

IOWA - Settings with the Potential Effect of Isolating Individuals Receiving HCBS from the Broader Community

The final federal rule identifies settings that are presumed to have institutional qualities and do not meet the rule's requirements for home and community-based settings.

These settings include:

1. Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
2. Settings in a building on the grounds of, or immediately adjacent to, a public institution;
3. Or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Settings in Iowa will be assessed through the process outlined in the state's transition plan. If the assessment identifies a location where HCBS is provided that fits one of the above categories, but the state believes that the location meets the qualities of HCBS outlined in the regulation, the state may submit information to CMS for a heightened scrutiny review. The heightened scrutiny review will determine whether CMS agrees that the setting meets the qualities for being home and community-based and HCBS funding can be used to reimburse for services and supports provided in that setting.

The third category above, settings that have "the effect of isolating people receiving HCBS from the broader community", is the most difficult to define. The purpose of this document is to provide more information about settings that may potentially be included in this category.

A setting that has one or more of the following characteristics may be at increased risk for having the effect of isolating people from the broader community:

- 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 or restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

The following are examples of residential settings that may have the effect of isolating people receiving HCBS from the broader community. None of these settings will be automatically excluded from providing HCBS; however, these settings may indicate increased risk of having the effect of isolating people from the broader community.

- **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, or larger congregate settings, only with other people with disabilities and/or staff. 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. When people do leave the setting to participate in community activities it is often only with a group of other people with disabilities and staff. 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 typically go out into the broader community as a regular part of their daily life.

- 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. Often these settings are located in areas without other types of residences used by persons not receiving HCBS. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF/ID; numerous group homes co-located on a single site; multiple homes within close proximity (i.e. multiple units on the same street and operated by the same provider); apartment complexes where the majority of residents receive HCBS. People in these settings 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. Daily activities are typically designed to take place on-site so that an individual generally does not leave the setting to access HCBS services or participate in community activities. When people do leave the setting to participate in community activities it is often only with a group of other people with disabilities and staff.

Please note that CMS has stated that most Continuing Care Retirement Communities (CCRCs), which are designed to allow aging couples with different levels of need to remain together or close by, do not raise the same concerns around isolation as the examples above, particularly since CCRCs typically include residents who live independently in addition to those who receive HCBS.