REGION 5 - HUMAN RIGHTS COMMITTEE SCHEDULE
FY 26 HRC Meeting Schedule & BX/Safety Plan Expectations
Typically, the HRC meets on the 2nd Tuesday of each month

Deadline for Provider Agency to submit Plan to Service Coordinator		Deadline for Service Coordinator to submit plan to Quality Coordinator for HRC review		HRC Meeting Date Proposed Schedule	
Tuesday	6/17/2025	Tuesday	6/24/2025	Tuesday	7/8/2025
Tuesday	7/22/2025	Tuesday	7/29/2025	Tuesday	8/12/2025
Tuesday	8/19/2025	Tuesday	8/26/2025	Tuesday	9/9/2025
Tuesday	9/23/2025	Tuesday	9/30/2025	Tuesday	10/14/2025
Tuesday	10/21/2025	Tuesday	10/28/2025	Tuesday	11/11/2025
Tuesday	11/18/2025	Tuesday	11/25/2025	Tuesday	12/9/2025
Tuesday	12/23/2025	Tuesday	12/30/2025	Tuesday	1/13/2026
Tuesday	1/20/2026	Tuesday	1/27/2026	Tuesday	2/9/2026
Tuesday	2/17/2026	Tuesday	2/24/2026	Tuesday	3/10/2026
Tuesday	3/24/2026	Tuesday	3/31/2026	Tuesday	4/14/2026
Tuesday	4/21/2026	Tuesday	4/28/2026	Tuesday	5/12/2026
Tuesday	5/19/2026	Tuesday	5/26/2026	Tuesday	6/9/2026
Tuesday	6/23/2026	Tuesday	6/30/2026	Tuesday	7/14/2026

Providers must submit the Plan to the individual's Service Coordinator, preferably 21 days prior to the HRC meeting date to allow time for them to review, authorize and submit to Region 5 HRC.
- Plan accordingly to allow for sufficient time to accommodate holidays, as well as staffing/contractor scheduling, and vacations to ensure timely submission to HRC.
- It is the responsibility of the team to track the due dates of individual plans to ensure they are submitted in time to avoid any lapse.
- PBSP, Safety plans and renewals all follow the same HRC submission process. All plans must be complete and fully updated, and include current data, legal signatures and current medication list. Plans must be reviewed at least annually or as needs or protocols change.

Service Coordinator must submit the completed HRC Packet to Quality Assurance, (HRC@mds-nh.org) at least 14 days prior to the HRC meeting date.
- **Emergency Safety Plans** must be submitted to the Service Coordinator for their review and approval. The ASC must submit these plans to *HRC@mds-nh.org* immediately for emergency consideration.
- Failure to submit completed requests in a timely manner does not constitute an emergency.

HRC Meeting Appointments:
- New plans and plans with significant changes to protocols or supervision require that the team attend the HRC meeting.
- Safety Plans and renewals of plan with profile & data updates, but no significant protocol changes – teams are not required to attend the HRC Meeting
  - **Service Coordinator should request to attend the HRC meeting at time of submission if applicable**

Extension requests: WILL NOT be granted if the request is received after the date of expiration.
- After current plan expiration date, HRC will consider the plan for reinstatement only. If approved, reinstatement would become effective the date of submission/review.
- All requests to extend must include a short narrative regarding the continued need for and efficacy of the plan to support the person currently, including any current information on how the person is doing at that time or special circumstances.

Region 5 HRC Submission Requirements

Incomplete or inaccurate plans will be returned to the team for completion/revision and will not be submitted for HRC review until all required formatting, documentation and information is included in each submission.

Use this check list to ensure the submission is complete.

The following requirements apply to all submissions:

☐ Entire submission must be clear and legible.

☐ All Changes/Updates must be highlighted in **bold with underline** or <mark>highlighted</mark> in light color.

☐ Footer/Header must clearly identify the person, and all pages must contain page numbers as required.

