PATIENT ACCOMMODATION POLICY & PROCEDURE

Mobility & Transfer, Sensory, and Communication Accommodations for Patients with Disabilities

Section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84, Subpart J) • ADA Title III, 28 CFR Part 36 • 2010 ADA Standards for Accessible Design

A. Practice Information

Practice Name:	*Chestnut Hill Pediatrics*
Practice Type:	*Pediatrics*
Location(s) Covered:	*25 Boylston St., Suite 112, Chestnut Hill, MA 02467*
Effective Date:	*8/31/26*
Policy Owner:	*Andrea Sachs, MD*
Annual Review Date:	*08/26/26*

B. Policy Statement

Chestnut Hill Pediatrics is committed to providing accessible, equitable, patient-centered care to every patient, regardless of physical, sensory, communication, or developmental disability. We do not deny or limit access to care because of a disability, and we proactively identify and provide reasonable accommodations for patients and, where appropriate, their caregivers and family members. This policy applies to all staff, at all practice locations, and covers physical accessibility, mobility and transfer support, sensory and developmental accommodations, and communication access, consistent with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other applicable federal civil rights laws.

C. Purpose & Legal Basis

This policy establishes Chestnut Hill Pediatrics's procedures for identifying, documenting, and providing accommodations to patients with disabilities, including patients who use wheelchairs or other mobility devices, patients with sensory or developmental disabilities, and patients with communication disabilities. It governs the use of accessible medical diagnostic equipment (MDE), safe patient transfer and weighing, and the reasonable modifications and auxiliary aids the practice provides.

This policy is adopted to satisfy the following legal requirements:

- Section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84, Subpart J), which adopts the U.S. Access Board's Standards for Accessible Medical Diagnostic Equipment. Recipients of HHS federal financial assistance — including practices that participate in Medicare or Medicaid — must maintain at least one accessible examination table and one accessible weight scale on-site. This baseline equipment requirement has applied since July 8, 2026, and applies to all covered practices regardless of size; there is no small-practice exemption for this physical equipment requirement. (A separate employee-size distinction — 15+ employees vs. fewer than 15 — applies only to digital/web content accessibility deadlines under Section 504, not to physical MDE.)

- New acquisitions rule: since July 8, 2024, any exam table, scale, or other MDE that a practice purchases, leases, or renews must meet the Access Board's accessibility standards until the practice's required scoping percentage (10% of each equipment type, or 20% for practices specializing in mobility-related conditions) is met.
- Title III of the Americans with Disabilities Act (ADA) — physical access and the 2010 ADA Standards for Accessible Design, which require accessible routes, clear floor space, and equal access to facilities for private healthcare practices open to the public.
- Title III of the ADA — reasonable modifications (28 CFR § 36.302), which requires practices to reasonably modify policies, practices, and procedures when necessary to serve patients with disabilities, unless doing so would fundamentally alter the nature of the services provided. This is the legal basis for accommodations such as scheduling adjustments, allowing service animals, and permitting a support person or caregiver in the exam room.
- Title III of the ADA — effective communication (28 CFR § 36.303), which requires practices to provide auxiliary aids and services — such as qualified sign language interpreters, video remote interpreting, and accessible written materials — at no cost to the patient, when necessary for effective communication with patients (or their companions) who have vision, hearing, or speech disabilities.
- Nondiscrimination in treatment decisions: Section 504 prohibits denying or limiting clinically appropriate treatment based on bias, stereotypes, assumptions about being a "burden," or assumptions about quality of life related to disability.

D. Physical Accessibility

Chestnut Hill Pediatrics maintains the following physical accessibility features, consistent with the 2010 ADA Standards for Accessible Design:

- Accessible Entry: Power-assisted doors and zero-step entryways at building entrance and back door of practice.
- Clear Pathways: Hallways, the reception area, and exam rooms are kept free from clutter, carts, and stored equipment to preserve required clearances, including the 60-inch clear turning space described in Section J.
- Adaptive Exam Equipment: Height-adjustable exam tables and accessible weight scales are available in designated rooms; see the equipment inventory in Section H.
- Additional Seating & Equipment: not currently applicable
- Restrooms: Patient restrooms comply with the 2010 ADA Standards (clear floor space, grab bars, accessible fixtures and door hardware). Where changing tables are provided, they meet accessible height and clearance specifications.
- Parking: The practice maintains the required number of accessible parking spaces, van-accessible where applicable, with signage and access aisles kept clear.

E. Sensory & Developmental Accommodations

For patients with autism, sensory processing differences, or other neurodevelopmental or behavioral health needs, Chestnut Hill Pediatrics offers the following accommodations upon request or when flagged in advance, as a reasonable modification of scheduling and rooming practices under 28 CFR § 36.302:

- Environmental Adjustments: Reduced ambient noise in designated exam rooms, where clinically appropriate.

