DBHDS

DBHDS

Virginia Department of Behavioral Health
and Developmental Services

Office of Human Rights (OHR)

Restrictions, Behavioral Treatment Plans, Seclusion & Restraints

State Operated Facilities

DBHDS

Learning Goals and Objectives:

01

To ensure (DBHDS) state operated facilities are fully knowledgeable of regulatory requirements concerning the implementation of restrictions, behavioral treatment plans, and restraints.

02

Identify and distinguish clear interpretation of key terms

03

Understanding of internal human rights processes aligned with the Regulations

Key Terms & Acronyms

- **AR –** Authorized Representative
- **BTP** – Behavioral Treatment Plan
- **DBHDS** – Department of Behavioral Health and Developmental Services
- **HRR** – Human Rights Regulations
  - https://law.lis.virginia.gov/admincodeexpand/title12/agency35/chapter115
- **IRC** – Independent Review Committee
- **ISP** – Individualized Service Plan or “treatment plan”
- **LG** – Legal Guardian
- **LHRC** – Local Human Rights Committee
- **OHR** – Office of Human Rights
- **SCC** – Specially Constituted Committee
- **Service Record** – overall medical record pertaining to treatment (i.e. documentation)
- **SHRC** – State Human Rights Committee
- **VAC** – Virginia Administrative Code

What are ***Program Rules***?

- **Operational rules and expectations that Facilities establish to promote the general safety and well-being of all individuals in the program and to set standards for how individuals will interact with one another in the program.**

- Program rules:
  - ✓ Include expectations
  - ✓ May be included in a handbook, policies
  - ✓ Must be provided to all individuals
  - ✓ Must be applied to all individuals the same

Do NOT contradict the Regulations or conflict with any individual's ISP

- ✓ Develop for the purposes of safety and order
- ✓ Get suggestions from individuals
- ✓ Apply the rules the same for **everyone**
  - Rules can be *different per unit* of same facility
- ✓ Give and review rules with individuals and AR
- ✓ Post rules in all regularly accessed areas
- ✓ Submit for LHRC review *if requested
- ✓ Prohibit individuals from disciplining each other

What is a *Restriction*?

Anything that limits or prevents an individual from freely exercising his rights and privileges.

The Human Rights Regulations do not prevent restrictions from being imposed but there are important and necessary considerations needed prior to implementing any restriction

Restrictions & Dignity - 12VAC35-115-50

- **Use of preferred or legal name**
  - demonstrable harm?
  - significant negative impact on program or other individuals?
- **Specific to inpatient providers**:
  - Religious practices/services
    - dangerous?
    - interference with others freedoms?
  - Mail
    - demonstrable, harmful communication?
  - Telephone use
    - demonstrable, harmful communication?
  - Visitation
    - demonstrable harm?
    - interference with treatment?
    - source of contraband

Restrictions & Freedoms - 12VAC35-115-100

- **Freedoms of everyday life:**
  - Move within the service setting (the unit), its grounds, and community
  - Communicate, associate, privately meet with anyone
  - Have and spend personal money
  - See, hear, or receive TV, radio, books, newspapers
  - Keep and use personal clothing, personal items
  - Use recreational facilities, enjoy the outdoors
  - Make purchases in canteens, vending machines, stores selling a basic selection of food and clothing

- **Consistency with "Service" (TDO/Hospitalization) and the Rights *within* the setting.**

Restrictions & Dignity

❖ **Implementation of a restriction concerning the dignity of an individual must be assessed and the need for the restriction determined by a licensed professional and reviewed every month and documented in the services record, PRIOR to implementation:**

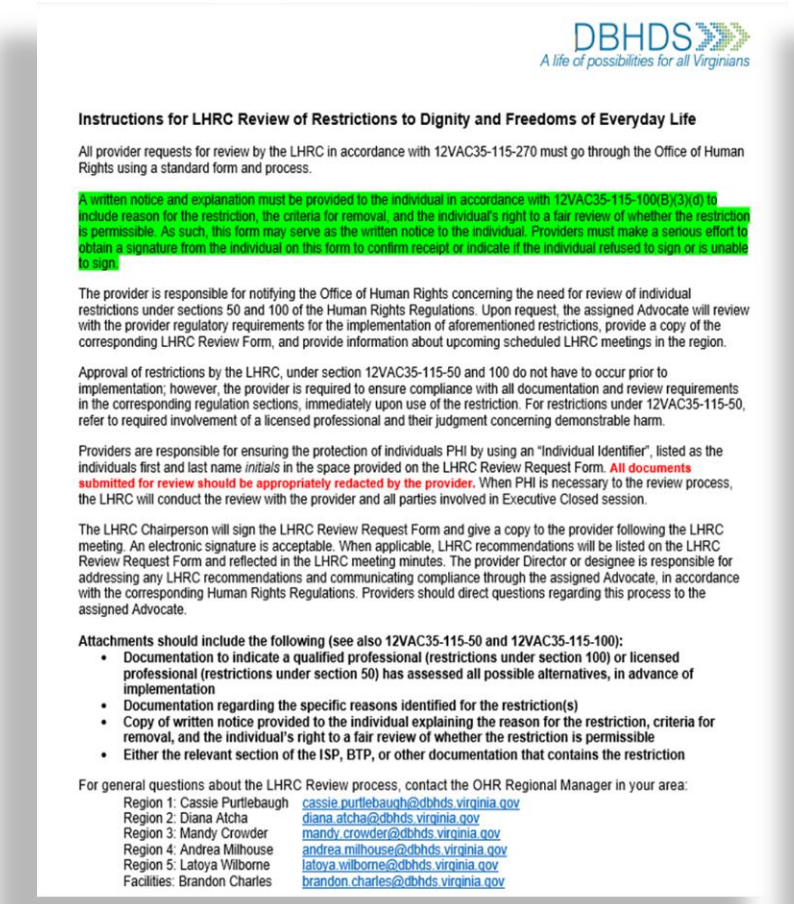
➢ The need for a restriction must be assessed by a *Licensed Professional*

