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| **Agency/Area Program:** | **Reviewer Name:** |
| **Focus sample individual name/#:** | **Review Date:** |

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| **BASED ON FILE REVIEW --**  **THE FOLLOWING IS PRESENT** | **YES/NO/ File Review** |
| **4-002.03A PROCEDURAL REQUIREMENTS REGARDING RIGHTS**  **The provider must establish procedures that:** |  |
| **(ii) Inform each participant served, and if applicable, the participant’s parent if a minor,**  **or the participant’s legal representative, of the participant’s rights and responsibilities** |  |
| **(1) The information must be given at the time of entry to services, at the participant’s annual individual support plan (ISP) review, and when significant changes occur** |  |
| **(2) The information must be provided in a manner that is easily understood, given**  **verbally and in writing, in the native language of the participant, or through other modes of communication necessary for understanding;** |  |
| **(iii) Require the provision of supports to participants receiving services in exercising**  **their rights;** |  |
| **(iv) Do not treat participants’ rights as privileges;** |  |
| **(v) Prohibit retaliation against participants’ services and supports due to the participant, family members, or legal representatives advocating on behalf of the participant served. This includes initiating a complaint with outside agencies.** |  |

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| **BASED ON FILE REVIEW—THE FOLLOWING IS PRESENT** | **YES/NO FILE REVIEW** |
| **5-007 RESTRICTIVE MEASURES**  **To the fullest extent possible, a participant’s rights may not be**  **suspended or restricted. If a restrictive measure is necessary:** |  |
| **(A) The restrictive measure determined necessary for one participant must not unreasonably**  **affect other individuals who receive services in that setting;** |  |
| **(B) The restrictive measure must not be used as punishment, for the convenience of staff, due to a shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan;** |  |
| **(C) The restrictive measure must be the least restrictive and least intrusive possible** |  |
| **(D) There must be a goal of reducing and eliminating the restrictive measure** |  |
| **(E) Prior to proposing a restrictive measure, there must be documented evidence that other less restrictive methods had been applied by trained staff and failed, unless a participant’s behavior resulted in an immediate and serious threat to the health and safe** |  |
| **(F) The participant or their legal representative, if applicable, must give consent to the restrictive measure;** |  |
| **(G) The restrictive measure must be safe for the participant;** |  |
| **(H) The restrictive measure must be documented in the participant’s individual support plan (ISP).** |  |

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| **BASED ON FILE REVIEW --**  **THE FOLLOWING IS PRESENT** | **YES/NO** – **FILE REVIEW** |
| **5-007.01 REVIEW AND APPROVAL OF RESTRICTIVE MEASURE. Prior to implementation of a restrictive measure, the provider must ensure review and approval by the individual support planning team and rights review committee, except where the provider is not required under this Title to have a rights review committee.** |  |

For participants who do NOT have guardians- (per direction from S Henrichs, Feb. 2023)

* No guardian = No restrictions, can have interventions, strategies, or supports but they must be outlined in the ISP.
* If documentation in the ISP or support plan indicates they are supports, interventions, or strategies, we should NOT consider them to be restrictions. **Documentation must be clear that the participant is allowed to decline the intervention at any time and staff must respect their choice, but they can also encourage the participant to cooperate to be safe.**
* If the person chooses to live in an environment (for example a group home) that has **continuous** staffing, **limiting alone time** is not considered a restriction.
* If we actually observe a restriction while on a review, then we treat it and evaluate it as a restriction
* Persons without guardians are considered competent so they can direct their own medication administration and as such, psych meds are not considered restrictions
* If supports, interventions, or strategies are NOT documented in the ISP, we would **cite that as a documentation issue**, not as a restriction issue
* “consents” must be clear and specific, not generalized or just “a lack of objection”