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| --- | --- |
|  | Individual’s Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Behavior Treatment Plan: |  |
| Reviewed by Independent Review Committee on: |  |
| Independent Review Committee Recommendations |  |
| If any: |  |
| Informed consent details (date/decision-maker): |  |
| Type of Plan: | [ ]  | New BTP  | [ ]  | Quarterly | [ ]  | Revision |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Were less restrictive alternatives implemented or attempted prior to the development of this plan. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |

 |
| If yes, provide details: |  |
| BTP initiated, developed, carried out, and monitored by professionals who are qualified by expertise, training, education, or credentials to do so |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |

 |
| If yes, provide credential, training and education details of staff involved: |  |
| Does the BTP also include nonrestrictive procedures and environmental modifications that address targeted behaviors? |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

 |
| If yes, provide details: |  |
| Does the BTP have restrictions?  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |

 |
| If yes, attach completed *Restrictions to Dignity and Freedoms of Everyday Life* LHRC Review Request Form |  |
|  |  |

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| --- |
| **List ALL restraints and time outs:** |
|

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| --- | --- | --- | --- |
| Target Behavior | Less restrictive alternatives | List ALL restraint or time out procedures including type and parameters for use | Page number from Plan |
|  |  |  |  |
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If requested by the LHRC or otherwise required by regulation, indicate date of planned update: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of LHRC |  | LHRC Chair Signature |

Recommendations:

Instructions for LHRC Review of Behavior Treatment Plan involving Restraint or Time Out:

All provider requests for review by the LHRC in accordance with 12VAC35-115-270 must go through the Office of Human Rights using a standard form and process.

The provider is responsible for notifying the Office of Human Rights concerning the need for review of a restrictive Behavioral Treatment Plan. Upon request, the assigned Advocate will review with the provider regulatory requirements for the implementation of Behavioral Treatment Plans involving the use of restraint or time out, provide a copy of the corresponding LHRC Review Form, and provide information about upcoming scheduled LHRC meetings in the region.

Providers are responsible for ensuring the protection of individuals PHI by using an “Individual Identifier”, listed as the individuals first and last name *initials* in the space provided on the LHRC Review Request Form. When PHI is necessary to the review process, the LHRC will conduct the review with the provider and all parties involved in Executive Closed session.

By virtue of the fact that the LLHRC approves this plan, they have confirmed that all other less restrictive interventions have been attempted. The LHRC Chairperson will sign the LHRC Review Request Form and give a copy to the provider following the LHRC meeting. When applicable, LHRC recommendations will be listed on the LHRC Review Request Form and reflected in the LHRC meeting minutes. The provider Director or designee is responsible for addressing any LHRC recommendations and communicating compliance through the assigned Advocate, in accordance with the corresponding Human Rights Regulations. Providers should direct questions regarding this process to the assigned Advocate.

**Attachments should include the following (see also 12VAC35-115-105):**

* **Evidence of review and approval from an independent review committee either as a separate document or signature on this form**
* **Copy of Assessment conducted by a licensed professional as defined in 12VAC35-115-30, or licensed behavior analyst**
* **Documentation to indicate the lack of success or probable success of less restrictive procedures attempted or considered**

For general questions about the LHRC Review process, contact the OHR Regional Manager in your area:

Region 1, Cassie Purtlebaugh cassie.purtlebaugh@dbhds.virginia.gov

Region 2, Ann Pascoe ann.pascoe@dbhds.virginia.gov

Region 3, Jennifer Kovack jennifer.kovack@dbhds.virginia.gov

Region 4, Sharae Henderson sharae.henderson@dbhds.virginia.gov

Region 5, Reginald Daye reginald.daye@dbhds.virginia.gov

For information about LHRC meeting dates, times and locations by Region:

<http://www.dbhds.virginia.gov/quality-management/human-rights>