



# OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

<b>ISSUE DATE</b> February 5, 2021	<b>EFFECTIVE DATE</b> February 5, 2021	<b>NUMBER</b> 00-21-01
<b>SUBJECT</b> Guidance for Human Rights Teams and Human Rights Committees	<b>BY</b>  Kristin Ahrens, Deputy Secretary for Developmental Programs	

**SCOPE:**

- Individuals
- Family Members
- Providers of Consolidated, Community Living, Person/Family Directed Support or Adult Autism Waiver services
- Agency with Choice Financial Management Services Providers
- Providers of Base-Funded services
- Adult Training Facilities licensed under 55 Pa. Code Chapter 2380
- Vocational Facilities licensed under 55 Pa. Code Chapter 2390
- Community Homes for Individuals with an Intellectual Disability or Autism licensed under 55 Pa. Code Chapter 6400
- Life Sharing Homes licensed under 55 Pa. Code Chapter 6500
- Supports Coordination Organizations
- Providers of Targeted Support Management
- Administrative Entities (AEs)
- Other Interested Parties

**PURPOSE:**

The purpose of this bulletin is to provide guidance related to the formation and responsibilities of Human Rights Teams (HRTs) and Human Rights Committees (HRCs) and clarify the roles of all members of HRTs and HRCs in the management, approval, and oversight of restrictive procedures.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Developmental Programs Regional Office

Visit the [Office of Developmental Programs Web site](#)

## **BACKGROUND:**

Protections of individual rights have been strengthened and oversight of these rights has been expanded as a result of 55 Pa. Code Chapter 6100, which addresses services for individuals with an intellectual disability or autism, revisions to licensing requirements in 55 Pa. Code Chapters 2380, 2390, 6400 and 6500, and the issuance of the federal Home and Community-Based Services Rule at 79 FR 2947.

This bulletin clarifies requirements and provides best practice recommendations for the use of HRTs and HRCs to protect individual rights and for the review of restrictive procedures. The guidance outlined in this bulletin aligns with the Office of Developmental Program's (ODP) mission, vision and values and reflects regulatory and contractual expectations for Administrative Entities (AEs) and providers. The requirements and recommendations discussed in this bulletin are intended to support a consistent approach to ensure an individual's health, safety, welfare and rights.

## **DISCUSSION:**

All entities that are responsible for providing the services specified in Attachment 1, regardless of the setting where services are provided, are required to have access to an HRT. This can be through an internal HRT, an agreement with another provider, or (with AE approval) through an HRC.

In addition to providers being required to have HRTs, AEs and ODP's Bureau of Supports for Autism and Special Populations (BSASP) maintain a key role in overseeing the utilization of restrictive procedures within the service delivery system by operating HRCs. The operation of an HRC (either by an AE or by the BSASP) provides a consistent process for monitoring the use of restrictive procedures and a mechanism for systemic review of incidents involving restraints and rights violations. Through this systemic review, AEs and BSASP will be able to recognize and analyze trends in the data and facilitate activities to reduce the use of unnecessary restrictive procedures, improve practices associated with the use of restrictive procedures, and provide recommendations for improving the service delivery system.

All the information in this bulletin that addresses use of an HRT applies to providers that render services through all of the waivers, including the Adult Autism Waiver (AAW). However, the functions of the HRC discussed in this bulletin for participants enrolled in the AAW are fulfilled by BSASP instead of by an AE.

This bulletin is also not intended to redefine what is considered to be a restrictive procedure. See 55 Pa. Code §§ 2380.151, 2390.171, 6100.341, 6400.191 and 6500.161.

## I. Definitions

- Human Rights Team (HRT): A group tasked with reviewing utilization of restrictive procedures and determining if suggested strategies for intervention reflect the least restrictive intervention to support an individual's needs and maintain the individual's health, safety and well-being.
- Human Rights Committee (HRC): A committee operated by an AE or by BSASP that is responsible for safeguarding the rights of individuals receiving services. The committee conducts systemic reviews of physical restraints and other restrictive procedures, develops systems to reduce or eliminate the need for physical restraints and restrictive procedures, provides technical assistance to providers to assist them in developing positive intervention strategies, and analyzes systemic concerns that impact the rights of individuals.
- Modification of Rights: A modification of rights is an allowable type of restrictive procedure that limits or prevents an individual from freely exercising his or her rights. An individual's rights may only be modified to the extent necessary to mitigate a significant health and safety risk to the individual or others.
- Physical Restraint: A physical, hands on method of restrictive procedure that restricts, immobilizes, or reduces an individual's ability to move his or her arms, legs, head or other body parts freely. Physical restraints may only be used in the case of an emergency to prevent an individual from immediate physical harm to self or others, and may not be used for more than 30 cumulative minutes within a 2-hour period.
- Restrictive Procedure: A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in loss of objects or activities that an individual values; or requires an individual to engage in behavior the individual would not engage in given freedom of choice.

## II. Human Rights Team (HRT):

### A. Purpose

- HRTs should ensure that the provider is respecting, protecting, and promoting the human, civil, and legal rights of individuals the provider serves. Thus, the purpose of an HRT is to support individuals by providing a comprehensive multi-disciplinary team review of any modification of an individual's rights, including a proposed modification or the use of a restrictive procedure. The primary responsibility of an HRT is to protect the rights of individuals receiving services.

Members of the HRT are responsible for ensuring that the use of restrictive procedures complies with the philosophy of least restrictive intervention. This philosophy emphasizes that the modification of an individual's rights through the use of restrictive procedures is considered a drastic measure and should only be used as a last resort after all other interventions have been exhausted. The fundamental questions that should always be asked before implementing any allowable restrictive procedure are, "Is there anything else that can be done that is less extreme or less intrusive that could keep the individual healthy and safe?" And, "Can challenging behavior be addressed without having to resort to modifying the individual's rights by implementing a restrictive procedure?"

#### B. Scope of work

Given the unique nature of human experiences, it is not possible to provide a comprehensive list of all situations that an HRT may encounter. Most commonly the HRT will be working to examine modifications of rights that are part of the Individual Plan. The Individual Plan includes: (a) the Individual Support Plan (ISP), which in turn contains the behavior support component of the ISP (which specifies restrictive procedures being implemented); and (b) the Behavior Support Plan, a separate document with details about all interventions used to address challenging behavior. See Attachment 2 for full descriptions of these documents and how they are related. However, the scope of the HRT should not be limited to reviews of Individual Plans. The team should be prepared to consider additional issues related to the human, civil, and legal rights of individuals.

The HRT is responsible for reviewing any modification of an individual's rights. The following list includes examples of situations that may require review by the HRT:

1. Physical restraint.
2. Environmental modifications that limit rights.
3. Privacy modifications.

4. Limiting use or access to communication methods, including phone, internet, or mail.
5. Limiting visits with family or friends.
6. Limiting access to specific areas of a home.
7. Limiting access to places in the community.
8. Limiting access to personal possessions.
9. Limiting access to money or choice on how it is spent.
10. Implementing health related interventions, such as smoking cessation plans.
11. Developing a token economy or other reward or level system.
12. Limitations on an individual's rights that are ordered by a court.

### C. Responsibilities

The HRT is responsible for:

1. Reviewing and approving restrictive procedures prior to their implementation. The outcome of the review will result in a status of approved or not approved.
2. Reviewing approved restrictive procedures within the time frame established by the HRT, which cannot exceed 6 months between reviews.

***The HRT can only approve restrictive procedures that are not prohibited by the regulations.***

The HRT may also be responsible for the following if required by the provider:

1. Reviewing issues and concerns about potential violations of individual rights brought to the HRT's attention by individuals, families, guardians, advocates, service system stakeholders, provider staff, and administrators. The HRT's review should be coordinated with the provider's incident management activities.
2. Proposing, developing, or revising policies and procedures related to individual rights.
3. Reviewing incidents of physical restraint to ensure that implementation of the restraint was necessary for the safety of the individual or others and was consistent with the philosophy of least restrictive intervention.
4. Recommending individual strategies to reduce the likelihood of repeated occurrence of the need to use physical restraint. The

- HRT should coordinate this activity with existing incident management and quality management requirements.
5. Reviewing all incident management data related to rights violations and making recommendations to the provider for individual and systemic improvement.
  6. Identifying trends and patterns and creating action plans based on incident management data.
  7. Making recommendations for changes to the provider's training policy related to individual rights.
  8. Making recommendations to improve the provider's efforts to promote individual rights.
  9. Reviewing each restrictive procedure used by the provider agency since the last meeting to determine if the intervention was appropriate and if it complied with the approved behavior support component of the Individual Plan.
  10. Reviewing each incident, alleged incident, and suspected incident of a violation of individual rights by the provider since the last HRT meeting and recommending steps for the provider to take to better safeguard the rights of individuals.

#### D. Membership

The HRT should include both voting and non-voting members. Members are responsible for reviewing and providing recommendations related to restrictive procedures. Only voting members can vote on the appropriateness of proposed restrictive procedures. A provider's HRT's policy must require at least a majority vote to approve a behavior support component of the Individual Plan. All members of the HRT should receive training on human rights and freedoms, any relevant policies and interventions as designated by the provider, and other topics related to their responsibility to protect and promote rights.

##### i. Roles and Responsibilities

Chairperson - The chairperson leads the HRT and is responsible for making sure the HRT acts in a consistent manner and for resolving disputes. Given the nature of the position and the anticipated scope of work involved, it is recommended that the chairperson be a professional with a master's degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology or have a Pennsylvania Behavior Specialist License. The chairperson must be a person who did not

develop the behavior support component of the Individual Plan reviewed by the HRT. The chairperson must also be able to fulfill the responsibilities of a voting member as outlined below. The chairperson should abstain from voting when there is an actual or perceived conflict of interest due to the nature of the relationship of the chairperson to the parties (e.g., individual, family, guardian, advocate, staff, provider) involved in the development or implementation of the Individual Plan being reviewed.

- Voting Member(s) – Voting members of the HRT should be willing to commit to regular meeting attendance; have the ability to objectively review, give feedback and approve behavior support components of Individual Plans; and participate in other rights related discussions. In addition, a voting member should be willing to review educational materials and attend trainings about the most current trends and practices regarding human, civil and legal rights. A voting member should abstain from voting when there is an actual or perceived conflict of interest due to the nature of the relationship of the voting member to the parties (e.g., individual, family, guardian, advocate, staff, provider) involved in the development or implementation of the Individual Plan being reviewed.
- Non-Voting Member(s) - A non-voting member of the HRT should be willing to commit to regular meeting attendance, have the ability to objectively review and give feedback about the behavior support components of Individual Plans, and participate in other rights related discussions. In addition, a non-voting member should be willing to review educational materials and attend trainings about the most current trends and practices regarding human, civil and legal rights. Non-voting members may provide insight and information; however, they should not participate in the official voting process of approving behavior support components of Individual Plans.

ii. Membership Considerations

1. At a minimum, at least one professional who has one of the following degrees or licenses must participate in the HRT meeting:

- a. Master's degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology; or
- b. A Pennsylvania Behavior Specialist License.

This can be the chairperson or another voting member of the HRT.

