

# **Accessibility Plan**

## **CONSOLIDATED Health Services, Inc.**

This organization is committed to the identification and removal of any and all barriers that might limit, impede or preclude access to services at (organization name). The organization's management staff is ultimately responsible for developing/completing this plan annually and maintaining the plan on file for review by compliance staff, state regulatory agencies and/or accreditation survey teams.

**Step 1: Conduct a tour of the facility and identify any architectural or facility feature or characteristic that might make it difficult for a patient to physically access the facility**

**Step 2: Describe those features/characteristics here and describe their impact on accessibility. (Example: Facility located on second floor of a building that has no elevator. Patients who cannot climb stairs without assistance or who use assistive devices cannot access the facility safely).**

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**Step 3: Describe any corrective action that could realistically be taken to eliminate the problem described in Step 2:** \_\_\_\_\_

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**Step 4: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 5: After completion of Steps 1 through 4, identify any environmental barriers that might make it difficult to access services at the facility. (For example, do neighboring businesses and neighborhoods oppose behavioral health treatment and/or the operation of the facility? Does the facility have a public-relations problem with local law enforcement?)**

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**Step 6: Describe a corrective action plan to address the environmental barriers identified in Step 5:**

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**Step 7: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 8: Identify any attitudinal barriers that might make it difficult to access services at the facility. (For example, do neighboring businesses and neighborhoods oppose behavioral health treatment and/or the operation of the facility? Does the facility have a public-relations problem with local law enforcement?)**

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**Step 9: Describe a corrective action plan to address the attitudinal barriers identified in Step 8:** \_\_\_\_\_

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**Step 10: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 11: Identify any financial barriers that might keep patients from receiving services at the facility. (For example, is the fee structure in line with fees charged at other treatment programs in the area? Do patients seem to be able to pay for services without treatment being a financial burden?)**

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**Step 12: Describe a corrective action plan to address the financial barriers identified in Step 11:**

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**Step 13: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 14: Identify any employment barriers that might keep patients from receiving services at the facility. (For example, is the clinic aware of any employers in the local area who would penalize employees for receiving treatment services?)**

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**Step 15: Describe a corrective action plan to address the employment barriers identified in Step 14:**

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**Step 16: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 17: Identify any communication barriers that might keep patients from receiving services at the facility. (For example, is there a significant portion of the patient base who do not speak English as their primary language? Does the organization serve persons with sight or hearing impairment who need communication assistance?)**

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**Step 18: Describe a corrective action plan to address the communication barriers identified in Step 17:**

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**Step 19: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 20: Identify any transportation barriers that might keep patients from receiving services at the facility and/or might motivate patients to seek treatment from other organizations? (For example, is the facility conveniently accessible by patients who use public transportation as their primary means of transportation? Do patients have trouble getting transportation to the facility because of the facility's location?)**

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**Step 21: Describe a corrective action plan to address the transportation barriers identified in Step 20:** \_\_\_\_\_

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**Step 22: Projected date by which corrective action will be completed:** \_\_\_\_\_

**Step 23: Identify any other barriers to service access that have been identified by persons served, staff or other organizational stakeholders.**

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**Step 15: Describe a corrective action plan to address the barriers identified in Step 23:**

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**Step 16: Projected date by which corrective action will be completed:** \_\_\_\_\_

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**Program Director Signature**

**Date:** \_\_\_\_\_