Please note: pursuant to decisions by various district courts regarding the 2024 Final Rule implementing Section 1557, entitled Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37,522 (May 6, 2024) ("2024 Final Rule"), certain provisions regarding gender identity are stayed nationwide. Other provisions are stayed or enjoined as indicated at <u>www.hhs.gov/1557</u>.

### SAMPLE REASONABLE MODIFICATION PROCEDURES:

In accordance with Section 1557 of the Affordable Care Act, this document serves as [insert name of covered entity's] reasonable modification procedures designed to ensure that qualified individuals with disabilities may obtain reasonable modifications when appropriate. Qualified individuals with disabilities may, at any time, request that [insert name of covered entity] reasonably modify, change, except, or adjust a rule, policy, practice, or service when necessary so that [insert name of covered entity] does not unlawfully deny the individual equal access to our programs, activities, services, and other benefits.

[Insert name of covered entity's] reasonable modifications for qualified individuals with disabilities may include, but are not limited to: assisting an individual perform a task; allowing an individual to perform a task with assistance, or in another way, time, or place; and modifying non-essential program requirements. [OPTIONAL: For example, if [insert name of covered entity] generally requires patients, members, or beneficiaries to complete an action within a specified period of time, [insert name of covered entity] might extend the amount of time to complete that action as a reasonable modification for a qualified individual with a disability who needs such a modification to participate in our health program or activity.] Reasonable modifications that are provided to an individual when they first contact [insert name of covered entity] should again be made available to that individual if the individual returns to [insert name of covered entity], unless the individual confirms that they no longer require the same modification.

Contact information for [if applicable: the Section 1557 Coordinator and/or] the staff member(s) responsible for coordinating the reasonable modification procedures set forth in this document is:

[Insert contact information for reasonable modification procedures point of contact].

## 1. REQUESTS FOR REASONABLE MODIFICATIONS

If an individual affirmatively requests a reasonable modification to access our programs, activities, services, or other benefits, staff will provide the modification to the individual if the requested modification does not result in a fundamental alteration to our program or activity. Staff will contact [responsible staff person/Section 1557 Coordinator] at [insert contact information] in a timely manner to help determine whether [insert name of covered entity] can provide the requested reasonable modification.

Staff will document the request in the individual's record [optional: and/or the Reasonable Modification Request Log (attached)]

[Insert name of covered entity] accepts written and verbal requests for reasonable modifications. Individuals are not required to use the term "reasonable modification" when making a request. The individual's modification request must describe the needed modification and explain how it is related to their disability unless these things are apparent or otherwise known.

The decision to provide a specific reasonable modification to a qualified individual with a disability shall be made on a case-by-case basis in a timely manner after evaluating the relevant facts.

When [insert name of covered entity] receives a reasonable modification request, [insert name of covered entity] will immediately provide the requested modification, if feasible [optional: and document the reasonable modification provided in the Reasonable Modification Request Log (attached)]. If [insert name of covered entity] cannot provide the requested reasonable modification immediately upon request, and if [insert name of covered entity] receives the request in advance of the individual's need for the modification, [insert name of covered entity] will acknowledge receipt of the request in writing no later than [insert # of days] business days from receipt of the request.

When [insert name of covered entity] receives a reasonable modification request, including when [insert name of covered entity] receives the request at the point of service, [insert name of covered entity] will initiate an interactive, good faith dialogue with the requestor to assess the request. In most cases the individual with a disability will know best what type of modification will meet their needs. When the disability and type of modification needed are obvious, there is no need to have that dialogue.

[Insert name of covered entity] may ask for documentation when the disability or need for modification is not obvious. If the disability is visually apparent or otherwise known, and if the requested modification does not appear related to the disability, [insert name of covered entity] may request additional information from the individual necessary to evaluate the disabilityrelated need for the modification.

If neither the disability nor the relationship between the disability and the requested modification is clear, [insert name of covered entity] may ask the individual for proof of both. [Insert name of covered entity] will review and consider, as appropriate, documentation from an individual's doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability and need for the requested modification.

When additional information is necessary, [insert name of covered entity] will notify the requestor about what information is needed and offer a reasonable time for the requester to provide the information to us. If, after a reasonable period of time, the requestor fails to provide the necessary information, the decision about the request will be based upon the information available to [insert name of covered entity]. If necessary, [insert name of covered entity] will inform the requestor of the opportunity to submit another modification request with more information.

If a [insert name of covered entity] staff member is unable to immediately provide an individual with a disability their requested reasonable modification, the staff member will so advise the individual and forward the request to [insert name of appropriate covered entity staff member(s), including the covered entity's Section 1557 Coordinator] to evaluate whether the requested modification will fundamentally alter the nature of the program, activity, service, or other benefit at issue. If the requested modification would result in a fundamental alteration, we will provide a written explanation of how the requested modification will alter the program, activity, service at issue. We will also decide if there is another modification that can be provided that would not result in a fundamental alteration.

For reasonable modification requests that [insert name of covered entity] staff members cannot provide immediately, including at the point of service, barring extenuating circumstances, we will make a final decision regarding our provision of the modification within [insert # of days] business days of the request, and we will communicate the decision via telephone or text, and in writing, to the requestor.

[Insert name of covered entity] staff will document the outcome of our decision to grant or deny the individual the requested modification in the individual's record [optional: and/or the Reasonable Modification Request Log (attached)].

#### 2. OBSERVABLE LIKELY NEED FOR A REASONABLE MODIFICATION

If an individual's disability is apparent or otherwise known, [insert name of covered entity] staff should ask the individual if they need a reasonable modification to have meaningful access to our programs, activities, services, and other benefits, and staff will initiate the interactive evaluation process described in Section 1 above.

#### 3. STAFF TRAINING

[Insert name of covered entity] will ensure that all relevant staff are trained on the procedures for granting reasonable modifications as set forth in this document.

# [OPTIONAL] REASONABLE MODIFICATION LOG

Date reasonable modification requested	Description of reasonable modification requested	Documentation submitted if any	Date of interactive dialogue if any	If approved, date of approval of individual's request	If denied, date of denial of individual's request including reason for denial and whether alternatives to the individual's preferred choice were offered