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| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Date: |  |
| **Complete this form for each right that is being restricted.** | | | Right Being Restricted: | |  |
|  |  |  |  |  |  |

|  | Rule | Question | Action to take | | Comments |
| --- | --- | --- | --- | --- | --- |
| 1. |  | **Does the plan identify a health or safety need for a rights restriction?** | **Yes** – Go to Question 2  **No** – Right cannot be restricted. Contact case manager and provide them with technical assistance (TA), including reference to rule. | | |
| 2. |  | **Is the reason for the rights restriction provided?** | **Yes** – Go to Question 3  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 3. | **Ch. 45 Section 4(h)**  When rights restrictions are deemed necessary, the individualized plan of care shall include a rights restriction protocol that addresses the reasons for the rights restriction(s), including the legal document, court order, guardianship papers, or medical order, that allows a person other than the participant to authorize a restriction to be imposed. | * Guardianship Orders - does the scope of the guardianship cover the rights restriction(s) being imposed? | Y | N |  |
| * Medical Order - diagnosis and specific risk being addressed must be included in the detailed medical order. | Y | N |  |
| * Court Order | Y | N |  |
| * Representative Payee documentation | Y | N |  |
| **Has the necessary paperwork been submitted?** | **Yes** – Go to Question 4  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 4. | **Ch. 45 Section 4(h)(i)(A)**  For any rights restriction imposed, the following items shall be addressed and documented in the individualized plan of care:  (A) Identification of the specific and individualized assessed need; | * Does section state how providers are expected to restrict right (check PBSP)? | Y | N |  |
| * If not evident from this section, does the Needs and Risks section of the IPC include instructions for providers? | Y | N |  |
| **Is the individualized need specifically addressed, including how the provider is expected to restrict this right?** | **Yes** – Go to Question 5  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 5. | **Ch. 45 Section 4(h)(i)(B)**  Documentation of the positive interventions and supports used prior to any modifications to the individualized plan of care; | * Does the IPC list less restrictive options that were used prior to the decision to restrict this right? | Y | N |  |
| * Does the plan list any alternatives that have been tried recently? | Y | N |  |
| **Are there positive interventions AND supports listed in the plan of care that were used prior to this rights restriction being added?** | **Yes** – Go to Question 6  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 6. | **Ch. 45 Section 4(h)(i)(C)** Documentation of less intrusive methods of meeting the need that have been tried but did not work; | * Have alternatives been tried and are they listed here? | Y | N |  |
| * Does this section describe what happened that made the team believe the alternatives were unsuccessful? | Y | N |  |
| * Does the IPC describe how the provider has respected the participant’s right to respect and dignity? | Y | N |  |
| **Does the plan address less intrusive methods of meeting the participant’s needs that have been tried, but that have not worked in the past?** | **Yes** – Go to Question 7  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 7. | **Ch. 45 Section 4(h)(i)(D)**  A clear description of the condition that is directly proportionate to the specific assessed need; | * Does the plan specifically describe the events/ preceding events that lead/led to a restriction? | Y | N |  |
| * Does the plan specifically list behaviors that warrant restriction? | Y | N |  |
| * Is the restrictions proportionate to the condition? | Y | N |  |
| * Is this restriction time-limited to a specific event or behavior? | Y | N |  |
| **Does the plan specifically state the condition when a provider can issue this rights restriction?** | **Yes** – Go to Question 8  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 8. | **Ch. 45 Section(h)(i)(E)**  A system of regular data collection and review to measure the ongoing effectiveness of the modification; | * Does the plan list evidence used to determine the effectiveness of this restriction (i.e., # internal incident reports before and after, daily schedules, etc.)? | Y | N |  |
| * Does the plan provide criteria for when the team will restore the right or lessen the restriction? | Y | N |  |
| * Is there a summary of how the information will be used to inform provider actions? | Y | N |  |
| **Does the IPC include a plan for regular collection and review of data to measure the effectiveness of this rights restriction?** | **Yes** – Go to Question 9  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 9. | **Ch. 45 Section(h)(i)(F)**  Established time limits for periodic reviews, not to exceed six (6) months, to determine if the modification is still necessary or can be terminated; | * Is there a time limit for review of this restriction - at least every 6 months? | Y | N |  |