☐ All plans must be compiled into **one pdf document** – do not submit separate attachments. See checklist below for the requested order of documents for packet and submitted in color format.

☐ A new HRC Request must be attached to ALL plans/revisions, regardless of type. Forms are available on the CSNI.org website as well as the MDS website (resources/forms).

IMPORTANT
  ➢ A person should have only one plan/protocol in effect and that plan should include ALL safety & behavioral protocols. You may amend the current plan. Submission packet must include the HRC request, the addendum/amendment, a copy of the current plan or the current plan with the amendment highlighted.
  ➢ Plans may refer to historical information, however, the focus of the plan and data must be on who the person is, and his/her current life, needs, circumstances, assessed needs.
  ➢ PBSPs must include/align with recommendations outlined in the individuals Risk Management Assessment/Plan.

THE ORDER OF THE PACKET:

☐ HRC Approval Request Sheet required for each submission
  ☐ Include signatures of ALL responsible team members; **signatures must be an actual "wet" signature or true electronic signature** - typed name or "electronically signed by" will not be accepted.
  ☐ Guardian support documentation –
    ☐ The R5 HRC requires confirmation that the individual/guardian is in support of the plan as submitted, this can be via guardian email, and/or confirmed/attested to by the Service Coordinator, that they have had this conversation with and the person approves of the plan as currently submitted.
    ☐ Guardian signature of approval, if not attached at time of submission, must be obtained by the provider and submitted to HRC@mds-nh.org prior to implementation of the plan.

☐ Addendum/Amendment narrative – if adding to the current plan.

☐ Safety & Positive Behavior Support Plan
  ☐ Include current overview of who the person is, significant events, personal, program changes over the past year/plan period.
  ☐ Data summary is required for all behaviors requiring the use of restrictive interventions & protocols, i.e. safety, environmental, PRN use or lock exception protocols, to determine the current level need.
    ☐ Updated data must be included to support the continued need for plan, protocols & interventions or the ability to fade, terminate.
      • If there have been no incidents throughout the past year/plan period, the data collected should be included and reflect 0 incidents of each behavior requiring a restrictive intervention.

☐ Include proactive and teaching steps that provider(s) will be provided to develop skills and promote greater independence.

☐ Service Coordination review/approval/signature must be completed prior to HRC submission.
  ☐ Service Coordinator is responsible for ensuring the plan is complete, including all required elements and documentation and to verify and attest that the plan aligns with SA, risk management assessments/plans, etc.
  ☐ Once complete the Service Coordinator signs, and submits the plan in accordance with timelines and process on previous page.
  ☐ If applicable, the Service Coordinator will schedule an HRC appointment for the team with the Quality Coordinator, at the time of submission

☐ Current Medication list –required with all plans for review.

☐ Supporting Documentation – copies of all data tracking sheets, PRN protocols, medical orders, visuals, etc.

☐ MDS Behavior Plan/Protocol Requirements completed checklist is **REQUIRED if not using** the MDS templates.

MDS - New Hampshire Behavior Plan/ Protocol Requirement Checklist

IF A PLAN IS SUBMITTED IN A FORMAT OTHER THAN THE MDS PBSP/PROTOCOL TEMPLATE - MDS REQUIRES THAT THE PLAN BE REVIEWED BY BOTH THE PROVIDER AGENCY AND THE SERVICE COORDINATOR, AND THAT THIS FORM BE COMPLETED FOR SUBMISSION ALONG WITH THE HRC APPROVAL REQUEST AND THE PLAN/PROTOCOL TO THE HRC.

THE PLAN MUST BE COMPLETE AT THE TIME OF SUBMISSION FOR HRC REVIEW. IF A PLAN IS SUBMITTED, WHICH IS MISSING ANY OF THE STATE REQUIRED ELEMENTS, IT WILL BE RETURNED TO THE TEAM FOR COMPLETION AND WILL NOT REVIEWED BY THE HRC UNTIL COMPLETE AND SUBMITTED APPROPRIATELY.

