

# **DHCD Requirements for CBH Units**

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## DHCD Requirements for CBH Units

The Community Based Housing (CBH) Program provides funding to non-profit and for-profit developers to build housing for people with disabilities – especially the development and redevelopment of integrated housing for people with disabilities who currently live unnecessarily in institutions or nursing facilities or are at risk of institutionalization. The requirements of the CBH program that extend beyond the legal minimums for typical accessible units reflect the unique (but not uncommon) needs of this population. These include a greater reliance on larger powered wheelchairs with larger turning diameters, the need for more space for medical equipment, and the need to minimize barriers at doors.

The goals of the CBH program include:

- **Integration:** Housing for people with disabilities should be designed to allow people with disabilities to integrate into the community as fully as possible. The emphasis is on the development of scattered site units within developments rather than clustered or segregated housing.
- **Maximum Control:** People with disabilities should have the maximum control possible in their housing choices and management. Having and meeting the obligations of a lease or a mortgage in their own name, with or without assistance, is the goal for most people with disabilities.
- **Accessibility:** The Commonwealth seeks to promote maximum visitability in all publicly funded housing. This will better ensure that people with disabilities have access to integrated housing in all communities.

Projects funded with CBH funds shall comply with all applicable federal and state access requirements in addition to these CBH requirements. In determining which projects will receive funds from the limited pool of CBH funds, the program will prioritize projects that incorporate aspects of visitability and universal design for units. Although not required by federal and state accessible design standards, these universal design components make communities more usable for the residents whom CBH funding supports. The Commonwealth seeks to promote maximum universal design and visitability to ensure that people of varying ages and abilities have access to integrated housing and that they will be able to age in place.

Every effort should be made to incorporate items on the Universal Design checklist into CBH units. While there may be extenuating reasons that some UD features are not feasible across all units, they should all be incorporated into CBH units (unless superseded by a more stringent requirement).

Please also note that 521 CMR 24.2 requires that “Ramps shall have the least possible slope.” This is particularly important for the CBH population – a 1:12 ramp slope should be considered only when there is no alternative for a ramp of lesser slope, or more preferably, a sloped walkway with a slope that does not exceed 1:20.

**All CBH units must meet 521 CMR Standards for Group 2A Units.** (While there are exceptions in 521 CMR that allow lifts in townhouse units to make them accessible, CBH units should be flat units all on one level.) In addition to those requirements and the checklist below, there are further considerations that developers ought to consider in designing CBH units. First, residents in CBH units need additional space for a variety of uses, including medical supplies, transfer lifts, extra mobility devices, and people involved in personal care. As a rule of thumb, DHCD recommends that CBH units be approximately **20%** larger in floor area than the minimum sizes noted in DHCD’s Construction/Rehabilitation Guidelines.

Another important consideration in unit design is providing layouts that minimize sharp turns and obstructions. An ambulatory person can generally negotiate a series of 90-degree turns unconsciously (see Figure 1). For a person with mobility impairments, these types of turns can present a series of obstacles. Whenever possible, units should be designed to eliminate these conditions. Pocket doors are often a viable alternative as they require less clearance than conventional swinging doors.

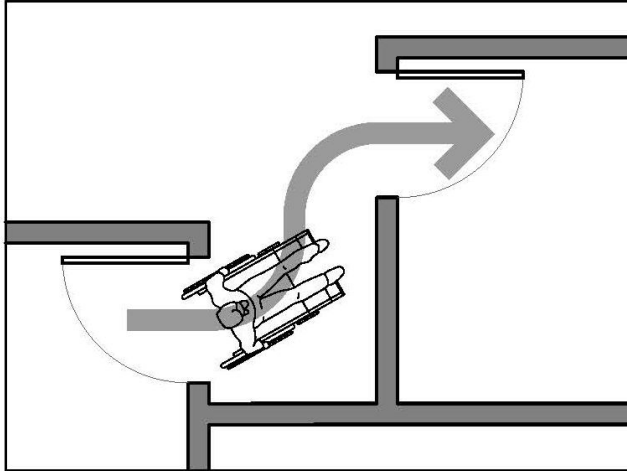


Figure 1  
 Configurations such as the one shown that require a series of 90 degree turns, while compliant with accessibility regulations, are not recommended and should be avoided if possible.

For example, refer to the sample unit layout below (Figure 2). Entry into the unit is unobstructed and there are few turns required. The living/dining area is open to the kitchen with no walls. As an additional feature, the bathroom door could be replaced with a pocket door (with appropriate hardware) to further reduce obstructions. Showing furnished floor plans is very helpful in illustrating how the space can be used.

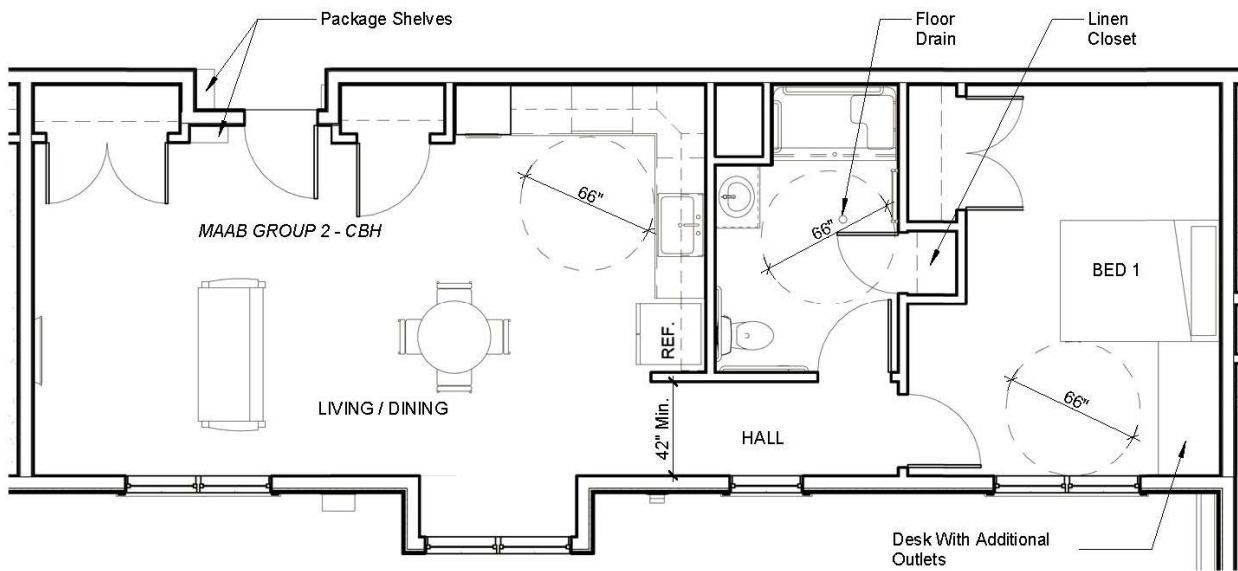


Figure 2

**For CBH units the following additional requirements apply.**

**\*Requirements with an asterisk may be waived for moderate rehab projects.**

Feature	DHCD Req'd		Check if Included	Comment (Explain all items that are not included)
	Rehab	New		

**Exterior**

Provide one accessible parking space for each CBH unit (if parking is provided for other units)	Y	Y		
Minimum one van accessible space	Y	Y		
If a common exterior patio is provided, provide shade.	Y	Y		
If covered parking is available, provide direct covered access from parking to CBH units.	Y	Y		

**Common Entrances**

All building entrances on accessible routes	N	Y		
Automatic door openers at building entrances on accessible routes	Y	Y		
All doorbells and intercoms must be accessible	Y	Y		

**Common Areas**

Provide electrical power to allow for future installation of automatic door openers at common interior spaces such as community rooms and laundry rooms without modification of ceilings or walls.	Y	Y		
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**CBH Unit Interiors**

Provide electrical power to allow for future installation of automatic door openers at unit entries without modification of ceilings or walls.	Y	Y		
Shelf for packages at inside and outside of all unit entrances. Interior shelf can be provided by furniture if not interfering with the zone of door access. Minimum size of shelf shall be 8" x 12"	Y	Y		
42" minimum clear width in hallways	Y*	Y		
Space to allow wheelchair approaches at both sides of bed (Queen size in master, twin in secondary bedrooms): 42" on one side, 66" at the other	Y*	Y		

Wide, shallow closets (depth 24" max) with fully opening swing doors (min 90 deg opening, single or pairs) and of width to fully expose closet interior to access	Y	Y		
Flush transition to exterior balconies, patios or decks. Minimum depth of exterior space shall be 66"	Y	Y		
Intercom systems usable by vision or hearing impaired persons	Y	Y		
Flooring: hard surfaces, no carpet	Y	Y		
For rehab Projects, electrical outlets for assistive devices shall be provided throughout to meet current electrical code for new construction	Y	Y		
Additional electrical outlets at bed locations & desks: fourplex outlet for computers, electronic equipment, personal use equipment such as oxygen.	Y	Y		
Air conditioning shall be provided by sponsor, with controls within the zone of reach and compliant with applicable requirements. No window-mounted A/C units.	Y	Y		

### Baths

66" turning diameter in bathrooms	Y*	Y		
Curbless shower with 48"x60" wide parallel clear area in front of shower. Provide positive drainage of floor surfaces outside of the shower to either the shower drain or a secondary floor drain.	Y	Y		
Grab bars at all toilets, showers and tubs	Y	Y		
Lavatory sinks shall not have vanity cabinets in 30" wide knee space.	Y	Y		
Medicine cabinet shall be located within accessible reach range without reaching across the sink.		Y		

### Kitchens

66" turning diameter in kitchen	Y*	Y		
Side by side refrigerator/freezer	Y	Y		
Cabinets with sliding shelves and 'lazy susan' corner cabinets	Y	Y		
Wall cabinets shall have bottom shelf at 48" AFF (Except where greater clearance is required at ranges and at sinks.)	Y	Y		