

### CSSP Standards Tool Overview

The CSSP Standards Tool functions as a practical “checklist” for certifying Community Support System Provider (CSSP) Agencies. CSSPs are certified on three different levels with different associated standards: 1) basic, 2) intensive, and 3) enhanced. The tool identifies the relevant standards which are **required** in order to receive a CSSP certification.

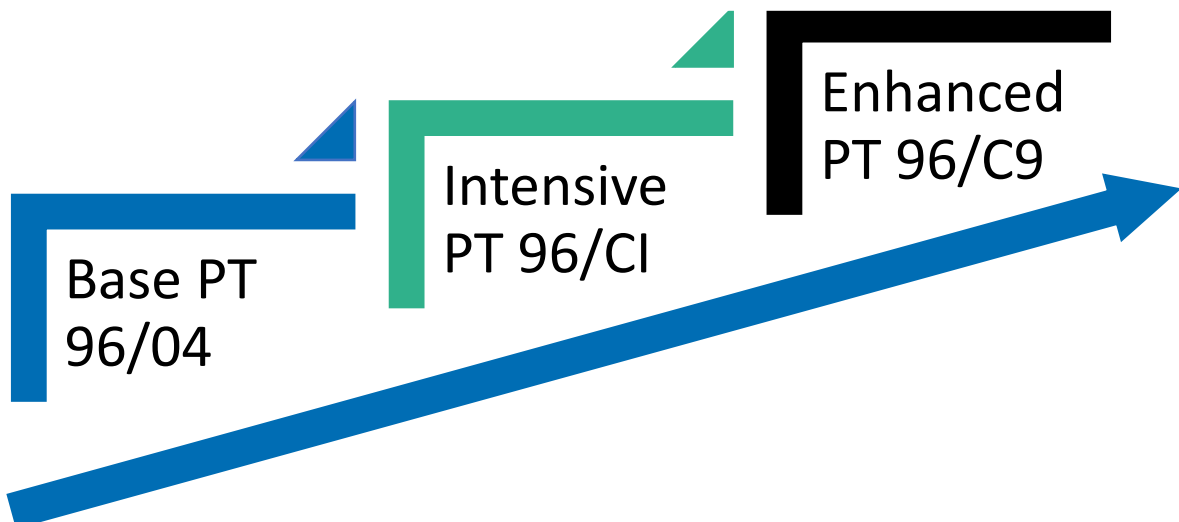
The tool indicates where all items must be selected in order to meet a requirement (must include all) or where there are multiple options to meet a requirement (select one). If a section applies to the CSSP applicant agency based on the level of certification and type of service they are providing, **all checkbox sections within the subsection must be completed**. For example, if an agency is applying for an Enhanced CSSP certification and plans to provide meals to beneficiaries, subsection “3C: PHYSICAL LOCATION FOOD SERVICE REQUIREMENTS” under Enhanced must be completed in its entirety. Each level of certification builds upon the next. In other words, Intensive level CSSP applicants must meet the requirements listed under *both* the Base and Intensive sections. Enhanced level applicants must meet the requirements under *all three* levels.

- **Certification levels build upon the previous level:**

- An **Intensive** certified CSSP must meet the requirements for both the **Base** and **Intensive** certifications.
- An **Enhanced** certified CSSP must meet the requirements for the **Base**, **Intensive**, and **Enhanced** certifications.

- **Certified services build upon the previous level's services:**

- An **Intensive** certified CSSP is eligible to provide services listed under both the **Base** and **Intensive** certifications.
- An **Enhanced** certified CSSP is eligible to provide services listed under the **Base**, **Intensive**, and **Enhanced** certifications.



# **DPSQA Community Support System Providers Certification Standards Tool**

## **Section 1: CSSP Base Level Certification Standards**

## DPSQA Community Support System Providers Certification Standards Tool

### Base Level Certification Review

CSSP agency applications at the base level do not necessarily require a site visit, unless the applicant cannot provide documentation electronically, as applicants can demonstrate that they fulfill the standards and requirements with documentation only. DPSQA may still conduct site visits at their discretion. The certification applies to the provision of any HCBS services the agency is certified to provide, regardless of location. The certification is tied to the agency's business address.

