

**Human Rights and Settings Requirements
Respondent /Topic Area/DDSD Response**

Public Respondent	Feedback	DDSD Response
DRNM	Page 2. CMS Final Rule Setting Requirements: DRNM believes that the second paragraph (starting with "The intent") should include a line stating that one of the purposes of the Final Rule is to maximize participant independence and choice. This is already stated in numerous places in the proposed standards, and #4 on the page already states that the setting will be chosen by the individual. But this paragraph lists all of the purposes of the Rule (access to community, integrated setting, protection etc.) without specifically stating participant direction and independence is also critical to the Rule. This is a glaring omission-DRNM asserts that the person centered language must be placed at the beginning of the chapter in this paragraph.	Thank you DDSD incorporated.
DRNM	Page 3. Consumer Rights and Freedoms: Because the concept is so important, DRNM suggests that the top line on page 3 be separated for greater emphasis, with the word "shall" replacing "should". Something like: "Their rights shall never be limited or restricted unnecessarily. No limitation or restriction of rights can occur without due process and the ability for the participant to challenge the decision, even if they have a guardian."	Thank you. The language was incorporated.
DRNM	#10 on Page 3: It should be made clear that individuals can pursue adult relationships both intimate and platonic, as is stated elsewhere in the proposed Service Standards.	Thank you DDSD incorporated.
DRNM	Page 4. DD Waiver Services in Non-Residential Settings: DRNM applauds the inclusion of #5, which ensures that a waiver participant will not be talked about by a service provider to a group as if he or she is not present. DRNM suggests adding a line to the end specifically stating that the provider must address the participant directly when discussing the participant or matters concerning the participant. The last paragraph on the page contains an error; it appears that the "and" in front of "justified" needs to be deleted.	Thank you DDSD incorporated.
DRNM	Page 9-14. Human Rights Committee: I have reviewed this part of the proposed Service Standards, and I have no suggestions to make at this time. However, the HRC provisions are very important, because it is vital that the rights of waiver participants are adequately protected. Therefore, DRNM is going to continue to examine this section to see if changes should be requested. I will follow up if DRNM has further thoughts before the new standards are put in place.	Thank you.
survey monkey	I really like the increased focus on the individuals' rights and responsibilities, ability to make their own choices. I think this is critical	Thank you.
survey monkey	Self advocate feedback- There needs to be language related to accommodating people's communications and desires even if they are non-verbal.	Thank you. DDSD will incorporate in appropriate place(s).
survey monkey	Day programs will now be responsible to have HRCs. Providers can come together to have an "intra-agency" committee. There are many questions related to rights restrictions and what needs to be reviewed. What about seatbelts in wheelchairs during transport? This is a health and safety issue, as well as the law in NM. People are required to wear seat belts. This is not a human rights issue. HRC- does the person on the HRC who has a disability as a member of the committee have to be receiving services through the agency, or can they be external to the agency? Each agency needs to have their own policies related to this- this would not be the person who's plan is being reviewed- this needs to be a person who is available all the time. There needs to be 3 voting members. The people who are involved in the service planning being reviewed can not be voting members. Protective devices- are gait belts, seizure helmets, etc.- do these need to be reviewed?? If it is for health and safety this is a separate consideration over something that is support for a behavioral need. Protective devices that are used for general support do not need to be reviewed. List of what is reviewed- can we add language related to any restrictions to _____ rights must be reviewed?	Please review the section titled "Interventions Requiring HRC review and Approval." Please note that the examples related to protective devices needing HRC review indicate use for behavioral reasons (such as head banging), and not those related to laws applicable to everyone (such as seatbelts). If it is a law stating that a person has to wear a seat belt, it is not considered a violation of human rights. This is also true of a seatbelt on a wheelchair; it is a restriction that is for a health and safety reason, and not a rights violation. A "disabled" person on an HRC does not have to be receiving services at all, in fact, BBS often prefers to have someone external to the agency to afford a balanced viewpoint. We understand wanting a comprehensive list of what to review, but we have discovered that having one is virtually impossible; there is always an exception or a situation that arises that is not listed. The basic idea is that, if you think it would be a restriction of your rights, it is probably also a restriction for someone else.

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survey monkey	Concerns/questions- Page 3 #5- a person can put utilities in their own name. How does this work in supported living? There can be a negotiation at agencies related to this. How can a person decorate the "residence" in a group living setting? This again is a negotiation between the housemates- are the residential agencies going to be expected to do this and documents it? It is included in the language to help providers remember that this is a right- but circumstances related to support this right in varied ways.	When deciding who will put bills in their name or decorating a group residence or shared residence, it would be done the same way a non-disabled person would when in a shared residence. It is a negotiation for those that live there. All residential agencies are expected to do this when applicable and document it.
survey monkey	Can the State develop a training for staff and Individuals on these rights? HRC: I do not agree that 1:1 staffing (CCSI) for behavioral should need to be brought before the HRC. 1:1 is not a punishment and it is not restrictive. Many people enjoy being in groups and are very social. Others, don't do well and for whatever reason can be triggered by the behavior of others or the environment (too loud, too busy, etc.) 1:1 staffing is one of the options available to people that might best serve their needs and preferences. Will a guardian and/or FLP need to go the HRC if they give a Xanax to their Individual prior to going to the dentist to manage anxiety? This is an unreasonable burden and again Standards for Supported Living are applied and Family Living struggles. What if the FLP has opted out of the MAR. Will they still need to go to HRC for PRN Psychotropic meds? Privacy concerns. For example, an Individual comes before the HRC for whatever reason and the Individual serving on the HRC know each other. This might be embarrassing or awkward. I don't have a solution for this; it's just an unavoidable probability.	DDSD has provided the minimum requirements for providers. Please contact your local DDSD Regional Office if technical assistance or additional training is needed for individual specific issues.
survey monkey	Where does one person's rights begin and another's end? For example, I want to play loud music at 2:00AM, but my roommate cannot sleep as a result. Or the right to have visitors at any time. How does that fit into a family's dynamic. Say I want to have a friend come over at 2:00AM, but my parents are asleep and this becomes disruptive to the family and perhaps even a safety issue. As with many things in the Standards, Supported Living seems to lead the way in rules and regulations and Family Living then has to struggle with how to interpret and implement them. There are a few duplicates on page 4 (#s 15 and 16; 17 and 19). Does a person have the right to choose their own DSP, or can a guardian dictate this). What is the definition of a "qualified" guardian. This is fairly vague. How do we protect the individual from decisions that violate civil rights without the guardian changing agencies (which would not be in the best interest of the person served).	DDSD has provided the minimum requirements for providers. Please contact your local DDSD Regional Office if technical assistance or additional training is needed for individual specific issues.
survey monkey	On the reporting of abuse, neglect and exploitation by a guardian it says to contact CYFD. Is that also for adults on the waiver?	The Guardianship section will be deleted from this chapter and ANE reporting requirements are verified in the Incident Management System. APS, not CYFD, would be contacted for adults on the waiver.
survey monkey	pg. 8 of 14, Allegations of ANE against a guardian are to be reported to DHI/IMB, not CYFD. If the case is substantiated, DHI will make a referral to DDPC/Office of Guardianship for further action.	The Guardianship section will be deleted from this chapter and ANE reporting requirements are verified in the Incident Management System chapter.
survey monkey	does not include 1st amendment right as follows: Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances	People with IDD receiving services, have the same basic legal, civil, and human rights and responsibilities as anyone else. This includes Constitutional rights.
8/16 Forum	Love that the individual is invited to their HRC Meeting as a participant if it their plan, or as an ongoing member of the HRC	Thank you.
8/16/17 Forum	STATEMENT of RIGHTS - Additional formats – accessible, for individuals – simplify language, use visuals	Thank you.
8/16/17 Forum	Make it clear re: basic, inalienable rights – start with this premise	Thank you. DDSD will include language that is more comprehensive. Emphasizing the rights listed does not preclude any other rights.
8/16/17 Forum	When and How re: Acknowledgement of Statement of Rights?	The case manager will review the Statement of Rights at the pre-ISP meeting but the signature will be obtained at the annual ISP meeting.

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8/16/17 Forum	not at ISP meeting - Pre-ISP mtg btwn CM and Individual/Guardian? ...doesn't always happen	DDSD inserting more language in the standards is part of an effort to emphasize accountability to the pre-ISP existing requirement.
8/16/17 Forum	Monthly site visit? How to ensure guardian is present?	More clarification is needed to address these questions.
8/16/17 Forum	get everything done ahead of time and solidify at ISP mtg?	Pre-ISP meeting requirements are underscored in these standards. It is up to the person, guardian and case manager to determine how to structure the pre-ISP and ISP meeting agendas.
8/16/17 Forum	All individuals and guardians are different...maybe don't identify a specific timeline?	The case manager will review the Statement of Rights at the pre-ISP meeting but the signature will be obtained at the annual ISP meeting.
8/16/17 Forum	Should NOT be reviewed just once per year! NOT just when convenient!	Thank you. DDSD will consider minimum requirements as well as guidelines for best practice.
8/16/17 Forum	Should be reviewed repeatedly throughout the year...whatever it takes to make it understandable for individual!	Thank you. DDSD will consider minimum requirements as well as guidelines for best practice.
8/16/17 Forum	Will CM agencies need to change their forms to include the same statement of rights in standards?	DDSD will clarify and issue any revised forms as necessary.
8/16/17 Forum	PLEASE KEEP all the civil rights, informed choice, individual rights pieces – these are excellent!	Thank you.
8/16/17 Forum	P10 – add “in writing” to bullet about the results of the HRC review being reported	Thank you. DDSD made corrections.
8/16/17 Forum	P12, 13 – Modify./Interv. Of Rights – must be reviewed	First two bullets in "Interventions Requiring HRC Review" (overcorrection & forced physical guidance) were moved to PROHIBITED area.
8/16/17 Forum	Clarify HRC review of 1:1 staffing – what about CCS-Individual and CIES – Individual?	If the individual chooses a 1:1 support due to needs, it is not a restriction. Anytime it is prescribed and required by an IDT, it would seem restrictive. And need reviewed by an HRC.
8/16/17 Forum	Use of papoose board/chemical restraints at important medical and dental appts. – prohibited? Clarify.	The terms mechanical and chemical restraints are very different than sedation & papoose boards; and are in the definitions; they are indeed prohibited. Medical pre-sedation and medical immobilization are different. Pre-sedation/use of papoose board is a conversation between the prescribing doctor, person +/- guardian. DDSD does not dictate this. This is addressed in the Health Chapter.
8/16/17 Forum	Mention DOJ/Olmstead	This is covered in the Introduction Chapter.
8/16/17 Forum	Do Day Programs need to have HRC?	Yes.
8/16/17 Forum	Love that individual is invited to their HRC mtg as a participant if it is their plan, or as an ongoing member of the HRC!	Thank you.
8/16/17 Forum	Utilities in my own name? In a group home? Qs re: negotiation of preferences	This is a CMS setting requirement and just like non-disabled persons, when living with a roommate, utilities are usually in one person's name.
8/16/17 Forum	P3 #11 – needs edit; #14 intent not clear	Thank you. DDSD incorporated changes.
ADDCP	Page 2 – first paragraph, last line states that all providers must ensure that they are in full compliance with the CMS Final Rule on HCBS Settings Requirements by 2022. We would question the specificity of this line especially in light of recent changes. We would question what the state would intend if CMS changes or deletes entire portions of the current final rule or eliminates it entirely.	DDSD is following current CMS requirements which require all HCBS Providers to become compliant with the Final Rule.

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ADDCP	Page 3 – first paragraph references “Appendix __ for the complete Home and Community Based Services Consumer Rights and Freedoms”. We do not see this Appendix anywhere in documents currently released. Why was it not included?	All appendices will be available for review as they are completed and will be available with the entire standards document for preview before release in January 2018.
ADDCP	Page 3 – second paragraph “Statement of Rights Acknowledgement Requirements” is specific in that this document be reviewed at the Annual meeting. We would question the benefit of having this completed at the Annual meeting. Why can’t this be completed prior to the meeting? Adding another item to be completed at the meeting will only cause meetings to run longer than they currently do. Is this truly necessary?	The Case Manager will review the Statement of Rights at the pre-ISP meeting but the signature will be obtained at the annual ISP meeting.
ADDCP	Page 3 – third paragraph “Waiver Services in Residential Settings..” – line four and five reference that “individuals should be given choices of all living options including and shared living situations with non-disabled people”. Please explain or define “given choices of all living options” first. In larger communities proving that you have done so may be an impossible task as the options available may be numerous. We also question who is responsible for finding options of “shared living situations” and what that actually entails. If an individual is in supported living that they can ask that a non-disabled friend move into the home with them?	Waiver recipients are to be given choices of all options outside of provider owned or controlled residences. It's the team's responsibility to have informed choice conversations about various housing options such as apartments, rental homes, buying a home, etc.
ADDCP	Page 3 – third paragraph, line 7 makes reference to “same degree of access as..” ADDCP questions what “same degree of access” means? We would question whether anyone or any government agency could actually define this. This is a very subjective issue for people. The degree of access for President Trump is much higher than for you or I, simply based on his ability to pay, his personal connections, etc. Can DDSD or CMS provide a benchmark for “same degree of access”?	The "same degree of access" is an equal rights issue, please refer to the ADA, Olmstead and CMS Final Rule.
ADDCP	Page 3 – third paragraph, Item 5 states “Individuals retain the right to have utilities/phone in their own names”. ADDCP does not dispute this but would ask that DDSD clarifies that this also means that they are responsible for the cost of such utilities/phone as well.	This is detailed in the Financial Accountability section of this standard. (An individual receiving services, will be presumed able to manage his or her own funds unless the ISP documents and justifies limitations to self-management, and where appropriate, reflects a plan to increase this skill. Costs for room and board are the responsibility of the individual receiving the service.)
ADDCP	Page 3 – third paragraph, Item 11 – “Individuals have right to privacy..” third line – we do not understand individuals having right to privacy in bedrooms, bedroom doors - we ask that you clean up this line so that it reads correctly	Thank you. DDSD made corrections.
ADDCP	Page 3 – third paragraph, Item 12 – item reads that individuals have free use of all common areas .. with regard for privacy. If an area of the residential setting is common, that would naturally preclude privacy. You and I would not expect total and utter privacy in common areas of any shared living space.	Thank you. DDSD made corrections.
ADDCP	Page 4 – Item 13 - We question what this item actually means, does this mean within a current residential setting or is this referring to actually choosing where to live.	This is intended to protect an individual from being moved without consent to another location, home or room.

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ADDCP	Page 4 – Item 14 – Line states that the individual retains the right to assume risk, then qualifies this by stating that this “must be balanced with the individual’s ability to assume responsibility” and “a reasonable assurance of health and safety”. ADDCP members supports the idea and concept of “dignity of risk” but we first question who decides that the individual can “assume responsibility” for their choices and how that decision is made. Unless an individual has a guardian, they are legally “assumed” to have that ability already. Isn’t that an underlining principle of “Know Your Rights”? Second, we would ask that the term “reasonable assurance of health and safety” be removed. Dignity of Risk implies that there may be unintended consequences. How can anyone make “reasonable assurances” that an individual is not injured from a choice that they make. We would also question what “reasonable” means, who decides what “reasonable” is, and what are the limitations on “reasonable”?	You are correct, unless an individual has a guardian or healthcare decisionmaker they are legally assumed to have that ability. This section is also to guide team members when their duty of care intersects with their duty to support persons with IDD to make their own decisions and lead full lives. This is where open team discussions & good planning take place. BBS will change the item to read: “The individual retains the right to assume risk in their lives. This dignity of risk may need to be balanced against the person’s ability to assume responsibility for that risk and a reasonable assurance to maintain their own health and safety when making certain decisions; teams that support persons who are making risky decisions should first address such concerns with education about the risks before pursuing other more restrictive avenues such as limited, plenary or mental health treatment guardianships and/or temporary restriction of certain rights.”
ADDCP	Page 4 – Item 15 – Line states that “individuals have access to food at any time” then goes on to statement of Human Rights Committee involvement when food may be a danger to the individual. Although we do not have an issue to this line we believe that it needs further clarification. For example; can an individual, whom food is not an issue, give up this right when living in a home where another individual does have issues with food?	Individuals living with roommates who have restrictions to unlimited food access due to severe health and safety risks (e.g., choking due to impulsive "stuffing" of food or persons with a diagnosis of Prader-Willis) need to be informed and given an ability to gain unlimited access to food.
ADDCP	Page 4 – Item 16 – we suggest that you strike end of this line where it repeats the right to have “access to food any time”. This is redundant	Thank you. DDSD made the change.
ADDCP	Page 4 – Item 17 – Individuals may have visitors at any time. Can an individuals give up this right when they sign a lease? Many non-disabled people give up this right when they are in shared living arrangements and it becomes an agreement between the roommates.	Yes, individuals might give up this right just as a non-disabled person would when living with another person or choosing to live in a place that has restrictions for all residents.
ADDCP	Page 4 – Item 19 – We suggest that you strike this line as redundant. This is already discussed in item 17.	Thank you. DDSD incorporated changes.
ADDCP	Page 4 – Second paragraph – DD Waiver Services in Non-Residential Settings – Please explain first what this section applies to. Is this referencing agency owned and operated facilities or does this also apply to any facility that the agency utilizes in provisions of service? Since DDSD has stated that they will be applying the CMS Final rule across all services, wouldn’t most services be occurring in the community? Second, wouldn’t the second line of this paragraph “ensure that any agency operated facility is a setting chosen..” be the responsibility of the Case Manager when they assist the individual in signing a Secondary Freedom of Choice.	DDSD provided clarification and included in the LCA and Community Inclusion chapters.
ADDCP	Page 4 – Second Paragraph, item 1 – We question allowing visitors from the community to be present and visit at times... in agency operated facilities. Does that mean that an agency has no control over who visits their facilities or when? This becomes an issue of health and safety when a provider has no control of who is in their facilities. Even the Department of Health realizes that this is not feasible as they have guards on their entrances. Why should agencies be required to provide less protection to individuals in service than the state provides to their employees? Second, it states that “evidence of this must be present”. What is this evidence, how long must it be maintained, etc.	Visitors should be encouraged and/or allowed, but DDSD does not mandate provider agency's polices around this.
ADDCP	Page 4 – Second paragraph, item 2 – We would ask that DDSD clarify this statement. This sentence implies that no area of an agency operated or owned facility should be prohibited to individuals in service. Does this include medication storage rooms, private offices, etc.? If you or I visit a Community Center in our community, we do not expect to simply be able to walk through any area that we choose	Individuals should be allowed access to the building to the fullest extent possible, while remaining safe. People should not be restricted, in general. Agency policy could indicate any areas that would be off limits due to health and/or safety concerns.

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ADDCP	Page 4 – Second paragraph, item 6 – makes reference to a “dining area with comfortable seating”. We question the need for this line. We also question what exactly determines “comfortable seating” and who decides. Again, if you visit a Community Center, what type of seating are you expecting there?	Language is aligned with CMS Exploratory Questions. DDSD will continue to review comments while implementing the CMS HCBS Settings Requirements.
ADDCP	Page 4 – Second paragraph, item 8 – We strongly recommend that this item be struck. Since this is a non-residential setting how would the provider be able to offer an alternative meal when they do not provide meals for the most part. Second, how would DDSD see this being implemented? Thirdly, at what community site that anyone visits, do they expect the use of a “private” dining area?	Language is aligned with CMS Exploratory Questions. DDSD will continue to review comments while implementing the CMS HCBS Settings Requirements.
ADDCP	Page 4 – Third paragraph – Financial Responsibilities – states “where appropriate”, please define appropriate. Use of subjective wording allows for a wide range of interpretations and makes it impossible for providers to ever hit the mark	This would be done through person-centered planning.
ADDCP	Page 6 – Item 18 – we would ask that DDSD please refer to this Right when writing/implementing other chapters.	This section was removed from the standards but, the Decision Consultation process is referenced throughout the standards.
ADDCP	Page 7 – Second paragraph - Item 4 – members present actually questioned whether the Individual Assistance and Advocacy Unit still exists. We would also recommend that if it does that information on how to contact be provided in this item	Yes, the unit still exists and is part of the Office of Constituent Supports within DDSD. DDSD is deleting the guardianship section and will reference IAA as appropriate in the document.
ADDCP	Page 8 – Second and Third Paragraphs - Are these just definitions and explanations or do they imply something. The purpose of these in this area is questioned. Secondly, we would question the last sentence of the “Duty of Care” paragraph that states “by ensuring that they have full knowledge”. We would ask how this is proven? How would providers ensure this? Who makes the decision on whether an individual has “full knowledge”?	page 8. BBS added a clarification of the intention of these concepts. Regarding the last sentence of the Duty of Care, BBS deleted "full". The important aspect is to provide education about the possible outcomes/consequences of decisions when needed, perhaps documenting in progress notes or as part of ISP as an action plan/desired outcome.
ADDCP	Page 8 – Fourth paragraph – Decision Consultation – this section references a process that up until now has not been discussed. The process should be identified and described in detail or a reference should be made to where it is identified and described (i.e. chapter, page, etc. of the Standards).	This is not a new process and is now in the Health Chapter.
ADDCP	Page 9 – Third paragraph – we suggest that this line be changed to “The case manager is responsible for completing the....”. Although secondary providers can be of assistance to the case manager, this is surely their responsibility. Second, the last line states “For current forms....refer to the following link.” There is no link listed, no list of current forms, etc. Please provide.	It is the IDT's responsibility (unless the individual or the guardian is the one asking for it.)
ADDCP	Page 9 – Fourth Paragraph – Human Rights Committee – DDSD has decided to determine the make up of agencies Human Rights Committees. We first question their reasons for doing so and strongly oppose the requirements. HRCs are normally volunteer positions and agencies fill their committees with those that are willing and able to serve. Setting requirements for membership does not improve the quality of care that individuals receive. We also question that an individual with a diagnosis of I/DD be a required member. We question the ability of said individual to fully understand all of the information that is provided during these meetings, their ability to abide by HIPAA and DOH policies on confidentially, and the legal ramifications if they do not abide by HIPAA. We also believe that it is inappropriate for an individual with I/DD to hear confidential/personal information about other individuals that they may see on a regular basis. This requirement would then force agencies to have several stand-by HRC committee members to replace current members when they must recuse themselves from the hearing. We also question any make-up of a volunteer committee that may make it impossible to have a committee. DDSD must remember that most HRC committees are volunteer based. Agencies can not force community members to serve on these committees.	The reasons for setting requirements for Human Rights Committee is to make sure that persons with a fresh perspective (other than team members implementing recommendations for restrictions) are looking at the plans and giving guidance on how restrictions may be reduced or eliminated altogether. HRCs may be intra-agency, giving the ability for more than 1 agency to join together. The individual with IDD does not have to be receiving services, and the if the individual can not understand the responsibilities to participate (and for absolute confidentiality), then they do not have to serve. There are many HRCs at agencies across the state that are intra-agency and/or all volunteer and community members only. The entire idea of HRC is related to CMS assurances that persons will be free from restrictive practices; there must be participation from persons with IDD and the community at large to assist agencies and teams to look for other ways to address behavioral and health and safety issues that arise from behavioral issues.

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ADDCP	Page 10 – Bulleted item 3 – Many agencies appoint a staff person to be the Chair of the HRC committee as a way to smooth out the process and to arrange for all of the details. Why has DDSD seen fit to have a requirement for who can be a HRC chair and why time limited?	DDSD is not dictating who can be chair, only the length of tenure as chair. Part of the reason for a time limitation is to avoid burnout and "rubber" stamping of plans. A big portion of the need for HRC review (particularly of outside participants and persons with IDD) is to have a fresh perspective on the reasoning and implementation of plans.
ADDCP	Page 10 – Bulleted item 4 – please clarify what is meant by 'highly encouraged'. Agencies in smaller communities may not have this as an option.	It is not required, but DDSD hopes that agencies will have HRC's that are comprised of different agencies, not interagency. Intra-agency HRCs have existed for years in smaller communities. It makes a great deal of sense to pool resources for this purpose.
ADDCP	Page 10 – Second Paragraph – HRC Procedural Requirements – bullet 4 – we would request that the reporting requirement be increased to 5 working days. The 3 day requirement may be an impossibility in some cases.	This will not be changed, as restricting someone rights is serious and they should be notified quickly.
ADDCP	Page 10 – Second Paragraph – bullet 5 – Requires that the HRC determine and adopt a written policy, why is this not the agencies written policy? We would also ask if the quorum requirement is impacted by the member requirements listed on page 9.	HRC's are not always interagency and may be intra-agency. DDSD encourages intra-agency HRC's to avoid agencies looking solely at what is best for the agency and not the individual. This is why it is an HRC policy instead of an agency policy. Of course, they may be (HRC policy for agency) one in the same. The HRC quorum is somewhat changed by the membership requirement. An HRC quorum of three must have one community member at large. Please see this section in the chapter for edits.
ADDCP	Page 10 – Second Paragraph – bullet 6 – we would question the graphic nature of the example provided. We would also be concerned that only things that rise to the level provided would go to HRC. What if the plan was to only hurt someone else, or maybe simply cut someone else with a knife. We would suggest that everything starting with "(e.g....." be stricken from the bullet item and be replaced with extending the original sentence by adding "credible threats of violence against self or others".	DDSD deleted the examples.
ADDCP	Page 11 – Second bulleted item – This line is redundant and has already been stated. We request that this line be removed.	This is not redundant. This bullet addresses the specifics of the meeting record versus notification of the person, guardian, CM or BSC.
ADDCP	Page 11 – Second paragraph – bulleted item 4, sub-bullets 5 and 6 – again, this is the first time these terms appear – writers of the standards can not reasonable expect that all readers know and understand the terms they are using. These items should be defined.	These terms have all been defined previously.
ADDCP	Page 12 – First Paragraph – Human Rights and Behavioral Support - Although we think we know what was intended in this first paragraph, the sentences appear to hang out without actually saying anything. Although we have no suggestion on improvement, we needed to point out this fact.	The primary intent of this section is to establish the need for HRC review of certain interventions/restrictions resulting from a behaviorally-driven health and safety concern as well as establishing that Positive Behavior Support is the model of behavioral support that is used, hopefully negating or limiting the need for restriction.
ADDCP	Page 12 – Third paragraph – Interventions.... Although we know that DDSD is aware of the contradiction with the first two bulleted items in this list, we simply wanted to point it out again that the use of 'over-correction' and 'forced physical guidance' can not be approved by an HRC.	DDSD corrected.
ADDCP	Page 13 – First paragraph – Human Rights Committee Role... bulleted item 7 – we do not understand the need for a second document by BSC or other specialized therapist that "outlines the need for the intervention". Is this not the plan as already written? Why is DDSD requiring additional work by the provider?	This may occur when there is not a BSC on the person's team. There was also a typo—reinserted the words "treatment plan" This bullet is really addressing a broader set of professionals who may be involved in addressing health and safety through restrictions. Addressed also in the sentence in the preamble to the bullets by editing "...with the following additional information when available."

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ADDCCP	Page 13 – Second paragraph – Emergency Physical Restraint – the content of the paragraph does not appear to have any relationship to the title. Please either reword or better explain what is meant by Emergency Physical Restraint.	The Emergency Physical Restraint information was accidentally omitted in the original posting of the "Human Rights & Setting Requirements" chapter. The paragraph that you are referring to is further in the EPR section, which was posted later. Please refer to the separate EPR posting.
ADDCCP	If the Home and Community Based Services Consumer Rights and Freedoms is a form that individuals will need to acknowledge that they have received and understand, this document will need to be reformatted to allow for signatures/witnesses, etc.	Thank you.