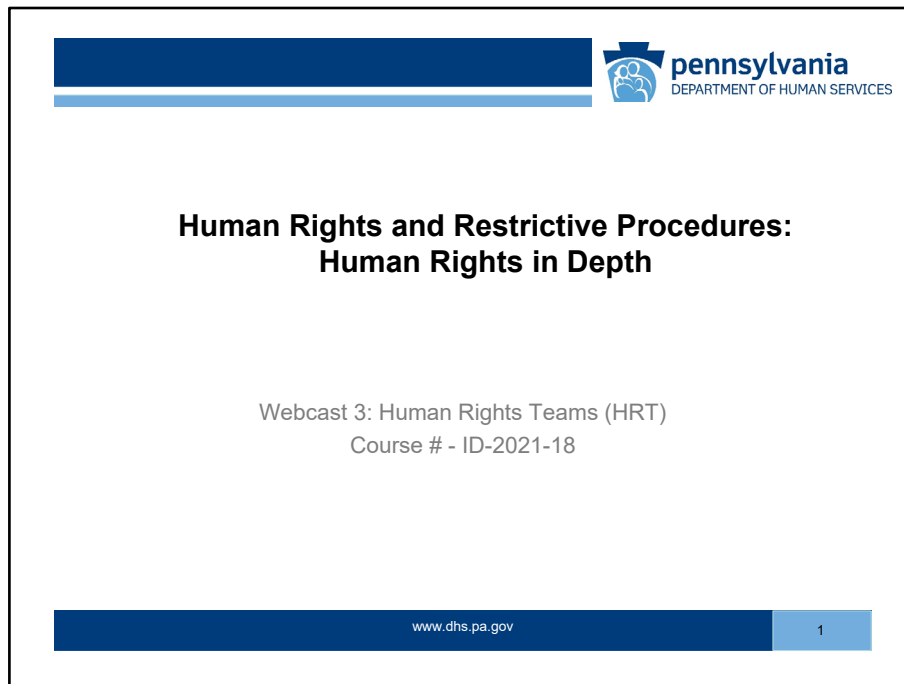


Human Rights and Restrictive Procedures:
Webcast 3 - Human Rights Teams (HRT)



**Human Rights and Restrictive Procedures:
Human Rights in Depth**

Webcast 3: Human Rights Teams (HRT)
Course # - ID-2021-18

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Music only.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

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Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Curriculum Outline

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DEPARTMENT OF HUMAN SERVICES

Human Rights and Restrictive Procedures: Human Rights in Depth

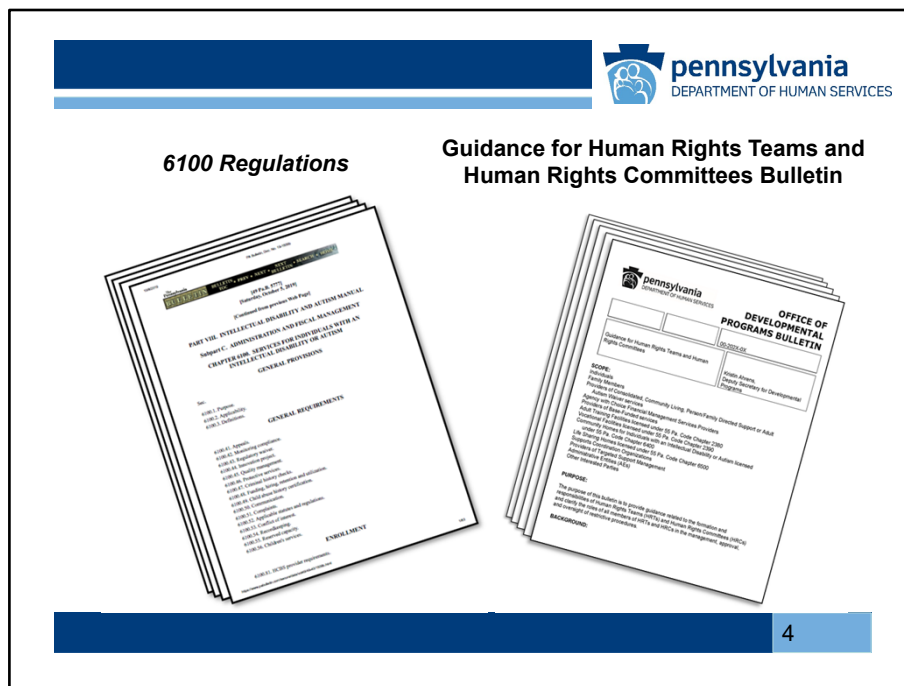
- ✓ Webcast #1 – Responsibility to Inform and Strategies to Support People to Exercise their Rights
- ✓ Webcast #2 – How to Make a Determination
 - Webcast #3 – Human Rights Teams
 - Webcast #4 – Human Rights Committees

3

Hello, my name is Robin Levine from The Columbus Organization. This is the third in a series of four webcasts developed for all stakeholders. The focus of this series is on standards for service provision and requirements for Human Rights Teams and Human Rights Committees as identified in the *55 PA Code 6100 Regulations* and the *Guidance for Human Rights Teams and Human Rights Committees Bulletin*.

This training may be used to meet training requirements identified in the *55 PA Code 6100 Regulations*.


Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)



This webcast series was produced in advance of the release of *Guidance for Human Rights Teams and Human Rights Committees Bulletin* (HRT/HRC Bulletin) and the new Incident Management Bulletin (targeted for implementation on 7/1/2021). The series is based on the most current draft versions and ODP does not anticipate any significant changes at this time. In this webcast we will highlight and explain many of the requirements and expectations for Human Rights Teams and Human Rights Committees included in the HRT/HRC Bulletin and we will be referencing it throughout this presentation. A copy of the 6100 Regulations, HRT/HRC Bulletin and the Incident Management Bulletin will be included as a resource with this webcast.

