



"People
helping people
help
themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

Division of Disability and Rehabilitative Services
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

Division of Disability and Rehabilitation Services (DDRS) Human Rights Committee Submission Form

The DDRS Human Rights Committee (HRC) Policy effective Feb 21, 2011 establishes the expectation that providers will operate HRC's to review the proposed use of restrictive interventions and/or other proposed actions that would limit an individual's human rights. Use of the DDRS HRC should be limited to exceptional situations whereby the provider's own HRC is unable to render a resolution or when the circumstances surrounding the proposed restrictive interventions are especially challenging. See DDRS HRC policy at <http://www.in.gov/fssa/files/012 - Human Rights Committee.pdf>. For Behavioral support plan standards, reference 460 IAC 6-18-2 at <http://www.in.gov/fssa/files/460 IAC 6.pdf>.

Participant Name:

Residential or Day Provider/Contact Info:

Author of Plan/Contact Info:

HSPP/Behavioral Provider and Contact Info:

Effective Date of Plan:

Revision Date(s):

Annual Review Due Date:

Date of Submission/Resubmission:

(If Resubmission, date of last HRC Review):

Please submit the following required information along with this completed form:

- Justification (on company letterhead) for requesting DDRS HRC Review,
- Current/new BSP with numbered pages,
- Current FA (Functional Assessment) with numbered pages,
- Definition of targeted behaviors,
- Replacement behaviors,
- Data for at least 1 year (in graph format), or all data available (e.g., baseline) to support proposed restriction. This may include additional relevant data (e.g., weight record, sleep record, seizure record, etc.),



- Risk of targeted behavior vs. Risk of restrictive procedure analysis,
- Least restrictive measures proven to be not effective,
- Psychotropic medication reduction plan if request includes psychotropic medication,
- Copy of current signed informed consent,
- Copy of the most recent psychiatric consultation or physician note if request includes psychotropic medication. *(Recommended)*

A. Current restrictions already included as part of the person's BSP: *(Complete both parts if applicable)*

Restrictive Technique	Original HRC Approval Date	Date Technique Implemented	Utilized For (behaviors/symptoms)
A-1.			
A-2.			
A-3.			
A-4.			

Psychotropic Medication	Current Dosage & Administration	Date Initiated	Most Recent Change (and date)	Utilized for: (diagnosis/symptoms/ behaviors)
A-1.				
A-2.				
A-3.				
A-4.				

B. Proposed restrictions associated with this request to initiate/revise a BSP: *(Complete both parts if applicable)*

Restrictive Technique	Utilized for (behaviors / symptoms)
B-1.	
B-2.	
B-3.	
B-4.	

Psychotropic Medication	Utilized for (diagnosis/ symptoms / behaviors)
B-1.	

B-2.	
B-3.	
B-4.	

C. **Informed Consent** to initiate/revise a BSP: *(Guardian signature line required on BSP)*

Individual's Guardian or Legal Representative's Name	Contact Information
C-1.	
C-2 .	

Comments: