

**Rights Restrictions in Residential Settings
(Group Homes, Alternative Family Living Homes)**

All individuals living in provider owned or controlled residential settings have rights which cannot be restricted without assessed need and documentation. These rights include, but are not limited to, the ones outlined in the table below.

An individual's rights cannot be restricted based on program/provider rules or staff preference. Any restriction of rights must be based on the individual's unique clinical needs and must be documented and approved by the provider's human rights committee.

Examples of Rights	Examples of Rights Restrictions Which May be Justified (based on unique clinical needs of member and with supporting documentation as outlined below)	Examples of Inappropriate Rights Restrictions (when there is no unique clinical needs of the member and/or no supporting documentation as outlined below)
Send and receive private, sealed mail		All incoming mail is opened by staff or staff must see outgoing mail before sealed in envelope
Make and receive private phone calls at any time	Restricted access to phone secondary to history of inappropriately calling 911	Phone calls are only allowed during specified hours, and/or must be monitored/overheard by staff based on rules developed by provider
Close and lock personal living unit (bedroom, bathroom) if desired	Bedroom door must remain open to allow visual observation due to current high risk of self injurious behavior	Not allowed to close and or lock (from inside and outside) bedroom door due to staff fears of what might happen if not observed visually
Have key to home		Not allowed to have key to home due to provider rules or AFL worker fear
Furnish and decorate living unit (within individual's financial means)		All bedrooms required to look same/similar
Have unrestricted access to home (excluding staff office/living quarters)	Restricted access to kitchen or fridge due to condition which requires close monitoring of food intake (e.g. prader will)	Access to area of home only when accompanied by staff member
Have visitors of his/her choice at any time		Restricted visiting hours established by provider or provider chooses who can/cannot visit
Free to control own schedule and activities		Told when shower/bath must be taken Required to sit at table during meal time
Chooses if wants to vote and for whom to vote		Told who to vote for
Has free access to food at any time	Restricted access to food secondary to Prader Willi Syndrome	Fridge locked or access restricted by staff

Keep and use personal clothing and possessions	Restricted access to a specific possession to due to high risk of injury or exploitation	Denied free access to personal belongings/clothing without supporting documentation to establish individual-specific clinical need
Participate in religious worship of his/her choice		Required to attend religious service preferred by staff
Keep and spend own money		Money must be kept in place chosen by provider

Any modification or restrictions to rights or the additional HCBS conditions for provider owned or controlled residential settings (i.e. group homes, AFLs) must be supported by a specific individual assessed clinical need and justified in the person-centered plan.

What if an individual’s rights are being restricted and there is no clinical need and/or justification in the plan?

Sometimes, provider staff may default to old behavior in which residential facilities sometimes had many provider generated “rules” related to access to food, room décor, visiting hours, storage of or access to personal possessions or personal money, etc. If the modification or restriction of rights/HCBS conditions is not based on individual-specific clinical need and justified in supporting plan documentation, the provider must address and ensure that the individual’s rights are respected.

What if the individual does have a clinical need to restrict one of his/her rights, what justifying documentation is required in the plan?

The following requirements must be documented in the person-centered plan.

1. Identify a specific and individual assessed need. The restriction must be reasonable and related to the individual’s needs (not program rules, convenience of staff, etc)
2. Document the positive interventions and supports used / less intrusive methods of meeting the need that have been tried but did not work.
3. Document a clear description of the condition that is directly proportionate to the specific assessed need. Obtaining documentation of need from doctor or other appropriate clinician is recommended as a means to clearly establish that rights restriction is warranted.
4. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
5. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
6. Include the informed consent of the individual.
7. Include an assurance that interventions and supports will cause no harm to the individual.
8. Document review and approval by provider’s Human Rights Committee
9. Document assessment and review plan
 - The rights restriction must be effective for a period not to exceed 30 days, after which the right must either be restored or the restriction renewed for up to 30 additional days. This restoration or renewal must be documented by the provider Qualified Professional in record. If renewed, it is important that there is a written statement re: same in record which includes the reason for the renewal. If the right is restored, the ISP must be updated to reflect this restoration of rights.
 - The individual, if competent adult, or the legally responsible person must be notified when the rights restriction is implemented and at each renewal. This notification must be documented in the record.
 - The provider Qualified Professional must assess the rights restriction every 7 calendar days, documenting this assessment in the record.

Name:

Record Number:

Documentation of Right Restriction

This document is an attachment to/must be accompanied by an Individual Support Plan or an Update to Individual Support Plan.

1. Right Restricted / Intervention and Support (Identify right to be restricted. Include assurance that Interventions and supports will cause no harm to the individual)	
2. Specific and Individual Assessed Need (restriction must be reasonable and related to the individual's needs rather than program rules or staff convenience.)	
3. Positive Interventions and Supports Used (less intrusive methods of meeting the need that have been tried and did not work)	
4. Clear Description of Condition Directly Proportionate to Specified Assessed Need (Obtaining documentation of need from doctor or other appropriate clinician is recommended as a means to clearly establish that rights restriction is warranted)	
5. Plan for Regular Collection and Review of Data to Measure Ongoing Effectiveness of the Modification (how will data be collected and measured)	
6. Plan for Periodic Review (to determine if the right restriction is still necessary or can be terminated) Responsible Provider: _____ Qualified Professional: _____ <ul style="list-style-type: none"> • The provider Qualified Professional will assess the right restriction every 7 calendar days, documenting this assessment in the provider medical record. • Rights restriction will be effective for a period not to exceed 30 days. after which the right will either be restored or the restriction renewed for up to 30 additional days. This restoration or renewal will be documented by the provider Qualified Professional in the provider medical record. If renewed, documentation will include the reason for the renewal. If restored, QP will alert Care Coordinator so that an Update to ISP can be completed. • The provider Qualified Professional will notify individual/legally responsible person when the right restriction is implemented and at each renewal. This notification will be documented in the provider's medical record. 	
7. Date Informed Consent of Individual/Legally Responsible Person Obtained:	(month/day/year)
8. Date of Review and Approval by Provider's Human Right's Committee:	(month/day/year)

Signature - Provider Qualified Professional

Date