

**Strengthening and Expanding Community Access Services:  
Community Access Work Group Recommendations**

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Submitted to:  
Aging & Disability Services Administration  
Division of Developmental Disabilities

# Community Access Services in Washington State

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Aging & Disability Services Administration  
Division of Developmental Disabilities

## **Strengthening and Expanding Community Access Services: Community Access Work Group Recommendations**

### Executive Summary

The Washington State Legislature in the Second Engrossed Substitute House Bill 1087 (Appendix A), instructed the Department of Social and Health Services (DSHS) to work with counties and stakeholders "to strengthen and expand the existing community access program. The program must emphasize support for the client so they are able to participate in activities that integrate them into their community and support independent living and skills." The department formed a Community Access Work Group from volunteers who expressed interest. The work group included members from various roles related to the developmental disability services system: service provider agencies for both Individual Employment and Community Access, parents, a Case Resource Manager, advocacy groups, and staff from county developmental disability services offices. A self-advocate and Adult Day Health provider had volunteered to join the group, but were unable to attend scheduled meetings.

As a result of four full-day meetings in which participants reviewed source documents and met in both small and large groups following a process designed and led by an out-of-state impartial facilitator, the Community Access Work Group came to consensus on four goals each with a set of recommendations to strengthen and expand existing Community Access services. According to source documents, the group agreed that important features of Community Access services include habilitation, individualized service, and integration.

#### **Goal: Clear Intent, Design and Consistent Implementation of Community Access Services**

1. Reaffirm that Community Access may lead to employment. Individuals may choose to return to an Employment Service at any time.
2. When an individual has personal care service needs, as documented in the individual's plan, provide that support as part of the Community Access service.<sup>1</sup>
3. When an individual has nurse delegation service needs, as documented in the individuals plan, provide that support as part of the Community Access service.<sup>1</sup>
4. When a person has needs for behavioral support, as documented in the individual's plan, provide the support as part of the Community Access service.<sup>1</sup>
5. The individual service planning team (individual, family, case resource manager, service providers, and other involved stakeholders) must look for all available transportation options. When an individual still has transportation needs, provide that support as part of the Community Access service. If no other option exists, we recommend that it be required of

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<sup>1</sup> If this recommendation is accepted, it will need to be included in Policy 6.13 or as a contract requirement.

# Community Access Services in Washington State

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Community Access providers.<sup>1</sup> To protect the amount of time available for community activities and relationship-building, the lack of other viable transportation options must be documented in the individual's plan.

6. Explore how Community Access could make more use of individual providers (e.g., for transportation), reviewing procedures related to individual providers in other services that might also work for Community Access services.
7. Determine the hours of support received in Community Access using the Division of Developmental Disabilities (DDD) Assessment, based on the results of the Supports Intensity Scale (SIS).
8. To ensure health and safety, positive image and relationships in the community, increase competence and individualized skill-building, and other expected benefits of Community Access, allow services to occur individually or in a group of no more than 2 or 3 individuals with similar interests and needs, based on individual preferences documented in each individual's plan. It is understood that while it is natural to spend time with peers, it is less likely for Community Access participants to develop relationships with new community members when spending time in outings and activities with other Community Access participants.
9. As part of the individual's planning process, the team (individual, family, case resource manager, service providers, and other involved stakeholders) shall share responsibility to support individuals to connect and actively participate in their community according to their goals.

## **Goal: Clear Expectations Related to Individualized Planning and Goals**

1. Include service providers, as well as the individual, family, case resource manager and relevant others in the Annual DDD Assessment and Community Access planning process.
2. The DDD Assessment, including the Supports Intensity Scale (SIS), should be the basis for the Community Access plan.
3. Clarify expectations around the Community Access Plan and implement these expectations in a standardized manner statewide.
4. Identify barriers to accessing the community (e.g., challenges related to personal care, transportation, communication, behavior support, nursing care) and strategies or methods to address these barriers in the plan, including identifying available appropriate natural supports.
5. Balance health and safety with power and choice when planning for service.
6. The Community Access plan should include goals that reflect individual interests, measurable steps to achieving goals, and timelines for completion.
7. The Community Access service provider must review and update the Community Access plan at least every six months, and provide six-month progress reports.
8. The plan, any revisions to the plan, and reports must be provided in writing to all team members.