2. In order to ensure an objective review of Individual Plans that contain restrictive procedures, the majority of the HRT voting members in each meeting must be persons who do not provide direct services to the individuals whose Individual Plans are being reviewed during that meeting and who did not develop the behavior support components of those Individual Plans.
3. Providers should use all available resources and stakeholders when creating an HRT. Providers should not rely solely on "in-house" resources. Consideration should be given to the value of having "outside" stakeholder input into the HRT.
4. While not required, it is best practice that HRTs be comprised of no less than three (3) voting members and no more than seven (7) voting members.
5. Voting members are responsible for identifying any potential conflicts of interest present for any items that require a vote. A voting member with a conflict must recuse himself or herself from voting on the decision where the member has a conflict. This most often will occur when a member of the HRT is also a member of the team that developed the Individual Plan under review.
6. Voting members may include representatives from the following groups:
  - a. Individuals receiving supports or services;
  - b. Family members of individuals;
  - c. Allied professionals with knowledge of the service system;
  - d. Advocacy groups;
  - e. People with current direct care experience supporting individuals with developmental disabilities; or
  - f. Additional staff from the provider.It is recommended that no one group constitute a majority.
7. It is recommended that one member of the HRT not be employed by the provider implementing the behavior support component of the Individual Plan.

#### E. Confidentiality

The provider must have a policy in place detailing strategies to ensure the confidentiality of data and information reviewed by the HRT. All participating HRT members should have training on this policy and a copy of the policy should be distributed to all members and included in the agency's records.

#### F. General Guidelines

1. As required by 55 Pa. Code §§ 2380.152, 2390.172, 6100.342, 6400.192 and 6500.162, the provider shall develop and implement a written policy that:
  - a. Defines the prohibition or use of specific types of restrictive procedures;
  - b. Describes the circumstances in which restrictive procedures may be used;
  - c. Identifies the staff persons who may authorize the use of restrictive procedures;
  - d. Includes a mechanism to monitor and oversee the use of restrictive procedures.
2. Each HRT should establish operating procedures that:
  - a. Define the membership, training, roles and responsibilities of the team and its members;
  - b. Address how to manage potential conflicts of interest;
  - c. Allow for the HRT to meet as often as necessary to meet individuals' needs, and to ensure that all Individual Plans with behavior support components are reviewed and revised as necessary at least every six months as required by 55 Pa. Code §§ 2380.155, 2390.175, 6100.345, 6400.195 and 6500.165.
    - i. It is recommended that the HRT meet at least quarterly.
  - d. Include a process for emergency review of Individual Plans with behavior support components that cannot be delayed until the next scheduled meeting because of concerns related to health, safety and welfare.
  - e. Identify the structure of HRT meetings. This includes:
    - i. Information to be shared prior to and during the meeting;
    - ii. Topics to be covered during the meeting;
    - iii. Plan review guidelines;
    - iv. Voting procedures.
  - f. Identify meeting documentation standards. This includes a written record of:
    - i. Meeting attendees;

- ii. General scope of the work completed by the HRT;
  - iii. The number of Individual Plans with behavior support components reviewed;
  - iv. Results of the reviews of Individual Plans.
3. Each HRT should provide information requested by an HRC to enable the HRC to fulfill its functions.

#### G. Meeting Components

HRT members should be provided with an agenda and supporting documents to be reviewed prior to the meeting. Depending on the agenda for the meeting, supporting documents should include: Individual Plans with behavior support components, data, incident reports, policy/procedures, or other related information.

At a minimum, each HRT meeting where a behavior support component of the Individual Plan is reviewed should include the following:

1. A presentation by the person responsible for monitoring and documenting progress with the behavior support component of the Individual Plan.
2. Review of information contained in the behavior support component of the Individual Plan.
3. Review of information about the individual's informed consent to the restrictive procedure being implemented, and the process by which their consent was obtained or efforts to obtain it if it was not obtained (See Attachment 2). This includes but is not limited to a review of the following:
  - a. Documentation that consent was obtained, or that attempts were made to obtain consent;
  - b. Documentation showing the procedure utilized to obtain or attempt to obtain the consent;
  - c. The name, position, and affiliation of the person(s) who secured the consent or attempted to obtain consent; and
  - d. The information that was provided to the individual from whom consent was secured.
4. Review of each suggested intervention that results in a modification of an individual's rights, including the following components:
  - a. The specific behavior to be addressed.
  - b. An assessment of the behavior including the suspected function of the behavior.
  - c. The desired outcome of the suggested restrictive procedure.

- d. Target dates for achieving the outcome.
  - e. Proactive strategies that can be utilized prior to resorting to use of a restrictive procedure. Examples include (but are not limited to): changes to environment or routine; improving communication; recognizing and treating physical and behavioral health conditions; voluntary physical exercise; redirection; praise; modeling; conflict resolution; de-escalation; and teaching skills.
  - f. Less restrictive interventions that were attempted and not successful, and hypothesized reasons for the failure of those less restrictive interventions.
  - g. The specific restrictive procedures and circumstances under which they may be implemented.
  - h. The amount of time the restrictive procedure may be applied.
  - i. The name of the staff person responsible for monitoring and documenting progress with the behavior support component of the Individual Plan.
5. Determination of the following:
    - a. If the Individual Plan contains all components included in 4.a. through 4i.
    - b. If a modification of the individual's rights as described is the least restrictive intervention for achieving the identified outcome.
    - c. If the proposed restrictions are in compliance with all applicable regulatory, legal, ethical, and best practice strategies.
    - d. If informed consent has been obtained, or attempted to be obtained, and documented. More information about behavior support components of Individual Plans and informed consent is included in Attachment 2.
  6. Determination of approval of the behavior support component of the Individual Plan. At a minimum, a modification of an individual's rights requires majority support by voting members of the HRT. The outcome of the vote must be documented in the minutes.
  7. If a restrictive procedure is approved by the HRT, the chairperson, or his/her designee, signing the behavior support component of the Individual Plan and setting a date for reviewing progress, no later than six months.
  8. If the suggested restrictive procedures are not approved, communication in writing by the HRT to the author of the behavior support component of the Individual Plan of the reasons for the disapproval and instructions for resubmission.

### III. Human Rights Committee (HRC):

#### A. Purpose

Per the AE Operating Agreement, the AE shall develop and maintain a Human Rights Committee (HRC) in order to safeguard the human rights of individuals receiving services and supports through the Consolidated, Community Living, and Person/Family Directed Support waivers. The HRC is responsible for conducting systemic reviews of restrictive procedures and identifying trends and patterns in order to inform and enhance the AE's work in protecting and promoting human rights of individuals receiving services. This information can be used to influence the creation of policy and support the development of initiatives aimed at addressing trends. The mission of the HRC is to implement a consistent system of AE level oversight in protecting and promoting the human, civil, and legal rights of individuals receiving services.

#### B. Scope of work

Given the unique nature of human experiences and the complexity of the multiple service systems involved in supporting individuals, it is not possible to provide a complete list of all the situations that an HRC may encounter. Most commonly, the HRC will be monitoring the outcomes of the HRT's decisions; completing systemic reviews of restrictive procedures; reviewing incident data related to the frequency of activities deemed restrictive and allegations of abuse, neglect, and exploitation; and reviewing any other data related to rights violations. If agreed to by the AE, an HRC can also fulfill the responsibilities of an HRT for a provider.

#### C. Responsibilities

The HRC is responsible for:

1. Conducting a systemic review of restrictive procedures to determine if their use is appropriate and necessary. This review should include verifying that behavior support strategies include best practices regarding individual rights and least restrictive interventions. In addition, the review should include ensuring that strategies are identified to reduce or eliminate the need for restrictive procedures.
2. Reviewing a sample of Individual Plans with behavior support components, which will support AE oversight of the use of restrictive procedures. The HRC provides support and oversight to

HRTs through tracking and monitoring the use of restrictive procedures and the process by which they are authorized. This includes reviewing plans from a representative sample of providers, especially where one provider is responsible for multiple Individual Plans with behavior support components. Sampling methodology is to be determined by the AE and must be described in the AE's HRC policy.

3. Providing technical assistance to providers in developing positive intervention strategies to eliminate or reduce the need for physical restraints and restrictive procedures. This includes information and training related to:
  - a. Individual rights;
  - b. Restrictive procedures;
  - c. Any additional topics that a provider may request.
4. Analysis of systemic concerns through the review of policies, incidents, Individual Plans that authorize the use of interventions that have the potential to impact individuals' rights. This systemic analysis should include at a minimum:
  - a. Monitoring and tracking the types of interventions being implemented in Individual Plans.
  - b. Monitoring incidents and conducting trend analysis of incidents, including those alleging abuse, neglect or exploitation.
  - c. Monitoring and identifying trends and patterns in incident data and any other available data related to rights violations.

The HRC may be responsible for all of the following if required by the AE:

1. Acting as an HRT on behalf of a provider.
2. Reviewing and approving proposed restrictive procedures when conflicts of interest prevent the members of the HRT from being able to review and approve proposed restrictive procedures or if the HRT is unable to determine if an intervention is allowable or prohibited.
3. Reviewing complaints that may indicate that a provider's practices in promoting and protecting human, civil, and legal rights may be in violation of applicable law, regulation or policy.
4. Providing recommendations to improve the AE's efforts at promoting individual rights.
5. Coordinating activities between multiple service system stakeholders to support individual rights.
6. Reviewing individualized, agency-wide, and/or county-wide practices related to human rights and restrictive procedures.

7. Conducting a comprehensive review of complex or systemic issues and concerns about human, civil and legal rights violations brought by individuals, families, guardians, advocates, provider staff and administrators, or any other service system stakeholders.
8. Making recommendations to the AE on how to improve the AE's efforts at promoting and protecting human, civil, and legal rights.

The activities of the HRC can be done in coordination with existing AE incident management and quality management responsibilities (e.g., restraint incident reviews, and Individual Plan reviews).

#### D. Membership

Members of the HRC review and provide recommendations related to individual rights issues, including approval of behavior support components of Individual Plans related to the modification of rights. As a result, all members of the HRC should receive training on individual rights, relevant policies and interventions and other topics related to their responsibility to protect and promote rights.

It is recommended that at least one member of the HRC not be employed by the AE. HRC members may include representatives from the following groups:

- Individuals receiving supports or services.
- Family members of individuals.
- People with current direct care experience supporting individuals with developmental disabilities.
- Health professionals from organizations such as Health Care Quality Units (HCQUs) or staff from Autism Services, Education, Resources and Training Collaborative (ASERT).
- Law enforcement.
- Allied professionals with knowledge of the service system.
- Advocacy groups.
- Supports coordination organizations.

It is recommended that no one group constitute a majority.

##### i. Roles and Responsibilities

- Chairperson - The chairperson leads the HRC and is responsible for making sure that the HRC acts in a consistent manner and resolves any disputes. Given the nature of the position and the anticipated scope of work involved, it is

recommended that the chairperson be a professional with a master's degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology or have a Pennsylvania Behavior Specialist License. This will also allow the HRC to function as an HRT for provider agencies if agreed to by the AE and desired by the provider.

- Member - A member of the HRC should be willing to commit to regular meeting attendance; have the ability to objectively review, give feedback on, and approve (when the HRC acts as an HRT) the behavior support components of Individual Plans that include restrictive procedures; and participate in any work assigned to the HRC.

#### E. Confidentiality

Each HRC must have a policy in place detailing strategies to ensure the confidentiality of data and information reviewed by the HRC. All participating HRC members should have training on this policy and a copy of the policy should be distributed to all members and included in the HRC's records.

