



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services**

[Provider's Name] HRC Minutes

Person's Name: Residential Provider: Day Services Provider:	Date of Provider HRC Review: BSP Developer:
---	--

Introduction: (List of those present for the meeting and those invited but not in attendance)

Parties present:

Name	Title	Contact information	Provider HRC Member	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Parties invited but not in attendance:

Name	Title	Contact information	Provider HRC Member	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Behavioral Support Plans:

1 Psychotropic Medication Treatment

List currently prescribed psychotropic medications.

A Psychotropic Medications

Medication	Dosage	Symptom targeted by medication	Mental Health Diagnosis

2 Restrictive Interventions in the BSP

Clinical Justification for Restrictive Components &/ Or Psychotropic Medication	
Psychotropic Medication:	
Increased Staffing:	
Physical Modifications to	

the Environment:	
Physical Restraints:	
Other restriction:	

Discussion on justification for the BSP and all restrictive controls contained within the BSP *(please include any action items and the responsible person/provider):*

What is the potential impact on the proposed restriction/limitation/intervention/action on the person?

What has already been tried? What was the outcome?

What are the person’s thoughts about the proposed restriction/limitation/intervention/action?

Does the person and/or their substitute decision maker/guardian consent to the proposed restriction/limitation/intervention/action?

What is the plan for fading the proposed restrictions/limitation/intervention/action?

How often will the restriction/limitation/intervention/action be reviewed to determine if it needs to be modified?

Psychotropic Medications Review/ Changes:

1 Changes Since Last Restrictive Controls Review

List updates and revisions made to BSP since last restrictive control approval date but prior to the BSP expiration date.

Changes in diagnosis
· No · Yes (explain)
Changes in psychotropic medication
· No · Yes (explain)
Changes in other restrictions
· No · Yes (explain)

Other Human Rights Issues/Violations:

Discussion on justification of any other restrictions, human rights issues, or potential violations which have been raised/occurred since the last provider HRC review *(please include any action items and the responsible person/provider):*

What is at issue?

What is the person’s specific individualized assessed need that results in the restriction?

What prior interventions and supports have been attempted, including less intrusive methods?

Is the proposed restriction proportionate to the person’s assessed needs?

Is there or will there be ongoing data collection to measure the effectiveness of the restriction?

When will this committee or the person’s support team review the restriction again?

Does the person, or his or her substitute decision-maker, give informed consent?

Is the committee assured that the proposed restriction or intervention will not cause harm?

Is BSP approved?

Length of BSP approval by Provider HRC:

Does the BSP need to be revised before Provider HRC approval?

List of required revisions:

Next Provider HRC review date:

Issues and Incidents:

Discussion of any issues and incidents which have occurred since the last provider HRC review *(please include any action items and the responsible person/provider):*

Adaptive Equipment Review:

Discussion of any adaptive equipment the person currently uses or may need to use to ensure their safety *(please include any action items and the responsible person/provider):*

Miscellaneous:

Discussion of any additional issues related to the person being supported that needs to be addressed/reviewed by the provider HRC *(please include any action items and the responsible person/provider):*