

Human Rights Committee (HRC) Stakeholder Engagement

September 14, 2021

Presented by: Office of Community Living



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HRC Stakeholder Engagement Workgroups

The Department received a recommendation for the Department to form stakeholder workgroups to collaboratively develop universal forms and training for HRC.

Several Stakeholder workgroups met in July 2021 to discuss HRC Notification Letter, Checklist, Coversheet, Review Page and Signature Page.

THANK YOU TO ALL THAT PARTICIPATED IN THE WORKGROUPS AND WHO THOSE THAT SENT IN SUGGESTIONS!



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Next Steps

- The following documents were updated and/or created.
 - Notification Letter, Checklist, Coversheet, Review Page and Signature Page.
- We have a few options to discuss regarding whether to utilize individual forms or combine forms where possible.



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Universal Documents: Option #1

The first option is to have separate documents for all forms (Notification Letter, HRC Checklist, HRC Coversheet, Review and Signature Page).

- PASAs would be responsible for the Checklist, the Case Manager or HRC Liaison would complete the Coversheet and the HRC committee would complete the Review and Signature Page.



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Human Rights Committee (HRC) Review Notification

[Click here to enter Member Name](#)

[Click here to enter Member Street Address](#)

[Click here to enter Member City, State, Zip](#)

[Click here to enter Today's Date](#)

[Click here to enter agency name](#) Human Rights Committee (HRC) is scheduled to review the following items at the next HRC Meeting:

[Click here to enter area\(s\) to be reviewed](#)

The meeting will be held via

[Click here to enter meeting type and add meeting address/link](#)

Attendance at this meeting is encouraged and is very valuable. Please contact

[Click here to enter contact information to confirm your attendance.](#)

As part of state regulation and best practices in providing support and services to an individual, the [Click here to enter agency name](#) Human Rights Committee reviews measures such as the use of a psychotropic medication, restrictive procedures, rights suspensions, rights modifications, MANE investigations, and safety & emergency control procedures. The HRC may make recommendations and can approve or disapprove the proposed measure.

This committee is composed of parents, guardians, and family members, as well as professionals from a variety of areas from the intellectual and developmental disabilities community. The HRC is a third-party group who volunteer their time to review any limitations or measures that may impact your rights. They are dedicated to making sure that services are provided in a way that is based on individual needs.

Sincerely,

[Click here to enter name.](#)

[Click here to enter agency name](#)

[Click here to enter contact information](#)



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Human Rights Committee (HRC) Review Checklist

The following documents are the HRC packet requirements needed for each type of review. Complete all that apply.

Initial/Annual/6 month Written Review Packet Requirements

<p>Psychotropic Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> HRC Checklist with all required additional documents <input type="checkbox"/> Most up-to-date note, Physicians Orders or Prescription from Prescribing Medical Provider (This must include the diagnosis and dosage and corresponding medication name) <ul style="list-style-type: none"> • Note/prescription must include: Diagnosis, Medication, and Dosage <input type="checkbox"/> Informed Consents for each medication <ul style="list-style-type: none"> • Informed Consent must be signed by the individual in services and/or legal guardian <input type="checkbox"/> BISSP addressing behaviors associated with the psychiatric diagnosis and a data summary
<p>Rights Modifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> HRC Checklist with understandable and time appropriate data summary and/or a brief summary of the member's progress (IR, numerical data or narrative summary) <input type="checkbox"/> Completed Comprehensive Life Review <input type="checkbox"/> BISSP for Right Modification Protocol (if needed) <ul style="list-style-type: none"> • BISSP/protocol should address behaviors associated with the suspension <input type="checkbox"/> IDT notes or the Service Plan showing the team has reviewed the modification within the noted timeframe as decided by the IDT (minimum of twice per year) <input type="checkbox"/> Signed Informed Consents (For initial packet) or Date of Signature (if on-going):
<p>Rights Suspension</p> <ul style="list-style-type: none"> <input type="checkbox"/> HRC Checklist with understandable and time appropriate data summary and/or a brief summary of the member's progress (IR, numerical data or narrative summary) <input type="checkbox"/> Completed Rights Modification/Suspension Notice <input type="checkbox"/> Completed Comprehensive Life Review (if for an initial review) <input type="checkbox"/> Description of the modification/ suspension: <input type="checkbox"/> IDT notes or the Service Plan showing the team has reviewed the modification within the noted timeframe as decided by the IDT (minimum of twice per year)
<p>Restrictive Procedure</p> <ul style="list-style-type: none"> <input type="checkbox"/> HRC Checklist with understandable and time appropriate data summary and/or a brief summary of the member's progress (IR, numerical data or narrative summary) <input type="checkbox"/> Description of Restrictive Procedure: <input type="checkbox"/> Completed Functional Analysis <input type="checkbox"/> Completed Comprehensive Life Review





