

Commonwealth of Virginia

Heightened Scrutiny Evidence Package

As required by 42 CFR 441.301 (c) (5) the Commonwealth of Virginia submits the request for CMS heightened scrutiny review.

Setting Information

Provider Name: Cumberland Mountain Community Services Board	Setting Name: Cumberland Mountain Home
Setting Address: 257 Cumberland Road Cedar Bluff, VA 24609	Type of Setting: Group Home Residential (Fifteen Bedrooms)
Number of people served at the setting: 15	Number of individuals reviewed: 4

Waiver Service Information

Individuals in this setting use one of the three (3) DD Waivers available in Virginia.

Community Living (CL Waiver)

Family and Individual Supports Waiver (FIS)

Building Independence Waiver (BI)

Heightened Scrutiny Criteria Met

Prong 1: Setting is in a publicly or privately operated facility that provides inpatient institutional treatment.

Prong 2: Setting is in a building on the grounds of, or adjacent to, a public institution.

Prong 3: Setting has the effect of isolating individuals from the broader community.

Section One

Onsite Visit Observation and Assessment

Date(s) of onsite assessment and review: July 13, 2021

State Agencies that Conducted the Onsite Visit: Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS)

Number of State Agency Representatives who Completed Assessment: Three; 1 representative from DMAS and 2 representatives from DBHDS

Description of Setting:

Cumberland Mountain Home is located at 257 Cumberland Road Cedar Bluff, VA 24609. This home contains fifteen (15) individual bedrooms, multiple accessible restrooms, a staff office, medication room and staff restroom, open living and dining area and a kitchen with two refrigerators and standard kitchen equipment. There is also a carport outside that doubles as the designated smoking area for the home where individuals and staff who do smoke cigarettes can go. Individuals reported full ability to decorate their bedroom spaces and the state team did observe various different styles in every bedroom including pictures and art on the walls, wall colors, bed spreads and furniture. The open living area does contain a TV and 2 couches (3 person seating) and two large dining room tables. There is also a water fountain in the dining area.

The location for the home is in a non-typical residential area. The home is located directly behind the Cumberland Mountain CSB operated group day program and their case management building. All of the individuals in the home do attend the group day support in the parking lot. There is also a CSB administration building to the right of the home and other metal warehouse buildings to the left (in the parking area). This home is also located adjacent to Southwest Virginia Community College.

While there is not public transportation or places within walking distance from the home, there are multiple shops, restaurants, and community resources within a ten minute drive and the setting does have their own transportation. Within a short drive, there is a Wal-Mart, Dollar Tree, Dollar General, Wendy's, McDonalds, Hardees, Taco Bell, Library, Post Office, several banks, various churches, and locally owned restaurants.

Evidence included: interviews with staff and individuals, review of pictures, and an in-person tour completed on 7/13/2021.



Section Two

Evidence of Community Access to the Same Degree as Someone Who Does Not Utilize HCBS Services

Cumberland Mountain home does follow a schedule for daily activities and this includes access to the community. Individual's report regularly scheduled community activities on Thursday evenings when individuals receive their weekly spending money. A Thursday evening often includes going out to eat at a local restaurant and going to the Dollar Tree and/or Wal-Mart. These activities are typically completed a group with everyone who lives in the home. The home does have transportation to accommodate all people in the home and staff.

Outside of the regularly scheduled Thursday evening activity, individuals report that they may ask to go places on the weekends and the staffing schedule will dictate if the activity is possible or not. Several individuals reported watching movies or TV in their bedrooms on the weekends. There are individuals within this setting that may go spend time with their families on the weekends.

Evidence: Provider's Community Integration Policy, Provider's Home and Community Based Services Policy, Person-Centered Plans, Quarterly Person-Centered Reviews, Daily Progress Notes, Interviews with staff and individuals.



Section Three

Evidence of Privacy, Autonomy and Independence

Staff and individuals do report that each individual does have a key to their bedroom. However, no individuals have entrance door keys to the home. All individuals also reported privacy in the bathroom to the greatest extent possible. All staff are trained to provide privacy and step out of the bathroom (if appropriate) while an individual is using the toilet. However, there were several alarms noted within the home. These alarms are used to alert staff as to when an individual gets out of their bed in the night. This alarm is audible throughout the home and other individuals are aware of the purpose of the alarms.

Evidence included: interviews with staff and individuals, daily progress notes, in-person tour completed 7/13/2021.

Individuals did report that staff always accompanies them when they leave the home. The staff reported that due to the rural nature of the home there is a concern for wildlife. However, there was no record of a safety assessment being completed before implementing the rule that staff are to accompany folks outside of the home. Staff interviews and daily notes outlined a very structured and regimented schedule that each individual follows. This includes: all individuals attending the same day support Monday-Friday for the same length of time, attending group outings and going to the same places, having set meal and snack times within the setting, and having assigned "chore" days such as cleaning, laundry, etc. Staff notes reflect following a schedule to the extent that individuals arrive home from day support and "know today is laundry day". Lastly, the staff reported arriving to work at 3pm daily to begin making dinner for the individuals who do not arrive home until 4pm. The staff reported that the purpose of the arrival is to ensure that individuals can come home, take their meds and eat dinner before they begin on evening hygiene tasks.

Evidence included: interviews with staff and individuals and daily progress notes.

Section Four

Evidence of Choice and Freedom from Coercion and Restraint

The Virginia Informed Choice Form is completed at least annually with each individual by their assigned support coordinator/case manager. This form is kept on file stating the individual's choice to receive home and community based services and their choice of provider. Should an individual wish to change their services, the support coordinator/case manager would support the individual by looking at multiple other service choices and again completing the choice form (should another service or service provider be selected).

In addition to choice of services and providers, Cumberland Mountain home provides choice in: types of food and drinks that are available to all individuals, clothing options, choice in activities, choice of places to go in the community, ability to choose to decline any offered activities or services, and choice in directing one's own life.

Evidence Included: Virginia Informed Choice Form, Person-Centered Plans, Provider's Home and Community Based Services Policy, Interviews with staff and individuals, Person-Centered Plans

The provider utilizes a de-escalation training for all employees upon hire and annually thereafter. The program utilized is Safety Care. All staff reported that any kind of restraint is an absolute last resort and verbal de-escalation should be used. When asked about the agency policy on coercion, staff were unable to provide any insight on how they avoid coercion or how to recognize signs that someone is being coerced. A re-training for all staff members will be required for this setting regarding coercion.

Evidence included: Orientation checklist for staff, Provider's Home and Community Based Services Policy, interviews with staff.

Section Five

Evidence of an Accessible Environment

This home does support individuals with a wide variety of support needs. The home does have an accessible entrance and exit, accessible bathrooms, doorways that accommodate medical equipment, and various seating options in the main living area. In addition, the home has a modified van that can be used for individuals in wheelchairs.



*Evidence included: pictures
and in-person tour
completed on 7/13/2021*

Section Six

Evidence of Participation in the Person-Centered Planning Process.

Individuals reported participating in their person-centered planning meeting. This included deciding where to hold the meeting, who should attend the meeting, picking their outcomes and voicing any needs for changes. In the event that an individual does not use words to communicate, the staff reported that the Home Manager will ask for input from staff who know them well prior to the meeting and ask for feedback from the staff once the plan is drafted. Direct Support Staff did not report attending the meeting.

Evidence included: a review of the person-centered plan, interviews with staff and individuals, review of the provider's Home and Community Based Services Policy- Expectations for Person Centered Planning.

Section Seven (As applicable)

Evidence of Provider-Owned Residential Protections including: a lease agreement, access to food at any time, ability to have visitors at any time, a key to the dwelling, and the ability for the individual to decorate their bedroom.

