



Americans with Disabilities Act Provider Survey

INSTRUCTIONS

Please complete and return a separate copy of this survey for **each office location** at which you practice to help us understand how well participating the location complies Americans with Disabilities Act (ADA) requirements.

Please note that this information needs only to be submitted **once per practice location**. If you're joining a participating practice, check with your office manager to see if information has been previously submitted.

1. All providers must complete the PROVIDER INFORMATION section and answer questions in **Part 1**.
2. Complete **Parts 2, 3 and 4** based on the answers you provide to questions **4a** through **4g**.
 - If you answer "Yes" to questions **4a** through **4g**, please skip **Part 2, Part 3** and **Part 4**.
 - If you answer "No" to any question **4a** through **4g**, please follow the instructions below.
 - Answer the questions in **Part 2** if the building in which the office is located was built before January 1992 and structural alterations were made to that building after January 1992.
 - Answer the questions in **Part 3** if the building in which the office is located was built before January 1992, and NO structural alterations were made to the building after January 1992, and 15 or more staff are employed at this location.
 - Answer the questions in **Part 4** if the building in which the office is located was built before January 1992, and NO structural alterations were made to the building after January 1992, and fewer than 15 staff are employed at this location.
3. All providers must complete **Part 5**.

Completed and signed forms may be mailed to:
Horizon BCBSNJ Credentialing & Recredentialing Department
Three Penn Plaza East, PP-14C
Newark NJ 07105-2200

PROVIDER INFORMATION

Physician Name _____

Physician Type 1 NPI _____

Group Practice Name _____

Group Practice Type 2 NPI _____

Practice Location Address _____

Practice Location City, State ZIP _____

Practice Location Phone Number: _____

Practice Location FAX Number _____

(Continues)

PART 1

The questions in Part 1 must be completed by all providers.

- 1 Number of staff members (includes all medical professionals, members or partners of the professional association, technicians and support staff), employed at this office.

- 2 Year when the building in which provider's office is located was constructed.

- 3 Floor(s) of building on which provider's office is located.

- 4 Please answer following questions regarding architectural accessibility to provider's office.

- 4a Is handicap parking available?

Yes

No

Parking for disabled persons must be located on the shortest accessible route of travel from adjacent parking to an accessible building entrance. In parking facilities that do not serve a particular building accessible parking spaces should be located on the shortest route to an accessible pedestrian entrance to the parking facility. When buildings have multiple accessible entrances with adjacent parking, accessible parking spaces should be dispersed and located near the accessible entrances which should be as level as possible with surface slopes not exceeding $\frac{1}{4}$ inch per foot in all directions. Each parking space should be marked with an R708 sign from the Manual of Uniform Traffic Control Devices displaying the International Symbol of Accessibility. The bottom edge of the sign shall be mounted approximately 60 inches above the parking lot surface.

Standard accessible spaces must have an access aisle at least 5 feet wide, and at least one of every eight accessible spaces must be van-accessible. Spaces that provide van access must have an access aisle at least 8 feet wide. The number of spaces for disabled persons that must be provided is determined by the total number of parking spaces available.

For example:

If there are 1 to 25 total parking spaces, there must be 1 accessible space.

If there are 25 to 50 total parking spaces, there must be 2 accessible spaces.

If there are 51 to 75 total parking spaces, there must be 3 accessible spaces.

If there are 76 to 100 total parking spaces, there must be 4 accessible spaces.

See ADAAG, 4.6

(Continues)

- 4b Is path of travel from the parking lot to the entrance of the building in which the provider's office located barrier-free?
- Yes
- No

The path of travel should be continuous, barrier-free and slip-resistant. Curb ramps (also known as curb cuts) are required wherever an accessible route crosses a curb. It is important that transitions to curb ramps be flush. Lips at the bottom of ramps impede the momentum needed to propel a wheelchair up a slope. The running slope of a curb ramp cannot exceed 1:12. The minimum clear width of a curb ramp is 36 inches. It is also important that parked cars, lampposts, utility poles and other elements placed along sidewalks not obstruct connecting accessible routes. See ADAAG, 4.7

- 4c Is there street-level access or an accessible ramp into the building in which the provider's office is located?
- Yes
- No

Where the running slope of an accessible route is more than 5%, it is considered a ramp. Slope and length determine a ramp's usability. A maximum slope of 1:12 is recommended, but the "least possible" slope is encouraged. Slopes should be consistent along the full length of the run. The minimum clear width for ramps is 36 inches and is measured between the leading edge of the handrails. Handrails with a diameter of 1 ¼ to 1 ½ inches are required on both sides for ramps with a rise of more than 6 inches or a horizontal length of more than 72 inches. Covering ramps with a canopy or roof is not required but should be considered to protect the ramp from becoming wet or icy. Landings at the top and bottom must be at least 60 inches long for maneuvering space. See ADAAG, 4.8

- 4d If the provider's office is not on the first floor, is the office served by a working elevator which is accessible by a wheelchair or motorized scooter?
- Yes
- No

The call buttons for the elevator should be no more than 42 inches high. The elevator should have both visible and verbal indicators and the controls should have raised and Braille lettering. See ADAAG, 4.10

- 4e Are the provider's office and other patient areas accessible by wheelchair and motorized scooter?
- Yes
- No

A continuous minimum clear width of 36 inches is required for accessible routes. A reduction to 32 inches is allowed for linear distances of no more than 24 inches, such as a doorway. For a double door, at least one leaf must be 32 inches wide. The threshold of a doorway must be ¼ inch or less, and if beveled, no more than ¾ inch high. The door handle must be no higher than 48 inches and operable with a closed fist. U-shaped handles are recommended]. [Registration and patient interview areas with built-in counters should be 28 to 34 inches high with knee spaces at least 27 inches high, 30 inches wide, and 19 inches deep. If this is not readily achievable, alternative measures such as a table or clipboard should be provided. See ADAAG, 4.2

(Continues)

4f Are examination rooms accessible by wheelchair and motorized scooters?