- Scheduling Accommodations: First- or last-appointment-of-the-day scheduling to minimize waiting, where the practice's scheduling system allows.
- Direct Rooming: Bypassing the general waiting area for patients who are flagged as highly sensitive to crowded or high-stimulation environments.
- Pre-Visit Familiarization: Brief, non-clinical meet-and-greet visits may be offered, at the practice's discretion, to help a patient acclimate to the office before a scheduled appointment.

F. Communication & Language Access

Chestnut Hill Pediatrics provides the following auxiliary aids and services, at no cost to the patient, consistent with the ADA's effective communication requirement (28 CFR § 36.303):

- Interpretation Services: Qualified spoken-language interpreters, provided by video remote interpreting (VRI), or by telephone, for patients with limited English proficiency.
- Sign Language Interpretation: Qualified American Sign Language (ASL) interpreters, via VRI, for patients who are deaf or hard of hearing. The practice will not require a patient to rely on a family member or companion to interpret, except in an emergency involving imminent danger, or at the patient's specific request where appropriate.
- Service Animals: Service animals are welcome throughout the practice. Staff may ask only whether the animal is required because of a disability and what work or task it is trained to perform; staff will not ask about the patient's disability or require documentation, certification, or proof of training.
- Alternative Formats: Intake and consent forms are available in large print or in accessible digital formats compatible with screen-reading software upon request.

G. Clinical & Scheduling Modifications

The following scheduling and clinical modifications are available to support patients with complex medical, physical, or developmental needs, consistent with the ADA's reasonable modification requirement:

- Extended Appointment Time: Longer appointment slots for patients with complex medical, mobility, or behavioral needs.
- Support Person(s): Accommodating a caregiver, guardian, or behavioral support professional in the exam room, in addition to or instead of practice staff assistance.
- Pre-Visit Screening: Intake staff document known accommodation needs, triggers, or preferences in electronic health record in advance of the visit.

H. Accessible Mobility Equipment Inventory

Equipment used to accommodate patients with mobility disabilities.

Equipment Type	Make / Model	Room Location	Min. Transfer Height / Capacity	Date Acquired
Accessible Exam Table	*Fusion Freedom Exam Chair with Manual Back*	*Room A*	*17 inch low seat height capacity 450 lbs*	*10/2026*
Accessible Weight Scale	*Health-o-meter Professional Digital Wheelchair Scale with Dual Ramps and Extra-*	*Treatment Area*	*Platform/ramp capacity 1000 lb (2620 kg)*	*7/2026*

	Large Platform			

Accessible exam tables are capable of lowering to a transfer height of 17–19 inches from the floor, measured to the top of the compressed transfer surface, and must provide support rails or grab bars and clearance for a side or head-end transfer. Accessible weight scales must accommodate a wheelchair or provide an equivalent means of weighing a patient who cannot transfer independently.

I. Identifying the Need for Accommodation

1. The need for an accommodation — mobility, sensory, developmental, or communication-related — will be identified during appointment scheduling and again during check-in.
2. Front desk staff will document the accommodation need in the patient's chart with an FYI flag (Patient Notification). This will then popup when chart is opened
3. Patients and caregivers may also notify staff of accommodation needs at any point before or during the visit; staff will not require documentation or proof of disability to provide an accommodation.
4. Patients may be accompanied by a caregiver who may assist as needed throughout the visit, in addition to staff assistance.

J. Facility Access, Parking & Wayfinding

- Maintain the required number of accessible parking spaces, van-accessible where applicable, with signage and access aisles kept clear at all times.
- Maintain a level or ramped, obstruction-free accessible route from parking and the public way to the main entrance.
- Confirm entrance doors, elevators (where applicable), and interior routes to reception and exam rooms are unobstructed and usable without assistance from staff.
- Maintain a minimum 60-inch-diameter clear turning space (or equivalent T-turn space) in hallways, the reception area, and any exam room designated for mobility accommodations. Do not store carts, supply boxes, rolling equipment, or furniture in these spaces.
- Keep all pathways free from loose rugs, mats, or cords that could interfere with wheelchair movement.

K. Registration & Waiting Area

5. The reception desk must provide a wheelchair-height point of communication (lowered counter section or equivalent accommodation).
6. Upon an accommodation patient's arrival, front desk staff will notify clinical staff so the designated accessible exam room can be prepared.
7. Patients who have been pre-flagged for a mobility or sensory accommodation may be roomed directly, at the practice's discretion, to minimize wait time and transfer complexity.
8. Interpretation services (Section F) will be initiated immediately upon arrival for patients who are pre-flagged as needing them.

L. Clinical Care — Exam Room, Transfer & Weighing Protocol

Room Preparation

9. Escort or direct the patient to the designated accessible exam room. Confirm the accessible exam table and scale are powered on, and that the room provides the required clear turning space.
10. Lower the exam table to its minimum transfer height (17–19 inches) before the patient attempts a transfer.
11. Remove or lower side rails and safety guards on the transfer side to allow an unobstructed lateral or head-end transfer.

Weighing Protocol

12. Lower or position the wheelchair-accessible scale platform/ramp and zero the scale before the patient rolls onto it.
13. Where the patient can weigh directly on the accessible scale, obtain and document the weight normally.
14. Tare-weight method (where a patient must be weighed while remaining in a mobility device that cannot itself be weighed separately on-site): weigh the patient together with the mobility device, and if the manufacturer's documented device weight is available and reliable, subtract it in *Epic* to calculate the patient's net weight; document the method used.
15. Confirm the wheelchair's wheel locks/brakes are fully engaged before weighing or transfer begins.

Transfer to the Exam Table

16. Ask the patient and/or caregiver for the patient's preferred transfer method (e.g., independent slide, transfer/slide board, two-person assist, or mechanical lift) before beginning. Do not attempt to lift or transfer a patient alone without first assessing physical stability and confirming the preferred method.
17. Position the mobility device at the angle requested by the patient (commonly a 45-degree angle) alongside the table, with wheel locks engaged.
18. Nursing/clinical staff and/or the caregiver may assist with the transfer as needed, maintaining the patient's dignity, privacy, and safety at all times.
19. Once the patient is safely positioned, raise the table to the height needed for the examination.
20. If the accessible exam table's weight capacity may be exceeded by the patient and mobility device combined, or if the patient prefers, conduct as much of the examination as clinically possible with the patient remaining in their mobility device rather than attempting an unsafe transfer.

Departure

21. Assist the patient back into their mobility device using the same preferred transfer method, with staff and/or caregiver support as needed.
22. Return the exam table to its minimum transfer height (17–19 inches) so the room is ready for the next patient.
23. Confirm the checkout area/path is wheelchair accessible before directing the patient to complete checkout.

M. Staff Responsibilities

Front Desk / Scheduling Staff

- Screen for accommodation needs (mobility, sensory, developmental, communication) at

scheduling and check-in; document in Epic.

- Notify clinical staff of an incoming accommodation need before or immediately upon patient arrival.
- Confirm the accessible route, parking, and waiting/registration areas remain clear and usable.
- Initiate interpretation services immediately upon arrival for patients flagged as needing them; welcome service animals without requesting documentation.

Nursing & Clinical Staff (MAs, Nurses, Providers)

- Prepare the accessible exam room and equipment before the patient enters, including any sensory adjustments (lighting, noise) noted in the chart.
- Perform weighing and transfer procedures per Section L, asking the patient's preferred method before assisting.
- Offer comfort tools and visual communication supports before beginning vitals or examination, where flagged.
- Maintain patient dignity, privacy, and safety throughout assistance and examination.
- Document the accommodation(s) provided, transfer method, and weighing method used in the patient's chart.

Practice Manager / Compliance Officer

- Maintain the equipment inventory in Section H and confirm equipment meets accessibility standards.
- Maintain relationships with interpretation and auxiliary aid vendors so services are available without delay.
- Schedule and track annual staff training; maintain attendance records.
- Serve as, or designate, the point of contact for patient accommodation concerns.
- Conduct or coordinate the annual policy review in Section O.

N. Training & Documentation

24. All front desk, nursing, and clinical staff will receive training on this policy at hire and at least annually thereafter.
25. Training will cover: accommodation screening and EHR flagging, accessible equipment operation (exam table and scale controls), the weighing and transfer protocols in Section L, effective communication and interpreter-request procedures, sensory and developmental accommodation practices, and how to respond if a patient declines or requests a different accommodation method.
26. Practice Manager will maintain attendance records for all training sessions for a minimum of 6 years / per state retention requirement.
27. Documentation of individual patient accommodations, including transfer method, weighing method, and any communication or sensory accommodations provided, will be recorded in Epic at each visit where an accommodation is provided.

O. Equipment Unavailability, Patient Concerns & Annual Review

If Accessible Equipment Is Temporarily Unavailable

28. If the accessible exam table or scale is out of service, staff will notify the patient before the visit

where possible and offer to reschedule, use an alternate accessible location, or proceed with modified procedures (e.g., examination while the patient remains in their mobility device) with the patient's agreement.

29. Equipment outages and the date of repair or replacement will be logged and reported to Practice Manager.

Patient Concerns & Complaints

30. Patients or caregivers with concerns about the accommodations provided may contact *Kayla Murphy, Practice Manager, 617-277-2541, kayla.murphy@chppoc.org or Andrea Sachs, MD, Managing Partner, 617-277-2541*

31. Patients also have the right to file a complaint with the HHS Office for Civil Rights (OCR) regarding Section 504 compliance.

Annual Review Log

This policy will be reviewed at least annually and whenever equipment, staffing, or facility layout changes.

Review Date	Reviewed By	Changes / Notes
11/13/26	*Andrea Sachs, MD, Managing Partner*	*[Notes]*
[Date]	*[Name, Title]*	*[Notes]*
[Date]	*[Name, Title]*	*[Notes]*
[Date]	*[Name, Title]*	*[Notes]*

Approval

 Approved By Andrea Sachs, MD, Managing Partner / Compliance Officer	Date: 11/13/26