

Developmental Disability (DD) Agency Provider Training:

Therap Case Note

Questionnaire and the Human
and Legal Rights Advisory
Committee (HLRAC)

Date: February 2024



Agenda

1. Introductions
2. Review Provider Human and Legal Rights Committee (HLRC) Documentation Requirements
3. Overview of the Therap Case Note Questionnaire
4. Overview of the Liberty Review Process
5. Referrals to the HLRAC and DDD Quality.
6. The HLRAC Role and Functions



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Housekeeping Items

Chat and the Q & A options are available for questions today. Please feel free send questions if you have them.

Clicking closed captioning will show the live transcript.

A copy of the presentation will be available on the DDD website, as well as the recording after both sessions have been completed.



HLRC Documentation Requirements

Nebraska Developmental Disability Services Act

“All persons with developmental disabilities shall be afforded the same rights, dignity, and respect as members of society who are not disabled;”

Information about participant rights can be found in the DDD Policy Manual in Chapter 3.1.

Information Provided to Agency HLRCs

Per DDD policy and regulations, agency providers must provide specific information to the rights review committee members for rights restrictions reviews. (Chapter 3.4)

The required information helps the committee members make informed decisions when reviewing rights restrictions.

Rights Restriction Description

A description of the rights restriction including when, where and how it's used.

This includes specific information about use of the rights restriction so the committee can be sure the provider uses the restriction correctly and when necessary.

When the description of the rights restriction and its use is unclear, the committee should not approve the restriction.

Restriction Reason

The reason for the rights restriction, including the risk being addressed and how the rights restriction addresses the risk.

The committee makes sure the identified risk is a real and immediate risk as defined per DDD Policy: a real and immediate risk to the health or safety of the participant or others, or a risk of the participant committing a crime.

When the risk does not justify a rights restriction or the rights restriction does not actually address the risk, the committee should not approve the restriction.

Less Restrictive Methods Previously Tried

A summary of what has been tried before to address the identified risk.

There must be documentation of how the ISP team tried to address the risk with non-restrictive or less restrictive support, which was unsuccessful.

When the team has not used other supports or strategies, the rights review committee must consider if it is appropriate to approve the rights restriction when the ISP team has not tried less restrictive supports.

The committee may recommend the ISP team consider a less restrictive support before they approve the restriction.

Benefits Vs. Potential Negative Effects (1/2)

A summary of the benefits and potential negative effects of the rights restriction.

This can include but is not limited to:

- Side effects of medications.
- Risk of discomfort or injury.
- Disruption to the participant's life.
- Limiting the participant's privacy.
- Decreasing the participant's freedom.
- Limiting the participant's integration in the community.

Benefits Vs. Potential Negative Effects (2/2)

The review committee determines whether the benefit of the rights restriction outweighs the potential negative effects.

The risk addressed by the rights restriction should be serious enough to justify the rights restriction and any potential negative effects.

Habilitation Programs and Supports

Habilitation programs and other supports to reduce the need for the rights restriction.

There must be a habilitation program, behavior support plan, or other supports in place to reduce the risk, which requires the rights restriction.

When there is no habilitation program or other support, the review committee cannot give approval.

Plan of Reduction

Criteria set by the ISP team for reducing the rights restriction.

The committee reviews the criteria and the participant's progress towards meeting the criteria.

When there is no specific, measurable criteria for reduction set by the ISP team, the rights review committee cannot approve the rights restriction.

When the participant has met criteria, but the ISP team decided not to reduce the rights restriction, the provider should give the rights review committee the reason for the decision and the new criteria for reduction set by the team.

Approval Documentation

ISP team approval for the rights restriction before use and semi-annually thereafter, as documented in the ISP.

Written informed consent from the participant for the rights restriction.

Six Months of Supporting Documentation (1/2)

At least six months of any relevant supporting documentation including, but not limited to:

- Incident reports
- Daily logs and other information showing the need for the restriction.
- Habilitation program data, when available.
- Physician contact forms for a restriction related to psychotropic medication or medical needs.
- The safety plan which includes the rights restriction.

Six Months of Supporting Documentation (2/2)

Habilitation Program Data to report:

- When the rights restriction addresses behavioral risk, habilitation program data comes from the behavior support plan.
- When the rights restriction addresses risk related to adaptive skills, habilitation program data comes from the program teaching the adaptive skills.
- When a habilitation program has not been in place for six months, the rights review committee must review all available data.

Psychotropic Medication Restrictions

When reviewing psychotropic medications, the rights review committee cannot make decisions about what medications and doses the physician prescribes.

The rights review committee should review restrictive psychotropic medication using the same criteria as any other restriction.

When the rights review committee decides medications prescribed are excessive or inappropriate, the committee can request a referral to the prescribing physician for review of the participant's medications or to another medical professional for a second opinion



HLRC Case Note Questionnaire

Therap Entry Requirements

DD agency providers will be required to enter agency HLRC information into Therap effective March 1, 2024.

The information must be entered within 10 business days of the committee meeting occurring.

Case Note Questionnaire

The case note questionnaire will be the Therap form utilized.

This allows for customization of the form as well as the ability to run reports.

Therap has turned on the case note module for all providers.

Starting a Case Note: Option 1

Starting a case note from the “Individual” tab.



Individual	Care
Health	T-Log Search
Agency	Case Note New Search Bulk PDF
Billing	General Event Reports (GER) Search
Admin	GER Resolution Open Resolutions Open Investigations Search
Agency Reports	Multi-Individual Event (MIE) New Search
Individual Home Page	Witness Search
Settings	ISP Data Search Report Search Report Dashboard
	Staff Action Plan Search
	ISP Program New Search
	ISP Program Template Library Approved Search

Individual List

Select the participant from the “Individual List.”

Individual List

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Filter 15 Records

Last Name	First Name	Individual ID	Birth Date	Oversight ID
Hayes	Ashley	012345	01/20/1982	OS012345 (DEMO-OS)
Johnson	Isabella	234567	08/28/1988	OS234567 (DEMO-OS)
Smith	Jacob	123456	03/20/1997	OS123456 (DEMO-OS)

Starting a Case Note: Option 2

Starting a case note from the “Individual Home Page”.

A screenshot of a software interface showing a 'Modules' menu. The menu is expanded to show several options: Attendance, Behavior Data, Behavior Plan, Budget, Case Note, New, Last Month, Last Three Months, Search, and Bulk PDF. The 'Case Note' option is expanded, and the 'New' option is circled in red. A yellow arrow points to the 'Case Note' option.

- Modules
 - ▶ Attendance
 - ▶ Behavior Data
 - ▶ Behavior Plan
 - ▶ Budget
 - ▼ Case Note
 - New
 - Last Month
 - Last Three Months
 - Search
 - Bulk PDF


Template Selection

Service date is the date the case note is entered.

Select the “Human and Legal Rights Committee” template.

New Case Note

Select Date and Template

* Service Date 

* Select Template

Back Next

Existing Case Note(s)

Individual

No existing Case Note(s)

10 Records

- Please Select -
- Additional Service Review / DDD-NE
- Clinical Activity - Consultation V2 5-22 / DDD-NE
- Clinical Activity - Observation / DDD-NE
- Clinical Activity-FBA/BSP / DDD-NE
- Clinical Activity-Training / DDD-NE
- Continuous Residential Habilitation Walk-Through Service Review / DDD-NE
- Day Service Quarterly Review 1.0 / DDD-NE
- General Event Report (GER) Follow-up Service Review / DDD-NE
- Human and Legal Rights Committee V.3 / DDD-NE**
- Residential Service Quarterly Review 1.0 / DDD-NE
- Risk Clinician Monthly Review v1.0 / DDD-NE
- SLP Home Study / DDD-NE

Case Note Activity Type

The activity type is
“Provider: Human and
Legal Rights Committee.”

Template: Human and Legal Rights Committee V.2

Case Note Details

Individual ⓘ

* Service Provider

Service Date 01/25/2024

* Activity Type

* Questionnaire

Human and Legal I

DDD of Liberty Healthcare Follow-Up

No Question Answered

Open

Opening the Questionnaire

After the activity is selected, clicking on open will open the questionnaire pop-up.

* **Service Provider**

Service Date 02/06/2024

* **Activity Type**

* **Questionnaire**

Human and Legal Rights Committee V.3

No Question Answered

[Open](#)



HLRC Review Date

Question one is the date the committee met and completed the review.

Human and Legal Rights Committee V.3

1. Date Reviewed by the Rights Review Committee...
[Answer Required]

2. Type of Review Completed:
[Answer Required]

3. Does this person have any court-or...
[Not Answered]

4. Have any restrictions been in plac...
[Not Answered]

5. If so, which restrictions have been...
[Not Answered]

6. Please check all the items that ar...
[Not Answered]

1. Date Reviewed by the Rights Review Committee:*

Committee Review Type

Question 2 allows for selection of more than 1 review type.

Human and Legal Rights Committee V.3

1. Date Reviewed by the Rights Reviewer
[Answer Required]

2. Type of Review Completed:
[Answer Required]

3. Does this person have any court-ordered restrictions?
[Not Answered]

4. Have any restrictions been in place?
[Not Answered]

5. If so, which restrictions have been in place?
[Not Answered]

6. Please check all the items that apply.
[Not Answered]

2. Type of Review Completed:*

- Abuse/Neglect/Exploitation Investigation
- Annual
- ESI (Emergency Safety Intervention) Review
- Increased Restriction (Current restriction in place with increased restriction measures.)
- Intake Into Services (transitioning from another provider or starting DD Waiver services)
- Interim
- Medications/Semi-Annual
- New Restriction (Brand new restriction added for the person.)
- Other Review Type (Anything that does not fit in the above options).

Court-Ordered Restrictions

This does not apply to court-appointed roles like guardians or conservators

Human and Legal Rights Committee v.3

Filter Reset

1. Date Reviewed by the Rights Review...
[Answer Required]

2. Type of Review Completed:
[Answer Required]

3. Does this person have any court-ordered restrictions?
[Not Answered]

4. Have any restrictions been in plac...

3. Does this person have any court-ordered restrictions?
Hints: This is pertaining to any court-ordered restrictions by a judge s

Yes
 No

Restrictions: Five Years or Longer

This is criteria we look at for individuals who may need to be referred to the HLRAC.

4. Have any restrictions been in place five years or longer?

Hints: This is answered for the restrictions that pertain to this review



- Yes
- No
- N/A (Utilized for ANE, ESI, or Prohibited practice reviews by the committee.)

5. If so, which restrictions have been in in place five years or longer?

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Save

Save & Next

Next

Information Provided to the HLRC

Question 6 is the option to select the items provided for the review.

The information can be attached or indicated in box 7 where the information is in Therap.

6. Please check all the items that are attached to this case note and attach to the case note or indicate in box 7 where the information is located in Therap if not attached.

Hints: Per requirements of the DDD Policy Manual in Section 3.4

- A copy of the required information provided to the committee for each restriction reviewed: description, reason, what was previously tried, benefits vs. potential negative effects, programs and supports to reduce the need for the restriction, reduction plan, ISP team approval, written informed consent from the participant, & at least 6 months of supporting documentation.
- Documentation showing the committee, or a subcommittee reviewed all use of restraints or ESIs. (Per requirements of the DDD Policy Manual in Chapter 7.2, section K)
- Documentation showing the committee, or a subcommittee reviewed all incidents in which a violation of a participant's rights may have occurred. (Per requirements of the DDD Policy Manual in Chapter 7.2, section K)
- All reported allegations of abuse, neglect, or exploitation. (Per requirements of the DDD Policy Manual in Chapter 7.2, section K)
- Discussion notes, voting records, etc.

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Save & Next

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Comment Box

Box seven is used to list where items are in Therap.

It can also be used to explain why items may not be available.

7. Please use this section to notate the location of documents in Therap if not attached or the reason something is unavailable. If an item is not attached and there is no documented reason why, it will be assumed the item is unavailable.

Prev

Save

Save & Next

Next

Comments or Updates

This box can be used to provide any other information or updates.

8. Comments or updates from provider.

Hints: Can be used to indicate if a restriction was temporary while obta

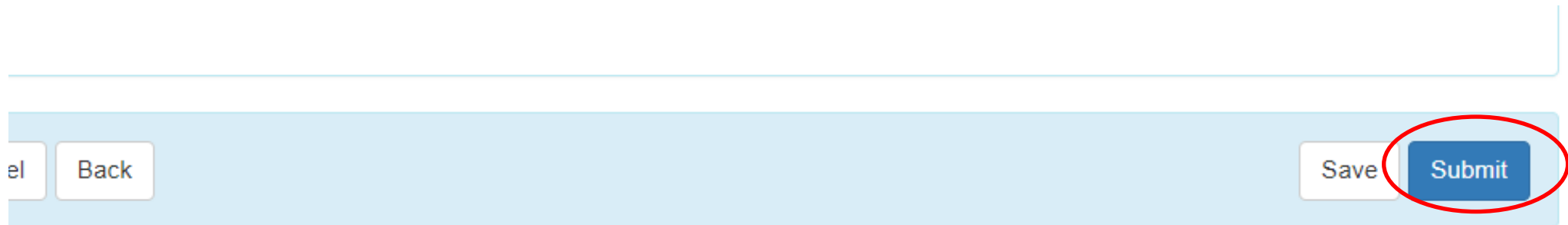


Prev

Save

Case Note Completion

Click “Submit” to complete the case note when all the information has been entered.



The screenshot shows a light blue horizontal bar at the bottom of a form. On the left side of the bar, there is a small white button labeled 'el' and a white button labeled 'Back'. On the right side, there is a white button labeled 'Save' and a blue button labeled 'Submit'. The 'Submit' button is circled in red, indicating it is the focus of the instruction.



**Liberty Healthcare
Reviews**

Liberty Review Process

Liberty Healthcare will review a sample of completed case notes each month.

- The sample is still being determined as we implement this process.

Case note entries are reviewed for compliance with policy and regulations as well as possible referrals to the HLRAC.

Referrals to DDD Quality

The following will be referred to the DDD Quality Team:

- Items missing in HLRC documents or the ISP that are required per policy and regulations.
- Restrictive measures identified that are not in the ISP or reviewed by the committee.
- Risks that are not considered genuine or immediate.
- Any prohibited practices identified.

Referrals to the HLRAC

- Restriction in place for five years or longer.
- Participants with more than three rights restrictions.
- Plans of reduction that are not reasonable or attainable.
- There is no, or limited, documentation of least restrictive options that have been previously tried.
- Rights restrictions that potentially have less intrusive interventions, supports, or methods to utilize.

Team and Agency Referrals

ISP teams and agency HLRCs can request restrictions to be reviewed by the HLRAC through an SComm. We will have a mailbox setup for these requests.

The requests will be reviewed on a case-by-case basis to determine if it is appropriate for the HLRAC to review.

We are still developing the referral process and will share more information about this once finalized.



HLRAC Purpose and Role

Purpose and Role of the HLRAC (1/2)

The overall goal of the HLRAC is to impact a reduction of rights restrictions for participants and increase positive outcomes.

The HLRAC helps promote participant rights and recommends best practices for agency HLRC functions.

The HLRAC will also assist with identifying systemic change recommendations to the Division.

Purpose and Role of the HLRAC (2/2)

The HLRAC is advisory in capacity and will not replace local committees.

The HLRAC meets quarterly and provides recommendations from the reviews.

The HLRAC does not approve or deny restrictions.

The participant, guardian, provider, and service coordinator, will receive communication that details the recommendations for the team to consider.

Membership

The HLRAC can have up to 15 members.

The members have a wide range of experience and expertise that includes but is not limited to:

- Participant
- Family Member & Guardian
- Advocate
- Board Certified Behavior Analyst
- Medical Doctor
- Pharmacist
- Psychiatric-Mental Health Nurse Practitioner
- Physical Therapist



Next Steps

Communication and Guidance

A provider bulletin will be issued regarding the case note questionnaire requirement.

We will also provide a guidance document on the case note questionnaire.

Technical Assistance & Resources

Technical assistance will also be available.

For questions regarding the case note template, please contact Erin Davis.

For questions on DDD policy and requirements, please contact Sarah Henrichs.

A copy of this presentation and the training recording will be available on the DDD Webpage.

Questions & Feedback



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