



CalOptima Health
 A Public Agency
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 Orange, CA 92868
 ☎ 714-246-8400
 📞 TTY: 711
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Accommodation Checklist for Seniors and Persons with Disabilities (SPD)

Please contact an identified SPD member prior to their appointment to complete this form. This will assist office staff in identifying the member’s disabilities that may limit their ability to physically access health care, communicate effectively or follow provider directions. Identifying member needs ensures that they receive quality health care services.

Instructions to complete this form:

- Complete this form for each SPD member accessing services in your office/facility to identify their accommodation needs. This form may be completed by office staff with assistance from the member, the member’s caregiver or an authorized representative.
- Mark the appropriate box below with the type of visit (i.e., initial visit, annual follow-up visit or status change/new checklist) and document the date completed.
- If a member’s disability status changes, then a new Accommodations Checklist may be needed.
- Keep a copy of this form in the member's medical records (hard copy or electronic).

TYPE OF VISIT	DATE OF VISIT
<input type="checkbox"/> Initial Visit <input type="checkbox"/> Annual Follow-up Visit <input type="checkbox"/> Status Change/New Checklist	Date:

MEMBER INFORMATION/PREFERRED MEANS OF CONTACT
Name: CIN #: Mailing Address:
Method of Contact: <input type="checkbox"/> Cell Phone: <input type="checkbox"/> Home Phone: <input type="checkbox"/> Email:

I. After communicating with the member, please write a brief description of their disability and accommodation needs in the box below. Please see the listed examples:

- Uses wheelchair and requires assistance to transfer to a chair/exam table
- Is hard-of-hearing and requires written communications
- Has visual impairment and needs large-print text
- Has developmental disability and needs additional time for office visits
- Takes medications and requires an afternoon appointment
- Is a senior who uses a walker and needs help getting on the exam table

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II. Please check any of the following accommodations that the member may need during their health care appointment or follow-up visit.

COMMUNICATION: HOW THE MEMBER MAKES OR CONFIRMS APPOINTMENTS AND/OR EXCHANGES INFORMATION	
Accommodation Needed	How to Access Resources
<input type="checkbox"/> Language/sign language interpreters	COD/CHCN: Call CalOptima Health Customer Service at 714-246-8500 Health Networks: Refer to “How to Access Interpreter Services” listing located on CalOptima Health’s website at www.caloptima.org
<input type="checkbox"/> California Relay Service	Call CalOptima Health’s TTY Line 711
<input type="checkbox"/> Braille <input type="checkbox"/> Audiotape/audio CD <input type="checkbox"/> Electronic format CD <input type="checkbox"/> Other	Call CalOptima Health’s Health Education department at 714-246-8500 or email healthpromotions@caloptima.org

MEDICAL EQUIPMENT/EXAMINATION SPACE NEEDED TO ENSURE AN EFFECTIVE EXAM	
Accommodation Needed	Office Staff Notes
<input type="checkbox"/> Height-adjustable exam table <input type="checkbox"/> Wheelchair accessible weight scale <input type="checkbox"/> Lifting assistance <input type="checkbox"/> Exam room space to maneuver mobility device <input type="checkbox"/> Ample doorway space <input type="checkbox"/> Other	

ANY OTHER MODIFICATION OR EXTRA TIME AND ASSISTANCE	
Accommodation Needed	Office Staff Notes
<input type="checkbox"/> Extended appointment time <input type="checkbox"/> Assistance with paperwork <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Service animal	

<input type="checkbox"/> Other	
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METHOD FOR GETTING TO APPOINTMENTS	
Accommodation Needed	Office Staff Notes: Contacts
<input type="checkbox"/> Self — Private car/van <input type="checkbox"/> Driver/caregiver — Private car/van <input type="checkbox"/> Paratransit (transportation that does not follow a fixed route, such as mini-bus or taxi) <input type="checkbox"/> Public transit contact information <input type="checkbox"/> Non-emergency medically necessary transportation (obtain authorization as necessary)	Name: Phone #: Arrangements: Authorization #:

Office Use Only

Completed by:	Name:	Date:
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