- licensed physician
- licensed clinical psychologist
- licensed professional counselor
- licensed clinical social worker
- licensed or certified substance abuse treatment practitioner
- licensed psychiatric nurse practitioner

Restrictions & Freedoms

- Restrictions must be justified and meet the following conditions:
  - Documented pre-assessment and additional supporting documentation by a qualified professional defined by facility policy:
    - Possible and attempted alternatives
    - Necessity determination
    - reason for the restriction
    - restriction explained
    - written notice provided which includes:
      - reason
      - criteria for removal
      - right to fair review
  - Restrictions which are court ordered, or required by law, must be documented in the services record.

Restriction to Dignity or Freedoms LHRC Review Form



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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.

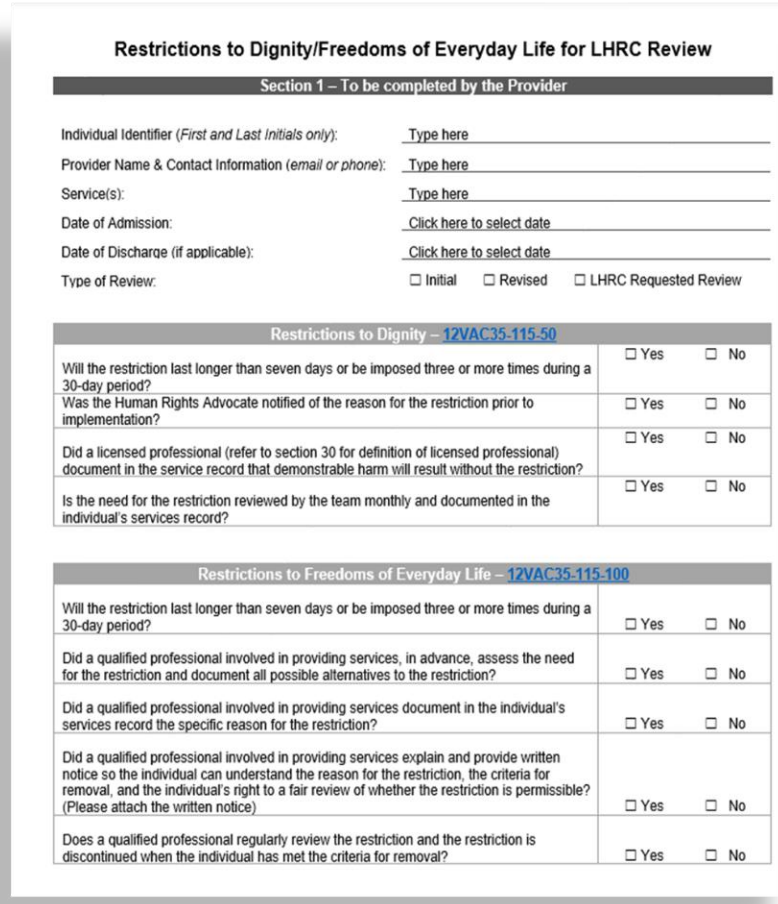
The LHRC Chairperson will sign the LHRC Review Request Form and give a copy to the provider following the LHRC meeting. An electronic signature is acceptable. When applicable, LHRC recommendations will be listed on the LHRC Review Request Form and reflected in the LHRC meeting minutes. The provider Director 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