Human Rights Committee (HRC) Cover Sheet

Member Name:	Date of Birth:
Guardian(s) Name:	Reason(s) for Review:
RAE Service(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Provider(s):
Current HRC Review Date:	Last HRC Review Date:

Check all appropriate boxes below for items to be reviewed:

<input type="checkbox"/>	Psychotropic Medication	
	Medication	Dosage/Frequency
		Psychiatric Diagnosis
Prescribing Physician or Psychiatrist:		
Date that informed consent(s) were signed:		
Date of last psychiatric review:		
BISSP Goal:		
Any changes in medications since last review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe and explain:		
Is an AIMs needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date completed:
If Dosage/Frequency is "as needed or PRN: Remove until memo is released		
<ul style="list-style-type: none"> Is this medication used for sleep disturbances or anxiety? <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep Disturbance 		





Human Rights Committee (HRC) Review Form

Member Name:	HRC Review Date:	Next HRC Packet Due to HRC:
Residential Services Agency:	Residential Packet Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day Services Agency:	Day Services Packet Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resource Coordinator/Service Coordinator/Case Manager:		
Packet Review Type: <input type="checkbox"/> Initial Packet <input type="checkbox"/> Annual Packet <input type="checkbox"/> Other:		
Check All That Apply: <input type="checkbox"/> Psychotropic Medication <input type="checkbox"/> Rights Modification <input type="checkbox"/> Rights Suspension <input type="checkbox"/> Emergency/ Safety Control Procedure <input type="checkbox"/> MANE Investigation <input type="checkbox"/> Restrictive Procedure		
All required documentation was received prior to the HRC review and met applicable requirements a in accordance with Statute and Regulations as well as HRC Policies and Procedures. This documentation can be accessed in the individual's official record at their current Case Management Agency.		
HRC Members Participating in this Review:		
Other Participants in this Review:		
Review 1 Committee Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Approval <input type="checkbox"/> Additional Information Requested	Explanation if not approved:	
Review 2 Committee Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Approval <input type="checkbox"/> Additional Information Requested	Explanation if not approved:	
Review 3 Committee Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Approval <input type="checkbox"/> Additional Information Requested	Explanation if not approved:	
Committee Recommendations and Requests		
Send all follow up to the above recommendations to:	Email:	By Date:



Universal Documents: Option #2

This option combines all documents (with the exception of the Notification Form) into one document.

- This will be a shared document with sections that are designated to which entity will be completing that section.
- This may streamline the process and reduce the risk of missing forms in the review process.



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Human Rights Committee (HRC) Cover Sheet and Summary Review for PASA/CMA

This section completed by the PASA

Member Name:	Review Period Dates:
Age:	<input type="checkbox"/> Initial <input type="checkbox"/> Ongoing
Guardian Name(s): (If applicable)	Relationship to Member:
Residential Agency:	Day Services Agency:
CLR in place? <input type="checkbox"/> Yes Date Completed/Updated:	<input type="checkbox"/> N/A *Include CLR with Initial Review
BISSP in place? <input type="checkbox"/> Yes Date Completed/Updated:	<input type="checkbox"/> N/A *Include CLR with Initial Review

Check the appropriate box below for items to be reviewed

<input type="checkbox"/>	Psychotropic Medication
<p>Have you included a signed informed consent (by individual and/or guardian) that corresponds to all HRC Reviewed medications listed on the current note, Physician's Order(s), or Prescription from Prescribing Medical Provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>	
<p>Have you included the most up to date note, Physician's Order(s), or Prescription from Prescribing Medical Provider? (This must include the diagnosis, dosage, and corresponding medication name)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>	
<p>Copy of AIMs score/documentation included? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If no, please explain:</p>	



Universal Documents

- What option does the group prefer/recommend?
- Are there changes to the document content you would recommend?
 - Please share your feedback with the group today



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Discussion Topic #1

What does an HRC Review?

- Psychotropic Medications
- Investigations for Mistreatment, Abuse, Neglect and Exploitation
- Restrictive Procedures, Safety Control Procedures, Emergency Control Procedures
- Rights Suspensions/Rights Modifications

Are there reviews being completed that you feel an HRC should not review or should review differently? Please share with the group today.



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Discussion Topic #2

The Future of the HRC

- What is working well?
- What should be modified or changed?
- Should the Department consider alternatives to having HRC reviews? If so, what is suggested?



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Discussion Topic #3

- Currently rights modification informed consent is reviewed by case managers for the following Home and Community Based Service (HCBS) waiver programs.
 - HCBS-Elderly, Blind and Disabled
 - HCBS-Brain Injury
 - HCBS-Spinal Cord Injury
 - Children's Extensive Supports
 - Children's Habilitative Residential Program
 - HCBS-Community Mental Health Supports

What is working well vs what should be changed for this process?



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Questions?



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Thank you!