#### **1A: ORGANIZATION AND OWNERSHIP STANDARDS**

*Applicant agency should provide all listed example documentation, if applicable.*

<input type="checkbox"/>	Copy of Certificate of Good Standing from the Arkansas Secretary of State
<input type="checkbox"/>	Single manager as point of contact for DHS with authority over the CSSP and all employees (listed on application)
<input type="checkbox"/>	Copy of Current Accreditation (select one) <ul style="list-style-type: none"><li><input type="checkbox"/> The Commission on Accreditation of Rehabilitation Facilities</li><li><input type="checkbox"/> The Joint Commission</li><li><input type="checkbox"/> The Council on Accreditation</li><li><input type="checkbox"/> The Council on Quality and Leadership</li></ul>
<input type="checkbox"/>	Documentation demonstrating the ownership (must include all below) <ul style="list-style-type: none"><li><input type="checkbox"/> Financial interests (<i>Documentation could include copy of annual operating budget which is submitted to agency's Board</i>)</li><li><input type="checkbox"/> Governing body (<i>Documentation could include organizational chart that reflects all leadership positions, mid-level managers, supervisors, and direct care staff; Board/Governing Body document which clearly indicates positions, names, phone numbers, addresses and emails for each person</i>)</li><li><input type="checkbox"/> Business interests (<i>Documentation could include Articles of incorporation; Sole proprietorship documentation, 501c3 documentation, IRS documentation; Business policies and procedures</i>)</li></ul>
<input type="checkbox"/>	Documentation of management, management structure and members of the management team ( <i>Documentation could include an organization chart reflecting all leadership positions, mid-level managers, supervisors, and direct care staff; Documentation demonstrating in- and out-of-state management and ownership; Documentation of Management Company involvement, if relevant</i> )

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## DPSQA Community Support System Providers Certification Standards Tool

### 1B: EMPLOYEE AND CONTRACTOR BACKGROUND AND REGISTRY CHECKS

*All below information should be included in an employee/contractor's personnel file.*

*DPSQA should request all relevant employee and contractor files and audit at least 5 files to ensure compliance with background and registry requirements.*

<input type="checkbox"/>	State criminal background checks for employees and operators
<input type="checkbox"/>	National criminal background checks for employees and operators
<input type="checkbox"/>	Child Maltreatment Registry checks for employees and operators
<input type="checkbox"/>	Adult Maltreatment Registry checks for employees and operators
<input type="checkbox"/>	Sex Offender Central Registry checks for employees and operators
<input type="checkbox"/>	Documentation of a five (5) panel drug screen or signed affidavit that employees have been given and passed drug screen
<input type="checkbox"/>	Signed affidavit that the CSSP is not using contractors
<input type="checkbox"/>	<input type="checkbox"/> Documentation provided <input type="checkbox"/> N/A – CSSP uses contractors and has supplied the above background and registry check documentation

*\* Drug screens, criminal background, and registry checks and searches described above are **not** required for any licensed professional*

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### 1C: EMPLOYEE AND CONTRACTOR CERTIFICATION AND TRAINING REQUIREMENTS

*All below information should be included in an employee's personnel file. DPSQA should request all relevant employee and contractor files and audit at least 5 files to ensure compliance with certification and training requirements.*

<input type="checkbox"/>	Employee must be 18+ years of age ( <i>found on government ID</i> )
<input type="checkbox"/>	Employee must have 1 year experience working with people with IDD or BH needs ( <i>found on resume/ application materials</i> )
<input type="checkbox"/>	Documentation of at least High School Diploma or GED
<input type="checkbox"/>	Documentation demonstrating employees have received training on the following topics (must include all below)* <ul style="list-style-type: none"><li><input type="checkbox"/> HIPAA and other state/federal records regulations</li><li><input type="checkbox"/> Mandated reporter requirements and procedures</li><li><input type="checkbox"/> Incident and accident reporting</li><li><input type="checkbox"/> Basic health and safety practices</li><li><input type="checkbox"/> Infection control practices</li><li><input type="checkbox"/> Verbal intervention</li><li><input type="checkbox"/> De-escalation techniques</li></ul>
<input type="checkbox"/>	Documentation demonstrating employees have received the following beneficiary-specific training (must include all below)* <ul style="list-style-type: none"><li><input type="checkbox"/> Treatment plan</li><li><input type="checkbox"/> Diagnosis and medical records</li><li><input type="checkbox"/> Medication management plan, if applicable</li><li><input type="checkbox"/> Positive behavioral support plan, if applicable</li><li><input type="checkbox"/> Behavioral prevention and intervention plan, if applicable</li><li><input type="checkbox"/> Permitted interventions; if applicable</li><li><input type="checkbox"/> Setting-specific emergency and evacuation procedures</li></ul>

*\* A licensed professional is **not required** to receive the training prescribed above.*

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## DPSQA Community Support System Providers Certification Standards Tool

### 1D: ADDITIONAL EMPLOYEE AND CONTRACTOR CERTIFICATION AND TRAINING REQUIREMENTS FOR HCBS EMPLOYEES

*All below information should be included in an employee's personnel file for employees performing Home and Community-Based Services (HCBS). These are staff directly providing services to beneficiaries, such as direct support professionals. Standards in this section do not apply to administrative staff. Staff roles can be confirmed with the job description in an employee's file.*

<input type="checkbox"/>	CPR certification from (check one)* <input type="checkbox"/> American Heart Association <input type="checkbox"/> Medic First Aid <input type="checkbox"/> American Red Cross
<input type="checkbox"/>	First aid certification from (check one)* <input type="checkbox"/> American Heart Association <input type="checkbox"/> Medic First Aid <input type="checkbox"/> American Red Cross

\* A licensed professional is **not required** to receive the certification prescribed above.

