SETTINGS THAT ISOLATE –

A SURVEY TO INFORM GEORGIA’S STATEWIDE TRANSITION PLAN

The Department of Community Health is asking stakeholders to participate in the following survey. The purpose of the survey is to develop a framework for determining what waiver settings Georgia will consider to be isolating. In anticipation of the remediation efforts that will inform the Statewide Transition Plan, survey results will help the Department begin to establish agreement among stakeholders on the characteristics of isolation. Ultimately, the framework developed will be used to determine what settings are in compliance and which ones are not. The survey will take approximately 10 minutes to complete.

The State of Georgia is charged with developing and implementing a Statewide Transition Plan to demonstrate and ultimately come into compliance with the Home and Community Based Services (HCBS) Setting Rule. Effective March 17, 2014, the Rule requires all HCBS provided through Medicaid waivers to meet the definition of HCBS described in the Rule. At a very high summary, the definition requires that services be person-centered and provided in the most integrated way, and it defines the qualities that all settings must exhibit in order to be considered home and community-based. The Rule also describes specific settings and services provided in those settings that are not considered to be HCBS compliant, including those that isolate individuals from the community. The Rule requirements correspond with U.S. Department of Justice guidance related to the Americans with Disabilities Act and U.S. Supreme Court Olmstead decision.

Below, Georgia is posing suggested descriptions and guidelines about settings and services that may or may not be considered isolating. Your response to these questions will help direct Georgia’s Statewide Transition Plan and the related recommendations for how the state will determine whether its waiver service system is in compliance with the Rule.

First, as a reminder, there is a description from the federal Medicaid agency, the Centers for Medicare & Medicaid Services (CMS), about what may be considered isolating. The survey questions follow.

CMS guidance on the Home and Community Based Services (HCBS) Settings Rule describes settings that potentially isolate as follows:

Some settings have the effect of isolating individuals receiving HCBS from the broader community. Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

• The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.

• The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:
• The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.

• People in the setting have limited, if any, interaction with the broader community.

• Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

The following is a non-exhaustive list of examples of residential settings that typically have the effect of isolating people receiving HCBS from the broader community:

• **Farmstead or disability-specific farm community:** These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. Individuals who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Individuals typically live in homes only with other people with disabilities and/or staff. Their neighbors are other individuals with disabilities or staff who work with those individuals. Daily activities are typically designed to take place on-site so that an individual generally does not leave the farm to access HCBS services or participate in community activities. For example, these settings will often provide on-site a place to receive clinical (medical and/or behavioral health) services, day services, places to shop and attend church services, as well as social activities where individuals on the farm engage with others on the farm, all of whom are receiving Medicaid HCBS. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life. Thus, the setting does not facilitate individuals integrating into the greater community and has characteristics that isolate individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.

• **Gated/secured “community” for people with disabilities:** Gated communities typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long term services and supports all within the gated community. Individuals receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford individuals the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.

• **Residential schools:** These settings incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other (e.g. two buildings side by side). Individuals do not travel into the broader community to live or to attend school. Individuals served in these settings typically interact only with other residents of the home and the residential and educational staff. Additional individuals with disabilities from the community at large may attend the educational program. Activities such as religious services may be held on-site as opposed to facilitating individuals attending places of worship in the community. These settings may be in urban areas as well as suburban and rural areas. Individuals experience in the broader community may be limited to large group activities on “bus field trips.” The setting therefore compromises the individual’s access to experience in the greater
community at a level that isolates individuals receiving Medicaid HCBS from individuals not receiving Medicaid HCBS.

- Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider) that congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people’s ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example).

Georgia recognizes that some settings where Medicaid HCBS are currently provided may be perceived as isolating. The State proposes the following guidelines in determining whether a setting is isolating.

Please rank each proposed guideline according to your level of agreement with the statement.

1. A setting, such as a gated community or group home, where residents are predominately individuals with disabilities, where most, if not all, services and supports are provided fully within the setting, and where there are no supports provided for community integration is an isolated setting.

