
Adaptations*

Use this section to create a customized plan to track progress and adaptations made to your original implementation plan. In this plan, include a space to describe what changes or adaptations were made to the original implementation plan and the reason for the adjustment. Below are a few examples of adaptations that could be tracked.

HAVE practice leaders proactively removed organizational barriers to providing accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the practice at in the process of providing accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

HOW often are patients provided the accommodations they request (best estimate)?

- Never
- Up to 25% of time
- 26-50% of time
- 51-75% of time
- 76% of time or more

ARE there standardized protocols within the practice workflow to provide accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT modifications have been made to the original implementation plan across your organization and at each site?

- When?
- Why?
- Who requested the modification? Who executed the modification?
- How has this improved implementation?



Appendix 3.7

Accommodations Training Table

Chapter 3: Providing Accommodations

Below is a table with examples for who may need to be trained, what challenges, topics, or attitudes training could address, when to conduct training, and how to conduct the trainings. This should be used as a starting point to develop a customized training plan for your organization.

Who	What	When	How
Leadership	Not seen as a priority, required, or valuable	<ul style="list-style-type: none"> • Annually • Ad hoc 	<ul style="list-style-type: none"> • Didactic
	Lack of disability competency - creating an affirming environment, making sure patients feel safe and welcome with needs met		
	Lack of awareness of laws and requirements related to providing accommodations		
	Lack of awareness of evidence-based accommodations		
	Lack of awareness of how to respond when there is a disability and accommodation need		
Implementation team	Not seen as a priority, required, or valuable	<ul style="list-style-type: none"> • Orientation • Annually • Every two years • Every 6 months • Ad hoc 	<ul style="list-style-type: none"> • Didactic (could be in-person or online) • EHR tools (e.g., best practice advisories) • Laminated guides
	Lack of disability competency - creating an affirming environment, making sure patients feel safe and welcome with needs met		
	Lack of awareness of laws and requirements related to providing accommodations		
	Lack of awareness of potential or available accommodations		
	Lack of awareness of how to respond when there is a disability and accommodation need		
	Lack of awareness of how to find and provide accommodations		
	Challenge coordinating across departments and roles		
Clinician and staff	Not seen as a priority, required, or valuable	<ul style="list-style-type: none"> • Orientation • Annually • Every two years • Every 6 months • Ad hoc 	<ul style="list-style-type: none"> • Didactic (could be in-person or online) • EHR tools (e.g., best practice advisories) • Laminated guides
	Lack of disability competency - creating an affirming environment, making sure patients feel safe and welcome with needs met		
	Lack of awareness of available accommodations		
	Lack of awareness of how to respond when there is a disability and accommodation need		
	Lack of awareness on how to find and provide accommodations		
	How to use a given accommodation		