

























**Facility Assessment Checklist**

**ASSESSMENT OF COGNITIVE AND PHYSICAL DISABILITIES ACCOMMODATIONS**

Please identify what accommodations you provide at each of your facility locations for members with cognitive or physical disabilities. If accommodations are the same at all locations, on Practice Location Address, please state ALL. Please, complete a separate Assessment for each location if accommodations vary.

**Facility Location Address:**

Accommodation	YES	NO	Comments
Provider/Staff trained to assist individuals with a cognitive disability, i.e., autism or intellectual disabilities			
Provider/Staff trained to assist individuals with a physical disability i.e., mobility limitations or wheelchair bound			
Flexible appointment times--sick appointments, same day appts--please specify			
Extended appointment times--before 8 am, after 5 pm, Sat and/or Sunday-please specify			
Assistance available to members to fill out forms			
Waiting and Examinations rooms are routinely cleaned (MED 3A factor 3)*			
Waiting room space contains seating sufficient for all scheduled appointments (Med 3A factor 4)*			
Medical/treatment of members is fully documented (MED 3 factor 5)*			
Records are securely maintained in a confidential and orderly manner (Med 3 factor 5)*			
Records are in compliance with HIPAA requirements (MED 3A factor 5)*			
In-home and/or community services			
Large print materials			
Materials in electronic format			
Augmentative /Alternative communication devices			
TDD capabilities			
American Sign Language translator			
Signage with Braille and raised tactile text characters at office, elevator, stairwells and restrooms doors mounted 60in from floor			
Visible & Audible alarms--emergency systems			
Dimmable Lights			
Ramps have non-slip surface material			
Railings between 30 and 38in high. On both sides			
Paths are at least 36in wide and free of protruding objects			
Cane detectible objects on ground as a warning barrier			
Widened doorways (at least 32in clearance)			
Offset (swing-clear) hinges			
Power assisted or automatic door openers			
Door handles no higher than 48in			
Lever or loop handles vs knobs			
5ft circle or T-shaped space for turning a wheelchair completely			
A clear floor space, 30" X 48" minimum, adjacent to the exam table and adjoining accessible route make it possible to do a side transfer			
Adjustable height exam table or chair (lowers to 17-19in from floor)			
Positioning and support aids, such as wedges, rolled up blankets, straps and rails			

Ceiling or floor based patient lift			
Gurneys and/or stretchers			
Wheelchair accessible scales			
Adjustable height radiologic equipment			
Handicap parking			
Handicap accessible restroom			
Access ramps			
Accessible by bus			
Accessible by Taxis or similar options (Uber/Lyft)			
Accessible by Valley Metro Rail			
Provider/Staff has completed cultural competence training			
Do you provide Field Clinic services? ( A "clinic" consisting of single specialty health care providers who travel to health care delivery settings closer to members and their families than the Multi-Specialty to members and their families than the Multi-Specialty Interdisciplinary (MSIC) to provide a specific set of Interdisciplinary Clinics (ICs) to provide a specific set of services including evaluation, monitory, and treatment for CRS-related conditions on a periodic basis)			
Do you provide Virtual Clinic services? (Integrated services provided in community settings through the use of innovative strategies for care coordination such as telemedicine, integrated medical records, and virtual interdisciplinary treatment team meetings)			

\*NCQA Requirements

**Health Plan Contact List**

HEALTH PLAN	PHONE	FAX/EMAIL	WEBSITE
Arizona Complete Health Complete Care Plan	(888)788-4408	(866)687-0514 AzCHPProviderData@azcompletehealth.com	<a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a>
Banner University Health Plans	(520) 874-5290 or (800) 582-8686	Email is preferred method to send completed PDFs: buhpdataeam@bannerhealth.com (520) 874-7142	<a href="http://www.BannerUFC.com/ACC">www.BannerUFC.com/ACC</a> <a href="http://www.BannerUFC.com/ALTCS">www.BannerUFC.com/ALTCS</a> <a href="http://www.BannerUCF.com">www.BannerUCF.com</a> <a href="http://www.BannerUHP.com">www.BannerUHP.com</a>
Care1st Health Plan Arizona	(602) 778-1800 (options in order 5, 7)	(602) 778-1875 SM_AZ_PNO@care1stAZ.com	<a href="http://www.care1staz.com">www.care1staz.com</a>
DentaQuest	(800) 233-1468	<a href="mailto:credenrollment@greatdentalplans.com">credenrollment@greatdentalplans.com</a> (262) 241-7401	<a href="http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page">http://www.dentaquest.com/state-plans/regions/arizona/az-dentist-page</a>
BCBSAZ Health Choice Arizona	(800) 322-8670 (options in order 4, 7)	Preferred: E-apply through the Health Choice Az Provider Portal Alternate: Request to participate/Contract: hchcontracting@azblue.com Request to credential/Already Contracted: hchcredentialing@azblue.com	<a href="http://www.healthchoiceaz.com">www.healthchoiceaz.com</a> <a href="http://www.healthchoicepathway.com">www.healthchoicepathway.com</a>
Molina Complete Care Arizona	(800) 424-5891	(888)656-0369 MCCAZ-Provider@molinahealthcare.com	<a href="http://www.molinahealthcare.com/members/az/en-us/pages/home.aspz">http://www.molinahealthcare.com/members/az/en-us/pages/home.aspz</a>
Mercy Care	(602) 263-3000	Network Management (Provider Relations and Contracting): MercyCareNetworkManagement@MercyCareAZ.org Fax: (860)975-3201	<a href="http://www.mercycareaz.org">www.mercycareaz.org</a>
UnitedHealthcare Community Plan	For questions please email: <a href="mailto:networkhelp@uhc.com">networkhelp@uhc.com</a>	Submission to the RFP Portal is the preferred method for accepting the pdf:UHC RFP Portal (855) 523-9998 <a href="mailto:Cred_applications@uhc.com">Cred_applications@uhc.com</a>	<a href="http://www.uhcprovider.com">www.uhcprovider.com</a>

## Help

Gender Options for both Provider and Members
F=Female
M=Male
NB=Non-binary
TF=Transgender female
TM=Transgender male
ND=Does not wish to disclose
A=All

RACE
B=Black or African American
H=Hispanic or Latino
W=White
AI=American Indian or Alaska Native
NH=Native Hawaiian or other Pacific Islander
ME=Middle Eastern or North African
PND=Prefer not to disclose
Other-please specify

ETHNICITY
H=Hispanic or Latino
NH=Not Hispanic or Not Latino
PND=Perfer not to disclose

Specialized Training/Certifications
HE=Health Equity
D=Diversity
E=Equity
I=Inclusion
TIC=Trauma Informed Care