



**REGION 5 - HUMAN RIGHTS COMMITTEE SCHEDULE**  
**FY 26 HRC Meeting Schedule & BX/Safety Plan Expectations**

Typically, the HRC meets on the 2<sup>nd</sup> Tuesday of each month

Deadline for Provider Agency to submit plans to MDS Service Coordinators <i>Suggested timeline for all other SC entities</i>		Deadline for Service Coordinator to submit plan to Quality Coordinator for HRC review		HRC Meeting Date Proposed Schedule	
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
Tuesday	7/21/26	Tuesday	7/28/26	Tuesday	8/11/26
Tuesday	8/18/26	Tuesday	8/25/26	Tuesday	9/8/26
Tuesday	9/22/26	Tuesday	9/29/26	Tuesday	10/13/26
Tuesday	10/20/26	Tuesday	10/27/26	Tuesday	11/10/26
Tuesday	11/17/26	Tuesday	11/24/26	Tuesday	12/8/26

Providers must submit the Plan to the individual’s MDS Service Coordinators, at a minimum, **21 days prior to the HRC meeting date to allow time for them to review, authorize and submit to Region 5 HRC.** We suggest that this timeline be used to submit to all Service Coordination Entities.

- Plan accordingly to allow for sufficient time to accommodate holidays, as well as staffing/contractor scheduling, and vacations to ensure timely submission to HRC.
- Please ensure that the team is tracking the due dates for individual plans to ensure they are submitted in time to avoid any lapse.

**Service Coordination** review, authorize and submit the completed HRC Packet to Quality Assurance, ([HRC@mds-nh.org](mailto:HRC@mds-nh.org)) at least **14 days prior to the HRC meeting date.** Emergency Requests must be submitted immediately

- **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](mailto:HRC@mds-nh.org) immediately for emergency consideration.
- Failure to submit completed requests in a timely manner does not constitute an emergency.
- **PBSP, Safety plans and renewals** follow the same HRC submission process. All plans must be complete and fully updated, include current data, legal signatures and current medication list. Plans must be reviewed at least annually or as needs or protocols change.

**HRC Meeting Appointments:**

- New and plans with significant changes to protocols or supervision require that the team schedule an appointment to attend the HRC meeting.
  - **Service Coordinator/Provider should request an HRC meeting appointment at the time of submission.**
- Safety Plans/ renewals of plans with profile & data updates, but no significant protocol changes – do not require the team to attend the HRC Meeting

**Extension requests: WILL NOT be granted if the request is received after the date of expiration.**

- After due date, HRC will consider the plan for reinstatement only. If approved, reinstatement would become effective the date of submission/review, resulting in a lapse of the plan authorization.
- All **requests to extend must include** a short narrative providing information on how the person is doing at that time or special circumstances, the continued need for and efficacy of the plan to support the person currently.

For Region 5 Behavioral Support & Safety Plan templates – <https://www.mds-nh.org/resources/#formsbox>

121 Railroad Street ☉ Keene, New Hampshire 03431 ☉ 603-352-1304 ☉ Fax: 603-352-1637 ☉ [www.mds-nh.org](http://www.mds-nh.org)

Formatted: Left

Formatted: Font: 8 pt, Font color: Auto

Formatted: Font: 8 pt, Font color: Auto

Formatted: Left

Formatted: Indent: Left: 0"

## 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 **highlighted** 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 all-inclusive 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. Packet must include the HRC request, the addendum/amendment, a copy of the current plan the current plan to the amendment and supporting documentation.
- 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.
- PBSP's 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
  - Signatures of ALL responsible team members must be included **and 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~~ **currently submitted**.
    - Guardian signature of approval, if not attached at time of submission, must be obtained by the provider **prior to implementation of the plan**. Copy of signed document must be submitted to [HRC@mds-nh.org](mailto:HRC@mds-nh.org)
- 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 must review the plan to ensure that it is complete, includes 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 and supporting documentation to the attention of the Quality Coordinator through secured/encrypted email to [HRC@mds-nh.org](mailto:HRC@mds-nh.org) for HRC review. Timelines on previous page.*
  - The Service Coordinator will schedule an HRC appointment for the team with the Quality Coordinator, at the time of submission, **for all new or plans that are more complicated plans, with significant changes or as the team requests.***
- Medication list – Current – submit with all plans for review. Include Psychotropic PRN use data.
- Supporting Documentation – examples of data tracking sheets, PRN protocols, medical orders, visuals, etc.
- MDS Behavior Plan/Protocol Requirements checklist is **REQUIRED if not using** the MDS templates. This checklist can be completed by either the vendor or the service coordinator but must be attached to the plan, to ensure all required elements are included and identify the location of each within the plan submitted.



New Hampshire Behavior Plan/ Protocol Requirements

IF A PLAN IS SUBMITTED IN ANY OTHER 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 BE 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:

Formatted: Font: 8 pt, Font color: Auto

Formatted: Font: 8 pt, Font color: Auto

Formatted: Left

Formatted: Indent: Left: 0"

- 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 referencing 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: \_\_\_\_\_



MONADNOCK  
DEVELOPMENTAL  
SERVICES

**Region 5**

**Monadnock Developmental Services – HRC**

**Safety, PRN, Environmental Protocols & Lock & Key Exception/Modification Requests**

**INFORMATIONAL PAGE—This page can be omitted from HRC submission. The remaining two pages are required to be attached to the HRC Request Cover sheets.**

In an attempt to simplify the process for submitting Safety, Environmental Protocols and Lock & Key Exception Requests for HRC Approval, this form was developed and will be required by MDS Region 5.

- **IMPORTANT**—A person should have only one plan in place and that plan should include all protocols.
- If the individual has an approved Positive Behavior Support Plan/Protocol, You must submit an amendment to the current plan to the HRC.
- All new PBSP's/Protocols should include all necessary modifications in new all inclusive document

**All Requests:** Information that must be provided in each request: (Our template includes this information for all other formats—you must ensure that the following is provided in addition to team approvals and training requirements:

- The need justifying the limitation;
- The positive interventions used prior;
- What has been tried but didn't work;
- A description of the limitation that is proportionate to the assessed need;
- Regular collection and review of data measuring the ongoing effectiveness of the limitation;
- Time limits for reviews of the limitation to determine if the limitation remains necessary (minimum annual basis);
- The informed consent of the individual, or the individual's legal guardian;
- An assurance the limitation will not cause harm to the individual

Please contact Mari Schacht, at 603-352-1304 ext 212 or via email to [hrc@mds-nh.org](mailto:hrc@mds-nh.org) with your questions.

Formatted: Font: 8 pt, Font color: Auto

Formatted: Font: 8 pt, Font color: Auto

Formatted: Left

Formatted: Indent: Left: 0"

**Region 5**  
**Monadnock Developmental Services**  
**Safety, PRN, Environmental Protocols & Lock & Key Exception Request**  
**Complete the HRC Request for Approval Form and attach to this.**

Individual Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_  
Provider Agency(ies): \_\_\_\_\_  
Current Services Provided:  CPS  Res  CSS  SEP  Respite  PDMS  
Date of most recent medication list: \_\_\_\_\_ Attach to the end of the plan.  
Protocol/Exception Author: \_\_\_\_\_ Author of Revision(s): \_\_\_\_\_  
Date of Protocol: \_\_\_\_\_ Date of Revision(s): \_\_\_\_\_  
Service Coordinator: \_\_\_\_\_ Service Coordination Entity: \_\_\_\_\_  
Program Manager/Family Representative: \_\_\_\_\_ Provider Agency: \_\_\_\_\_  
Program Manager/Family Representative: \_\_\_\_\_ Provider Agency: \_\_\_\_\_

Who will participate in/be responsible for consistently implementing the support plan?  
\_\_\_\_\_

**Personal Profile:**

**Brief Personal History:** *(person-centered/description of the individual, who they are, not just of the behavior—to include the current type of living situation, who the person spends time with, likes, dislikes, communication style and what motivates him/her.*  
\_\_\_\_\_

**Brief Historical overview that relates/describes why there is a need for this plan/protocol:** *Clearly describe the CURRENT, significant health and safety risk.*  
\_\_\_\_\_

**Current Justification of need for interventions(s):** *Baseline Data—must include current data info or charts here. Explain exactly why the modification is needed, who proposed/requested the modification, and current factors.*  
\_\_\_\_\_

**History of other approaches attempted,** *You must include documentation, evidence of review of need, environmental, medical or emotional contributors to challenging behavior. You must describe all less intrusive and positive interventions that were attempted, and did not work, prior to this request for modification.*  
\_\_\_\_\_

**Plan for Prevention:** *Explain the provider supports and ideal environment needed to set the person up for success—Include learning style, disposition of support staff, how the individual supported best ...*  
\_\_\_\_\_

**Plan for skill development and training:** *Identify plan for teaching safety or life skills to increase skills and promote greater independence:*  
\_\_\_\_\_

**Risk to Person without the use of this plan/protocol:**  
\_\_\_\_\_

**Risk to others without the use of this plan/protocol:**  
\_\_\_\_\_

**Restrictive Protocols:** Check all that apply and complete the narratives below



- PRN Protocol       Safety Protocol:       Environmental  
 Lock & Key Exception       Other – Briefly Describe: \_\_\_\_\_

**Environmental Adaptations, Restrictions, Safety Protocols & Lock & Key Exceptions:**

*(Examples, safety: helmets, gait belts, bedrails, required due to medically diagnosed condition, Environmental: audio monitors, chimes, alarms, sharps, specialized equipment, required vehicle seating or restraint belts, exceptions for locks/keys, provide information as to current and assessed safety concern)*

- Clearly describe circumstances that indicate the necessity of this Safety Protocol or modification requested  
○ \_\_\_\_\_
- Describe clearly exactly what the protocol includes *(Describe exactly when and how often the modification will be implemented and by whom. Provide specific information on equipment or modifications to be used)*  
○ \_\_\_\_\_
- Provide a review of the data for the past plan period/year, to include frequency of all behaviors requiring a restrictive intervention *(This can be provided via data chart or narrative summary)*.  
○ \_\_\_\_\_

**PRN Protocol(s)** *(if applicable – stand alone from behavior support plan – Attach copy of med list at end of plan)*

- *list all current medications & include reason for prescription – (include copies of orders for all psychotropic & psychotropic PRN's)*  
○ \_\_\_\_\_
- Describe PRN protocol: Include observable behavior requiring administration of PRN, timelines, etc  
○ \_\_\_\_\_
- Provide review of PRN (frequency of use) data occurring over past year/period:  
○ \_\_\_\_\_

**Documentation & Monitoring:** *(Requirements for data collection, incident reports, quarterly review)*

**Data collection – Ongoing Assessment of Effectiveness of the plan/protocol/modification**

- *Data collection MUST be maintained and submitted for all modifications (define, include example data collection sheets)*

**Expectation for monitoring and Review**

- *Frequency of monitoring (at least quarterly review):* \_\_\_\_\_
- *Person(s)/Role(s) responsible for monitoring:* \_\_\_\_\_
- *Description of monitoring to take place:* \_\_\_\_\_

**Criteria for Revision/Termination protocol**

*Fade and termination criteria: (if there is no plan to revise or terminate – please note and provide justification as to why this may not be possible)*

- \_\_\_\_\_

**Describe circumstances that would necessitate a team review/meeting.**

- \_\_\_\_\_

Formatted: Font: 8 pt, Font color: Auto

Formatted: Font: 8 pt, Font color: Auto

Formatted: Left

Formatted: Indent: Left: 0"

**Training Requirements:** (list out and clearly identify required training, give details regarding need for continued certification or retraining and who is responsible for the training)

•