Yes

No

Standard equipment is often difficult for people with disabilities to use. For example, standard height examining tables and traditional scales cannot be used by many people with disabilities. An adjustable height examining table is a good solution as is a portable low table. Additionally, allowing some tests to be performed from a wheelchair is also acceptable.

4g Are the office's restrooms accessible by wheelchair and motorized scooter?

Yes

No

Signs to the restroom should be mounted on the wall. The doorway should be 32 inches clear with accessible handle 48 inches from the ground or less. The doors should be easily opened and the entry should provide 36 inches of clear width for forward movement and a 5-foot T-shaped clear space for turns. A minimum of 48 inches clear of the door swing is needed between the two doors of an entry vestibule. The past two fixtures should be 36 inches clear. The stall door should be operable with a closed fist. The toilet seat should be 17 to 19 inches high with grab bars on the wall near and behind the toilet. The sink should have a 30 inch wide by 48 inch deep clear space in front with a rim no higher than 34 inches and 29 inches from the floor to the bottom of the sink. The faucets should be operable with a closed fist and the soap dispenser should be within a reachable range. See ADAAG, 4.15 – 4.26.

Please also note: Issues of accessibility also include access for people with sensory impairments. It is customary to offer to orient a person with a vision impairment to his or her surroundings. If the person accepts the offer of assistance, a staff person should offer his or her arm and guide the person alerting him to obstacles along the way. Information in brackets [thus] from New Jersey Protection & Advocacy, Inc. Methods of making printed material and forms accessible to people with vision impairments must be considered such as offering large print material, good lighting near the office, and inexpensive magnifier, or audio cassette materials. For people with hearing or speech impairments, short communication in writing is acceptable. Please allow time to foster effective communication, if necessary. Providing a sign language interpreter may be necessary when discussing complex matters.

(Continues)

PART 2

The questions in Part 2 should be completed by those providing information about a practice location within a building constructed before January 1992 with structural alterations made to that building after January 1992.

5 What alterations were made to the building?

6 If the altered portions of the building affected the usability of the facility, are the altered portions of the officereadily accessible to and usable by mobility-impaired and disabled individuals?

Yes

No

7 If the answer to question 6 is “No”, please explain below.

PART 3

The questions in Part 3 should be completed by those providing information about a practice location within a building constructed before January 1992 that has had no structural alterations made after January 1992 and that has 15 or more staff employed at this location.

8 Does the provider or group have an alternate accessible location where services can be provided to mobility impaired or disabled individuals?

Yes

No

9 If the answer to question 8 is “Yes”, please describe the facility, including its location and distance from the provider’s office.

10 If the answer to question 8 is “No”, will the provider accommodate mobility impaired and disabled individualsthrough home visits?

Yes

No

PART 4

The questions in Part 4 should be completed by those providing information about a practice location within a building constructed before January 1992 that has had no structural alterations made after January 1992 and that has fewer than 15 staff employed at this location.

11 If you determine after conferring with a mobility-impaired or disabled individual, that you are unable to see the individual in your office without making significant architectural alterations to the building or office, are you, the provider, willing to see the patient at a mutually acceptable and appropriate accessible location?

- Yes
- No

New Jersey Handicapped Parking Laws



(Continues)

PART 5

The questions in Part 5 must be completed by all providers.

Certification of ADA Compliance

The individual completing this survey must sign the appropriate Certification of ADA Compliance Statement below.

Certification of ADA Compliance Statement 1

I hereby certify that I have answered the above questions truthfully and to the best of my knowledge and that this office/group practice, as well as the building in which it is located, meets the requirements of the ADA.

Name of Authorized Individual Completing this Form _____

Group Practice Name _____

Authorized Signature _____

Date _____

Certification of ADA Compliance Statement 2

I hereby certify that I have answered the above questions truthfully and to the best of my knowledge and that this office/group practice has 15 staff members or less. Therefore, the ADA requirements do not apply.

Name of Authorized Individual Completing this Form _____

Group Practice Name _____

Authorized Signature _____

Date _____

Products are provided by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ, Horizon Healthcare of New Jersey, Inc. (d/b/a Horizon NJ Health for Medicaid line of business), Horizon Insurance Company and Healthier New Jersey Insurance Company d/b/a Braven Health. Communications may be issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for its companies.

Horizon Healthcare of New Jersey, Inc. d/b/a Horizon NJ Health, Horizon Insurance Company, Healthier New Jersey Insurance Company d/b/a Braven Health and Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.