This webcast series is not considered an acceptable alternative to fully reading the complete regulations and bulletins. You may want to print a copy of these resources and have them available as you complete this webcast series.

Objectives of Training



At the end of this webcast, participants will be able to describe:


- The goal of the *Guidance for Human Rights Teams and Human Rights Committees Bulletin*, the 6100 Regulations, and current AE Operating Agreement
- The function of the agency level Human Rights Team (HRT)

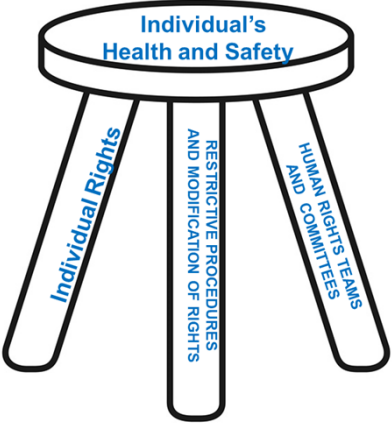
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Here are the objectives of this webcast. At the end of this webcast, participants will be able to describe:

- * The goal of the *Guidance for Human Rights Teams and Human Rights Committees Bulletin*, the 6100 Regulations, and current AE Operating Agreement.
- * The function of the agency level Human Rights Team (HRT) based on the 6100 Regulations and best practice standards.

Goals of the HRT/HRC Bulletin





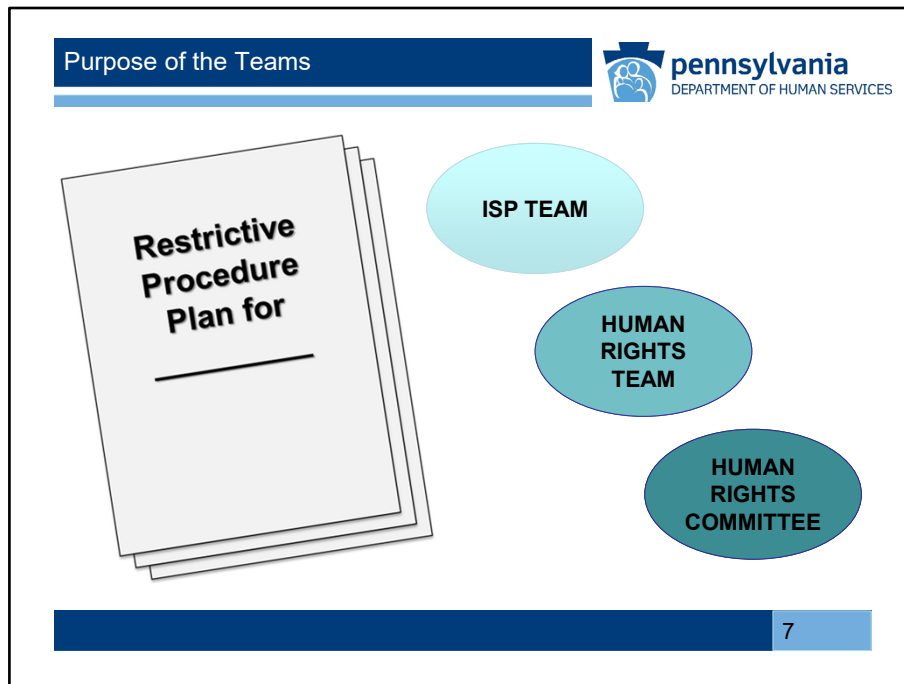
Modification of rights is a significant step taken to protect a person's health and safety as a ***last resort.***

Human Rights Teams and Human Rights Committees enhance the protection of people's rights.

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In the first webcast we focused on identifying and describing the basic individual rights of everyone, including people with Intellectual Disabilities and Autism. The second webcast recognized that in order to protect the person's health and safety, there may be times where a modification of these rights may be necessary. The second webcast stressed that actions taken by the team to implement restrictive procedures and/or modify an individual's rights in order to protect the person's health and safety should only be a last resort, taken when all other less restrictive strategies and interventions have been exhausted. In addition, the second webcast stressed the need for teams to ensure that Behavior Support Plans also include strategies and opportunities for the person to continue to acquire the skills needed to minimize the length of time a restrictive procedure or modification of rights is needed.