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## DPSQA Community Support System Providers Certification Standards Tool

### 1E: BENEFICIARY SERVICE RECORDS

*A CSSP must maintain a separate, updated, and complete service record for each beneficiary documenting the home and community-based services provided to the beneficiary. DPSQA should request all relevant beneficiary files and audit at least 5 files to ensure compliance with certification and training requirements.*

<input type="checkbox"/>	<p>A beneficiary's service record must include a <b>summary document</b> at the front that includes (must include all below, unless marked as "if applicable")</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full name</li> <li><input type="checkbox"/> Address and county of residence</li> <li><input type="checkbox"/> Telephone number and email address, if available</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Primary language</li> <li><input type="checkbox"/> Diagnoses</li> <li><input type="checkbox"/> Medications, dosage, and frequency, if applicable</li> <li><input type="checkbox"/> Known allergies</li> <li><input type="checkbox"/> Social Security Number</li> <li><input type="checkbox"/> Medicaid number</li> <li><input type="checkbox"/> Commercial or private health insurance information, if applicable</li> <li><input type="checkbox"/> Assigned Provider-Led Arkansas Shared Savings Entity (PASSE)</li> <li><input type="checkbox"/> The date beneficiary began receiving home and community-based services from the CSSP</li> <li><input type="checkbox"/> The date beneficiary exited from the CSSP, if applicable</li> <li><input type="checkbox"/> The name, address, phone number, and email address, if available, of the beneficiary's legal guardian</li> <li><input type="checkbox"/> The name, address, and phone number of the beneficiary's primary care provider (PCP)</li> </ul>
<input type="checkbox"/>	<p>A beneficiary's <b>service record</b> must include at least the following information and documentation (must include all below, unless marked as "if applicable")</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Beneficiary Person-Centered Service Plan</li> <li><input type="checkbox"/> The treatment plan developed by CSSP for the beneficiary</li> <li><input type="checkbox"/> All home and community-based service authorizations</li> <li><input type="checkbox"/> Positive behavioral support plan, if applicable</li> <li><input type="checkbox"/> Behavioral prevention and intervention plan (or crisis plan), if applicable</li> <li><input type="checkbox"/> Service logs or other documentation for each home and community-based service</li> <li><input type="checkbox"/> Medication management plan, if applicable</li> <li><input type="checkbox"/> Medication logs, if applicable</li> <li><input type="checkbox"/> Copies of all completed beneficiary assessments and evaluations</li> <li><input type="checkbox"/> Copies of any court orders that place the beneficiary in the custody of another person or entity</li> </ul>

## DPSQA Community Support System Providers Certification Standards Tool

### 1E: BENEFICIARY SERVICE RECORDS

*A CSSP must maintain a separate, updated, and complete service record for each beneficiary documenting the home and community-based services provided to the beneficiary. DPSQA should request all relevant beneficiary files and audit at least 5 files to ensure compliance with certification and training requirements.*

- |  |   |
|--|---|
|  | <input type="checkbox"/> Copies of any leases or residential agreements related to the beneficiary's care |
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### 1F: OTHER BENEFICIARY RECORDS

*Complete only if CSSP is managing a beneficiary's funds or other assets.*

Financial records that document all uses of a beneficiary's funds, if applicable, or other assets with documentation of (check one):

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Written consent to use or access beneficiary's funds from the beneficiary or guardian<br><input type="checkbox"/> Documentation of other legal authority |
|--------------------------|---|

*(Demonstrating documentation could include agency policies and procedures regarding use of beneficiary funds).*

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Documentation that the use, management, or access to a beneficiary's funds or other assets is being used for the benefit of the beneficiary <i>(Demonstrated by review of beneficiary account balances and receipts/ logs of purchases. Can be paper or electronic program).</i> |
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**Section 2: CSSP Intensive Level Certification Standards**

### Intensive Level Certification Review

CSSP intensive level applicants must demonstrate compliance with **both** base and intensive level standards. CSSP agency applications at the intensive level do not necessarily require a site visit, unless the applicant cannot provide documentation electronically, as applicants can demonstrate that they fulfill the standards and requirements with documentation only. DPSQA may conduct site reviews at their discretion. The certification applies to the provision of any HCBS services the agency is certified to provide, regardless of location. The certification is not tied to a specific facility.