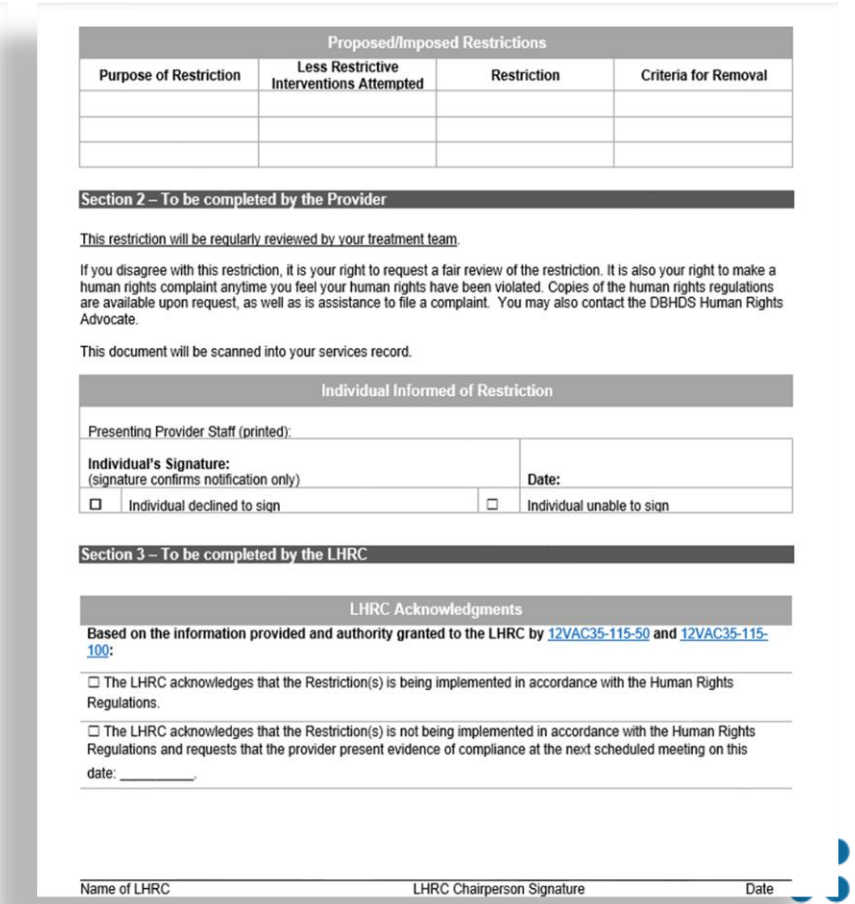
Restrictions to Dignity/Freedoms of Everyday Life for LHRC Review

Section 1 – To be completed by the Provider

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

Restrictions to Dignity – 12VAC35-115-50		
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

Restrictions to Freedoms of Everyday Life – 12VAC35-115-100		
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



Proposed/Imposed Restrictions

Purpose of Restriction	Less Restrictive Interventions Attempted	Restriction	Criteria for Removal

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.

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

LHRC Acknowledgments

Based on the information provided and authority granted to the LHRC by 12VAC35-115-50 and 12VAC35-115-100:

☐ 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: _____.

Name of LHRC LHRC Chairperson Signature Date

Access Restrictions to Dignity or Freedoms form here

Restrictions on Freedoms of Everyday Life

Section 50

- Religious practices
- Mail
- Visitation
- Telephone use

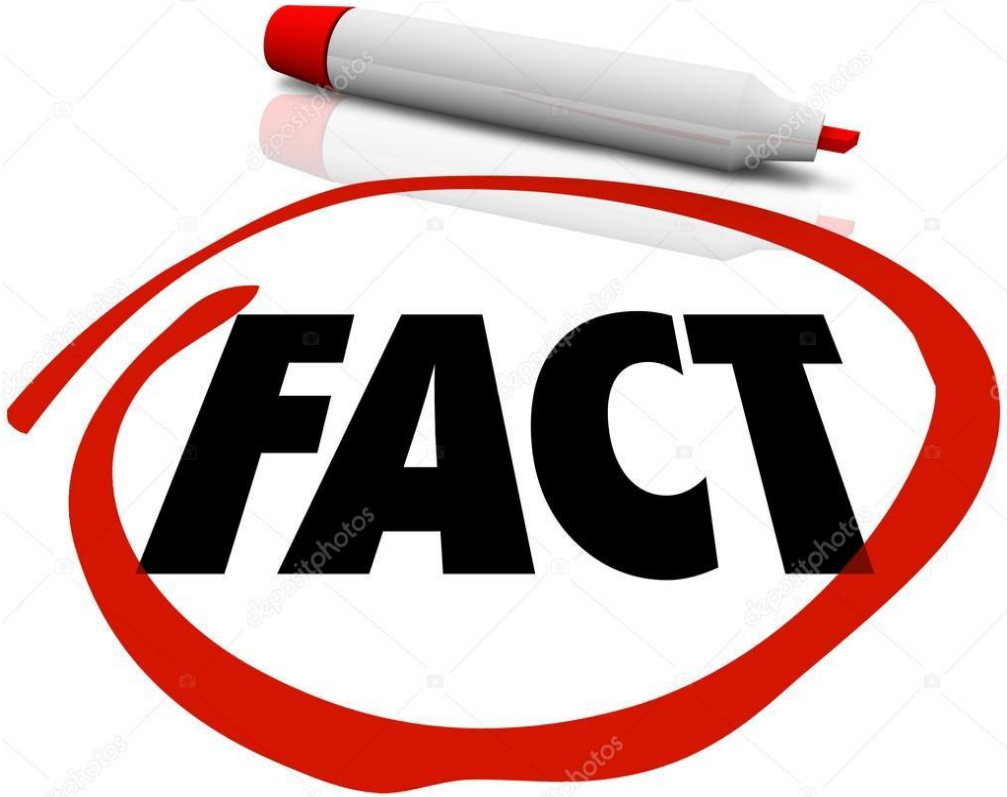
Providers must obtain approval of the LHRC for any restriction imposed under these sections - that last longer than seven (7) days or is imposed three (3) or more times during a 30-day period.

Section 100

- Movement within service setting, its grounds, and the community
- Private communication
- Have and spend personal money
- Keep and use personal items

- ✓ **100(B)(3)** clarifies that a provider may impose a restriction that is "otherwise required by law" without violating these regulations (i.e., probation/parole stipulations)
- ✓ **100(B)(3)(d)** specifies requiring written notice to the individual of the reason for a restriction, criteria for removal, and the right to a fair review

Restrictions on Freedoms of Everyday Life



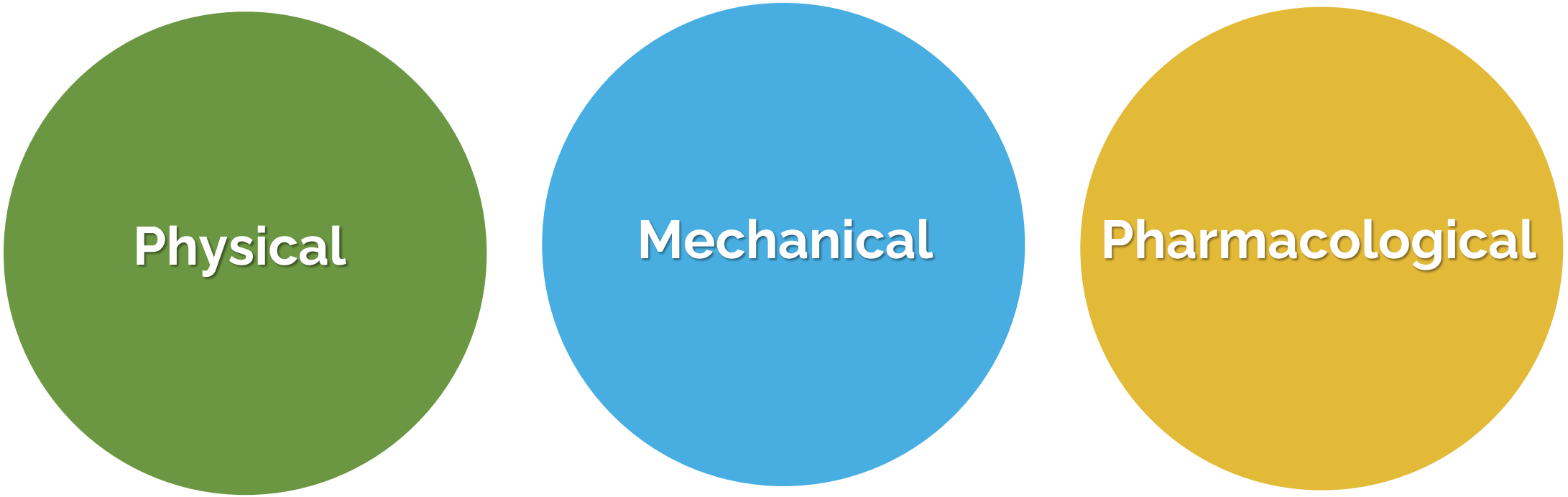
- ✓ Restrictions are context-dependent.
- ✓ A restriction for one person, may be support for another.
- ✓ Conversations about restrictions should be person-centered and take place with individuals, AR's, support coordinators, other treatment team members and the advocate.
- ✓ If the LHRC finds that the restriction is not being implemented in accordance with the HRR, the director shall be notified and the LHRC shall provide "recommendations"

Restrictions Summary

Restrictions to Dignity must:	Be assessed by a licensed professional	Prevent "demonstrable harm"	Be discussed with Advocate ***prior*** to implementation	Be reviewed monthly by the treatment team
Restrictions to Freedoms must:	Be assessed by a qualified professional	Be necessary and least restrictive	Document removal criteria	Be reviewed "regularly" by the treatment team

What is *Restraint?*

The use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places him or others at **imminent risk**.



Physical

"Manual Hands-on hold"

The use of a physical intervention or hands-on hold (manual hold) to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk.

Mechanical

"Device"

The use of a mechanical device, that cannot be removed by the individual, to restrict the freedom of movement or functioning of a limb or a portion of an individual's body when that behavior places him or others at imminent risk.

Pharmacological

"Medication"

The use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior places him or others at **imminent risk** and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.

