

**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. **All documents submitted for review should be appropriately \**redacted* by the provider (\*removal of or unreadable Personal Identified Information (PII) or Protected Health Information (PHI).** When PII or 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. An electronic signature is acceptable. The final signed version should be maintained in the individual's services record. 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):**

* **Provide copy of signed review and approval form from an independent review committee (IRC)- on letterhead and signed by IRC Committee Chair**
* **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 following OHR point of contact for your area:

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

Region 2: Diana Atcha diana.atcha@dbhds.virginia.gov

Region 3: Mandy Crowder mandy.crowder@dbhds.virginia.gov

Region 4: Andrea Milhouse andrea.milhouse@dbhds.virginia.gov

Region 5: Latoya Wilborne latoya.wilborne@dbhds.virginia.gov

 Facilities: Brandon Charles brandon.charles@dbhds.virginia.gov

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

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

**Behavioral Treatment Plan (BTP) with Restraint or Time-Out for LHRC Review**

**Section 1 – To be completed by the Provider**

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| Individual’s Identifier (*First and Last initials only*):  | Type here |
| Provider Name & Contact Information (*email or phone*): | Type here |
| Date Assessment Completed by Licensed Professional or Licensed Behavioral Analyst: | Click here to select date |
| Name and credentials of person completing assessment: | Type here |
| Date of Behavior Treatment Plan: | Click here to select date |
| Type of Plan: | [ ]  New BTP [ ]  Quarterly Review [ ]  Revision |

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| Independent Review Committee Information |
| Date Reviewed by the Independent Review Committee (IRC): | Click here to select date |
| Evidence of IRC Approval and Recommendations, if applicable, is attached: | [x]  Yes [ ]  No |
| If this is an Intermediate Care Facility, in addition to IRC approval, the Specially Constituted Committee (SCC) approval is attached: | [ ]  Yes [ ]  No [ ]  N/A |

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| Informed Consent  |
| Date Substitute Decision Maker Notified: Click here to select date |

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| BTP Review  |

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| Less restrictive alternatives were implemented or attempted prior to the development of this plan:  | [ ]  Yes [ ]  No |
| A professional qualified by expertise, training, education and credentials initiated, developed, carried out, and monitored the BTP:  | [ ]  Yes [ ]  No |
| * If yes, provide credential, training and education details of staff involved, to include date:
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| The BTP includes nonrestrictive procedures and environmental modifications that address targeted behaviors:  | [ ]  Yes [ ]  No |
| The BTP includes restrictions: | [ ]  Yes [ ]  No |

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| Restraint and/or Time Out Details |
| Target Behavior | **Less Restrictive Alternatives Implemented or Attempted** | **List ALL Restraint or Time Out Procedures, Including Type and Parameter for Use** | **Associated Page Number in the BTP** |
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**Section 2 – To be completed by the LHRC**

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| LHRC Recommendations and Acknowledgments |
| Based on the information provided and authority granted to the LHRC by [12VAC35-115-105](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section105/):  |
| [ ]  The LHRC acknowledges that the Behavioral Treatment Plan involving the use of restraint or time out is being implemented in accordance with the Human Rights Regulations and request that the provider return for a quarterly review on Click here to select date. |
| [ ]  The LHRC acknowledges that the Behavioral Treatment Plan is not being implemented in accordance with the Human Rights Regulations and requests that the provider present evidence of compliance at the next scheduled meeting on Click here to select date.  |

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Name of LHRC LHRC Chairperson Signature Date