#### **2A: ADDITIONAL EMPLOYEE AND CONTRACTOR CERTIFICATION AND TRAINING REQUIREMENTS FOR HCBS EMPLOYEES**

*All below information should be included in an employee's personnel file for employees performing Home and Community-Based Services (HCBS) providing services at the Intensive and Enhanced levels. These are staff directly providing services to beneficiaries, such as direct support professionals. Standards in this section do not apply to administrative staff. Staff roles can be confirmed with the job description in an employee's file.*

<input type="checkbox"/>	<p>Documentation demonstrating employees have received the following training (must include all below)*</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Home and community-based service record keeping</li><li><input type="checkbox"/> Appropriate relationships with a beneficiary</li><li><input type="checkbox"/> Group interaction</li><li><input type="checkbox"/> Listening techniques</li><li><input type="checkbox"/> Confidentiality</li><li><input type="checkbox"/> Community resources available to individuals within community settings</li><li><input type="checkbox"/> Cultural competency</li><li><input type="checkbox"/> Direct care ethics</li><li><input type="checkbox"/> Childhood development, if serving a child or adolescent beneficiaries</li></ul>
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*\* A licensed professional is **not required** to receive the training prescribed above.*

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## DPSQA Community Support System Providers Certification Standards Tool

### 2B: INTENSIVE LEVEL EMPLOYEE AND STAFFING REQUIREMENTS: MEDICAL DIRECTOR AND CLINICAL DIRECTOR

<input type="checkbox"/>	Medical director who is a licensed physician in good standing with the Arkansas Medical Board employed or contracted with the CSSP <i>(Demonstrated by current Medical License; Copy of Contract or Job Description)</i>
<input type="checkbox"/>	Employ or contract with a licensed psychiatrist certified by one of the specialties of the American Board of Medical Specialties to serve as a consultant to the medical director and other employees*
<input type="checkbox"/>	Employ or contract with a board-certified child psychiatrist to serve as a consultant to the CSSP medical director and other employees, if serving beneficiaries under the age of twenty-one (21)**
<input type="checkbox"/>	Employ or contract with a full-time clinical director (or functional equivalent) who holds one (1) of the following State of Arkansas licenses or certifications: (select one that applies): <ul style="list-style-type: none"> <li><input type="checkbox"/> Psychologist</li> <li><input type="checkbox"/> Certified Social Worker</li> <li><input type="checkbox"/> Psychological Examiner – Independent</li> <li><input type="checkbox"/> Professional Counselor</li> <li><input type="checkbox"/> Marriage and Family Therapist</li> <li><input type="checkbox"/> Advanced Practice Nurse with (must include all):               <ul style="list-style-type: none"> <li><input type="checkbox"/> A specialty in psychiatry or mental health</li> <li><input type="checkbox"/> A minimum of two (2) years' clinical experience post master's degree</li> </ul> </li> <li><input type="checkbox"/> Clinical Nurse Specialist with a specialty in psychiatry or mental health</li> </ul>
<input type="checkbox"/>	The full-time clinical director (or functional equivalent) must have a minimum of two (2) years' clinical experience post master's degree <i>(Demonstrated by clinical director's resume)</i>

\* If the CSSP's medical director is certified by one of the specialties of the American Board of Medical Specialties, a CSSP is not required to retain a second licensed psychiatrist.

\*\* If the CSSP's medical director is a board-certified child psychiatrist, a CSSP is not required to retain a second board-certified child psychiatrist.

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## DPSQA Community Support System Providers Certification Standards Tool

### 2C: BEHAVIORAL HEALTH CRISIS RESPONSE SERVICES

<input type="checkbox"/>	<p>A site-specific crisis response plan for all CSSP owned, leased, or controlled locations. Each site-specific crisis response plan must include a twenty-four (24) hour emergency telephone number that provides for a (must include all below):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Direct access call with a mental health professional (MHP) within fifteen (15) minutes of an emergency/crisis</li><li><input type="checkbox"/> Face-to-face crisis assessment of a beneficiary within two (2) hours of an emergency/crisis (which may be conducted through telemedicine)</li><li><input type="checkbox"/> Clinical review by the clinical director within twenty-four (24) hours of the emergency/crisis</li></ul>
<input type="checkbox"/>	Twenty-four (24)-hour emergency telephone number available to all beneficiaries
<input type="checkbox"/>	Twenty-four (24)-hour emergency telephone number on all public entrances to each location
<input type="checkbox"/>	Twenty-four (24)-hour emergency telephone phone number included on all answering machine greetings

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**Section 3: CSSP Enhanced Level Certification Standards**

### Enhanced Level Certification Review

CSSP enhanced level applicants must demonstrate compliance with **all base and intensive level standards**, in addition to facility-specific physical requirements. CSSP enhanced level certifications require a site visit to verify compliance with physical standards. Enhanced level CSSP certifications are specific to **each** separate physical location. Different standards will apply if an agency is only applying services during the day (Section 3E) versus agencies providing residential services where beneficiaries sleep overnight at the location (Section 3F). An agency will need a unique application and certification for each physical location providing enhanced level services.