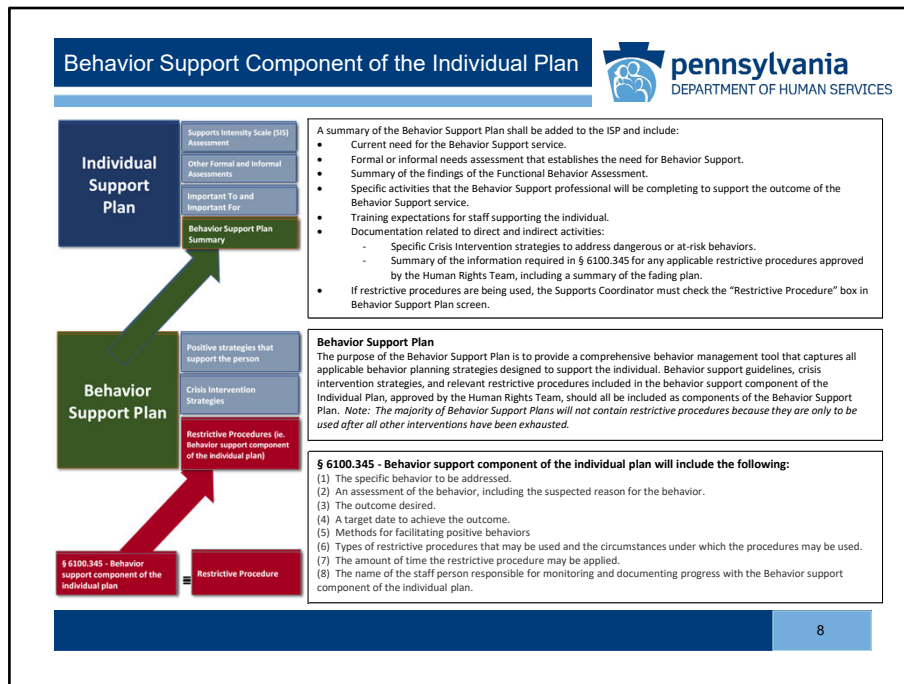
Because of the significance of the actions to modify the rights of a person to protect their health and safety, the role of the Human Rights Team (HRT) and Human Rights Committee (HRC) is the focus of the third and fourth webcasts. The HRTs are meant to enhance the capabilities of agencies to protect the rights of the people they support. With the support of the HRC, the HRT helps to ensure any modification of those rights, including that the use of restrictive procedures, are used only as a last resort and are applied only as long as necessary to protect the person's health and safety.



The HRTs support the ISP teams by providing guidance and oversight related to the restrictive procedures developed by the teams. The HRTs help to ensure that the strategies developed by the ISP team are appropriate, necessary, and in compliance with ODP requirements. Once a plan is approved, the subsequent reviews of the plan by the HRT are intended to confirm that the strategies are working as intended and continue to be the least restrictive option.

The HRCs involvement is generally at a high level. While at times they may review individual plans, their focus is to ensure that the HRTs are fulfilling their responsibilities and to identify and address potential systemic concerns. These concerns include the types of restrictive procedures being utilized (within an agency and within the AE), the frequency these procedures are being utilized, and an evaluation of the potential need for systemic changes and training to further improve the protection of the health, safety, and rights of the people being supported.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)



As was mentioned in the previous webcast, if an individual requires or may require use of a restrictive procedure, his or her individual plan must include a component that includes all of the elements required by Regulation Chapter 6400.195(c). This is what is meant by the phrase "behavior support component of the individual plan."

The *behavior support component of the individual plan* is not the same as a *behavior support plan*. A behavior support plan is a comprehensive behavior management tool that captures all applicable behavior planning strategies designed to support the individual regardless of whether the individual requires or may require use of a restrictive procedure. Many individuals who do not require restrictive procedures have behavior support plans.

If an individual does require or may require restrictive procedures, use of such procedures will be:

- * A component of the behavior support plan, and
- * Documented in the ISP in accordance with the regulations.

For the remainder of this presentation, the behavior support component of the individual plan will be referred to as an Approved Restrictive Procedure Plan.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

John's Cell Phone




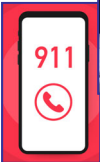




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We were introduced to John in the first webcast. John works three days a week at the local grocery store collecting shopping carts and picking up trash from the parking lot. He has saved the money to be able to buy a pre-paid cell phone to call and text his co-workers and friends. While initially there were some concerns with John being able to manage a cell phone, with some support and education from his staff he purchased the phone.

In the second webcast we learned that John has been struggling and is refusing to go to work. He has been verbally aggressive and is calling co-workers late at night or the police when he feels staff are not responding to him immediately. The police have stated if he continues to make unnecessary calls to them, they will press charges against him.

John's Cell Phone



**Restrictive
Procedure
Plan for
John**

- Training
 - Social boundaries
 - Phone use
 - Emergency
- Behavioral Contract
 - John**
 - No phone at work
 - No calls after 10:00 PM
 - No calls to police
 - Provider**
 - Gift card to purchase phone time credits

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John's team recognizes and is committed to maintaining his rights as much as possible. But because of the immediate risk of John getting into legal trouble with the police, they have decided that at this time it is necessary to create a Behavior Support Plan that utilizes a restrictive procedure and modifies John's rights. With the support of a Behavioral Specialist, they have developed a plan that they believe will help keep John safe. The plan includes social skills training and education on proper social boundaries regarding phone use, identifying what is an emergency, and when it is appropriate to call the police. The plan also includes a behavioral contract with John. John has agreed to leave his phone in his locker when he is at work, to not call his friends after 10:00 pm, and to not call the police unless it is a real emergency. In exchange, for each week John complies with this contract, his residential habilitation provider will give him with a 15-minute gift card to purchase additional time credits for his phone.

Before they can implement this plan, the plan will need to be reviewed and approved by the Human Rights Team.

So, let's take a closer look at the Human Rights Team and their role in reviewing and approving plans and supporting people like John and his team.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Goals of the HRT/HRC Bulletin



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.

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 2390, 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 Programs'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.

Minimum expectations:

- Medicaid Waivers
- Regulations (6100, 6400, 6500, etc.)
- Federal Home and Community-Based Services Rule
- ODP Bulletins
- AE Operating Agreement

Best practice strategies

HRT/HRC Bulletin – pages 1 and 2

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There are a number of source documents that identify expectations and minimum standards related to the roles and responsibilities associated with the review, implementation, and oversight of restrictive procedures. This includes the Medicaid Waivers, existing regulations (the 6100, 6400, 6500, etc.), Federal Home and Community-Based Services Rule, ODP Bulletins, and the AE Operating Agreement.

These expectations and responsibilities should all be accomplished through the actions provided by both the agency HRT as well as county/AE based HRCs. The HRT/HRC Bulletin provides guidance on the purpose and function of the HRT/HRC and also provides best practice recommendations related to the review, implementation, and oversight of the use of restrictive procedures in order to meet the requirements of the Waivers, Regulations and Operating Agreement.

The HRT/HRC Bulletin identifies the minimum expectations for the HRTs and HRCs; what must be done to be in compliance. The HRT/HRC Bulletin also identifies best practice strategies; what should be done that exceeds the minimum requirements to promote the high-quality services and supports we should all strive for.




How can we focus on balancing the rights of the individual with keeping the individual safe?

How can we maintain our commitment to supporting Everyday Lives when rights have to be modified?

This graphic represents the role of the HRTs and HRCs to help ensure the balance is maintained for any individual where a restrictive procedure or a modification of rights may be necessary. Through the actions of the HRTs and HRCs and the quality of the programs and services, the quality of life of the individuals served can be maintained or improved.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Restrictive Procedures



- **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 BSAEP 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

3

- *Limits an individual's movement, activity, or function*
- *Interferes with ability to acquire positive reinforcement*
- *Results in loss of valued objects or activities*
- *Requires behaviors not engaged in if given a choice*

HRT/HRC Bulletin – page 3

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Let's take a minute to refresh ourselves on the definition of a Restrictive Procedure covered in the second webcast.

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 an individual values, or requires an individual to engage in behavior the individual would not engage in given freedom of choice.

Any modification to an individual's rights is a restrictive procedure and the plan to implement that modification must be reviewed and approved by the agency's Human Rights Team.



Human Rights Teams (HRT)




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HRTs are not a new process for most agencies. This is a similar process to the Restrictive Procedure Review Committee. However, the interaction and cooperation of the Human Rights Team with the Human Rights Committee is new, so in this webcast we will focus on reviewing the purpose and requirements of the HRTs as described in the HRT/HRC Bulletin.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT - Summary of Expectations



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 Programs' (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 of 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.

HRT/HRC Bulletin – page 2

All Waiver Service agencies must have access to a HRT.



Attachment 1

Modification of rights starts with the ISP team


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The first thing that needs to be understood is that any entity providing waiver services in any Home and Community Based Services (HCBS) or Adult Autism Waiver (AAW) setting, both licensed and unlicensed, will require access to a Human Rights Team. The Human Rights Team can be internal to the agency, through agreement with another provider, or through an agreement with their Administrative Entity's Human Rights Committee.

Attachment 1 of the HRT/HRC Bulletin identifies the services that require access to a Human Rights Team. This attachment is available as a resource where you accessed this webcast.

The need for any intervention that modifies an individual's rights or utilizes a restrictive procedure must first be identified by the ISP team and will need to be included as a restrictive component to the Behavior Support Plan developed for the person. Prior to implementation of that Behavior Support Plan, the plan must be reviewed and approved by the agency's Human Rights Team.

HRT Scope of Work



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.

The list represents examples of situations that may require review and approval by the HRT.

HRT/HRC Bulletin – pages 4-5

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Given the unique nature of human lives, it is not possible to provide a comprehensive list of all situations an HRT will encounter. Most commonly the HRT will be working to examine rights modifications that are part of a Behavior Support Plan with a restrictive component. The Bulletin identifies procedures that are not allowable and does not redefine what is considered to be restrictive. Within the limits of what procedures are considered allowable, each agency needs to have a policy in place that identifies the procedures to be used (or not used) within their agency and identify the person or persons within the agency who can approve those procedures.

The HRT/HRC Bulletin includes a list that represents some examples of situations that may require review by the HRT. Included in this list is:

- The use of physical restraint.
- Limitations in the use or access to communication methods, including phone, internet, or mail.
- Limitations to accessing specific areas of the home and/or community.
- Developing a token economy or other reward or level system.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Authority



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.

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

HRT/HRC Bulletin – page 5


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It is important to understand that the HRT’s authority to approve the implementation of allowable restrictive procedures is superseded by regulatory, ethical, and legal standards. In other words, the HRT does not have the authority to approve restrictive interventions that violate any of these existing standards. Only allowable restrictive procedures may be approved by the HRT.

For example, an HRT cannot approve the use of a mechanical restraint, or a limitation of where in the home the individual may eat or drink, as these types of restrictions are not permitted by regulation.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Human Rights Team Purpose



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?"

- Respect, protect, and promote rights
- Provide a multi-disciplinary review of issues impacting human rights
- Emphasize the philosophy of least restrictive intervention
- Meet regulatory requirements


HRT/HRC Bulletin – page 3-4

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The purpose of the HRTs is to support and protect the rights of people with Intellectual Disabilities and Autism receiving services. The HRTs provide the individual and their team with a comprehensive, multi-disciplinary review of human rights issues to ensure that the agency and team are respecting, protecting, and promoting the human, civil, and legal rights of every individual served and promoting best practices within the agency.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Human Rights Team Responsibility



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.

HRT/HRC Bulletin – page 5



HRT are responsible to:

- Approve Behavior Support Plans before implementation.
- Regularly review approved plans (at least every 6 months).

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To accomplish this, the HRT is responsible for evaluating every situation in which an individual's rights are to be modified for any reason and to approve or not approve the restrictive procedures included in the Behavior Support Plan. The HRTs ensure that the restrictive procedures described are both justified and the least restrictive intervention.

But the role of the HRT does not end with the approval of the Behavior Support Plan. The HRT is also responsible for regularly reviewing approved plans to ensure that the restrictive procedures continue to be justified and the least restrictive intervention. Each plan must be reviewed by the HRT at least every 6 months. Based on the nature of the restrictive procedures being implemented, the HRT can complete this review more often and these reviews do not replace the ongoing monitoring, review, and planning that must be completed by the ISP team.

An example of when a more frequent HRT review might be needed is when the restrictive plan includes the use of a physical restraint. If it is anticipated that frequent use of a physical restraint might be necessary, the HRT could establish monthly or quarterly reviews of the plan in order to closely monitor the implementation of the procedure and protect the safety and rights of the person.

HRT - Best Practice Considerations

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Human Rights Teams should impact agency operations beyond meeting basic regulatory expectations.




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As was stated earlier, The HRT/HRC Bulletin identifies the minimum expectations for the HRTs and HRCs and what must be done to be in compliance.

The HRT/HRC Bulletin also identifies best practice strategies; what should be done. These best practice strategies exceed the minimum requirements and are intended to promote the provision of the high-quality services and supports that we should all be striving for. It is ODP's vision that the HRTs can have a more global impact on an agency's operations. The HRT review process should look beyond the minimum regulatory expectations to promote and encourage the provision of supports that are the least restrictive and the most helpful. The HRT review process should help to ensure the health, safety, and satisfaction of the individual being served.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT - Best Practice Considerations



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 related to individual rights.
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.

- Rights-related concerns identified by stakeholders
- Policy development and revision
- Rights violation and restraint review
- Recommendations for improvement

HRT/HRC Bulletin – page 5-6


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A few of the suggested ways the HRTs can play this pivotal role in supporting the agency to go beyond the minimum regulatory requirements are:

- * Reviewing issues and concerns involving potential violations of individual rights that are identified by individuals, families, agency staff, and other stakeholders and coordinating efforts to address these concerns with the agency's incident management activities.
- * Creating, reviewing, revising, or implementing agency policies and procedures related to the continued protection of individual rights.
- * Reviewing incidents of physical restraint to ensure implementation was necessary and consistent with the philosophy of least restrictive intervention.
- * Coordinating with existing Incident Management and Quality Management activities to recommend strategies to reduce the likelihood for repeated interventions.


Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Membership



ii. Membership Considerations

- At a minimum, at least one professional who has one of the following degrees or licenses must participate in the HRT meeting:
 - Master's degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology; or
 - A Pennsylvania Behavior Specialist License.This can be the chairperson or another voting member of the HRT.
- 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.
- 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.
- 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.
- 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.
- Voting members may include representatives from the following groups:
 - Individuals receiving supports or services;
 - Family members of individuals;
 - Allied professionals with knowledge of the service system;
 - Advocacy groups;
 - People with current direct care experience supporting individuals with developmental disabilities; or
 - Additional staff from the provider.It is recommended that no one group constitute a majority.
- It is recommended that one member of the HRT not be employed by the provider implementing the behavior support component of the Individual Plan.



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Now that we have covered some of the foundational information supporting the purpose of the HRT, we'll shift our focus to the operational aspects of the HRT.

The HRT/HRC Bulletin provides specific information regarding the roles and responsibilities of the HRT Members reviewing and approving behavior support plans with a restrictive component. In addition to including individuals, experienced direct care staff, and other agency staff in the membership of the HRT, the Bulletin also suggests agencies consider the value in having "outside" stakeholder input into the Human Rights Team. Depending on the size and structure of some agencies, conflicts of interest within the HRT voting membership may be likely and meeting the requirements may not always be possible using just "in-house" resources. It is also recommended that at least one member of the HRT should not be employed by the agency.

All members of the HRT should have an opportunity to receive training on human rights and freedoms, applicable policies and interventions, as well as other topics related to their responsibility to protect and promote human rights.

HRT Membership



ii. Membership Considerations

- At a minimum, at least one professional who has one of the following degrees or licenses must participate in the HRT meeting:
 - Master's degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology; or
 - A Pennsylvania Behavior Specialist License.This can be the chairperson or another voting member of the HRT.
- 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.
- 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.
- 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.
- 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.
- Voting members may include representatives from the following groups:
 - Individuals receiving supports or services;
 - Family members of individuals;
 - Allied professionals with knowledge of the service system;
 - Advocacy groups;
 - People with current direct care experience supporting individuals with developmental disabilities; or
 - Additional staff from the provider.It is recommended that no one group constitute a majority.
- It is recommended that one member of the HRT not be employed by the provider implementing the behavior support component of the Individual Plan.

- Conflict of Interest:** Voting member that has direct influence upon the plan under review.
- One member meets qualifications for providing Behavior Support Services who did not develop the plan.

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The HRT/HRC Bulletin identifies that the HRT must have a minimum of three (3) voting members. Voting members are responsible to identify any potential conflicts of interest for any items that require a vote. In the event of a conflict of interest, the voting member must excuse themselves from voting on that decision. This most often will occur when a member of the HRT has direct influence on the plan under review. Agencies should evaluate the potential for these conflicts of interest and be proactive in seeking out and including the individuals in their HRT membership that can meet these requirements when needed.

The requirements of the HRT also include the participation of at least one HRT Member who is a professional with a recognized degree, certification, or license related to behavior support, and who did not develop the behavior support components of the plan being reviewed.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Membership



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.

• **Chairperson:** Lead Role - provides consistency and resolves disputes.


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The HRT Chairperson provides consistency to the process and resolves disputes that could arise. It is recommended that the chairperson meet the requirements set forth in §6100.344(b), including having a recognized degree, certification, or license relating to behavioral support. The chairperson must not have had responsibility for developing any plans reviewed by the HRT.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Membership



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.

- **Voting Member:** Regular attendance, provides objective review, and approval of plans.


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Voting Members commit to regular meeting attendance, to objectively review, give feedback, and approve (if appropriate) behavior support plans with restrictive procedures, and participate in other rights related discussions. In addition, voting members are responsible to identify any conflict of interest they may have.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Membership



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.

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- **Non-Voting Member:**
Provides insight and information but does not vote on approving plans.

Non-Voting Member(s) also commit to regular meeting attendance, to objectively review and give feedback about behavior support plans with restrictive procedures, and participate in other rights related discussions. Non-Voting Members provide the HRT with insight and information but do not participate in the official voting process to approve the behavior support plans.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Confidentiality



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 must 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.

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.

- **HRT Confidentiality**
 - Agency policy
 - Strategies
 - Training for HRT Members

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.

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The agency should have a policy in place detailing strategies to ensure the confidentiality of information reviewed by the HRT. All participating HRT members should have training on this policy, with a copy of the policy distributed to all members and kept on file.

HRT Procedures



F. General Guidelines

- 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:
 - Defines the prohibition or use of specific types of restrictive procedures;
 - Describes the circumstances in which restrictive procedures may be used;
 - Identifies the staff persons who may authorize the use of restrictive procedures;
 - Includes a mechanism to monitor and oversee the use of restrictive procedures.
- Each HRT should establish operating procedures that:
 - Define the membership, training, roles and responsibilities of the team and its members;
 - Address how to manage potential conflicts of interest;
 - 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.
 - It is recommended that the HRT meet at least quarterly.
 - 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.
 - Identify the structure of HRT meetings. This includes:
 - Information to be shared prior to and during the meeting;
 - Topics to be covered during the meeting;
 - Plan review guidelines;
 - Voting procedures.
 - Identify meeting documentation standards. This includes a written record of:
 - Meeting attendees;
 - General scope of the work completed by the HRT;
 - The number of individual Plans with behavior support components reviewed;
 - Results of the reviews of individual Plans.
- Each HRT should provide information requested by an HRC to enable the HRC to fulfill its functions.

Agency establishes operating procedures of HRT:

- Membership, roles and responsibilities
- Structure
- Documentation standards
- Meeting frequency
- Emergency review of plans


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Each HRT will establish operating procedures that define the membership, training requirements, roles and responsibilities of the team and its members, including how potential conflicts of interest will be managed. The HRT operating procedures must also identify the structure of HRT meetings, including the information to be shared prior to and during the meeting, topics to be covered during the meeting, plan review criteria, voting procedures, and documentation standards. An agency's HRT policy may also include specific benchmarks for the approval of plans, however, those benchmarks cannot be less than a majority vote from the voting members.

To meet the needs of the individuals supported by the agency and ensure that all plans are reviewed and approved in a timely manner, the operating procedures will allow the HRT to meet as often as necessary. It is recommended that the HRT meet at least quarterly in order to address issues, streamline the review process, and ensure that the six-month review requirement in §6100.345 is met. The procedures also need to include a process for the emergency review of behavior support plans that include restrictive procedures and cannot be delayed until the next scheduled meeting.

Restrictive Procedure Policies



F. General Guidelines

1. As required by 55 Pa. Code §§ 2300.152, 2300.172, 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 individual 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 §§ 2300.155, 2300.175, 6100.345, 6400.195 and 6500.165.
 - 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.

- Defining procedures used
- Circumstances for use
- Staff persons who may authorize use
- Mechanism to monitor and oversee the use


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In order to support the work of the HRT, the agency shall develop and implement a written policy that defines the prohibition or use of specific types of allowable restrictive procedures and the circumstances in which a restrictive procedure may be used. The policy must identify the staff person who may authorize the use of a restrictive procedure and include a mechanism to monitor and oversee the use of restrictive procedures.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

HRT Meeting Structure



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,

• **HRT meeting will include:**

- Person responsible for the plan
- Informed Consent obtained or attempts to obtain
- Restrictive Interventions and plan components
- HRT Review
- HRT Determination

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To ensure the HRT members are sufficiently prepared for the meetings, the members should be provided in advance with an agenda and the supporting documents to be reviewed such as Behavior Support Plans, data, incident reports, ISPs, and related policies and procedures.

At a minimum, the person responsible for monitoring and documenting progress with the Approved Restrictive Procedure Plan must be present at the HRT meeting.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Informed Consent



**Office of Developmental Programs
Individual Plans and Informed Consent**

Informed Consent

Thorough attempts must be made to obtain informed consent for all restrictive procedures that may be used as specified in the behavior support component of the individual plan, including the modification of individual rights through the use of restrictive procedures, from the individual who will experience the modification of rights. No coercion may be used to obtain consent. Prior to approving the behavior support component of an individual plan, the HRT is responsible for reviewing documentation of how informed consent was obtained or the attempts to obtain informed consent to ensure that this process outlined below has been followed.

Informed consent is the knowing consent voluntarily given by an individual (or by the individual's substitute decision-maker or guardian, if applicable) who can understand and weigh the risks and benefits involved in the particular decision or matter.

Attachment 2 – page 2

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:

- Documentation that consent was obtained, or that attempts were made to obtain consent;
- Documentation showing the procedure utilized to obtain or attempt to obtain the consent;
- The name, position, and affiliation of the person(s) who secured the consent or attempted to obtain consent; and
- The information that was provided to the individual from whom consent was secured.