ALL LEVELS/PROCEDURES – Reviewed and authorized by Human Rights Committee

The plan/protocol must include:
- ☐ HRC Behavior Plan/Protocol Approval Request form – This should be attached to the front of the plan.
- ☐ Profile to include the following:
  - ☐ Demographic information - Location in plan: _____
    - ▪ Name of individual
    - ▪ Birthdate
    - ▪ Diagnoses
    - ▪ Personal profile (person-centered whole description of the individual, not just behaviors- include a brief historical overview that relates to the need for plan/protocol)
  - ☐ Type of services currently rendered - Location in plan: _____
  - ☐ Program site: Where plan will be implemented (i.e. residential, CPS, etc.) - Location in plan: _____
- ☐ Rational for Plan/Protocol:
  - ☐ Target behaviors to be addressed (clearly defined in measurable/observable terms) - Location in plan: _____
  - ☐ Current justification of need for intervention(s) - Location in plan: _____
  - ☐ Hypothesized function of target behaviors - Location in plan: _____
  - ☐ History of other approaches attempted, including evidence of a review of environmental, medical or emotional contributors to challenging behaviors - Location in plan: _____
- ☐ Strategies/Techniques:
  - ☐ Behavioral goal(s), if appropriate - Location in plan: _____
  - ☐ Baseline data - Location in plan: _____
  - ☐ Proactive techniques - Location in plan: _____
  - ☐ Replacement/desirable behaviors and strategy to teach - Location in plan: _____
  - ☐ Antecedents to target behaviors - Location in plan: _____
  - ☐ Precursor Behaviors - Location in plan: _____
  - ☐ Reactive techniques/strategies for each target behavior - Location in plan: _____
    - ▪ The expected response/intervention of staff to each target behavior or precursor behavior
    - ▪ Follow-up required after occurrence of behavioral incident
  - ☐ Expected immediate response to dangerous behaviors - Location in plan: _____
    - ▪ Identification of physical intervention technique, if applicable, along clear guidelines around implementation
  - ☐ Environmental adaptations/restrictions, if applicable - Location in plan: _____
  - ☐ Psychotropic PRN protocol incorporated into plan/protocol, if applicable - Location in plan: _____
    - ▪ Include data of PRN administration
  - ☐ Description of potential risks and side effects to the individual with this plan/ protocol - Location in plan: _____

- ☐ Monitoring:
  - ☐ Data collection on target behaviors (e.g. incident reports, tracking sheets, etc.) - Location in plan: _____
    - ▪ Physical restraint documentation (if applicable) must include, at minimum, the antecedent, duration, description of restraint, response of individual, and debriefing (if appropriate).
  - ☐ Expected monitoring of plan/protocol - Location in plan: _____

- Frequency of monitoring (minimum of quarterly)
- Person responsible for monitoring
- Description of monitoring
- ☐ Criterion for revising plan/protocol - Location in plan:
- ☐ Fade and termination criteria (note- if this revolves around a behavioral goal, then this goal must be reflected in the Service Agreement, as well) - Location in plan:
- ☐ Transition plan or fading procedure to less restrictive interventions - Location in plan:
  - Explanation as to when a team review/meeting would be necessary
  - Any planned reductions to restrictions in plan should be clearly outlined (e.g. gradual increase in alone time based on no target behaviors) - Location in plan:
- ☐ Expected training of staff
  - Frequency of training, including statement that training must occur prior to working with individual - Location in plan: _____
  - Person responsible for training - Location in plan: _____
  - Include expectations pertaining to any additional training requirements (e.g. physical intervention technique) - Location in plan: _____
- ☐ Formatting Expectations of Plan/ Protocol: **ALL ARE REQUIRED**
  - ☐ Footer on each page containing page number and total number of pages (e.g. page 1 of 7), and name of individual
  - ☐ When referring to other portions of the plan/protocol, be specific about location in document
  - ☐ Include plan author, revision author, edit date and level (if applicable)

Completed by: _____   Date: _____

Agency: _____