Each individual does have a signed lease agreement; however specific eviction protections and the right to appeal were not included. All individuals and staff reported access to food at any time. All food is kept accessible in the pantry and refrigerator- there are no locks or barriers to access. Individuals and staff were able to report that individuals can have visitors at any time; however, the staff did not report knowing if an individual could visit in private with someone in their bedroom. Staff will be retrained on this principle. All individuals do have keys to their bedrooms. There are no keys provided to individuals for the front door. This is a remediation item for the provider. Individuals can decorate their bedroom to their liking. Several individuals reported getting new bedspreads and décor items as they request changes. There are no shared bedrooms in this home.

Evidence included: *Evidence included: pictures, the provider's Home and Community Based Services Policy, the signed lease agreements, interviews with staff and individuals, pictures and the in-person tour completed on 7/13/2021.*



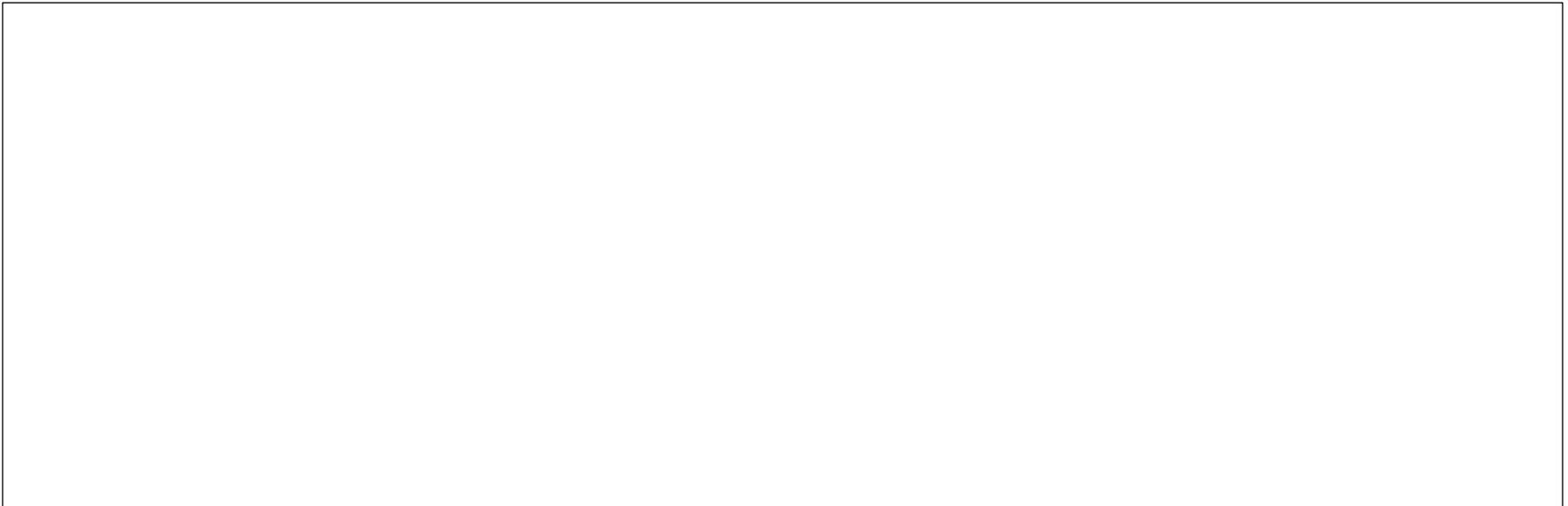
Public Comment Review Period:

Public Comments Summary

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Section Nine

Summary of State Response to Public Comments

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Attachment List:

Attachment A- Commonwealth of Virginia: Modernizing Culture, Practices and Competencies in Home and Community-Based Services

HCBS Review Team, Provider On-Site Settings Review Protocol, July 2020

Attachment B- Full Evidence List

Attachment C- Summary of Audit Findings

Attachment D- Provider Remediation Plan

Attachment A:

Summary of Review Protocol Utilized by Virginia

Protocol Overview

The purpose of this protocol is to describe the processes, tools and timelines for the Commonwealth of Virginia Home and Community-Based Services (HCBS) Review Team to conduct a review of a statistically significant sample of the following home and community-based settings: Group Day Services, Supported Living, Sponsored Residential, Group Home and Group Supported Employment Services. The purpose of these reviews is to ensure the rights, dignity and autonomy of individuals enrolled in these programs are honored according to the HCBS Final Rule published in the Federal Register on January 16, 2014; effective March 17, 2014. The HCBS Final Rule establishes requirements for residential and nonresidential service settings in Medicaid waiver programs to ensure individuals receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated settings. This process is referred to as the provider on-site¹ settings review (OSR).

A HCBS Review Team is established from the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS). Each review team consists of 2-4 state staff and may include a combination of representatives from DMAS and DBHDS. In preparation for each OSR, the HCBS Review Team assimilates findings from all provider self-assessment information entered into Research Electronic Data Capture (REDCap). The interview questions, documentation review and visual observations are based on the evaluation of compliance in the following six categories:

- *Community integration and engagement*
- *Autonomy, choice and control*
- *Friends and visitors*
- *Physical environment (Location, signage, accessibility)*
- *Privacy and respect*
- *Policies, procedures and practices (promotion of rights and integration)*

Settings Tours and Observations

Settings Tour

The HCBS Review Team conducts a walking tour of the physical environment to observe indicators of compliance/non-compliance. This includes but is not limited to the location, decoration, accessibility, signage and privacy. The settings tour occurs using the Provider Settings Review Tool

¹ As of 6/1/2020, an alternative, hybrid approach was added to this protocol. All references to OSR mean any method of review, in-person or virtual.

which includes questions for determining if the setting is fully integrated into the community; is accessible, which includes no obstructions or blocked doorways; is decorated according to individual preferences; has locks on the inside of bathroom and bedroom doors to allow privacy; and has signage without terms stating that people with disabilities receive services there.

Additionally, the HCBS Review Team determines whether:

- The home is on or adjacent to an institutional setting (heightened scrutiny)
- The home is isolated from the community and does not have the effect of isolating people from the community
- The home is integrated in and supports access to the greater community
- The environment is physically accessible

The HCBS Review Team also may take indoor and outdoor photographs of the building, signage, access doors, etc., as evidence in the setting's OSR file and to submit to CMS for heightened scrutiny review. For confidentiality purposes, no photos are taken of people.

For OSRs with virtual elements, the HCBS Review Team tours the setting through virtual means with the provider using a tablet or cell phone to offer a live, visual (FaceTime or other visual application) opportunity to observe the setting. The HCBS Review Team may request the provider submit photos taken (both indoors and outdoors) during the virtual tour. The Commonwealth may submit these photos to CMS as evidence for settings subject to a heightened scrutiny review. Photos do not include images of people.

The state may decide to follow-up with an in-person visit if only one state reviewer can participate in the virtual tour or if deemed necessary as determined by what is observed.

Settings Observations

The HCBS Review Team seeks to learn about the implementation of provider processes to assure community integration and engagement. The OSR involves discussion with staff, supervisors and leadership, and review of service documentation. Dependent upon the type of setting, the review may involve observation of active service delivery, such as day programs, residential supports or group supported employment. Where possible, the HCBS Review Team focuses discussions with those involved in the frontline application of the provider's service delivery processes. Observations and discussions with provider leadership, supervisors and managers occur in addition to rather than instead of discussions with direct line staff.

The HCBS Review Team makes observations and ask questions to determine:

- Individuals are provided choice, autonomy, and community engagement
- Individuals are provided choice regarding services and who provides them
- The individual has a lease or other legally enforceable agreement providing protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other entity (for settings where landlord tenant laws do not apply, the state must ensure

that a lease, residency or other agreement provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law). The agreement must include at a minimum the agreement length, payment information, use and return of security deposits, maintenance expectations, notice before entry into a unit, and conditions that could initiate an eviction and the process to terminate an agreement, evict a tenant/resident and the process to appeal an eviction. Additional information regarding the Virginia Resident Landlord and Tenant Law Act can be found [here](#).

- The individual has privacy in his or her unit, including lockable doors, choice of roommates and freedom to furnish or decorate the unit
- The individual controls his or her own schedule, including access to food at any time
- The individual can have visitors at any time
- The home is selected by the individual from among setting options
- Policies, procedures and practices promote HCBS rights and integration
- Staff competencies, training, and interactions promote rights of privacy, and respect, as well as freedom from coercion and restraint

Interview with Direct Service Providers, Volunteer and Supervisor

Interviews with staff and volunteers in the setting, including direct service providers and supervisors, are for the HCBS Review Team to learn about implemented practice and processes for assuring individual's experience with community integration, engagement, and autonomy. Additionally, the team asks questions relating to the physical aspects of the setting to determine how they assure the individual's understanding of their options to participate in general community activities with supports/services, including options for employment and where they live. Questions are to determine if individuals have privacy, understand their choice in roommates, and have the liberty to furnish and decorate the room/home in which they reside.

The HCBS Review Team focuses the interviews with staff who are directly involved in the frontline application of the provider's direct service delivery processes, including group home managers, DSPs, sponsored residential providers, day program managers and employment site managers and/or job coaches. Interviews with provider executive leadership and administrative staff occur separately, in addition to rather than instead of conversations with direct line staff. Interviews occur with individual staff and/or in groups to glean as much information from as many people as possible during the OSR. For settings with five or fewer staff, the HCBS Review Team asks all staff to participate in interviews. The HCBS Review Team interviews a 10% sample when the setting has six or more staff.

All staff interviews, regardless of role within the setting, include the following common elements to initiate the discussion:

- Introductions of the HCBS Review Team
- Introductions by the staff, including a short overview of their role with the setting
- An overview of the project and the purpose of the OSRs and the importance of the staff person's participation in the interview
- An overview of the interview process to include:

- An explanation that the interview is intended to be a fact gathering exercise and that notes are taken to inform the OSR to support the provider's goal of organizational compliance with the HCBS Final Rule
- A note that any references to HCBS individuals include the Authorized Representative/Guardian, as appropriate
- A request that the staff person provide candid responses to the questions to seek improvement with the provider's goal for organizational compliance with the HCBS Final Rule
- An opportunity for the provider or staff to ask questions about the process

The HCBS Review Team then uses the state-developed interview questions to facilitate the conversation and record responses. At the conclusion of the interview, the HCBS Review Team provides contact information for the Regional DMAS staff if the person wants to share additional information after the OSR. The HCBS Review Team concludes with an expression of thanks to the person for sharing valuable information and insights.

When conducting a 100% In-Person OSR, the HCBS Review Team selects staff who are present during the OSR for interviews. Otherwise, a selection of staff that regularly work in the setting receive a remote interview session. Virtual interviews occur by telephone, or teleconference, preferably using a webcam for visual participation (with applications such as FaceTime or Zoom Meetings). It is important to convey to the provider these interviews are private so that no other staff or supervisors are present in the room during the interview.

Interviews with Individuals Who Receive HCBS

The HCBS Review Team interviews individuals during the OSR to learn about their experience in the setting and what they understand about their options for services and supports outside the setting. A minimum of 25% of individuals receiving services in a setting are interviewed and no less than 2 individuals for smaller settings of 2-10 persons receiving services. The HCBS Review Team randomly selects individuals for interviews and provides a list of those individuals in the Provider Packet. Individuals receive information about the visit prior to the OSR via the Individual and Family Letter and Individual Interview Fact Sheet. Individual interviews occur outside of the presence of staff. The HCBS Review Team assures individuals that their responses are not shared with staff. Individual participation in an interview is optional. If an individual does not want to participate, the HCBS Review Team works with the provider to identify a replacement, if possible. The HCBS Review Team documents the number of individuals in each setting that refuses an interview.

The HCBS Review Team then uses the interview questions to facilitate the conversation and record responses. At the conclusion of an in-person interview, the HCBS Review Team provides contact information of Regional DMAS staff if the individual wants to share additional information after the OSR.

At the conclusion of a virtual interview, the interviewer verbally or visually (using a paper sign) provides contact information of Regional DMAS staff if the individual wants to share additional information after the interview. If able, the individual can write down the contact information. Other options for sharing this contact information include:

- Inviting the support person back into the room to assist
- Sending the contact information via email
- Sending the contact information via text message
- Mailing a postcard to the individual
- Adding the contact information to the Individual/Family letter prior to sending the provider packet

Regardless of OSR approach, individuals, or family/guardian, may choose to participate in the interview remotely. The HCBS Review Team collaborates with the provider to determine if individuals in the sample have the ability to consent to participation in a private, remote interview. The expectation is the individual can participate independently without assistance from staff other than to set up and start the phone/video call. At the start of a remote video interview, the interviewer will ask the individual if anyone has joined them in the room. If the response is affirmative, the interviewer will ask the individual to introduce their guest. At this time, the interviewer will determine if the guest will be participating in the interview; if yes, they will be asked to move into the video frame and in view.

Attachment B:

Full Evidence List

REDCap Provider Self-Assessment
Mission Statement
HCBS Policy, Community Participation Policy, Provider policies in REDCap
Code of Conduct
DSP Job Description
Video Monitoring Policy and proof of approval
Consent forms signed by individuals and/or guardians
Employee Training Checklist
Staff Orientation Form
HCBS training materials
HCBS staff training records
Lease agreements signed by individuals
HCBS rights disclosure form signed by individuals
Person Centered Individual Support Plans
ISP part V for all individuals reviewed
Person Centered Quarterly Reviews for all individuals reviewed
On Site Visit Tool
House Activity Calendar
Individual Schedules
Pictures of location
Google Maps
Supplemental Risk Assessments
Daily and Monthly Notes for the period of 1/1/2020-1/31/2020
Logs/Data sheets for 1/1/2020-1/31/2020
Interviews with individuals and staff completed on 8/13/2021.

Attachment C:

Summary of Audit Findings

HCBS Standard	Rating
1. Integrated Setting supports access to the Community.	Partially Compliant
2. Individual Choice of Setting.	Partially Compliant
3. Individual Rights	Partially Compliant
4. Autonomy	Not Complaint
5. Choice	Partially Compliant

Attachment D:

Provider Remediation Plan

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
<u>Setting Specific:</u>				
1. <u>Designated “Staff” and “individual” bathrooms.</u>	Immediately	Because of the location of the bathroom in question, a person must pass through the file room and medication room to enter the bathroom. Due to this we believe this presents a HIPPA and safety issues. This bathroom will be utilized on an emergency basis.	N/A	
2. <u>Ability to access all home areas (except for other individuals’ bedrooms).</u>	Immediately	Retraining all staff to ensure that it is understood that individuals are able to access all areas (indoor & outdoor with the exception of other individual’s bedrooms) at CMH. All individuals will be assessed and determinations will be made on a case by case basis. We need further	Assessment of each individual and re-training of staff as necessary.	<i>This will be implemented at staff meetings to ensure that staff understand the importance of this matter.</i>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		clarification on what "line of sight" entails.		
3. <u>Provide choice in daily activities.</u>	Immediately	Ensure that individuals understand that they may choose where and how they spend their day. Inform individuals of options like employment and community engagement. This has become an issue due to the pandemic and staffing shortage. This should be a self-correcting issue.	More staff would improve this issue.	<i>All individuals will be spoken with to ensure they understand that they may choose how they spend their day.</i>
4. <u>Non-compliant lease agreement.</u>	Three Months	Will revise lease agreement to meet the VA landlord tenant act and outline protections from eviction and the right to appeal.	Time to review lease and verbiage regarding payee, funds, and Tenant Act	Time to review lease and verbiage regarding payee, funds, and Tenant Act
5. <u>Staff alert alarms reducing privacy</u>	Three Months	Management will research options available for silent staff alert alarms	Time to research, purchase and install.	<i>Upon obtaining and installation of silent alarms, all staff will be trained on proper use.</i>
6. <u>Increase autonomy and independence</u>	Immediately	We respectfully disagree with this assessment. This has	More staff would improve this issue.	<i>All staff will be educated regarding new system. Individuals will be</i>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		<p>not been an issue in the past. This only became an issue during the pandemic and staffing crisis. This should be a self-correcting issue. There is also a delicate balance between autonomy and safety that must be maintained.</p>		<p><i>encouraged by staff to utilize their ability to these choices.</i></p>
<p>7. <u>Excessive signage and institutional features.</u></p>	<p>Immediately</p>	<p>Excessive signage not required by DBHDS or Human rights will be removed as well as water fountains. We respectfully disagree with removing the half door. This serves as a barrier to prevent individuals from entering the medication room, during medication administration times. Their ability to enter the medication room at the medication cabinet is unlocked presents a</p>	<p>N/A</p>	<p><i>Staff will be informed of upcoming changes.</i></p>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		significant safety issue. Such as retrieving medications not prescribed to them or distracting the staff which could lead to medication errors.		
8. <u>Individuals do not have entrance door keys</u>	Immediately	Provide each individual with a key to the entrance door.	N/A	<i>Individuals will be provide with key to the entrance door and trained by staff on how to use.</i>
Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
<u>Staff Level:</u>				
1. <u>Retrain all setting staff on HCBS Rights. Including right to privacy and the ability to access food as desired.</u>	Immediately	During staff meetings, supervisors will retrain staff to ensure that they understand that all individuals are able to access food as desired. Staff will also be retrained to ensure they understand HCBS Rights and the privacy of individuals.	Copy of HCBS Rights will be provided to staff for review and to keep on hand for future use.	<i>All staff will be informed and will sign a sign-in log which will be submitted through Edoc with the printed names and signatures of those who attend the staff meeting.</i>
2. <u>Train staff on coercion</u>	Immediately	During staff meetings, supervisors will explain the definition of	Informative pamphlets on coercion and	<i>All staff will be informed about coercion and will sign a sign-in log which</i>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
		coercion to staff and provide pamphlets that provides further explanation. Coercion will be stated in the ISP (Part V CMH) to be discussed on a monthly basis with each individual with documentation.	examples of coercion in real life scenarios. This pamphlet is completed and awaiting approval.	<i>will be submitted through Edoc with the training materials.</i>
Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
<u>Individual Level:</u>				
1. <u>Re-disclose HCBS rights to all individuals</u>	Immediately	In small groups, inform individuals who live at CMH about HCBS Rights and provide them with informative pamphlets as well as ensure that they understand to the best of their ability.	N/A	<i>After individuals have been provided their HCBS Rights and provided an explanation (as needed), an attestation will be submitted into Edoc.</i>

Remediation Item	Completion Time Frame	Strategies to Address Remediation Item	Resources Needed to Complete	Notes
<p>2. <u>Assess safety for the ability to come and go at any time.</u></p>	<p>Immediately</p>	<p>Staff will discuss at the annual plan meeting about the safety/support needs that would require an individual to be within line of sight and document the support in their ISP for CMH. All individuals will be assessed and determinations will be made on a case by case basis. We need further clarification on what “line of sight” entails.</p>	<p>N/A</p>	<p><i>All staff who support an individual will discuss any identified support needs that would require them to stay within line of sight due to safety concerns while attending GDS, and document this in their ISP (Part V).</i></p>