Physical

"Manual Hands-on hold"

- Must be consistent with the Behavioral Management Program used
- Incorporated in Behavioral Intervention Policies and Protocols regarding training of use i.e. When, How, and Why
- Restraint released after imminent risk reduction
- Define "Physical Escort" criteria.
  - If it meets the definition of restraint, it would be considered a restraint

Mechanical *"Device"*

Ex: Emergency Restraint Chairs, Wrist to Waist restraints, etc.

- **NOT** considered a restraint if the use of a mechanical device is voluntary ***and*** can be removed by the individual. (*Protective Purpose)
  - Ex: Seat belts, Helmets, Arm splints, Gerri-Chair, Positioning chair, etc
    - Can become restraints if not utilized appropriately and remains on the individual after need.

- The Advocate nor LHRC needs to review mechanical devices that are used for protective purposes:
  - ✓ Doctor has prescribed
  - ✓ AR has agreed
  - ✓ Compliance Documentation:
    - involvement by a qualified professional
    - the reason for the use of the device
    - that least restrictive interventions have been tried

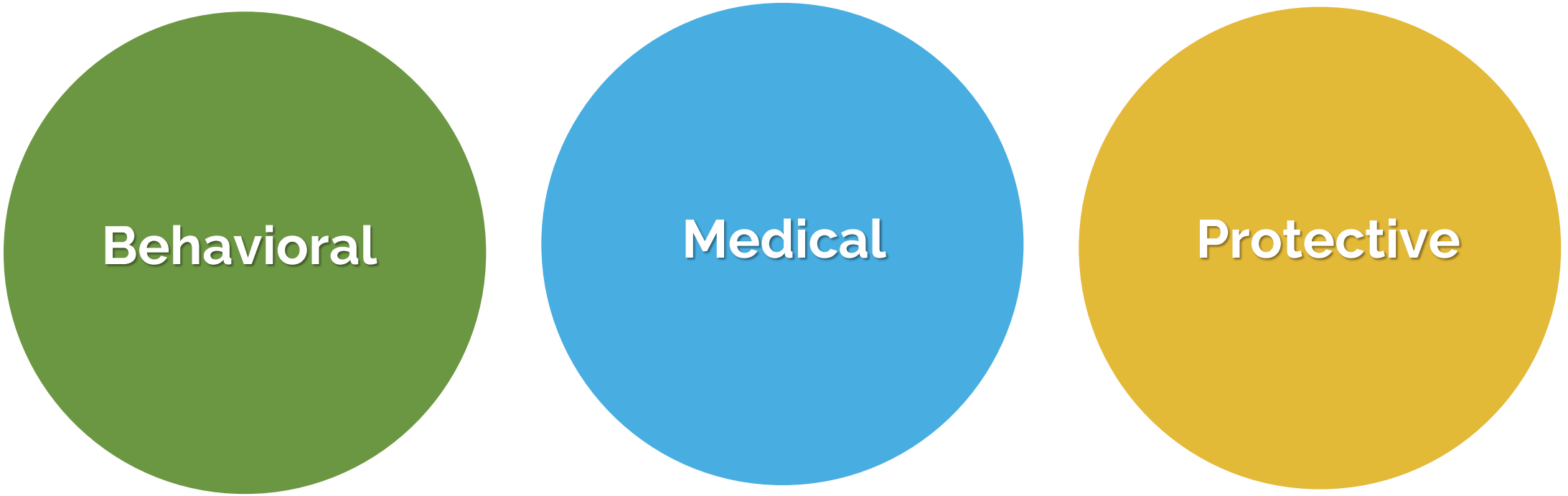
Pharmacological

"Medication"

Not typically performed in facility settings

- Must have a restraint policy to specifically include pharmacological restraint
- Doctor's order with instructions and criteria for use and discontinuation
- Review pharmacological restraint use with the Advocate to ensure that the use is operationalized specific to the individual
- Refer to the "Facility Policy"

…Consider the Purpose…



Rationale: Behavioral Purposes

Behavioral

- Restraints for "behavioral purposes" means using a physical hold, medication, or a mechanical device to **control behavior or involuntarily restrict freedom of movement** of an individual in an instance when all the following conditions are met:
  - there is an emergency,
  - nonphysical interventions are not viable, and
  - safety issues require an immediate response.

- Facilities should have:
  - ✓ Policies for the use of restraint
  - ✓ Policies for procedures for emergencies
  - ✓ Staff training
    - Use of restraint
    - Tracking restraint
    - Documenting restraint
    - Reporting instances of restraint

- Restraint necessary in an ongoing basis will require a BTP

Rationale: Medical Purposes

Medical

- Restraints for "medical purposes" means using a physical hold, medication, or mechanical device to **limit mobility** of an individual **for medical, diagnostic, or surgical purposes**, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

- Restraints for Medical Purposes are very targeted and are related to specific medical procedures
- Documentation of the required protections (*as outlined in 100.B.3 (a) through (e)*) should be in the record:
  - ✓ Reason
  - ✓ Least restrictive
  - ✓ Justification,
  - ✓ Limits on use
  - ✓ Written documentation
- Advocates have the authority to conduct independent investigations, request additional information for their own review or an LHRC review as needed to ensure due process of these regulations

Rationale: Protective Purposes

Protective

- Restraints for "protective purposes" means using a mechanical device to compensate for a physical or cognitive deficit when the **individual does not have the option to remove the device.** The device may limit an individual's movement, for example, bed rails or a Geri-chair, and prevent possible harm to the individual or it may create a passive barrier, such as a helmet to protect the individual.

- Voluntary use of protective equipment is not considered a restraint and does not require LHRC review
- Restraint for protective purposes must be detailed in the individual's service record which will be reviewed annually by the treatment team, to include review by the individual and AR if applicable
- Facilities must have a conversation with the Advocate to agree that a mechanical restraint is used for behavioral purposes or protective purposes

…More on Restraints

- The voluntary use of supports for body positioning and/or greater freedom of movement, or voluntary use of protective equipment **ARE NOT** restraints.
- Providers must discuss with the individual and AR the preferred intervention(s) at the time of admission.
- Contraindications must be documented in the services record.
- Use of restraint is not to be used as punishment, or threat of punishment
- **Restraints cannot place the individual in a prone (face down) position**.

Restraints: Additional Information

Not all restraints require LHRC approval

Only restraints that are included in a BTP require IRC and (SCC or) LHRC approval

Not all restraints require a report in CHRIS

Facilities should only report improper uses of restraint and restraint resulting in an allegation of abuse or neglect in CHRIS

What is a ***Behavioral Treatment Plan*** (BTP)?

- **Any set of documented procedures that are an integral part of the individualized services plan (ISP) and are developed on the basis of a systematic data collection, such as a functional assessment, for the purpose of assisting an individual to achieve:**
  - ✓ Improved behavioral functioning and effectiveness;
  - ✓ Alleviation of symptoms of psychopathology; or,
  - ✓ Reduction of challenging behaviors.

- **The purpose of a BTP is to assist an individual to improve participation in normal activities and conditions of everyday living, reduce challenging behaviors, alleviate symptoms of psychopathology, and maintain a safe and orderly environment.**

  - ✓ *BTP means any set of documented procedures that are an integral part of the ISP, however BTPs are notably more prescriptive in actions than a behavior reinforcement plan - or “behavior plan.”

  - ✓ A BTP must be developed on the basis of a systematic data collection, such as a functional assessment

  - ✓ BTP can include non-restrictive procedures and environmental modifications that address targeted behaviors.

Note the differences between an **ISP**, a **BTP**, and the positive behavioral reinforcement plans - which may also be referred to as "**behavior plans**" (BP).

❖ ISP

- Overarching plan
- Comprehensive and regularly updated written plan
- Describes all of the individual's needs
- Contains all goals and objectives to address all treatment needs
- Includes all other "plans" i.e. habilitation plan, person-centered plan, plan of care, positive behavioral reinforcement plan, behavioral treatment plan
- Cannot include the use of restraint as an intervention apart from a crisis-response

❖ BP

- Part of an ISP
- Regularly updated written plan
- Cannot include the use of restraint as an intervention apart from a crisis-response

❖ BTP

- Part of an ISP
- Developed on the basis of a systematic data collection, such as a functional assessment
- Highly prescriptive (if…, then…) set of procedures or processes followed by staff when a specific targeted behavior is demonstrated
- Regularly updated written plan
- Changes to the plan are based on a review of collected data
- Reviewed and approved by an Independent Review Committee
- May include the use of restraint as an intervention if X occurs

Facilities may use individualized restrictions such as restraint or time out in a BTP to address challenging behaviors that present an immediate danger to the individual or others, but only after a *licensed professional* or Licensed Behavior Analyst*** has conducted a detailed and systematic assessment of the behavior and the situations in which it occurs.

* *Licensed professional means a licensed physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed or certified substance abuse treatment practitioner, or licensed psychiatric nurse practitioner.*

** *Licensed Behavioral Analysts (LBAs) are able to write, revise and oversee restrictive and nonrestrictive behavior plans per 12VAC35-115-105 of the Human Rights Regulations.*

BTP's that involve the use of restraint or time-out have additional review requirements (via IRC; SCC or LHRC)