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• **HRT meeting will include:**

- Person responsible for the plan
- Informed Consent obtained or attempts to obtain**
 - Thorough attempts to obtain consent with no coercion
 - Understanding and weighing the risks and benefits
- Restrictive Interventions and plan components
- HRT Review
- HRT Determination

In addition to information specific to the behavior support component of the ISP, documentation of Informed Consent from the person who will have their rights modified must be obtained by the ISP team and provided to the HRT when the plan is being reviewed. The written consent or documentation of the attempts to obtain consent expires upon completion of the specific procedure for which it was obtained. More information regarding Informed Consent was provided in the second webcast.

When an individual has a court appointed guardian, the plan must still be explained to the individual, even though the individual's consent is not required.

When a court ordered restriction is required, the consent of the individual or guardian is helpful, but not required. A copy of the court order must be in the individual's record and included with the plan submitted to the HRT.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Critical Role of the HRT

5. Determination of the following:

- a. If the Individual Plan contains all of the 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 restrictions.
- 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.

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4. The written consent or documentation of the attempts to obtain consent is reviewed by the HRT when there is a change to the restrictive procedure.

An individual, his or her guardian, if the individual has a guardian, and other key members of the individual's ISP team must be involved in developing the ISP.


When an individual has a guardian who provides consent on behalf of the individual for services and supports, including restrictive procedures, the behavior support component of the Individual Plan must be explained to the individual as well. If there are court ordered restrictions that must be included in the behavior support component of the Individual Plan, consent to include these restrictions is not required, but it is helpful if consent to use these restrictions is obtained. If there are court ordered restrictions that must be included, a copy of the court order must be included in the individual's record maintained by the provider that implements the restrictions and the Supports Coordination Organization.

There may be times when consent is not obtained and, in order to ensure an individual's health and safety or the health and safety of others, the implementation of a restrictive procedure is necessary. In these situations, the behavior support component of the Individual Plan must be presented to the HRT for review as outlined above (expedited review can be requested if there is an imminent health and safety need). The HRT can approve a restrictive procedure in the absence of the individual's consent, provided that documentation of the attempts to obtain consent is present and the restrictive procedure is determined to be necessary to preserve the individual's health and safety. When an HRT reviews a restrictive procedure for which consent has not been obtained, the HRT should balance human rights with the need to support an individual's health and safety.

Attachment 2 – page 3



Balancing individual rights with health and safety



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The importance of the HRT decisions are critical to ensure the balance of a person's health and safety and their individual rights. This is of particular importance in those situations where consent cannot be obtained, and the modification of rights is necessary to protect the person's immediate health and safety.

Pages 2 and 3 of Attachment 2 provides additional information and direction to obtaining informed consent related to proposed plans that include restrictive procedures.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Reviewing the Behavior Support Plan

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.

• **HRT meeting will include:**

- Person responsible for the plan
- Informed Consent obtained or attempts to obtain
- Restrictive Interventions and plan components**
 - Specific behavior, assessments, and function
 - Desired outcome and target date
 - Proactive strategies prior to implementation
 - Past interventions attempted and unsuccessful
 - Procedures and circumstances for use
 - Amount of time applied and frequency of review
 - Person responsible for plan
- HRT Review
- HRT Determination

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The review will identify each suggested intervention resulting in a modification of an individual's rights, including the following components:


- * The specific behavior to be addressed.
- * An assessment of the behavior including the suspected function of the behavior.
- * The desired outcome.
- * Target dates for achieving the outcome.
- * Proactive strategies utilized or to be utilized prior to resorting to restrictive procedures.
 - * Examples of these strategies include; 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.

The review should also identify:

- * Less restrictive interventions that were attempted and not successful, and best guess reasons for the failure of those less restrictive interventions.
- * The specific restrictive procedures and circumstances under which the interventions may be implemented.
- * The amount of time the restrictive procedure may be applied and the frequency for review, not to exceed six months.
- * The name of the staff person responsible for monitoring and documenting progress of the plan.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Reviewing the Behavior Support Plan



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 of the 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.

- **HRT meeting will include:**
 - Person responsible for the plan
 - Informed Consent obtained or attempts to obtain
 - Restrictive Interventions and plan components
- **HRT Review**
 - All required components
 - Least restrictive intervention used
 - Compliance and best practice
 - Informed Consent
- **HRT Determination**

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With the provision of the ISP, the Behavior Support Plan, and other supporting information, it is the responsibility of the HRT to determine if:

- * The plan contains all of the required components.
- * The described modification of the individual's rights is the least restrictive intervention for achieving the identified outcome.
- * The proposed restrictions are in compliance with all applicable regulatory, legal, ethical, and best practices strategies.
- * Informed consent has been obtained or attempted to be obtained and documented.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Reviewing the Behavior Support Plan



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 of the 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.

- **HRT meeting will include:**

Person responsible for the plan

Informed Consent obtained or attempts to obtain

Restrictive Interventions and plan components

HRT Review

HRT Determination


- Approved
 - Majority of voting members
 - Set date for review (maximum of 6 months)
- Not approved - communicate reason

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If the information provided meets these requirements, the HRT will make a determination to approve or not approve the modification of the individual's rights, via at minimum, a majority vote, and document their determination in the meeting minutes. If the restrictive procedures are approved, the HRT will sign the plan and set a date for reviewing progress, no later than six months. If the suggested restrictive procedures are not approved, the HRT will communicate in writing to the developer of the plan the reasons the plan was not approved and instructions for resubmission.

John's Cell Phone



**Restrictive
Procedure
Plan for
John**



 **Review Monthly**

Behavioral Contract

John agrees to:

- Leave his phone in his work locker
- Not call his friends after 10:00 pm
- Not call the police unless it is a real emergency.

Provider agrees to:

- Provide training and education on social boundaries, phone use, and identifying emergencies
- Purchase time credits for John's phone weekly

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So, let's go back and look at John's story again.


If you recall, despite the efforts of his staff to model and teach John appropriate social boundaries, what an emergency is and the proper use of 911 and his cell phone, John continues to call the police and co-workers when he feels staff are not responding to him immediately. The police have stated that if John continues to make these calls they will press charges against him.


In order to prevent John from being charged by the police, a restrictive procedure plan is developed that includes a behavioral contract with John where he has agreed to leave his phone in his locker when at work, to not call his friends after 10:00 pm, and to not call the police unless it is a real emergency. In exchange, for each week John complies with the contract, his residential habilitation provider will give him with a 15-minute gift card to purchase additional time credits for his phone.

John does not want to get into trouble with the police. He understands that this is just temporary and has consented to the plan.

After reviewing the plan, including the steps outlined to support John in learning to use his phone appropriately, and because of the severity and immediacy of the situation, the HRT approves the plan for 3 months. But because of the potential for John to be arrested the HRT also recommends that the ISP team review the effectiveness of the plan monthly.

Questions





- Human Rights
- Restrictive Procedures
- 55 PA Code 6100 Regulations
- Guidelines for Human Rights Teams and Human Rights Committees Bulletin

**Contact your
ODP Regional Clinical Staff**


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This webcast highlighted many of the requirements and expectations for Human Rights Teams included in the HRT/HRC Bulletin. However, this webcast series should not be considered as an acceptable alternative to reading the complete Bulletin. The final webcast will highlight requirements and expectations for the Human Rights Committee.

Additional questions regarding Human Rights and Restrictive Procedures or the requirements within the 55 PA Code 6100 Regulations and HRT/HRC Bulletin can be directed to the ODP Regional Clinical Staff in your region. Contact information for the Clinical Staff is available as a handout in the resources section where you accessed this webcast.

Human Rights and Restrictive Procedures: Webcast 3 - Human Rights Teams (HRT)

Curriculum Outline

 **pennsylvania**
DEPARTMENT OF HUMAN SERVICES

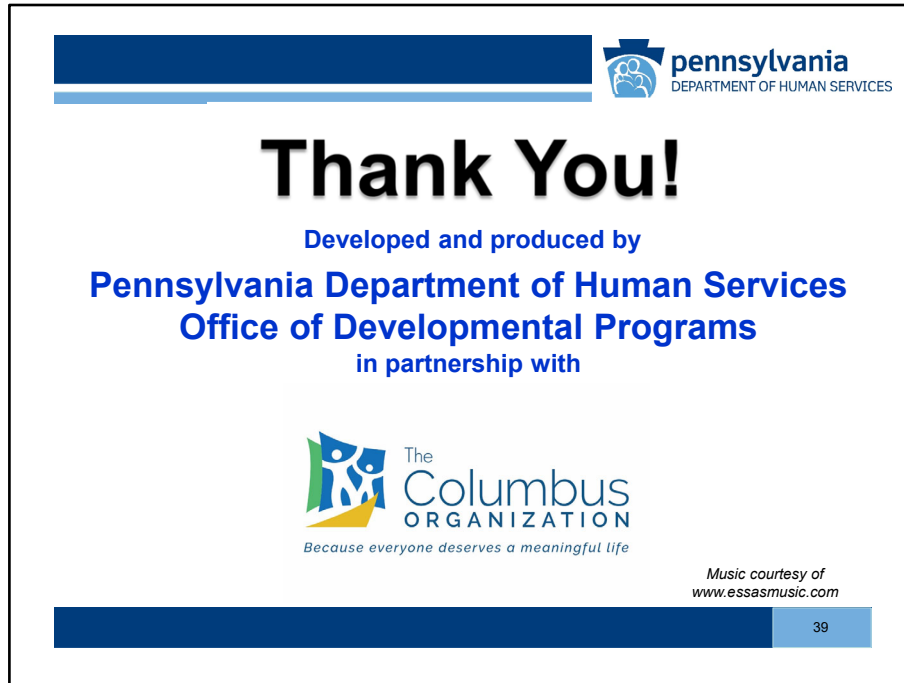
Human Rights and Restrictive Procedures: Human Rights in Depth

- ✓ Webcast #1 – Responsibility to Inform and Strategies to Support People to Exercise their Rights
- ✓ Webcast #2 – How to Make a Determination
- ✓ Webcast #3 – Human Rights Teams
 - Webcast #4 – Human Rights Committee

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This concludes the third webcast in this series on Human Rights and Restrictive Procedures: Human Rights in Depth, Human Rights Teams.


Please be sure to watch all four webcasts and complete all the course requirements in order to obtain your Certificate of Achievement and training credit.



The slide features a dark blue header bar at the top left. To its right is the Pennsylvania Department of Human Services logo, which includes a blue icon of three people and the text "pennsylvania DEPARTMENT OF HUMAN SERVICES". The main text "Thank You!" is centered in a large, bold, black font. Below this, the text "Developed and produced by" is in a smaller blue font, followed by "Pennsylvania Department of Human Services" and "Office of Developmental Programs" in a larger blue font, and "in partnership with" in a smaller blue font. Below this is the logo for The Columbus Organization, which includes a colorful icon of three people and the text "The Columbus ORGANIZATION" and the tagline "Because everyone deserves a meaningful life". To the right of this logo is the text "Music courtesy of www.essasmusic.com". At the bottom, there is a dark blue bar on the left and a light blue bar on the right containing the number "39".

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Thank you for participating in this lesson.