



Restrictions

MARCH 2024

Welcome



Shelly Thomas, Outcomes Management Director, BDS

Shelly.Thomas@fssa.in.gov

Kim Cauley, Quality Assurance Director, BDS

Kim.Cauley@fssa.in.gov

Sarah VanSickel, Quality and Training Manager; Liberty for BDS

Sarah.VanSickel@fssa.in.gov

Kate Trachtman, Behavior Specialist, Liberty for BDS

Kate.Trachtman@fssa.in.gov

Please:

- Use chat for immediate technical issues and to answer questions that may be asked throughout the presentation.
- Use Q&A button to ask questions
- Click closed captioning (cc) to see the live transcript
- Complete the evaluation that will be sent in the follow-up email (the email will also serve as confirmation you attended)

The recording will be uploaded to the FSSA YouTube Channel after the live sessions have been conducted



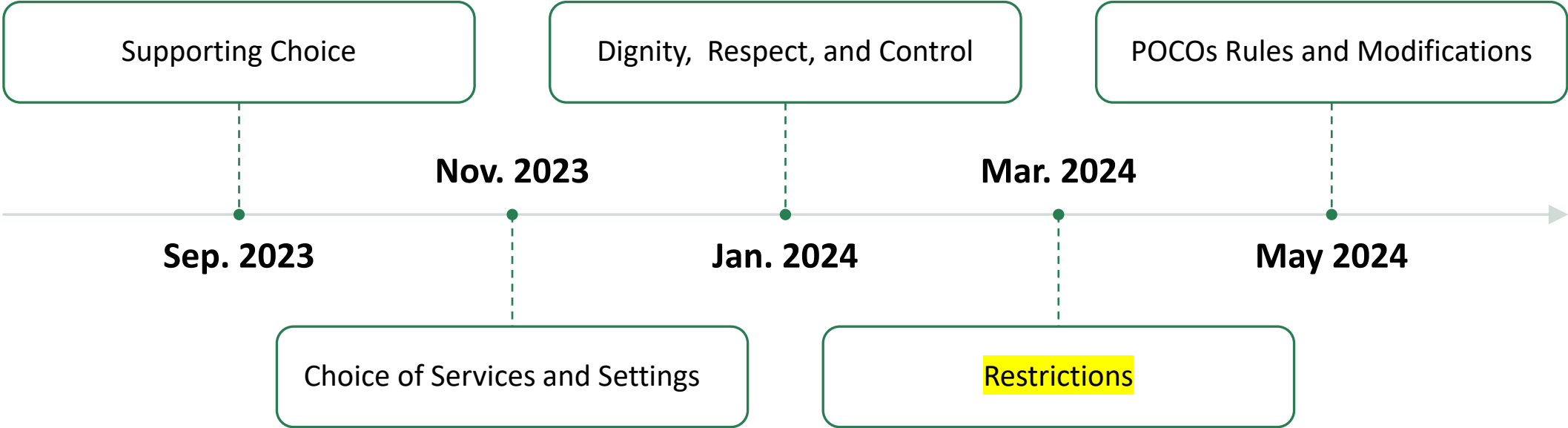


Agenda

What does the HCBS rule have to say about restrictions?

- Defining rights modifications and restrictions; both formal and informal.
- The role of services, the need for assessment, and how free will and choice impact the rewards and restrictions that are put into place.
- Nothing about Me; Without Me: The importance of individuals leading the decision-making process for services, supports, and restrictions.
- The importance of restrictions having time limits and the role data driven decision-making has in the planning process.

Upcoming Training Topics



Six Strategies



Have a
conversation



Spend
Time
together



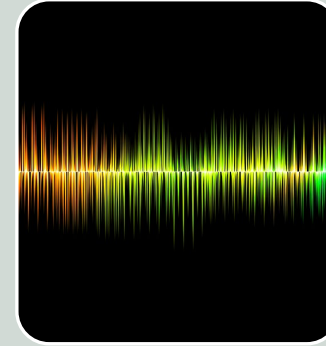
OPTIONS

A 3D rendering of the word "OPTIONS" in large, orange, block letters. Two small, white, stylized human figures are positioned on either side of the word, appearing to be in conversation or looking at the text.

Discuss
options



Weigh
options



Listen



Honor
choice

Dignity of Risk



HCBS Settings Rule: Rights

The HCBS settings rule requires these rights for people with disabilities who are receiving waiver services:

1. People have a right to privacy
2. People have a right to make choices
3. People have a right to choose where they get help and services
4. People have a right to be around other people in their community
5. People have a right to do the same things in the community that everyone else does
6. People have a right to do things in the community with people who do not have a disability
7. People have a right to get a job working with people who do not have a disability



Homes that the HCBS waiver provider owns or controls (POCO)



People are in charge of things that belong to them, including **MONEY**

People decide what to eat and when they eat



People are in charge of their schedule and what they do each day

People can have visitors of their choosing at times they choose





Requiring individuals to use a particular bank, pharmacy, or grocery store.

Limiting access to areas in the individual's home

Requiring or expecting individuals to follow visiting hours or ask permission for visitors.

Using cameras in shared places of the home modifies or restricts the right to privacy.

Imposing restrictions for everyone because one person has a rights modification or restrictions.

Requiring individuals to follow a specific diet, drink certain beverages, or not eat or drink specific things.

Scheduling activities away from home based on the needs of the support staff or provider.







A specific and individualized assessed need.

The positive interventions and supports used prior to any modifications or restrictions.

Less intrusive methods of meeting the need that have been tried but did not work.

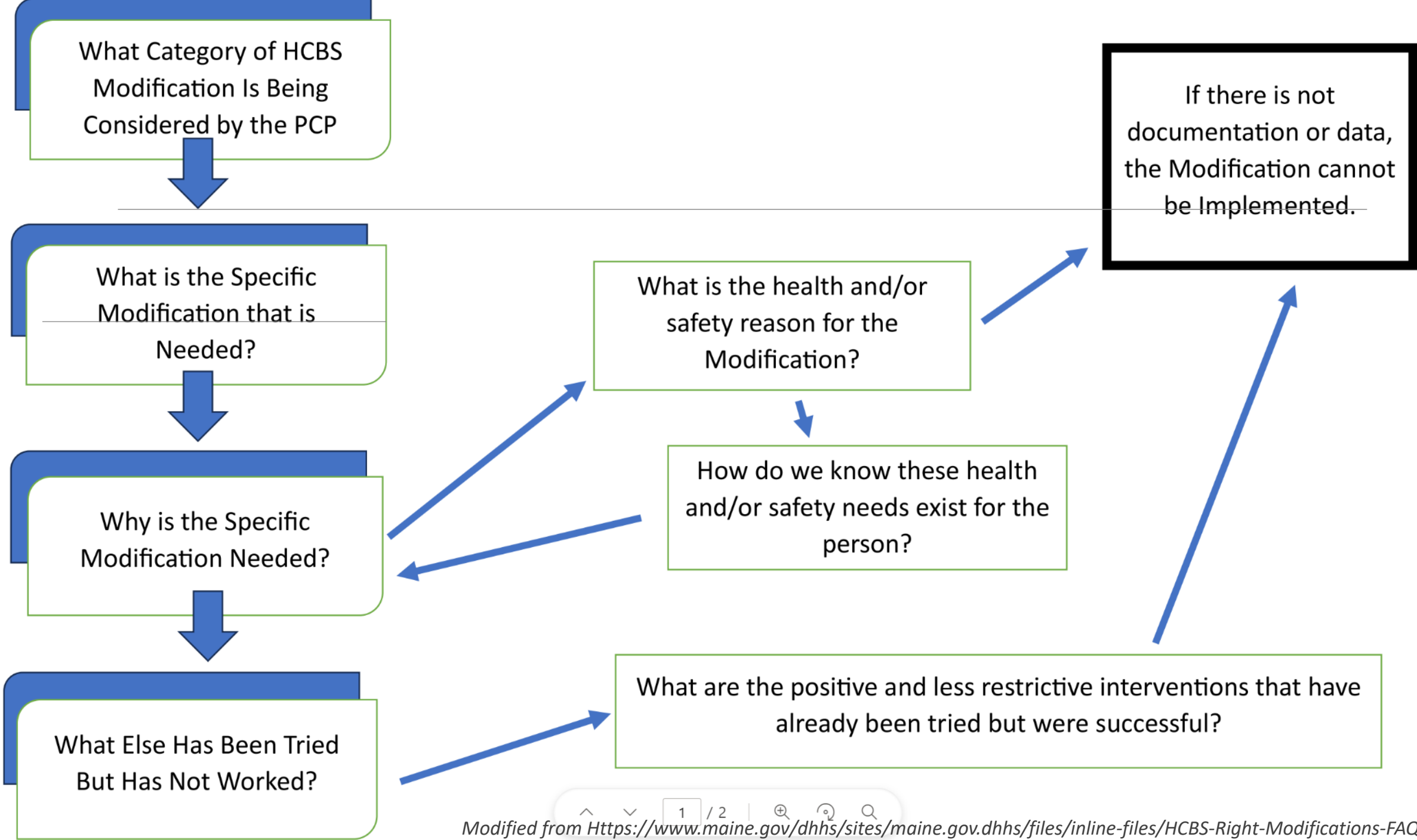
A clear description of the condition that is directly proportionate to the specific assessed need