## **Goal: High Quality Community Access Services**

1. Develop statewide training and technical assistance for Community Access providers on identifying individual's interests, gifts and talents; accessing community activities and organizations; and developing community relationships.
2. Implement a standard set of basic quality indicators and reporting criteria on the expected outcomes of Community Access. Quality indicators may include, for example, requiring an annual customer satisfaction survey, reporting on achievement of goals and activities included in the individual's Community Access plan, and statewide outcomes measures.

## Community Access Services in Washington State

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3. Make the data on basic quality indicators available to assist individuals, families, and counties to select providers and improve performance. Data from quality indicators should be compiled at an individual, provider, county and statewide level.
4. Standardize expectations of Community Access providers related to documenting services.
5. Ensure that Community Access providers are accountable for providing services that meet the County Guidelines, Budgeting, Accounting and Reporting System (BARS), and Centers for Medicare & Medicaid Services (CMS) standards, as contractually required. This includes eliminating publicly-funded participation in segregated activities in favor of more integrated, typical community activities and settings.

As a result of discussions related to challenges facing the developmental disability services system, the work group also established a goal and recommendations related to adequate resources.

### **Goal: Adequate Resources**

1. The state must address the need for additional revenues to sustain a viable community system. We recommend that DSHS vigorously move forward to close the expensive Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) programs and shift that funding to community services.
2. While the state addresses the fundamental issue of insufficient funding, DSHS, counties, local communities and providers must look to developing partnerships with other state and local agencies, leveraging existing resources to better serve unmet needs .
3. The state needs to provide flexibility, training and guidance to individuals, families, case resource managers, counties, and service planning teams to creatively braid different service elements and generic community resources to create a full day.
4. The work group recommends that the state review best practice and the cost-benefit of more self-directed service options, to determine if individuals may have more control over their services, providers , resources and better access to a full day.

The Community Access Work Group was clear that their recommendations are not designed to step away from Washington's commitment to integrated employment, but, rather, serve to identify ways in which persons receiving Community Access services can achieve improved outcomes of integration, strengthened relationships with family and community members, and access to typical community settings. It is expected that DDD will carefully review these recommendations and provide feedback to work group members and other stakeholders about changes that will be implemented in the Community Access services program.

# Community Access Services in Washington State

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## **Strengthening and Expanding Community Access Services: Community Access Work Group Recommendations**

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### The Need for Change in Community Access in Washington State

Integrated, competitive work is an important part of life for people both with and without disabilities. The Centers for Medicare and Medicaid Services, the federal agency within the Department of Health and Human Services that provides funding to augment state developmental disability services under its Home and Community-based Waivers, supports this view. In an informational bulletin issued September 16, 2011, the Director of the Center for Medicaid, CHIP, and Survey & Certification (CMCS) underscored "CMS's commitment to the importance of work for waiver participants... We hope that by emphasizing the importance of employment in the lives of people with disabilities, updating some of our core service definitions, and adding several new core service definitions to better reflect best and promising practices that it will support States' efforts to increase employment opportunities and meaningful community integration for waiver participants." (p.1.)

The state of Washington has defined policy that supports this CMS goal. Washington's Working Age Adult policy, fully implemented in 2006, states that "(s)upports to pursue and maintain gainful employment in integrated settings in the community shall be the primary service option for working age adults." By 2009, a total of 7,277 individuals with developmental disabilities were in integrated employment—a 54% increase in the number of clients in integrated employment since 2007. In July, 2011 the Washington State Legislature revised the Working Age Adult policy to allow individuals to choose a day program if they are not satisfied with employment services after nine months in an employment program with an unsuccessful job search.

Although individuals may choose only one waiver service, there is a relationship between Individual Employment and Community Access services. During the first nine months of Individual Employment services, people with disabilities may expect to explore their interests and discover job options that may be available to them. Referred to as "Pathways to Employment," the state recognizes that obtaining employment that matches individual interests may require a period of discovery. Community Access also helps people to look at options. At any time when a person is served within Community Access, he or she may choose to move into Employment services, based on discovering an interest or aptitude that could lead to employment.

Community Access services have been defined in several source documents, including the County Guidelines (1992), BARS Manual (2011, July), and Working Age Adult Policy 4.11 (2011, September). The definitions emphasize expected outcomes that include integration, making meaningful connections with others, and relationship-building. These outcomes are achieved through interfacing with the general

# Community Access Services in Washington State

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community in a wide variety of activities based on personal preferences, including opportunities to contribute to the community through volunteer work. However limited statewide data currently are collected and compiled on the actual outcomes of this service. The number of people served by Community Access services has dropped from a high of 1394 people with intellectual/developmental disabilities in July 2004, prior to full implementation of the Working Age Adult policy, to 292 on July 1, 2006, full implementation date of the Working Age Adult policy. With the 2011 shift in policy, it is expected that the number of people who are not retirement age receiving Community Access services will increase. At this time, individuals receive between 2 and 23 hours of Community Access services per month, with an average of 14 hours per month.

## The Community Access Work Group and Membership

The Washington State Legislature in the Second Engrossed Substitute House Bill 1087 (Appendix A), instructed the Department of Social and Health services to work with counties and stakeholders "to strengthen and expand the existing community access program. The program must emphasize support for the client so they are able to participate in activities that integrate them into their community and support independent living and skills." The department formed a Community Access Work Group from volunteers who expressed interest in working with the group. This resulted in 13 potential work group members, with 11 attending the first meeting, and one observer. During this meeting, the participants identified a need to include a Community Access service provider and a Case Resource Manager. DDD staff recruited these individuals, who joined day two of the work group's meetings. The work group included members from various roles related to the developmental disability services system: service provider agencies for both Individual Employment and Community Access, parents, a Case Resource Manager, advocacy groups, and staff from county developmental disability services offices. A self-advocate and Adult Day Health provider had volunteered to join the group, but were unable to attend scheduled meetings. A final list of Community Access Work Group Participants is included in Appendix B. DDD contracted with the Washington Initiative for Supported Employment (WiSe), who arranged for an out-of-state impartial facilitator to plan and lead the group process to achieve its purpose.

At its initial meeting, the team completed a "Team Charter" (Appendix C) which summarizes the group's purpose, expected outcomes, membership, accountability, leadership, responsibilities, boundaries, preferred methods for decision-making, planned meetings, and ground rules. During the second day of meetings, team members signed the team charter to confirm their understanding of and commitment to carrying out the team purpose within the guidelines developed.

The responsibilities defined by the DDD staff were:

- Review information on how Community Access Services are currently defined and managed.
- Understand the constraints of the waiver, eligible expenses, and flexibility in what could be changed with the next waiver submission, which is due April, 2012.
- Explore possibilities for improving Community Access Services (e.g., What are other states doing?)
- Develop recommendations based on an individualized system of services
- Develop recommendations that are cost-neutral, fitting within the current average \$298-\$398 cost per month per person. In addition, while the resulting program had to meet the expectations of CMS and the current waiver, the team could propose changes to be considered in the next waiver application.

# Community Access Services in Washington State

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## Work Group Process

The Community Access Work Group met for four full-day sessions: October 14; November 3 and 4; and November 18, 2011 at the Aging and Disability Services Administration (ADSA), Division of Developmental Disabilities (DDD) headquarters in Lacey, Washington. In addition, the majority of the group met together on November 9 to prepare for, and then meet with the work group on Employment and Day Options. At this meeting, they presented a draft list of recommendations related to strengthening and expanding Community Access services based on the first three days of full group meetings.

On most full group meeting days, the Community Access Work Group met in both large and small group formats to discuss assigned topics relevant to completing the task. State personnel usually led the small groups and recorded their discussions on newsprint. The facilitator maintained records of full group discussions, and provided summarized notes from meetings to work group members and/or state personnel for feedback to ensure accuracy.

Work group members, recognizing that each is passionate about their opinions, agreed to value openness, visionary thinking, positive discussions, and ensuring a safe place to share ideas and opinions. Group decisions were made by consensus, which meant that the recommendation made could be supported by everyone in the group, even though it may not have been each individual's preferred option. Prior to finalizing recommendations on day four, the facilitator reviewed a definition of consensus with the group to ensure that members clearly understood that decision method (Appendix D.)

## Established Principles Guiding Community Access Services

The work group reviewed several source documents that defined current principles that guide Community Access services. These documents, along with a summary of relevant information, are listed below:

- *Budget Accounting Reporting System (BARS) manual* presents the following definition of Community Access services :  
“Individualized services provided in typical integrated community settings for individuals in retirement. Services will promote the persons’ competence, integration, physical, or mental abilities. Services shall assist individuals to participate in activities, events, and organizations in the community in ways similar to others of similar age. These services may also be available for working age individuals for whom an Exception to Rule has been approved.”<sup>2</sup>  
(<http://www.sao.wa.gov/EN/ClientSupport/FinancialReporting/LGS/BarsManuals/Pages/default.aspx> )

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<sup>2</sup> In Spring, 2012, The Financial Management Section of Office of Accounting Services (OAS) will request DSHS to update their BARS information for the State Auditor’s office. This language will be revised at that time to propose removal of the mention of retirement and to modify or remove the last sentence.

## Community Access Services in Washington State

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- *DDD Community Access Billable Activities* states: "Direct service staff spends time assisting individuals to participate in activities that promote individualized skill development, independent living and community integration. Activities must provide individuals with opportunities to develop personal relationships with others in their local communities and with opportunities to learn, practice, and apply life skills that promote greater independence and community inclusion." <http://www.dshs.wa.gov/pdf/adsa/ddd/CO%20-%20Community%20Access%20Billable%20Activities.pdf>
- *DDD Policy 4.11* defines integrated settings as "... typical community settings not designed specifically for individuals with disabilities in which the majority of persons employed or participating are individuals without disabilities." (<http://www.dshs.wa.gov/pdf/adsa/ddd/policies/policy4.11.pdf>)
- *County Guidelines*, established in 1992, define basic interdependent benefits of quality living including Integration "...being a part of our community, through active involvement. This means doing things we enjoy as well as new and interesting things". It further defines Integration as being present and participating in the community using the same resources and doing the same activities as other citizens. "Individuals who work with and care about the person will need to focus their efforts on redirecting activities into communities and away from specialized activities." ([http://www.dshs.wa.gov/pdf/adsa/ddd/c\\_guidelines.pdf](http://www.dshs.wa.gov/pdf/adsa/ddd/c_guidelines.pdf))
- *CMS Waiver Informational Bulletin* dated 9/16/11 declares "...services must be based on each individual's needs which are determined through a person-centered planning process." "...services must assist with acquisition, retention or improvement in self-help, socialization and adaptive skills in a non-residential setting. Services must have a habilitative function to enable the participant to attain or maintain his or her maximum potential." (<https://www.cms.gov/CMCSBulletins/>)

From these sources and through their discussions, the work group agreed that the following principles have been well-established to guide Community Access services:

- Community Access services are meant to be habilitative—i.e., focused on skill-building.
- The state and families, when available, share the responsibility to help individuals connect with the community. The state's role is particularly important to alleviate the impact on the individual when family is no longer there.
- Community Access services must be individualized, based on an individual plan with identified goals and activities. Plans and plan revisions must be communicated in writing to all team members.
- Because of the emphasis on integration in source documents, when planning for services to be provided in a group, the team/service provider must consider individualization, integration, and safety.
- While guidelines exist governing moving from Employment Services to Community Access, individuals receiving Community Access services may request to switch into Employment Services at any time. However, this is not clearly understood by stakeholders,
- Qualified providers for Community Access services must be well-connected with their community to make best use of community resources to support integration.



# Community Access Services in Washington State

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## Strengthening and Expanding Community Access Services: Recommendations for the Future of Community Access in Washington State

Over their four work sessions, the Community Access Work Group developed a set of recommendations designed to strengthen and expand Community Access services statewide. These are presented below, organized within a few overarching goals for the services.

### **Goal: Clear Intent, Design and Consistent Implementation of Community Access Services**

While Washington State has many excellent mechanisms for ensuring that all waiver services are both available and implemented consistently across the state, differences exist across counties and communities. In some cases, this flexibility has allowed development of innovative approaches to community access. In others, it means that individuals do not gain access to the same types or quality of activities from community to community across the state. In addition, individuals who present substantial challenges and require specialized support skills have difficulty finding providers who are both prepared and willing to serve them. As the work group studied source documents defining Community Access, they concluded that some of these documents could be strengthened to further clarify the intent and design of Community Access services, which would support more consistent implementation across the state.

#### Recommendations

1. Reaffirm that Community Access may lead to employment. Individuals may choose to return to an Employment Service at any time.
2. When an individual has personal care service needs, as documented in the individual's plan, provide that support as part of the Community Access service.
3. When an individual has nurse delegation service needs, as documented in the individuals plan, provide that support as part of the Community Access service.
4. When a person has needs for behavioral support, as documented in the individual's plan, provide the support as part of the Community Access service.<sup>3</sup>
5. The individual service planning team must look for all available transportation options, including transportation by family, residential providers, public transportation, specialized transportation services, or natural supports for transportation. When an individual still has transportation needs, provide that support as part of the Community Access service. If no other option exists, we recommend that it be required of Community Access providers. To protect the amount of time available for community activities and relationship-building, the lack of other viable transportation options must be documented in the individual's plan. The provider may access

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<sup>3</sup> Note: While some Community Access agencies do currently provide behavioral support and/or personal care services, these services currently are not consistently available across all providers, nor across all communities. The Work Group felt that in each community, people seeking Community Access services should be able to find an agency that will support access to their community for all individuals eligible for Community Access services, including those with behavioral support, personal care, and/or medical needs. Recommendations 2, 3, and 4 will require DDD to gather information on current needs, research requirements and provide training and staffing to Community Access service agencies to allow them to become qualified to provide behavioral support, personal care and/or nurse delegated services. As part of this work, DDD will need to assist service providers to address perceived professional liability issues related to performing these duties and determine whether there needs to be additions to Policy 6.13 defining qualifications for Community Access providers.

# Community Access Services in Washington State

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funding for mileage costs from the waiver service for transportation through contracting with DDD. While the work group was concerned about using limited Community Access service time to provide transportation, it understood that transportation needs and resources vary across the state.<sup>4</sup>

6. Explore how Community Access could make more use of individual providers (e.g., for transportation), reviewing procedures related to individual providers in other services that might also work for Community Access services.
7. Determine the hours of support received in Community Access using the DDD Assessment, based on the results of the Supports Intensity Scale (SIS).
8. To ensure health and safety, positive image in the community, skill-building, and other expected benefits of Community Access, allow services to occur individually or in a group of no more than 2 or 3 individuals with similar interests and needs, based on individual preferences documented in each individual's plan. The AWA billing instructions on the Best Practice website (<http://www.dshs.wa.gov/ddd/counties.shtml>) include instructions for how to bill staff hours when a staff person is supporting a group of service customers.
9. As part of the individual's planning process, the team (individual, family, case resource manager, service providers, and other involved stakeholders) shall share responsibility to support individuals to connect and actively participate in their community according to their goals.

