COMMUNITY ACCESS SERVICES

13.01 Community Access Services

(Rev. 10/15/16)

Written policy, procedure, and practice govern the operation of Community Access Services.

Reference:

DBHDD Provider Manual for Community Developmental Disabilities Providers

DCH Policies and Procedures for Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW) General Manual, Part III, Chapter 1700

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses at a minimum the following: (1) The operation of Community Access Services including but not limited to Community Access Group and Community Access Individual services; (2) the purpose of Community Access Services; (3) staff to individual ratios for group and individual services; (4) the setting of the service provided; (5) services are individually planned to meet the needs of the individual served (e.g., health maintenance activities, behavior management, transportation, etc.); (6) how and if meals and snacks are provided by the organization; and, (7) how transportation is provided by the organization.		
2	Community Access Services are not delivered to an individual by the same staff person who provides the individual Community Residential Alternative or by the individual/family providing a Host Home.		
3	Community Access Services are not provided during the same time of the same day as Community Living Support, Supported Employment, Prevocational Services or Transportation Services.		

4	Co-employer provider organizations do not provide facility-	
4	based Community Access services.	
	based Community Access services.	
5	The provider utilizes methods, materials and settings that	
	meet the following: (1) set positive expectations for life	
	experiences of people with disabilities that result in	
	enhanced personal independence and productivity,	
	greater active community participation, and/or increased	
	community integration; (2) facilitate the provision of	
	individual-specific supports through a supports network;	
	(3) are appropriate to the chronological age of	
	participants; and, (4) are culturally normative as specified	
	in each individual's ISP.	
6	The following is documented in the individual's record: (1)	
	specific activity, training or assistance provided; (2) date	
	and the beginning and ending time when the service was	
	provided; (3) location where the service was provided; (4)	
	verification of service delivery, including first and last	
	name and title (if applicable) of the person providing the	
	service and his/her signature; and, (5) progress towards	
	meeting the individual's ISP goal.	
7	CAI Services are only provided in non-facility, community-	
′	based settings outside of the individual's own or family	
	home or any other residential setting (host home, foster	
	home, personal care home, community living	
	arrangement, group home, etc.).	
8	CAG Services are only provided in a facility-based or	
	community-based setting outside of the individual's own	
	or family home or any residential setting (host home,	
	foster home, personal care home, community living	
	arrangement, group home, etc.).	

9	At least one staff with Basic Cardiac Life Support certification and First Aid certification is on duty during the provision of Community Access Services.	
10	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:10 in CAG and 1:1 in CAI.	
11	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.	

13.02 Facility-Based Community Access Services Environment

(Rev. 10/15/16)

Facility-based Community Access Services are provided in a facility that is constructed, arranged and maintained so as to provide for the health and safety, access, and well-being needs of the individual.

Reference:

DCH Policies and Procedures for Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW) General Manual, Part III, Chapters 1300-3400

#	Criteria	Deficient Practice	Effect / Outcome
1	There is a drinking fountain or single, disposable cups or bottles of water are provided.		
2	There are at least two handicap-accessible toilets and lavatories available for the use of individuals, including installed grab bars.		
3	There is one or more space designated for individuals' activities and/or dining. If a single room is used, the room provides sufficient space to allow for multiple activities to be conducted at one time without interfering with each other.		
4	There is adequate lighting for individuals' activities and safety.		
5	The facility is adequately ventilated at all times by either mechanical or natural means to provide fresh air and the control of unpleasant odors.		
6	There is sufficient furniture for use by individuals. Furniture is appropriate for the population served, comfortable and safe. There is adequate seating and table space.		

The environment is clean and in good repair, including being free of litter, extraneous materials, unsightly or injurious accumulation of items and free of pests and rodents.	
There is an adequate heating and cooling system that keeps temperature ranges that are consistent with the individuals' health needs and comfort.	
All mechanical, electrical, and support equipment is in safe operating condition.	