| * Does the IPC state that the restriction can be reviewed as requested by participant and/or IPC team? | Y | N |  |
| **Does the plan include time limits for periodic review to determine the necessity of the rights restriction?** | **Yes** – Go to Question 10  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 10. | **Ch. 45 Section(h)(i)(G)**  Include the informed consent of the individual; and | * Is a verification form present for participant without guardians? | Y | N |  |
| * Does the section address how provider will obtain consent/assent at time of restriction? | Y | N |  |
| * Does the plan describe how participant was involved in the decision to include the restriction in the IPC? | Y | N |  |
| **Does the plan include informed consent of the individual?** | **Yes** – Go to Question 11  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 11. | **Ch. 45 Section(h)(i)(H)**  Assurance that interventions and supports will cause no harm to the individual. | * Does the IPC include a description of how the restriction will not cause physical harm? | Y | N |  |
| * Does the IPC describe how the provider will maintain dignity and respect? | Y | N |  |
| **Does the plan include an assurance that the interventions and supports for this rights restriction will cause no harm to the participant?** | **Yes** – Go to Question 12  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| 12. | **Ch. 45 Section 4(h)(ii)**  In addition to the items mentioned in this Section, the individualized plan of care shall address how the team will work to restore any right described in this Section that has been limited or denied. | * Does the IPC include a plan to lessen the restriction? | Y | N |  |
| * Does plan address how provider will maintain right to dignity? | Y | N |  |
| * Does the IPC contain a plan to continuously evaluate restriction? | Y | N |  |
| **Does the plan address how the team will work to restore the right?** | **Yes** – Rights restriction is allowed  **No** – Right cannot be restricted. Contact case manager and provide them with TA, including reference to rule. | | |
| Restraints written into the IPC?  Y  N | | | | | |
| 13. | **Ch.45 Section 4(d)**  A participant’s right to be free from physical, mechanical, and chemical restraints shall not be denied or limited unless a court, the participant, or the participant’s legally authorized representative authorizes the denial or limitation in writing. The request shall be accompanied by letters from a licensed medical and behavioral professional that detail medical and psychological contraindications that may be associated with a restraint. | * Is the restraint authorized in writing by the legally authorized representative? | Y | N |  |
| * Is there a letter from a licensed medical professional that details medical contraindications that may be associated with a restraint? | Y | N |  |
| * Is there a letter from a behavioral professional that details psychological contraindications that may be associated with a restraint? | Y | N |  |
| **Does the plan include required authorization and letters?** | **Yes** – Go to Question 14.  **No** – Restraint is not allowed. Contact case manager and provide them with TA, including reference to rule. | | |
| 14. | **Ch.45 Section 18(b)**  The entire plan of care team shall agree to the use of restraints, confirmed with a signature from the participant, legally authorized representative, and all providers involved, and be consistent with this Section. | * Is team agreement documented in the IPC? | Y | N |  |
| * Is team agreement confirmed with a signature from the participant, legally authorized representative, and all providers involved? | Y | N |  |
| **Does the plan include written agreement from the entire team?** | **Yes** – Go to Question 15.  **No** – Restraint is not allowed. Contact case manager and provide them with TA, including reference to rule. | | |
| 15. | **Ch.45, Section 18(g)(i) – (ii)** When restraints are deemed necessary, the individualized plan of care shall include a restraint protocol that includes:  (i) If a person other than the participant authorizes the use of restraint, the legal document, court order, guardianship papers, or medical orders that demonstrate this authority; and  (ii) For any restraint imposed, demonstration that the standards outlined in Section 4(h)(i) of this Chapter are met. | * Is there a restraint protocol? | Y | N |  |
| * Does the restraint protocol demonstrate compliance with Section 4(h)(i)? | Y | N |  |
| **Does the restraint protocol include necessary components?** | **Yes** – Go to Question 16.  **No** – Restraint is not allowed. Contact case manager and provide them with TA, including reference to rule. | | |
| 16. | **Ch.45, Section 18(f)**  The plan of care team shall review the participant’s plan thoroughly to ensure the individualized plan of care is not so restrictive that it repeatedly provokes behaviors that lead to the use of restraints. | * Is the IPC so restrictive as to provoke behaviors that would lead to a restraint being needed? | Y | N |  |
| **Is the IPC written in a way that could lead to a restraint?** | **No** – Restraint is allowed.  **Yes** – Restraint is not allowed. Contact case manager and provide them with TA, including reference to rule. | | |