## **Goal: Clear Expectations Related to Individualized Planning and Goals**

Community Access service providers, Case Resource Managers, individuals and their families must work together to develop and review individualized plans for Community Access services.

## Recommendations

1. Include service providers, as well as the individual, family, Case Resource Manager and relevant others in the Annual DDD Assessment and Community Access planning process.
2. The DDD Assessment, including the Supports Intensity Scale, should be the basis for the Community Access plan.
3. Clarify expectations around the Community Access Plan and implement these expectations in a standardized manner statewide. (See Criteria for an Evaluation System: <http://www.dshs.wa.gov/pdf/adsa/ddd/CriteriaEvaluationSystem.pdf> )
4. Identify barriers to accessing the community (e.g., challenges related to personal care, transportation, communication, behavior support, nursing care) and strategies or methods to address these barriers in the plan, including identifying available appropriate natural supports.
5. Balance health and safety with power and choice when planning for service.
6. The Community Access plan should include goals that reflect individual interests, measurable steps to achieving goals, and timelines for completion.
7. The Community Access service provider, along with the individual, family, and/or guardian, must review and update the Community Access plan at least every six months, and provide six-month progress reports.
8. The plan, any revisions to the plan and reports must be provided in writing to all team members.

## **Goal: High Quality Community Access Services**

High quality Community Access services "are individualized and provided in typical integrated community settings..." Community Access services are expected to "promote the person's competence,

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<sup>4</sup> If this recommendation is accepted, it will need to be included in Policy 6.13 or as a contract requirement.

# Community Access Services in Washington State

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integration, physical or mental abilities. Services assist individuals to participate in activities, events, and organizations in the community in ways similar to others of similar age...." (BARS Manual, 7/2011, p.7). While there are many examples of excellent Community Access services, the work group also is aware of Community Access service agencies that could be improved. Variability exists across communities in the opportunity for individual vs. group activities, the nature of activities, relationship-development, and the skill-building that occurs. Therefore, the work group has made several recommendations to improve the quality of Community Access services statewide.

## Recommendations

1. Develop statewide training and technical assistance for Community Access providers on identifying individual's interests, gifts and talents; accessing community activities and organizations; and developing community relationships.
2. Implement a standard set of basic quality indicators and reporting criteria related to the expected outcomes of Community Access. These outcome measures need to be designed to assist stakeholders (including individuals, DDD, counties, providers, families, taxpayers, and other stakeholders) to assess success in achieving the desired outcomes of Community Access. Quality indicators may include, for example, requiring an annual customer satisfaction survey, reporting on achievement of goals and activities included in the individual's Community Access plan, and a set of statewide outcomes measures.
3. Make the data on basic quality indicators available to assist individuals, families, and counties to select providers and improve performance. Data from quality indicators may be compiled at an individual, provider, county and statewide level.
4. Standardize expectations of Community Access providers related to documenting services provided.
5. Ensure that Community Access providers are accountable for providing services that meet the County Guidelines ([http://www.dshs.wa.gov/pdf/adsa/ddd/c\\_guidelines.pdf](http://www.dshs.wa.gov/pdf/adsa/ddd/c_guidelines.pdf)), BARS, (<http://www.sao.wa.gov/EN/ClientSupport/FinancialReporting/LGS/BarManuals/Pages/default.aspx>) and CMS standards (<http://www.dshs.wa.gov/ddd/waivers.shtml>). This includes eliminating publicly-funded participation in segregated activities in favor of more integrated, typical community activities and settings.

## Challenges

In addressing the task of strengthening and expanding Community Access services, work group members had to confront several challenges to improving program quality and program availability.

