

**VERMONT
HOUSING
SAFETY AND ACCESSIBILITY
REVIEW PROCESS**

PROTOCOL
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Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services Division

Adult Services Division

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HOUSING SAFETY AND ACCESSIBILITY REVIEW PROCESS

INTRODUCTION

The housing safety and accessibility reviews for the Department of Disabilities, Aging, and Independent Living (DAIL) are conducted by a contracted Housing Safety and Accessibility Consultant. All relevant 24 hour residential homes are reviewed for safety access and accessibility.

A safety and accessibility review is conducted in all homes that are not required to be licensed or inspected by the Division of Licensing and Protection, a local housing authority, Vermont Department of Labor and Industry, Vermont State Housing Authority, or by Section 8 Housing. The review should occur prior to an individual moving into a home or utilizing an agency community support site.

HOME PROVIDERS

A home provider, or residential provider, may be anyone 18 or older that passes a background check. Additional information about the requirements for a home provider in Vermont can be found in the Vermont Medicaid Manual.

SAFETY REVIEW

The Designated Agency (DA) or Specialized Service Agency (SSA) will schedule a safety and accessibility review with the Housing Safety and Accessibility Consultant for any home that falls within the category listed above. When an individual is placed in the home, the DA/SSA and the home provider agree to maintain all the items on the review checklist. (See Attachment A & B).

Routine safety inspections of the homes will occur on a five (5) year schedule to ensure ongoing safety of the home. These will be scheduled with the Housing Safety and Accessibility Consultant by the provider agency.

An additional inspection will occur if there have been significant alterations to the home that would impact on the safety of the consumer. It is the responsibility of the designated agency to notify DAIL about any home, funded by the department, that needs a safety and accessibility review.

Review Report

The agency service coordinator, who works with the individual, and the home provider are present during the review. The Consultant will give the agency representative and the home provider a signed copy of the report, and will provide DAIL with a copy of the signed report.

Deficiencies

The accessibility report will detail any deficiencies and provide the standard for any corrections. All corrections noted on the housing/safety reviews need to be completed within thirty (30) days from the date of the inspection.

When the corrections are completed, the provider agency will contact the Consultant for a follow-up review. If all standards are met, the Consultant and the DA will sign the report indicating the corrections have been made and provide DAIL a copy of the report.

If the provider agency has not verified the corrections were completed within the above timeframe, the provider is sent a written notice and are monitored by DAIL staff to ensure compliance. If after a minimum of fifty-five (55) days from the date of the initial inspection the completed report has not been received, and the provider agency has received three (3) notices, the funding for that home may be suspended until the corrections have been completed.

ACCESSIBILITY REVIEW AND MODIFICATIONS

All individuals have a right to utilize all appropriate spaces in the home they own, rent, or share with another individual/family, to maximize their independence. Accessibility standards are designed to maximize all individuals' independence and level of safety and are designed to provide workable and safe environments for caregivers as well.

Whenever an individual uses a wheelchair, walker, or has other mobility impairments receive home supports funded by the state and federal government, an accessibility review is **required**. This applies to individuals who live in private developmental homes or shared living situations; and individuals who own or rent their own home and who receive home support services.

State and federal funds used for accessibility renovations are maximized if the renovations meet the Americans with Disabilities Act (ADA) standards. With this in mind, accessibility will be reviewed taking the individual's needs into consideration.

It is the responsibility of the agency Services Coordinator to notify the Housing Safety and Accessibility Consultant that the individual requires physical environmental modifications, and to notify other relevant individuals (e.g. individual with a disability, developmental home/shared living provider, etc.) that an accessibility review will be completed.

The accessibility review is typically done at the same time as the safety review visit and the combined visits take approximately 1½ hours. All areas of accessibility are evaluated, including doorway widths, bathroom(s), and entrance and egress from the home. The individual receiving services is required to be present during the review unless a previous assessment of the individual's accessibility needs has been completed by a physical therapist.

The agency Services Coordinator is responsible for providing an accessibility rehabilitation plan within thirty (30) days of the date of review. This plan should respond to all areas of the accessibility review.

All accessibility renovations are to be completed within ninety (90) days of the initial review, unless a waiver of specific renovations is requested.

VARIANCE AND WAIVER PROCESS

If the provider agency disagrees with any of the findings on the report or believes items on the checklist should be waived, the agency may submit a written request to the Quality Management Unit Leader at DAIL who oversees the program. A request for the waiver of specific renovations must include a specific rationale for the request (e.g., “the basement doorway does not need to be widened because the basement is only used for storage...”) After consulting with the Contractor, a written decision will be forwarded to the requesting agency service coordinator within twenty (20) days of the request.

If a solution cannot be reached between the agency and the Quality Management staff at DAIL, the agency may appeal, in writing, to the Deputy Commissioner of DAIL. Accessibility appeals must be submitted within thirty (30) days of receiving written notice from the Quality Management staff. At this appeal the agency may present any evidence they feel is appropriate.

The Deputy Commissioner’s decision will be forwarded to the service coordinator within fifteen (15) days of the receipt of the appeal and shall be final.



Housing Standards and Checklist

TOP PORTION TO BE COMPLETED BY AGENCY (Please complete and submit prior to inspection)			
Date of Inspection			
Name of Participant			
Guardian (s)			
Physical or Mobility Impairments (Brief description)			
Expected Date of Occupancy			
Type of Home	AFC	DS	TBI
Agency			
Service Coordinator			
Home Provider Name			
Address			
City, State, Zip Code			
Home Provider Phone Number			

FOR HOUSING INSPECTOR USE ONLY:

SMOKE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable smoke detector located on each level of the home, and within the manufacturers expiration date. LIST LOCATIONS			
1) Photo electric smoke detector installed in a common area.			
2) Participant's bedroom			
3) Basement			
4) All Bedrooms			
5)			

In structures that are spread out horizontally or vertically, additional smoke detectors may be required. This home requires additional smoke detectors in the following areas: LIST LOCATIONS
1)
2)
3)
4)
5)



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FIRE EXTINGUISHERS:

	Yes	No	Completed (Initials)
Is there a fire extinguisher in the kitchen that is:			
A Minimum weight of three pounds			
Charged			
Clearly visible and mounted between the stove and exit path			
In a room with a wood burning furnace / stove or fireplace is there a fire extinguisher that is:			
A Minimum weight of three pounds			
Charged			
Clearly visible and mounted between the stove and exit path			

CARBON MONOXIDE DETECTORS

	Yes	No	Completed (Initials)
Is there at least one operable carbon monoxide detector that is installed in a common area such as a hallway or next to the sleeping area?			

WOOD STOVES, FIREPLACES & PELLET STOVES

	Yes	No	Completed (Initials)
All wood stoves (fireplaces 2 nd , 4 th and 5 th items) will meet the manufacturers installation requirements to include:			
1) Is the stove 36 inches from all combustibles (including sheet rock or plaster walls) or are heat shields properly applied to the combustible surface and/or the stove, which reduce the necessary clearance to 18 inches?			
2) Is there a non-combustible hearth of at least 18 inches in front of the loading door?			
3) Is the flue pipe 18 inches from combustibles or are heat shields properly applied to the combustible surface and/or the stove pipe, reducing the necessary clearance to 9 inches?			
4) Has the chimney that serves the wood stove/furnace/fireplace been cleaned within the past 12 months? *(All chimneys must be cleaned annually)			
5) Do all wood stoves/furnaces/fireplaces have their own designated flue?			
6) Are the vent pipes the correct size and in good condition?			
7) Pellet stoves are installed to manufacturers specifications? (Copies to be provided by the home owner)			

Notes: _____



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WATER HEATERS

	Yes	No	Completed (Initials)
Does the water heater have a pressure release valve and a 3/4 "discharge pipe from the valve to within 6 inches of the floor?			
If applicable, is the water heater vented correctly?			

HEATING SYSTEM

	Yes	No	Completed (Initials)
Oil or Kerosene System:			
Is there a clearly marked emergency switch located at or before the entrance to the furnace/boiler room?			
Is there a thermal switch located over the burner?			
Is there an automatic fuel shut-off switch in close proximity to the burner? (within 10 feet)			
Gas System (items marked with * are applied to oil or kerosene systems as well):			
Is there a clearly marked emergency switch located within 5 feet of the of the burner in the furnace/boiler room?			
*If there is a boiler style heating system, does it have a pressure relief valve?			
*Is there a 3/4 inch discharge pipe within 6 inches of the floor?			
*Is the heating system vented according to the appropriate building codes?			
Electric System:			
If electric heating units are used, is there at least 6 inches of clear space from all combustibles?			
Is the system capable of heating all living space to at least 70 degrees Fahrenheit during all weather conditions?			

Notes: _____

BEDROOMS/WINDOWS/SECOND EXITS:

	Yes	No	Completed (Initials)
Bedroom #1 Location (orientation from main street):			
B 1 2 3 Left Center Rear Front Center Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?			
Does the bedroom have a solid surface door to prevent smoke from entering?			
Is there a door directly to outside from the bedroom or one operable window in good repair?			
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?			
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?			

Notes: _____



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										Yes	No	Completed (Initials)
Bedroom #2 Location: (Orientation from main street)												
B	1	2	3	Left	Center	Rear	Front	Center	Rear			
Is the bedroom a minimum of 8 feet in each direction, under a ceiling of at least 6 feet 6 inches?												
Does the bedroom have a solid surface door to prevent smoke from entering?												
Is there a door directly to outside from the bedroom or one operable window in good repair?												
Does the window have a minimum clear opening measuring 20 inches wide and 24 inches tall?												
Is the sill of the window <u>NOT</u> more than 44 inches from the floor?												

Notes: _____

GFCI PROTECTION:

										Yes	No	Completed (Initials)
Does a GFCI outlet/circuit breaker protect the following outlets or fixtures:												
Outlets within 6 feet of the kitchen sink?												
All bathroom outlets?												
All exterior outlets?												
Outlets for washing machines, if indicated (or single device outlets?)												

GENERAL WIRING:

										Yes	No	Completed (Initials)
Is the wiring system in good repair and meets the appropriate codes?												
Are all wiring connections made in electrical boxes and covered?												
Is the use of extension cords minimized? * (Extension cords shall not be used to operate "permanent" appliances)												

HAZARDOUS MATERIALS:

										Yes	No	Completed (Initials)
If paints, fuels or other combustibles are present in the home, are they stored in a separate room or as far away as possible from the furnace or any heat source?												
Is the home free of any hazardous/dangerous environmental materials? *(If such materials are present, are they or will they be managed in a way that is consistent with Vermont Department of Health guidelines, i.e. asbestos?)												

FIREARMS:

										Yes	No	Completed (Initials)
Are all firearms securely locked in a gun safe, closet, or with trigger or cable locks, with key(s) kept in a separate location?												
If gun cabinets are equipped with glass, or plexi glass fronts, one of the additional locks described above must be in place.												



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WATER SUPPLY/WASTE DISPOSAL:

	Yes	No	Completed (Initials)
Is there a municipal water service, a drilled well, shallow well OR spring that has been tested at least annually by the Vermont Department of Health or Independent Lab and verified the water is potable?			
Does the home have municipal sewer service or correctly operating septic system?			

DOORS/EXIT PATHS:

	Yes	No	Completed (Initials)
Do all stairways have at least one handrail (or two if indicated)?			
Do all decks and porches have railings at the appropriate height? (If less than 30 inches above grade, then 30-36 inches tall; if over 30 inches, then 42 inches tall)			
Are exit doors or paths free from locking mechanisms keyed from the inside?			

Notes: _____

LEAD (for those dwellings where children 6 and under are present):

	Yes	No	Completed (Initials)
Was the home built before 1978, and if so are the painted surfaces of the home in good repair and without excessive peeling or cracking?			
Are window wells lined as described in the Vermont Department of Health guidelines?			

GARAGES/ADJACENT STUCTURES (within 30 feet of home):

	Yes	No	Completed (Initials)
Is the wiring system in good repair?			
Are all the wiring connections made in electrical boxes and covered?			
Is the use of extension cords minimized? *(Extension cords shall not be used to operate "permanent" appliances)			
If paints, fuels or other combustibles are present in the structure, are they stored in a separate room or as far away as possible from the furnace or any heat source?			
Are all heating units installed and vented correctly?			

ESCAPE PLAN:

	Yes	No	Completed (Initials)
Does the home have a <u>written, workable plan AND map</u> that all occupants fully understand regarding what to do if a fire occurs? *(This should include how everyone gets out of the residence, where to meet, and who will go to a phone to call the fire department, etc.)			



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Attach a copy of the fire escape plan to the report submitted to the Division of Disabilities and Aging Services.

THE FIRE ESCAPE PLAN AS OUTLINED ABOVE SHOULD BE REVIEWED AND PRACTICED AT LEAST EVERY 6 MONTHS.

THE HOME PROVIDER IS RESPONSIBLE FOR INSURING THAT ALL SMOKE AND CARBON MONOXIDE DETECTORS ARE IN WORKING ORDER.

PROCEDURES FOR COMPLIANCE:

	Yes	No	Completed (Initials)
All items marked "NO" will be corrected prior to occupancy, or by 30 days from the date of inspection, whichever is greater.			
The Service Coordinator or other Agency Representative is responsible for ensuring that all items are corrected and scheduled for a follow up inspection within the time frame specified above.			

 Reviewer Name (Printed)

 Signature

 Date

 Agency Representative (Printed)

 Signature

 Date

 Home Provider/Designee (Printed)

 Signature

 Date

CORRECTIONS MADE AND FOLLOW-UP INSPECTION COMPLETED:

 Name (Printed)

 Signature

 Date

THE HOME PROVIDERS ARE REQUIRED TO MAINTAIN THEIR HOME TO THE STANDARDS ON THIS CHECKLIST.



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Accessibility Standards & Checklist

TOP PORTION TO BE COMPLETED BY AGENCY (Please complete and submit prior to inspection)	
DATE OF INSPECTION	
Consumer Name	
Physical/Mobility Impairments	
Date of Occupancy	
Services Coordinator	
Responsible Agency	
Home Provider	
Address	
City, State, Zip Code	

ACCESSIBLE ROUTES- EXTERIOR

YES NO COMPLETE
(Initial)

1. Is the slope less than 1:20?
2. Is it continuous and not interrupted by abrupt level changes or steps?
3. Is there at least 36 inches' clear width?
4. Are all cracks or holes less than ½ inch?
5. Are there no protrusions of more than 4 inches between 27 and 80 inches of height? (80 Inches of clear headroom)

RAMPS OR LIFTS

PLEASE CONSIDER WHETHER A LIFT IS A BETTER SOLUTION.

1. Is there a ground level entrance or ramp with a slope no greater than 1:12?
2. Is there a width of 36 inches between handrails?
3. Are the landings 60 inches long on top, bottom, and in all changes of direction?
4. Are all handrails between 34 and 38 inches high on both sides?
5. Is the diameter of the handrails 1 ¼ to 2 inches, with a minimum clear space from adjacent surface of 1 ½ inches?
6. Does the handrail extend 12 inches beyond top and bottom?

DOORS

YES NO COMPLETE
(Initial)

1. Do all indicated doors have a clear width of at least 32 inches?
2. Do all doors have hardware that is easy to operate without twisting or grasping?
3. Is there 60 inches of clearance on the pull side of the door and 48 inches of clearance on the push side?
4. Is the threshold less than 1/2 inch high or ramped 1:12 if higher?
5. Is the door pull less than 5 pounds of force?

ACCESSIBLE ROUTES- INTERIOR

1. Are all routes least 36 inches wide?
2. Are level changes are less than quarter inch unless beveled or ramped?
3. Are there no protrusions of more than 4 inches between 27 and 80 inches of height (80 inches of headroom)?
4. Is there at least one accessible route to all accessible space?

BATHROOMS

A. Doors and Clearance

1. Is the clear width at least 32 inches?
2. Is the door hardware easy to operate with one hand, without twisting or grasping?
3. Is there sufficient space for a person using a wheelchair to enter, close the door, use the fixtures, reopen the door and exit?

B. Toilets

1. Is there a clear space in front of the toilet 48 inches deep?
(Measured from the front of the toilet)
2. Is the space adjacent to the toilet 48 inches wide?
3. Is the center of the toilet at least 18 inches from the wall?
4. Is the center of the toilet at least 18 inches from any fixture or obstruction?
5. Are grab bars installed on the adjacent wall in back the toilet that are at a height of 33- 36 inches above the floor?
6. Is the top of the toilet seat at least 17 inches above the floor?
7. Is the toilet paper dispenser installed 19 inches above the floor and within easy reach?

BATHROOMS (continued)

YES

NO

COMPLETE
(Initial)**C. Lavatories**

1. Is there at least 29 inches' clearance from floor to bottom of apron?
2. Is there a clear floor space of 30 inches by 48 inches at the front?
3. Do the faucets operate with one hand without twisting or grasping and with no more than 5 lbs. of force?
4. Are exposed pipes or sharp surfaces insulated and/or covered?
5. When a medicine cabinet is provided, is one usable shelf no higher than 44 inches above the floor?
6. Is the mirror mounted with bottom edge 40 inches or less above the floor?

D. Bathtubs

1. Is there a clear floor area at least 30 inches deep and 60 inches wide?
(or) Is there a clear floor area of at least 48 inches deep and 60 inches wide?
2. Is there an in-tub seat or seat at head of tub?
3. Are grab bars installed horizontally 33 inches to 36 inches above the floor on the long wall and the wall at the foot of the tub? **OR** Is there structural reinforcement that will allow for the installation of grab bars?
4. Are faucets and controls located as required?
5. Is the bathtub rim free from door tracks?

E. Shower

1. Is the shower at least 36 inches by 36 inches? **OR** Is the shower 30 inches by 60 inches?
2. Is there a seat provided opposite the controls that is 17 to 19 inches high and extends the depth of the shower?
3. Are grab bars installed 33 inches to 36 inches above floor?
(or) Is there structural reinforcement that will allow for the installation of grab bars?
4. Are faucet and controls easy to use?
5. Is the shower spray hose at least 60 inches long?

Procedure for Compliance:

All items marked no will be addressed in the accessibility rehabilitation plan to be submitted within 30 days of the accessibility review.

The Rehabilitation plan may be submitted by the Services Coordinator and a Licensed Physical Therapist or Occupational Therapist.

The Service Coordinator is responsible for ensuring that all the items to be addressed will be completed within 90 days of the initial review.

After the modifications are complete the Physical or Occupational therapist may complete the certification below or a follow scheduled with the reviewer.

Reviewer

Date _____

Agency Representative

Date _____

Home Provider/Designee

Date _____

I certify that all the applicable items on the checklist have been completed.

Reviewer: _____ Date: _____