5. A regular collection and review of data to measure the ongoing effectiveness of the modification

Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated

Informed consent of the individual.

An assurance that interventions and supports will cause no harm to the individual.



What Category of HCBS Modification Is Being Considered by the PCP



What is the Specific Modification that is Needed?



Why is the Specific Modification Needed?



What Else Has Been Tried But Has Not Worked?

What is the health and/or safety reason for the Modification?



How do we know these health and/or safety needs exist for the person?

What are the positive and less restrictive interventions that have already been tried but were successful?

If there is not documentation or data, the Modification cannot be Implemented.

Restriction

Morgan can have one alcoholic drink within a 48-hour period.

Example

Justification: Specific and individualized assessed need.

Morgan has a history of drinking in excess at times. Morgan takes medication that has negative interactions with alcohol.

Morgan has been to the ER three times in the past 6 weeks due to medication interaction with alcohol.

The doctor recommended no more than one alcoholic drink within a 48-hour period due to the medication interactions

Example

Previous Interventions

Morgan's alcohol consumption was not a concern prior to the addition of a new medication that has negative interactions with alcohol.

The Team talked with the physician about other options for medications.

The doctor and staff educated Morgan on the risks associated with the medication and alcohol.

When Morgan required medical intervention (ER visit), staff had documented Morgan had chosen to drink alcohol 2-3 days in a row. After the first ER visit, staff worked through the informed decision-making process with Morgan when she was contemplating whether she should drink or not. This was not sufficient for Morgan to choose not to drink multiple days in a row, putting her health at risk.

Example

A clear description of the condition that is directly proportionate to the specific assessed need.

Morgan's alcohol consumption was not a concern prior to the addition of a new medication that has negative interactions with alcohol. The doctor and staff educated Morgan on the risks associated with the medication and alcohol.

When Morgan required medical intervention (ER visit), staff had documented Morgan had consumed alcohol 2-3 days in a row. After the first ER visit, staff worked through the informed decision-making process with Morgan when she was contemplating whether she should drink or not. This was not sufficient for Morgan, and she chose to drink multiple days in a row, putting her health at risk.

Example

The Settings Rule Requires documentation of:

- 1. A specific and individualized assessed need.*
- 2. The positive interventions and supports used prior to any modifications or restrictions.*
- 3. Less intrusive methods of meeting the need that have been tried but did not work.*
- 4. A clear description of the condition that is directly proportionate to the specific assessed need.*

The Settings Rule Requires documentation of (continued):

5. *A regular collection and review of data to measure the ongoing effectiveness of the modification.*
6. *Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.*
7. *Informed consent of the individual.*
8. *An assurance that interventions and supports will cause no harm to the individual.*

Data Collection and Review

Documentation will include the following:

Each time (date/time) Morgan consumes alcohol as well as any observed symptoms or any medical attention required.

Each time Morgan contemplates drinking, when staff has to implement the restriction versus when Morgan chooses to only drink one alcoholic drink within a 48-hour period.

Data collection will be reviewed at least monthly.

Example

Regular review to measure effectiveness

Data will be reviewed monthly.

Restriction can be terminated if the medication that has a negative interaction with alcohol is discontinued or when Morgan demonstrates she is able to choose (with or without staff support) to have no more than one alcoholic drink within a 48-hour period for 3 consecutive months.

At least quarterly, the restriction will be reviewed by the IST (and remember that includes Morgan).

Example

Informed Consent

Individual's Informed Consent Signature:

Guardian's Informed Consent Signature (if applicable):

The following Team/Committee Members approve the above documented restriction attesting that this is the least restriction intervention identified to ensure the health and safety of the individual and none of the identified interventions or supports will cause harm to the individual or others

Example

Modifications

Specific individualized assessed need

Prior interventions and supports including less intrusive methods

Description of condition proportionate to assessed need

Ongoing data measuring effectiveness of modification

Established time limits for periodic review of modifications

Individual's informed consent

Assurance that interventions and supports will not cause harm



HCBS Remediation

Consistent CMS regulation, the IST must address and include the following elements within this section of the PCISP for **each** HCBS required question that is answered “no” by the IST:

- Identify a specific and **individualized assessed need**;
- Document the **positive interventions and supports used prior** to any modifications to the person-centered service plan;
- Document **less intrusive methods** of meeting the need that have been **tried** but did not work;
- Include **a clear description of the condition** that is directly proportionate to the specific assessed need;
- Include a **regular collection and review of data** to measure the ongoing effectiveness of the modification;
- Include **established time limits for periodic reviews** to determine if the modification is still necessary or can be terminated;
- Include **informed consent of the individual**; and
- Include **an assurance that interventions and supports will cause no harm** to the individual.



Data Driven Decision Making

Using consistent data to make decisions, the individual and their team can determine when restrictions are necessary and when to eliminate or reduce restrictions.







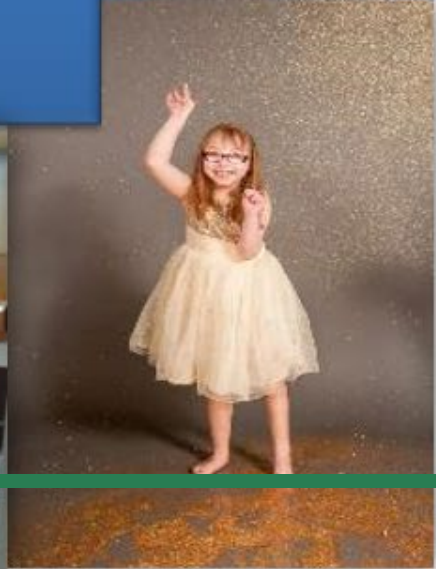








ALL people are empowered to live, love, work, learn, play and pursue their dreams.





We're In This Together

If you need additional information,
please contact us at

800-545-7763

BDS.Help@fssa.IN.gov



Stay Connected

Sign up for the DDRS listserv:

<https://public.govdelivery.com/accounts/INFSSA/subscriber/new>

Follow the BDS FB page:

<https://www.facebook.com/Indiana-Bureau-of-Developmental-Disabilities-Services-318818311807579/>



Additional Resources

BDS Quality Assurance Website

[FSSA: DDRS: BDS Quality Assurance \(in.gov\)](#)

Charting the LifeCourse

[LifeCourse-Tools.pdf \(in.gov\)](#)

[LifeCourse Nexus – Exchange Knowledge | Build Capacity | Engage Collaboratively \(lifecoursetools.com\)](#)

Person Centered Risk Management Training

[Person Centered Risk Management Training](#)



Additional Resources.

Links to the Videos in the Presentation

<https://youtu.be/CqtO3cvdom8>

<https://youtu.be/71iCk8ctb3Q>

<https://www.youtube.com/watch?v=N8OT61hTekA>





obrigado

Dank U

Merci

mahalo

Köszi

спасибо

Grazie

Thank
you

mauruuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos