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2. A setting, such as an Adult Day Health center, is not isolating if all of the following criteria are true:
   a. The primary functional goal of the services provided in that setting are to improve physical and/or mental health and functionality, to maintain independence, and to extend community-based living as long as possible (e.g. by increasing the individual’s mobility, stamina, cognition, etc. through therapies delivered in that setting);
   b. There is opportunity for greater socialization with peers than would be had without the services;
   c. The individual has made a person-centered choice of the services to be delivered in this setting and that decision is documented in the individual’s care plan;
   d. Other individuals who do not receive Medicaid HCBS also participate in the activities provided at this setting; and
e. The individual receiving services in this setting has opportunities and is supported to participate in other self-determined, community integrated activities on a regular basis at their choosing.

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3. A setting, such as a gated community where residents are predominately individuals with disabilities and where some, but not all, services and supports are provided within the gated community, is not isolating if all of the following criteria are true:
   a. The community is comprised of individually leased apartments, where individual leases afford the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State/county/municipality;
   b. Residents freely come from and go to the community;
   c. Residential services (Community Residential Alternative, Alternative Living Supports) are not reimbursed by Medicaid in this setting;
   d. Residents’ schedules are individually determined to meet the needs of the individual and not based on communally-established schedules, (e.g. group activities are voluntary, there is no set time for bedtime or mealtime, etc.); and
   e. Residents have freely chosen the apartment and roommate, if applicable, of their choice.

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4. A setting, such as a licensed home where individuals receive personal support services and are also provided residential supports through approved, Medicaid-reimbursed waivers, is not isolating or segregating if:
   a. The setting otherwise meets the definition of a fully-integrated setting, but due to personal health and safety hazards in accordance with the person-centered care plan, does not:
i. Allow the individual unrestricted access to the kitchen;
ii. Provide for the individual to use locks in a private room or bathroom (as long as respect for privacy is provided to extent possible without risk);
iii. Allow the individual to freely come and go to and from the setting; or
iv. Regularly support meaningful leisure, social, or other activities outside the home according to the personal preferences outlined in the person-centered care plan due to safety concerns of others.

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5. A group activity in which more than two individual HCBS waiver recipients travel together on the same outing, to the same destination, on the same schedule is not isolating or segregating if the group activity adheres to all of the following criteria:
   a. Individuals choose the type of activity;
   b. Individuals determine with whom they travel and when;
   c. The activity is in a documented person-centered care plan;
   d. The activity is outside of the home;
   e. The activity goal is to increase independence and related skills.

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6. A group activity in which two or more individual HCBS waiver recipients participate in a provider-owned setting is isolating and segregating if the individuals do not independently have access to any other community-integrated activities.

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7. An employment-focused group activity in a provider-owned setting in which two or more individual HCBS waiver recipients participate is not isolating or segregating if all of the following criteria are true:
   a. The individuals participate regularly at their choosing in day habilitation activities in a community-integrated manner outside the provider-owned setting; and
   b. The combination of activities allow for the achievement of individualized, person-centered employment goals as indicated in the care plan; and
   c. The individual may exercise choice in the type of activities, the schedule of activities, and with whom they participate in such activities.

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8. A setting, such as a licensed home where individuals receive personal support services and are also provided residential supports through approved, Medicaid-reimbursed waivers, is not isolating or segregating if all of the following criteria are true:
   a. The setting is part of the community at large (and not institution-like or part or adjacent to an institution); and
   b. The individual receiving services in that setting has an active role in the development and update of the person-centered care plan; and
   c. The individual receiving services in that setting regularly participates in meaningful leisure, social, or other activities outside the home according to the personal preferences outlined in the person-centered care plan; and
   d. The individual receiving services in that setting, as appropriate for health and safety, has clear exercise of choice in household living including choice of roommate and personal furnishings/décor, ability to have individualization of own schedule, and ability to regularly leave the setting and accept visitors to the setting;
   e. The individual has unrestricted access to setting in accordance with the person-centered care plan;
   f. The individual has personalized environmental and physical accommodations as applicable;
   g. The individual has the opportunity to engage in the community in such a way as to have a sense of belonging to the community; and
h. People from the community, who are unassociated with the waiver service system, have social relationships with the individual recipients of waiver services.

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