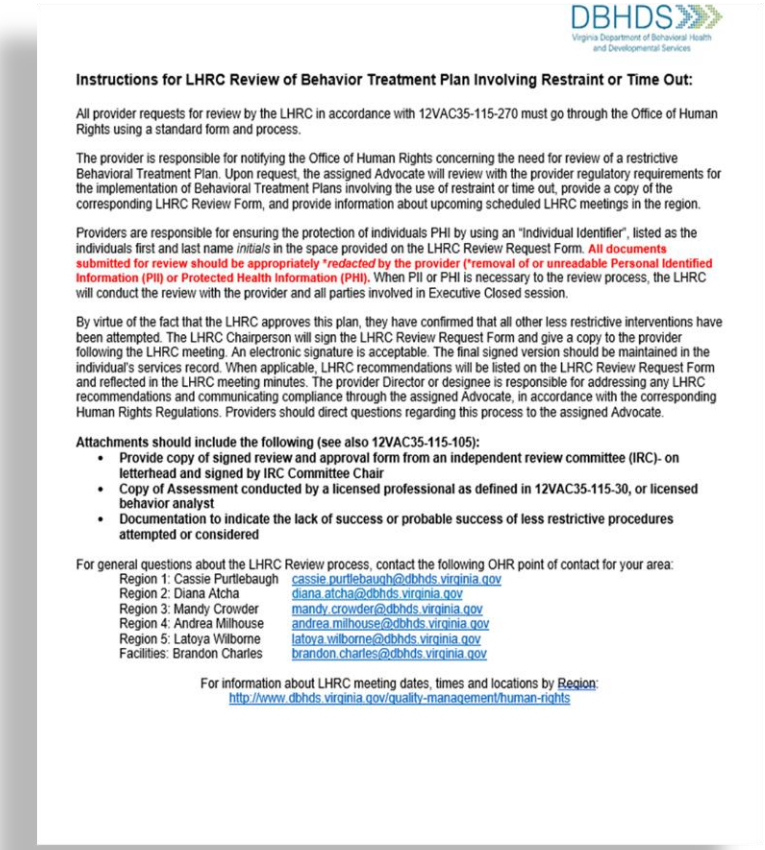
- **Any Behavioral Plan with Restraint or Time-out must go before an IRC for review** of the technical adequacy of the Plan prior to the required LHRC review, and it must continue to be reviewed by the IRC quarterly. See 12VAC35-115-105. Behavioral treatment plans. (virginia.gov), specifically -105(C)(3), -105(E) and -105(G).

Intermediate care facilities (ICF) for Individuals with ID diagnosis require Specially Constituted Committee (SCC) approval prior to implementation. The independent review committee approval must be submitted to the SCC.

All other facilities types serving ID individuals must submit the BTP and independent review committee approval to the LHRC, prior to implementation.

Plans must be reviewed quarterly by the independent review committee, and the LHRC (or SCC).

BTP with Restraint or Time-Out LHRC Form



DBHDS
Virginia Department of Behavioral Health and Developmental Services

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 LHRC 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.

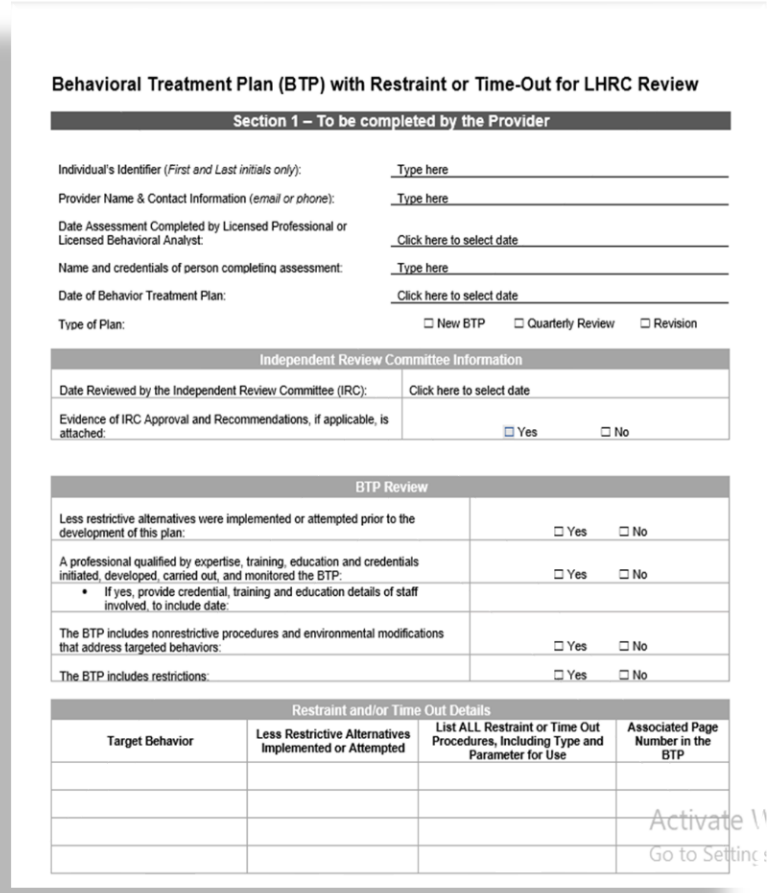
Attachments should include the following (see also 12VAC35-115-105):

- **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

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

Independent Review Committee Information

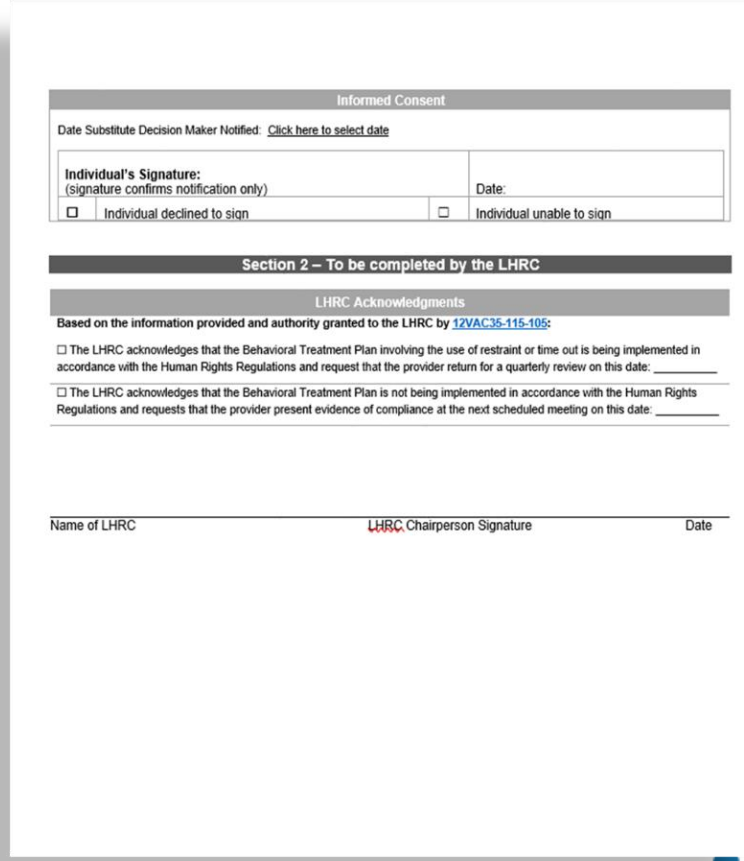
Date Reviewed by the Independent Review Committee (IRC):	Click here to select date
Evidence of IRC Approval and Recommendations, if applicable, is attached:	☐ Yes ☐ No

BTP Review

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:	
The BTP includes nonrestrictive procedures and environmental modifications that address targeted behaviors:	☐ Yes ☐ No
The BTP includes restrictions:	☐ Yes ☐ No

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



Informed Consent

Date Substitute Decision Maker Notified: Click here to select date

Individual's Signature: (signature confirms notification only)			Date:
☐	Individual declined to sign	☐	Individual unable to sign

Section 2 – To be completed by the LHRC

LHRC Acknowledgments

Based on the information provided and authority granted to the LHRC by 12VAC35-115-105:

☐ 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 this 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 this date: _____

Name of LHRC | LHRC Chairperson Signature | Date

Access BTP with Restraint or Time-Out form here

"Time Out" means the ***involuntary*** removal of an individual by a staff person from a source of reinforcement to a **different**, **open** location for a **specified period of time or until the problem behavior has subsided** to discontinue or reduce the frequency of problematic behavior.

"Seclusion" means the ***involuntary*** placement of an individual **alone** in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave.

Seclusion may only be used in an emergency

Seclusion may not be utilized in a BTP without approved variances

BTPs Summary Slide

Any set of highly specified documented procedures that are an integral part of the individualized services plan addressing targeted behaviors which are developed on the basis of a systematic data collection, such as a functional assessment, for the purpose of assisting an individual to achieve: Improved behavioral functioning and effectiveness; Alleviation of symptoms of psychopathology; or, Reduction of challenging behaviors.

Any BTP with restraint or time out must go before an IRC for review of the technical adequacy of the Plan prior to the required LHRC *or SCC** review, and it must continue to be reviewed by the IRC quarterly. See 12VAC35-115-105. Behavioral treatment plans. (virginia.gov), specifically -105(C)(3), -105(E) and -105(G).

*Intermediate care facilities (ICF) for ID individuals require the IRC approved BTP be submitted to the Special Constituted Committee (SCC).

BTPs

The purpose of a BTP is to assist an individual to improve participation in normal activities and conditions of everyday living, reduce challenging behaviors, alleviate symptoms of psychopathology, and maintain a safe and orderly environment.

Be mindful to consider the behavior management program/protocol (e.g., Therapeutic Options, etc.).

Time Out may be included in BTPs. Seclusion may NOT be included in BTPs.

All Plans must be reviewed quarterly by the independent review committee, and the LHRC or SCC.

Considerations regarding Behavioral Treatment Plans

- **Emergency or Temporary BTPs**

There can be no "Emergency" or "Temporary" BTPs per the basis of the definition, regulatory requirements, and process of a BTP:

- Plan created to alleviate challenging behaviors / imminent risk
- Systematic Data Collection by Licensed Professional or Licensed Behavioral Analyst
- Development of a plan by qualified professional using the data, with predetermined actions & criteria
- BTPs with Restraint or Time Out require IRC approval, and LHRC or SCC review.

- **"Positive Incentive Plan"**
- **"Interaction Guidelines"**

Consider if these terms are being used synonymously in ***operation*** as a BTP. If so, the regulatory process of a BTP must be followed. **Refer to the specification of plan types to verify.*

OHR Web Page

Human Rights Regulations

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