#### **3A: ENHANCED LEVEL EMPLOYEE AND STAFFING REQUIREMENTS: MEDICAL DIRECTOR**

<input type="checkbox"/>	Medical director on-site or on-call during hours of operation
<input type="checkbox"/>	<p>An on-call medical director must respond (must include all):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Within twenty (20) minutes of initial contact</li> <li><input type="checkbox"/> In-person if required by the circumstances</li> </ul> <p><i>(Demonstrated through documentation- either physical documentation or electronic medical records- indicating the time the issue was originally identified, the time the Medical director was contacted, and when the intervention was initiated).</i></p>
<input type="checkbox"/>	<p>Document of after-hours contact with a its medical director, including (must include all):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date and time the medical director was contacted</li> <li><input type="checkbox"/> Date and time the medical director responded</li> <li><input type="checkbox"/> Date and time an on-call medical director came on-site when called in due to circumstances</li> </ul>

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## DPSQA Community Support System Providers Certification Standards Tool

### 3B: PHYSICAL LOCATION INFECTION CONTROL REQUIREMENTS

*Standards substantiated via a site visit.*

<input type="checkbox"/>	Personal protective equipment provided for all employees and beneficiaries as may be required in the circumstances
<input type="checkbox"/>	Evidence that employees and beneficiaries must wash their hands with soap before eating, after toileting
<input type="checkbox"/>	Evidence that beneficiary's legal guardians are notified if the beneficiary becomes ill ( <i>Demonstrated by facility policies and procedures, including documentation or protocol for notifying beneficiary's legal guardians</i> ).

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## DPSQA Community Support System Providers Certification Standards Tool

### 3C: PHYSICAL LOCATION FOOD SERVICE REQUIREMENTS

*Complete only if CSSP is providing food services to beneficiaries. Standards substantiated via a site visit.*

<input type="checkbox"/>	Food obtained or purchased by a CSSP from outside sources for beneficiary consumption must be (must select at least one): <ul style="list-style-type: none"><li><input type="checkbox"/> From restaurants and other food service providers approved by Arkansas Department of Health (ADH) and transported per ADH requirements</li><li><input type="checkbox"/> In individual, commercially pre-packaged containers</li></ul>
<input type="checkbox"/>	Food provided to beneficiaries meet the specialized diet requirements of each beneficiary arising from medical conditions or other individualized needs, including without limitation allergies, diabetes, and hypertension. <i>(Demonstrated by review of individualized menus, signed off by appropriate professional such as a Dietician).</i>
<input type="checkbox"/>	Food prepared by an employee is prepared, cooked, served, and stored in a manner that protects against contamination and spoilage
<input type="checkbox"/>	Perishable food not used after its expiration date
<input type="checkbox"/>	All surfaces used by employees to prepare or serve food to beneficiaries are clean and in sanitary condition
<input type="checkbox"/>	Food must be served to beneficiaries on individual plates, bowls, or other dishes that can be sanitized or discarded
<input type="checkbox"/>	All food scraps are placed in garbage cans with airtight lids and bag liners that are emptied as necessary and no less than once every day
<input type="checkbox"/>	All food stored separately from medications, medical items, or hazardous items
<input type="checkbox"/>	Appropriate temperature used for food storage (must include both, if applicable) <ul style="list-style-type: none"><li><input type="checkbox"/> Refrigerators used for food storage are maintained at a temperature of forty-one (41) degrees Fahrenheit or below</li><li><input type="checkbox"/> Freezers used for food storage are maintained at a temperature of zero (0) degrees Fahrenheit or below</li></ul>

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### 3D: EMERGENCY PLANS AND DRILLS SETTINGS REQUIREMENTS

*Standards substantiated via a site visit.*

<input type="checkbox"/>	Site-specific, written emergency plan. Written emergency plan must address all foreseeable emergencies including (must include all): <ul style="list-style-type: none"><li><input type="checkbox"/> Fire</li><li><input type="checkbox"/> Flood</li><li><input type="checkbox"/> Tornado</li><li><input type="checkbox"/> Utility disruption</li><li><input type="checkbox"/> Bomb threat</li><li><input type="checkbox"/> Active shooter</li><li><input type="checkbox"/> Infectious disease outbreak</li></ul>
<input type="checkbox"/>	Each written emergency plan must at a minimum include (must include all): <ul style="list-style-type: none"><li><input type="checkbox"/> Designated relocation sites and evacuation routes</li><li><input type="checkbox"/> Procedures for notifying legal guardians of relocation</li><li><input type="checkbox"/> Procedures for ensuring each beneficiary's safe return</li><li><input type="checkbox"/> Procedures to address the special needs of each beneficiary</li><li><input type="checkbox"/> Procedures to address interruptions in the delivery of services</li><li><input type="checkbox"/> Procedures for reassigning employee duties in an emergency</li><li><input type="checkbox"/> Procedures for annual training of employees regarding the emergency plan</li></ul>
<input type="checkbox"/>	Documentation of <b>monthly</b> emergency fire drills/ <b>annual</b> other emergency drills including (must include all): <ul style="list-style-type: none"><li><input type="checkbox"/> The date and time of the emergency drill</li><li><input type="checkbox"/> The type of emergency drill</li><li><input type="checkbox"/> The number of beneficiaries participating in the emergency drill</li><li><input type="checkbox"/> The length of time taken to complete the emergency drill</li><li><input type="checkbox"/> Notes regarding any aspects of the emergency drill that need improvement</li></ul>

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## DPSQA Community Support System Providers Certification Standards Tool

### 3E: GENERAL CSSP OWNED SERVICE SETTING REQUIREMENTS

*Applicable for facilities providing daytime only Enhanced Adult Day Rehab, Partial Hospitalization, or Substance Abuse Detox AND for facilities providing Enhanced residential settings where beneficiaries stay overnight at the location (Complex Care Homes, Therapeutic Communities, and Community Reintegration). Standards substantiated via a site visit.*

<input type="checkbox"/>	<p>Interior physical building requirements (must include all):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be maintained at a comfortable temperature</li> <li><input type="checkbox"/> Have appropriate interior lighting</li> <li><input type="checkbox"/> Be well-ventilated</li> <li><input type="checkbox"/> Have a running source of potable water in each bathroom</li> <li><input type="checkbox"/> Have a running source of potable water in each kitchen (if applicable)</li> <li><input type="checkbox"/> Maintained in a safe, clean, and sanitary condition</li> <li><input type="checkbox"/> Be free of: <ul style="list-style-type: none"> <li><input type="checkbox"/> Offensive odors</li> <li><input type="checkbox"/> Pests</li> <li><input type="checkbox"/> Lead-based paint</li> <li><input type="checkbox"/> Hazardous materials</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>Exterior physical building requirements- the following must be maintained in good repair, and free of holes, cracks, and leaks (must include all):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roof</li> <li><input type="checkbox"/> Foundation</li> <li><input type="checkbox"/> Doors</li> <li><input type="checkbox"/> Windows</li> <li><input type="checkbox"/> Siding</li> <li><input type="checkbox"/> Porches</li> <li><input type="checkbox"/> Patios</li> <li><input type="checkbox"/> Walkways</li> <li><input type="checkbox"/> Driveways</li> <li><input type="checkbox"/> Parking lots</li> </ul>
<input type="checkbox"/>	<p>Surrounding grounds of each CSSP owned, leased, or controlled home and community-based service location must be maintained in a safe, clean, and manicured condition free of trash and other objects</p>
<input type="checkbox"/>	<p>No broken equipment, furniture, or appliances</p>
<input type="checkbox"/>	<p>Location must have the following (must include all):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A functioning hot water heater</li> <li><input type="checkbox"/> A functioning HVAC unit(s) able to heat and cool</li> <li><input type="checkbox"/> An operable on-site telephone that is available at all hours and reachable with a phone number for outside callers</li> </ul>

## DPSQA Community Support System Providers Certification Standards Tool

### 3E: GENERAL CSSP OWNED SERVICE SETTING REQUIREMENTS

*Applicable for facilities providing daytime only Enhanced Adult Day Rehab, Partial Hospitalization, or Substance Abuse Detox AND for facilities providing Enhanced residential settings where beneficiaries stay overnight at the location (Complex Care Homes, Therapeutic Communities, and Community Reintegration). Standards substantiated via a site visit.*

<input type="checkbox"/>	All emergency contacts and other necessary contact information related to a beneficiary's health, welfare, and safety in a readily available location (must include all): <ul style="list-style-type: none"> <li><input type="checkbox"/> Poison control</li> <li><input type="checkbox"/> The beneficiary's personal care provider (PCP)</li> <li><input type="checkbox"/> Local police</li> </ul>
<input type="checkbox"/>	One (1) or more working flashlights
<input type="checkbox"/>	A smoke detector
<input type="checkbox"/>	A carbon monoxide detector
<input type="checkbox"/>	A first aid kit that includes at least the following (must include all): <ul style="list-style-type: none"> <li><input type="checkbox"/> Adhesive band-aids of various sizes</li> <li><input type="checkbox"/> Sterile gauze squares</li> <li><input type="checkbox"/> Adhesive tape</li> <li><input type="checkbox"/> Antiseptic</li> <li><input type="checkbox"/> Thermometer</li> <li><input type="checkbox"/> Scissors</li> <li><input type="checkbox"/> Disposable gloves</li> <li><input type="checkbox"/> Tweezers</li> </ul>
<input type="checkbox"/>	At least one (1) fire extinguisher
<input type="checkbox"/>	Screens for all windows and doors used for ventilation
<input type="checkbox"/>	Screens or guards attached to the floor or wall to protect floor furnaces, heaters, hot radiators, exposed water heaters, air conditioners, and electric fans
<input type="checkbox"/>	Written instructions and diagrams noting emergency evacuation routes to be used in case of fire, severe weather, or other emergency posted at least every twenty-five (25) feet, in all stairwells, in and by all elevators, and in each room used by beneficiaries
<input type="checkbox"/>	Lighted "exit" signs at all exit locations
<input type="checkbox"/>	Lockable storage containers or closets for any chemicals, toxic substances, and flammable substances that must be stored at the location
<input type="checkbox"/>	Each bathroom must have the following (must include all): <ul style="list-style-type: none"> <li><input type="checkbox"/> Toilet</li> <li><input type="checkbox"/> Sink with running hot and cold water</li> <li><input type="checkbox"/> Toilet tissue</li> <li><input type="checkbox"/> Liquid soap</li> <li><input type="checkbox"/> Towels or paper towels</li> </ul>

## DPSQA Community Support System Providers Certification Standards Tool

### 3E: GENERAL CSSP OWNED SERVICE SETTING REQUIREMENTS

*Applicable for facilities providing daytime only Enhanced Adult Day Rehab, Partial Hospitalization, or Substance Abuse Detox AND for facilities providing Enhanced residential settings where beneficiaries stay overnight at the location (Complex Care Homes, Therapeutic Communities, and Community Reintegration). Standards substantiated via a site visit.*

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### 3F: CSSP OWNED RESIDENTIAL SETTING REQUIREMENTS

*Only applicable for residential settings where beneficiaries stay overnight at the location (Complex Care Homes, Therapeutic Communities, and Community Reintegration). Do not need to complete for day service only facilities or living arrangements outside of Enhanced Services. Standards substantiated via a site visit.*

<input type="checkbox"/>	Does not exceed bed requirements: <ul style="list-style-type: none"> <li>• No more than sixteen (16) beneficiaries if a Therapeutic Community or Residential Community Reintegration Facility or</li> <li>• No more than eight (8) beneficiaries if a Complex Care Home</li> </ul>
<input type="checkbox"/>	Beneficiary bedrooms must have (must include all): <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual bed measuring at least thirty-six (36) inches wide with <ul style="list-style-type: none"> <li><input type="checkbox"/> A firm, at least 4-inch-thick mattress</li> <li><input type="checkbox"/> Moisture repellant material covering</li> <li><input type="checkbox"/> Pillows</li> <li><input type="checkbox"/> Linens that are cleaned/replaced weekly</li> </ul> </li> <li><input type="checkbox"/> Shelf space</li> <li><input type="checkbox"/> Storage space for personal items</li> <li><input type="checkbox"/> Adequate closet space for clothes and other belongings</li> <li><input type="checkbox"/> An entrance that can be accessed without going through a bathroom or another person's bedroom</li> <li><input type="checkbox"/> An entrance with a lockable door</li> <li><input type="checkbox"/> One (1) or more windows that can open and provide an outside view</li> </ul>
<input type="checkbox"/>	Bathroom requirements (must include all): <ul style="list-style-type: none"> <li><input type="checkbox"/> At least one (1) bathtub must have a shower or bathtub</li> <li><input type="checkbox"/> All toilets, bathtubs, and showers must provide for individual privacy</li> <li><input type="checkbox"/> All toilets, bathtubs, and showers must be designed and installed in an accessible manner for beneficiaries</li> </ul>
<input type="checkbox"/>	Fifty (50) or more square feet of separate bedroom space for each beneficiary

## DPSQA Community Support System Providers Certification Standards Tool

### 3F: CSSP OWNED RESIDENTIAL SETTING REQUIREMENTS

*Only applicable for residential settings where beneficiaries stay overnight at the location (Complex Care Homes, Therapeutic Communities, and Community Reintegration). Do not need to complete for day service only facilities or living arrangements outside of Enhanced Services. Standards substantiated via a site visit.*

<input type="checkbox"/>	At least one (1) bathroom with a shower/bathtub, sink, and toilet for every four (4) beneficiaries
<input type="checkbox"/>	Each beneficiary with their own locked storage container for beneficiary valuables
<input type="checkbox"/>	Male and female beneficiaries do not share a bedroom
<input type="checkbox"/>	Reasonably furnished living room
<input type="checkbox"/>	Reasonably furnished dining area
<input type="checkbox"/>	A kitchen with equipment, utensils, and supplies necessary to properly store, prepare, serve three (3) or more meals a day for up to one (1) week

NOTES:

## Appendix:

### Community Support System Provider Certification Levels and Location-Specific Certifications

- **Certification levels based on physical location:**
  - **Base** and **Intensive** CSSP certifications apply to the agency enterprise and are **not physical location specific**. The certification is issued to the provider's **business address**.
  - **Enhanced** CSSP providers must meet specific physical facility standards. Therefore, the **Enhanced** certification is **specific to each physical location** and is issued to the specific facility's address. A provider will need a separate Enhanced certification for each unique facility providing Enhanced level services.
  - A provider with a certified **Enhanced** CSSP facility is certified to provide Base and Intensive level services agency-wide.



#### ***CSSP Base and Intensive***

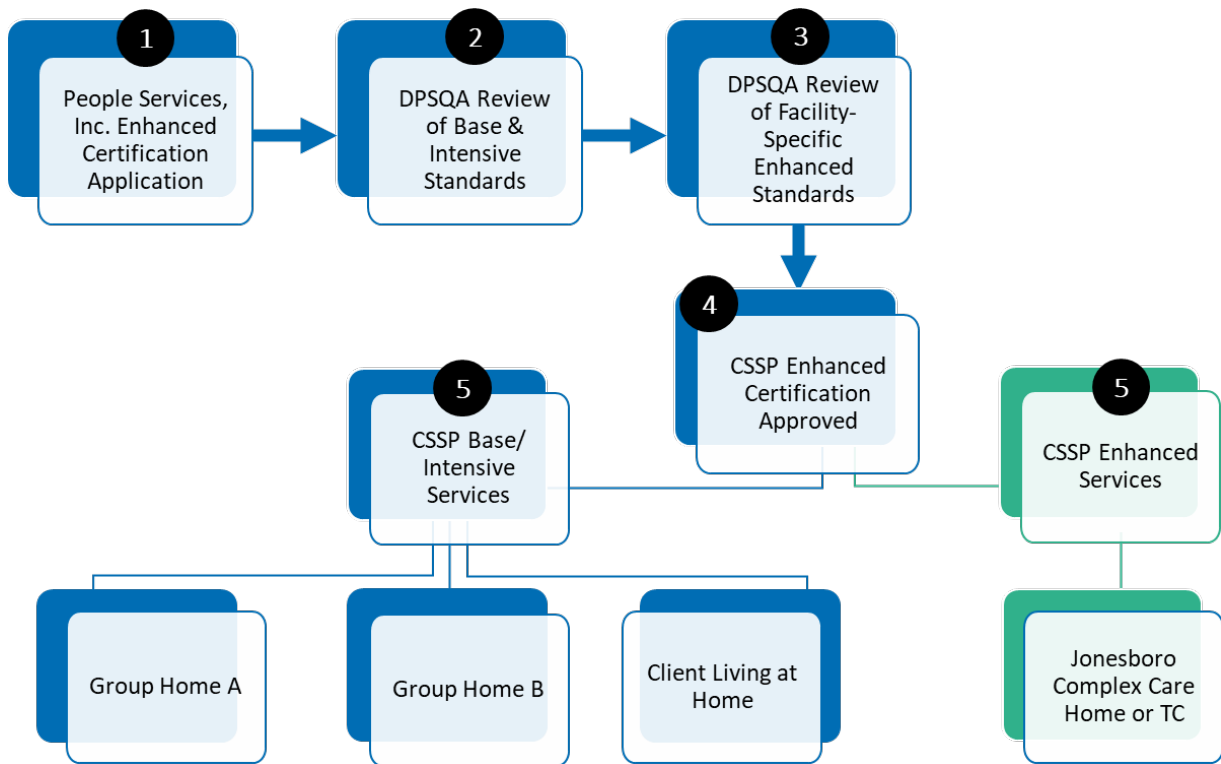
Enterprise-wide  
Certification; Applies  
to Indefinite Number  
of Living Situations



#### ***CSSP Enhanced***

Facility-Based  
Certification Level;  
Provider Can Provide  
Enhanced Level  
Services at the Specific  
Facility Only, but can  
Provide Base and  
Intensive Services at  
an Indefinite Number  
of Living Situations

## **Community Support System Provider Certification Levels and Location-Specific Certifications Process**



1. The provider agency submits an application packet indicating the CSSP certification level for which they are applying (Enhanced).
2. DPSQA reviews the application to ensure the agency meets CSSP Base and Intensive level standards.
3. DPSQA certifies that the specific location associated with the Enhanced level application meets the facility-specific standards.
4. DPSQA approves the CSSP Enhanced certification. Provider Onboarding issues a CSSP Enhanced certification to the specific facility address.
5. The agency is certified to provide Base and Intensive level services agencywide. The agency may also provide Enhanced level services at the specifically-certified facility.