1. The limited state and federal funding available for Community Access and other services for persons with developmental disabilities in Washington, and the multiple diverse needs of individuals and families across the state, make it difficult for a broad-based group to reach consensus on the best way to design services.
2. Limited funding does not allow for a high number of service hours in either Individual Employment or Community Access services.
3. While respite is viewed as a by-product of state-funded services, it is important to recognize that sufficient respite is a support that may be critical to maintaining a family's ability to continue to care for their adult sons and daughters with disabilities. Families who can care for their adult sons and daughters reduce the need and costs for state-funded residential services.
4. Limited or no transportation options constrain access to integrated activities or reduce the amount of time available for service by Community Access providers.

# Community Access Services in Washington State

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5. The Community Access Work Group expressed concerns that the state may create a new day service option. Members are concerned this action would spread current limited state dollars even further, with no improvement in opportunities for persons served.
6. The work group was aware that implementing this full list of recommendations would be challenging in a cost neutral environment, and that DDD would need to review each recommendation for feasibility and possible implementation timeline.

As a result of discussions related to these challenges, the work group also established a goal and recommendations related to adequate resources.

## **Goal: Adequate Resources**

Developmental Disabilities programs in Washington are severely underfunded, resulting in limited or no support to individuals with disabilities to consistently integrate into their community, live independently and develop skills. Current inadequate funding levels put individuals, families, providers, counties and the state at risk. Solving the needs related to improving Community Access ultimately will require that additional resources be found to support the entire system of services for individuals with intellectual/developmental disabilities. Currently, 18% of the DDD's program services budget goes to support 896 individuals in institutional care, while the remaining 82% supports approximately 20,000 individuals in community settings. The average cost per person per day served in a Washington State institution is \$513, nearly twice the average daily cost of \$262 for individuals served by community organizations.

## Recommendations

1. The state must address the need for additional revenues to sustain a viable community system. We recommend that DSHS vigorously move forward to close the expensive ICF/ID institutional programs and shift that funding to community services.
2. While the state addresses the fundamental issue of insufficient funding, DSHS, counties, local communities and providers must look to developing partnerships with other state and local agencies, leveraging existing resources to better serve unmet needs .
3. The state needs to provide flexibility, training and guidance to individuals, families, case resource managers, counties, and service planning teams to creatively braid different service elements and generic community resources to create a full life. Families and individuals need to understand Community Access and other service choices, and how they might weave a variety of supports and community resources to create a meaningful life.
4. Related to item #3, the work group recommends that the state review best practice and cost-benefit of more self-directed service options, i.e., services in which individuals have more control over their services, providers and resources.

## Closing

The Community Access Work Group—based on its charge, a review of relevant source documents, and their extensive experience—has established a comprehensive set of recommendations to be reviewed by DDD for strengthening and expanding the Community Access program. These recommendations are not designed to step away from Washington's commitment to integrated employment, but, rather, serve to identify ways in which persons receiving Community Access services can achieve improved outcomes of integration, strengthened relationships with family and community members, and access to typical community settings.

# Community Access Services in Washington State

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This report includes recommendations related to intent, design and consistent implementation of Community Access services; expectations related to individualized planning and goals; and strategies for achieving high quality in Community Access services. In addition, although not a part of its original charge, the work group sees inadequate resources as an issue that plagues the entire developmental disability services system, and made recommendations in that area as well.

It is expected that DDD will carefully review these recommendations and provide feedback to work group members and other stakeholders about changes that will be implemented in the Community Access services program.

## References

Department of Social and Health Services, Division of Developmental Disabilities (2011, July). Budgeting, Accounting and Reporting System (BARS), Supplementary instructions. Author: Lacey, WA.

Department of Social and Health Services, Division of Developmental Disabilities (1992, July). County Guidelines. Author: Olympia, WA.

Department of Social and Health Services, Division of Developmental Disabilities (2011, September). County Services for Working Age Adults, Policy 4.11. Author: Olympia, WA.

## Attachments

- Appendix A: Excerpt from Second Engrossed Substitute House Bill 1087
- Appendix B: Community Access Work Group Members and Affiliations
- Appendix C: Team Charter
- Appendix D: Making Decisions by Consensus