#### F. General Guidelines

In order to support the work of the HRC, the AE should develop and implement a written policy that establishes HRC operating procedures which:

1. Defines the membership of the HRC, the training members of the HRC should receive, and the roles and responsibilities of the HRC and its members.
2. Establishes guidelines for data collection and sampling methodology.
3. Addresses how to manage potential conflicts of interest.
4. Allows for the HRC to meet as often as necessary to meet the needs of the individuals supported by the AE.
5. Identifies the structure of HRC meetings. This includes:
  - a. Information to be shared prior to and during the meeting;
  - b. Topics to be covered during the meeting; and
  - c. Guidelines for reviewing behavior support components of Individual Plans.

6. Describes the process for alerting the AE of potential health, safety, and welfare concerns, as well as rights violations, that are discovered during the course of work completed by the HRC.
7. Identifies meeting documentation standards. This includes a written record of:
  - a. Meeting attendees.
  - b. General scope of the work completed by the HRC.
  - c. Trends identified by the HRC.
  - d. Action(s) taken as a result of trend analysis.
  - e. Type, scope and results of reviews of Individual Plans.
  - f. Recommendations for organizational change(s) at the provider level, and recommendations to address systemic issues at the AE level.

In the event the HRC chooses to fulfill the responsibilities of an HRT for a provider, the HRC's operating procedures must include methods to meet the standards established for an HRT in this bulletin. HRCs can only act in place of an HRT and review the behavior support components of Individual Plans for individuals that are registered with that AE. HRCs cannot fulfill the role of the HRT for individuals registered with other AEs, regardless of their AE of residence.

G. Meeting Components:

HRC members should be provided with an agenda and supporting documents to be reviewed prior to the meeting. Depending on the agenda for the meeting, supporting documents should include behavior support components of Individual Plans, data, incident reports, AE and provider policies and procedures or other related information.

At a minimum, the HRC meeting should include the following:

1. A sample review of randomly selected Individual Plans with behavior support components that contain restrictive procedures approved by an HRT. The review should identify each suggested intervention resulting in a modification of an individual's rights and include the following components:
  - a. The specific behavior to be addressed.
  - b. An assessment of the behavior including the suspected function of the behavior.
  - c. The desired outcome of the restrictive procedure.
  - d. Target dates for achieving the outcome.

- e. Proactive strategies that can be utilized prior to resorting to use of a restrictive procedure. Examples include (but are not limited to): changes to environment or routine; improving communication; recognizing and treating physical and behavioral health conditions; voluntary physical exercise; redirection; praise; modeling; conflict resolution; de-escalation, and teaching skills.
  - f. Less restrictive procedures that were attempted and not successful, and hypothesized reasons for the failure of those less restrictive interventions.
  - g. The specific restrictive procedures and circumstances under which they may be implemented.
  - h. The amount of time the restrictive procedure may be applied, and frequency for review, not to exceed six months.
  - i. The name of the staff person responsible for monitoring and documenting progress with the behavior support component of the Individual Plan.
2. A determination as to whether a modification of the individual's rights, as described in the behavior support component of the Individual Plans being reviewed, is the most appropriate approach for achieving the identified outcome. If the suggested restrictive procedures do not align with applicable laws, regulations or ODP policies or represent a potential danger to the health, safety or welfare of an individual(s), the HRC will contact AE staff to provide suggestions for appropriate intervention(s).
  3. Trend analysis of incident data (e.g., reviewing providers with high numbers of Individual Plans with behavior support components in place), and any additional data available to the HRC, in order to:
    - a. Provide policy recommendations to the AE to address trends related to restrictive procedures or rights violations.
    - b. Provide policy recommendations to the AE to reduce the likelihood for repeated occurrence of physical restraint, abuse and rights violations.
  4. Discussion of strategies for providing technical assistance and oversight to providers in the development and implementation of policies and procedures that protect human rights.

**ATTACHMENTS:**

Attachment 1: Services that Require Access to a Human Rights Team

Attachment 2: Individual Plans and Informed Consent