

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Subject: Provider Human Rights Committee	Procedure No.: 2013-DDA-H&W-PR015
Responsible Program or Office: Developmental Disabilities Administration	Effective Date: September 3, 2013
	Number of Pages: 5
Supersedes: Human Rights Advisory Committee procedure, August 2011	
Cross References and Related Policies and Procedures: Behavior Support policy; Human Rights policy; Human Rights Definitions; Human Rights Advisory Committee procedure; Behavior Support Plan procedure; Restrictive Control Review Committee procedure; Imposition of Sanctions policy; Enhanced Monitoring procedure; Watch List procedure.	

**1. PURPOSE**

The purpose of this procedure is to establish the process for the review of human rights issues raised by or on behalf of people supported through the Developmental Disabilities Administration (“DDA”) Service Delivery System.

**2. APPLICABILITY**

This procedure applies to all Department on Disability Services (“DDS”) employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with intellectual disabilities who are receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (“DCHF”).

**3. PROCEDURES**

The following are the procedures by which the providers will assure that best practice is employed in promoting and protecting the human, civil and legal rights of all people receiving services through the DDA service delivery system; and that all allegations of human rights violations are properly reviewed and resolved consistent with DDS policies and procedures.

**A. Provider Human Rights Committee (HRC) - General**

1. DDS requires that all providers, also establish an independent Human Rights

Committee (“HRC”) or an agreement with a standing HRC, operated by one or more provider to promote and protect the rights of people receiving supports and services through DDA's service delivery system.

2. The provider is responsible for ensuring that its HRC establishes operating procedures that define the membership, training, roles and responsibilities of the committee, subject to the provisions below.
3. Providers may establish an independent committee or join with other providers to establish a shared committee.

## **B. HRC Membership**

1. HRC membership shall be broadly based, diverse and independent. The HRC must have at least five members, and shall include representatives from at least the following groups:
  - a. People who receive supports and services from DDA;
  - b. Family members of people who receive services from DDA and/ or advocates for people with developmental disabilities;
  - c. Allied health professionals;
  - d. Allied behavioral health professionals; and
  - e. An attorney.
2. The number of external members on the Committee shall be greater than the number of internal members.

## **C. HRC Operations**

1. Provider agencies must ensure that the person who is the subject of the review is invited to attend the HRC meeting; and, if they would like to come, supported to be there. Providers must also invite the person’s substitute decision maker, if he or she has one. After the meeting, the provider shall ensure that the person and his or her substitute decision maker are notified of the results of the review. Providers should maintain documentation that the person and his or her substitute decision maker were invited to attend, and of the discussion of the results of the review.
2. The HRC shall make recommendations only when there is a quorum. A quorum shall constitute a simple majority, where the number of external members is greater than internal.
3. The HRC must meet as often as necessary to stay current on reviews and to avoid any backlog. Specifically, the HRC may not wait more than 30 days to make a recommendation on any human rights matter submitted for review.
4. The HRC shall establish a process for emergency review of restrictive or intrusive

interventions that are part of a plan of behavior or medical supports so that plans are not implemented without review and approval and there is not an unnecessary delay in providing needed services.

5. Approvals will be time-limited, but cannot exceed 12 months. The HRC is responsible for reviewing any BSP or restriction as frequently as necessary and at least annually. Please see the Behavior Support Plan Oversight procedure for details on which provider HRC would be responsible for reviewing a person's BSP when the person receives support from more than one provider.
6. Providers shall offer members of their HRC initial and then annual training on human rights and freedoms, grievance policies, DDA's complaint procedure, applicable policies and procedures such as DDS's Human Rights policy, Behavior Support policy and corresponding procedures, and other topics related to their responsibility to protect and promote rights. Providers shall maintain training records for HRC members.

#### **D. HRC Responsibilities**

The HRC is responsible for:

1. Promoting and protecting rights of people with intellectual and developmental disabilities;
2. Staying abreast of and following all DDA and policies and procedures pertaining to human rights, restrictive controls, and behavior support plans;
3. Maintaining the confidentiality of the people being reviewed and the contents of the review packet;
4. Actively supporting people who attend meetings to discuss their rights concerns;
5. Monitoring areas of potential conflict within the committee and ensuring members who identify an area of conflict recuse themselves for that particular decision;
6. Reviewing and approving or rejecting restrictive interventions that are part of a plan of behavior or medical supports prior to implementation;
7. Ensuring that a person or his or her substitute decision-maker provides informed consent for the use of any restrictive intervention, as well as for a behavior support plan that includes the use of psychotropic medications, individualized staffing, or other restrictive/intrusive interventions. (Informed consent for the DAR is not sufficient.);
8. Reviewing other rights limitations;

9. Reviewing issues and concerns brought by people, DDA staff, provider staff and administrators, parents or advocates that involve potential violations of individual rights;
10. Reviewing the provider's policies, procedures and practices that have the potential to limit the exercise of rights without an individualized assessment;
11. Reviewing the frequencies and reasons for the use of behavioral or medical restraints;
12. Reviewing reports of allegations of abuse, neglect, exploitation and other data, including complaints that reveal the provider's practices in promoting and protecting human, civil, and legal rights; and
13. Making recommendations to the provider organization for promoting people's rights.
14. The HRC will maintain a record of its activities documenting issues reviewed, actions taken and follow up required.
15. The provider shall send HRC meeting minutes/summaries to the RAS within fifteen (15) days of the meeting, or earlier if needed to expedite the approval of a rights restriction or BSP, or as requested by DDS. For reviews of BSPs, this is done via MCIS.

#### **E. HRC Review of Rights Restrictions**

Provider HRC reviews of potential rights restrictions, including the use of psychotropic medications, shall include but are not limited to consideration of the following:

1. The proposed restriction,
2. Informed consent,
3. Potential impact of the restriction on the person's life,
4. What alternatives have been tried and their results,
5. Why this restriction is being proposed, and
6. The person's perspective; and, if appropriate, that of his or her family and/ or substitute decision-maker.

#### **F. Appeals of HRC Decisions**

1. A person may appeal the decision of the HRC to the DDS RCRC for issues involving the person's behavior support plan and related restrictive interventions, or to the DDS HRAC for all other rights issues.
2. Appeals must be made within 30 days, unless there is good cause for a late appeal, and must be in writing. If a person needs help with filing an appeal, including writing

the appeal letter, he or she may ask the DDS Rights Advocacy Specialist for assistance.

3. The DDS RCRC or DDS HRAC shall review the appeal within 30 days of receipt of the appeal.

#### **G. Sanctions**

DDS may impose sanctions on providers who do not comply with the Human Rights policy or this procedure.