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*A life of possibilities for all Virginians*

**Instructions for LHRC Review of Restrictions to Dignity and Freedoms of Everyday Life**

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.

A written notice and explanation must be provided to the individual in accordance with 12VAC35-115-100(B)(3)(d) to include reason for the restriction, the criteria for removal, and the individual's right to a fair review of whether the restriction is permissible. As such, this form may serve as the written notice to the individual. Providers must make a serious effort to obtain a signature from the individual on this form to confirm receipt or indicate if the individual refused to sign or is unable to sign.

The provider is responsible for notifying the Office of Human Rights concerning the need for review of individual restrictions under sections 50 and 100 of the Human Rights Regulations. Upon request, the assigned Advocate will review with the provider regulatory requirements for the implementation of aforementioned restrictions, provide a copy of the corresponding LHRC Review Form, and provide information about upcoming scheduled LHRC meetings in the region.

Approval of restrictions by the LHRC, under section 12VAC35-115-50 and 100 do not have to occur prior to implementation; however, the provider is required to ensure compliance with all documentation and review requirements in the corresponding regulation sections, immediately upon use of the restriction. For restrictions under 12VAC35-115-50, refer to required involvement of a licensed professional and their judgment concerning demonstrable harm.

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.** 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.

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. 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 12VAC35-115-50 and 12VAC35-115-100):**

* **Documentation to indicate a qualified professional (restrictions under section 100) or licensed professional (restrictions under section 50) has assessed all possible alternatives, in advance of implementation**
* **Documentation regarding the specific reasons identified for the restriction(s)**
* **Copy of written notice provided to the individual explaining the reason for the restriction, criteria for removal, and the individual’s right to a fair review of whether the restriction is permissible**
* **Either the relevant section of the ISP, BTP, or other documentation that contains the restriction**

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: 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>

**Restrictions to Dignity/Freedoms of Everyday Life for LHRC Review**

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

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| Individual Identifier (*First and Last Initials only*): | Type here |
| Provider Name & Contact Information (*email or phone*):  | Type here |
| Service(s): | Type here |
| Date of Admission: | Click here to select date |
| Date of Discharge (if applicable): | Click here to select date |
| Type of Review: | [ ]  Initial [ ]  Revised [ ]  LHRC Requested Review |

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| Restrictions to Dignity – [12VAC35-115-50](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section50/) |
| Will the restriction last longer than seven days or be imposed three or more times during a 30-day period? | [ ]  Yes [ ]  No |
| Was the Human Rights Advocate notified of the reason for the restriction prior to implementation? | [ ]  Yes [ ]  No |
| Did a licensed professional (refer to section 30 for definition of licensed professional) document in the service record that demonstrable harm will result without the restriction?  | [ ]  Yes [ ]  No |
| Is the need for the restriction reviewed by the team monthly and documented in the individual’s services record?  | [ ]  Yes [ ]  No |

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| Restrictions to Freedoms of Everyday Life – [12VAC35-115-100](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section100/) |
| Will the restriction last longer than seven days or be imposed three or more times during a 30-day period? | [ ]  Yes [ ]  No |
| Did a qualified professional involved in providing services, in advance, assess the need for the restriction and document all possible alternatives to the restriction? | [ ]  Yes [ ]  No |
| Did a qualified professional involved in providing services document in the individual’s services record the specific reason for the restriction? | [ ]  Yes [ ]  No |
| Did a qualified professional involved in providing services explain and provide written notice so the individual can understand the reason for the restriction, the criteria for removal, and the individual’s right to a fair review of whether the restriction is permissible? (Please attach the written notice) | [ ]  Yes [ ]  No |
| Does a qualified professional regularly review the restriction and the restriction is discontinued when the individual has met the criteria for removal? | [ ]  Yes [ ]  No |

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| Proposed/Imposed Restrictions |
| Purpose of Restriction | **Less Restrictive Interventions Attempted** | **Restriction** | **Criteria for Removal** |
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**Section 2 – To be completed by the Provider**

This restriction will be regularly reviewed by your treatment team.

If you disagree with this restriction, it is your right to request a fair review of the restriction. It is also your right to make a human rights complaint anytime you feel your human rights have been violated. Copies of the human rights regulations are available upon request, as well as is assistance to file a complaint. You may also contact the DBHDS Human Rights Advocate.

This document will be scanned into your services record.

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| Individual Informed of Restriction |
| Presenting Provider Staff (printed): |
| Individual’s Signature:(signature confirms notification only) | **Date:** |
| [ ]  | Individual declined to sign | [ ]  | Individual unable to sign |

**Section 3 – To be completed by the LHRC**

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| LHRC Acknowledgments |
| Based on the information provided and authority granted to the LHRC by [12VAC35-115-50](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section50/) and [12VAC35-115-100](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section100/):  |
| [ ]  The LHRC acknowledges that the Restriction(s) is being implemented in accordance with the Human Rights Regulations.  |
| [ ]  The LHRC acknowledges that the Restriction(s) 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 this date: \_\_\_\_\_\_\_\_\_\_. |

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Name of LHRC LHRC Chairperson Signature Date