Human rights committee review packet

A free planning packet from Special Learning for QIDPs, program managers and committee chairs: (1) a referral form to fill in with the person before a proposed rights restriction or restrictive intervention goes to the committee, (2) a committee review checklist built on the text of the federal requirements, and (3) a meeting minutes and decision record with review and end dates. This page summarizes the federal rules; your state and your agency's policies set what applies. Each state and agency sets its own committee rules.

How to use it

1. Find out what applies: your state's committee rule, your agency's policy, and whether your program is an ICF/IID or an HCBS provider-owned or controlled home.
2. Open the referral form with the person. Write their words first, and ask how they want to take part.
3. Fill in the need, the supports and less intrusive methods tried, how narrow the limit is, and the data plan.
4. Write review dates and an end date or end condition before the form goes to the committee.
5. Send the referral and attachments to the chair in the time your agency sets.
6. At the meeting, use the checklist section by section. Invite the person to speak first.
7. Record the decision, conditions, consent and dissent in the minutes. Give the person a copy in a form they can use.
8. Put the review date on the calendar, and bring the data and the person's view back on that date.

Which rule applies to you?

When	Use
Your program is an ICF/IID	The federal condition at 42 CFR 483.440(f)(3) requires a specially constituted committee, and 483.450 sets the behavior-management standards. Use all three forms.
Your program is a provider-owned or controlled home under an HCBS waiver, and the team may limit condition (A), (B), (C) or (D)	The eight items in 441.301(c)(4)(vi)(F) must be documented in the person-centered service plan. Your state may send the proposal to a committee. Use the referral form and checklist section D.
A behavior support plan includes a restrictive intervention, or any plan would limit a person's rights	Check your state and agency policy for the review it requires. Use the referral form to prepare, and the checklist and decision record if you have a committee.
Someone is in immediate danger	Follow your emergency and reporting process first. Use the packet afterward.

Where this comes from: 42 CFR 483.440; 42 CFR 483.450; 42 CFR 441.301(c)(4)(vi)(F). We read the federal text on ecfr.gov (current as of November 12, 2026) and quote only what it says. 42 CFR 483.440 and 483.450 apply to ICF/IID; 441.301 applies to Medicaid HCBS waivers.

1. Referral form (1 of 2)

Fill this in with the person, not about the person. A referral that lists no less intrusive method tried may mean the proposal is not ready, and the committee can send it back.

Item and what to write	Write it here (the person's words first)
1. Person, and the name they like to be called The person's own name for themselves. Add how they communicate best, so the committee can meet them well.	
2. Setting, provider, who is referring, date Home or program, the agency, and the QIDP or program manager making the referral.	
3. What is proposed, in plain words Exactly what is limited, when, where and for whom. Nothing wider than the need.	
4. Type of review (check) A limit on condition (A), (B), (C) or (D) in a provider-owned or controlled home; a behavior support plan with a restrictive intervention; restraint, time-out or medication to manage behavior; another program that involves risks to the person's rights; or another review your state or agency requires.	
5. In the person's own words What the person wants, and what they say about the proposal. Their words first, as they said or showed them.	
6. The specific assessed need This person's need, with what was seen and on what dates. Not a category and not a general worry.	
7. Positive supports used first The teaching and supports tried before any limit, by whom and for how long.	
8. Less intrusive methods tried that did not work Each lighter way you tried and what happened, including what the person said about it.	

1. Referral form (2 of 2)

Item and what to write	Write it here (the person's words first)
9. Why the limit is no wider than the need What is limited, and what stays the same: the person's choices, places, people and routines that are not part of the need.	
10. Data and review What you will record, who reviews it, how often, and what the person says about how it is going.	
11. Review dates and end The first review date, later review dates, and what would end the limit. Write an end date or an end condition.	
12. Informed consent How the person was told and in what form, what they said, how they show agreement, and the role of a guardian or authorized representative under your state's rules.	
13. No-harm check Who is responsible for checking that the limit itself is not causing harm, and how.	
14. Emergency use Is any part of this an emergency measure? If so, follow your emergency and reporting process and your state's rules, and note it here.	
15. How the person will take part Come to the meeting, send someone they choose, or share their view another way. Who they want beside them. What support they need to take part.	
16. Attached The plan, assessment, data, consent record and the person's profile or preference record if you have them.	

Referred by (name and role)	Person (or how they show they have seen it)	Date

2. Committee review checklist (1 of 2)

Sections A to C are the ICF/IID text; use them if your state or agency applies them to your program. Section D is the HCBS settings rule. Sections E and F are ours. This page summarizes the federal rules; your state and your agency's policies set what applies.

Person and referral date	
Meeting date and chair	

A. Is the committee set up as the federal rule describes?

Check	Met	Not met	Notes
Members of facility staff			
Parents and legal guardians			
Clients, as appropriate			
Qualified persons "who have either experience or training in contemporary practices to change inappropriate client behavior"			
Persons "with no ownership or controlling interest in the facility"			

Where this comes from: 42 CFR 483.440. Quoted text is as published.

B. Does the committee have what it needs to decide?

Check	Met	Not met	Notes
The committee can "Review, approve, and monitor" this program			
The committee has confirmed this is one of the "other programs that, in the opinion of the committee, involve risks to client protection and rights"			
Written informed consent is in place: "only with the written informed consent of the client, parent (if the client is a minor), or legal guardian"			

Where this comes from: 42 CFR 483.440. Quoted text is as published.

C. Behavior-management standards (ICF/IID)

Check	Met	Not met	Notes
Less intrusive or more positive techniques were "tried systematically and demonstrated to be ineffective"			
The intervention has "sufficient safeguards and supervision"			
It is not for "disciplinary purposes, for the convenience of staff"			
It is not a standing or as-needed program: "Standing or as needed programs to control inappropriate behavior are not permitted."			

Where this comes from: 42 CFR 483.450. Quoted text is as published.

2. Committee review checklist (2 of 2)

D. For a rights modification in a provider-owned or controlled home: the eight items, exact text

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

Where this comes from: 42 CFR 441.301(c)(4)(vi)(F). Quoted text is as published.

The rule: Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:

E. The person's voice and dignity (our additions)

Check	Met	Not met	Notes
The person's own words are in the referral and in the minutes			
The person was invited, and supported to take part in the way that works for them			
The record says what the person can still do and choose			
The limit is described in terms of the need, not of the person			
Our addition, drawing on New York's recusal rule: members who deliver this person's services step out for this review (check your state)			

F. Decision and follow-up (our additions)

Check	Met	Not met	Notes
The decision is one of: approve as proposed, approve with changes, not approved, more information needed, or withdrawn			
Conditions are written down			
A review date and an end date or end condition are set, and checked against your state's limits			
Someone is named to bring it back, with the data and what the person says			
Dissent is recorded			

3. Meeting minutes and decision record (1 of 2)

Keep the minutes in the form your state or agency requires. Massachusetts, for example, says "Minutes of the committee meetings shall be kept."

Members present

Name	Role	Independent of the provider?	Stepped out for this person?

Item	What to write
Meeting date, time, place, chair Who ran the meeting.	
Quorum Your state or agency sets it (New York, for example, requires three members present). Write how many were present and what your rule says.	
The person Did the person take part, and how? What did they say? Who was with them?	
What was reviewed The referral, with the date and the program or limit.	
Discussion Key questions the committee asked, what the team answered, and anything the committee noticed.	

3. Meeting minutes and decision record (2 of 2)

Item	What to write
Decision (check one) ☐ Approve as proposed ☐ Approve with changes ☐ Not approved ☐ More information needed ☐ Withdrawn by the team	
Conditions What must be true for the approval to stand: narrower wording, a supports change, a date to report back.	
Consent confirmed Who gave it, in what form, and the date. Written informed consent, as your state requires.	
Data to bring back What the committee wants to see, who brings it, and when.	
Review date The date the committee will look at it again.	
End date or end condition When the limit stops unless the committee renews it, or what would end it.	
Suggestions to the provider Anything about practices or programs more widely.	
Dissent or concerns Any member's concern, in their words.	
Copies to The person, a guardian or representative, the QIDP or program manager, the record.	

Follow-up

Action	Owner	Due	Done

Chair	Recorder	Date

Example referral: Ines and the kitchen (invented)

Ines (invented), 44, lives in a provider-owned four-person group home. She likes to cook and to sit in the kitchen with her housemates in the evening. Condition (C): access to food at any time. The team first proposed a lock on the pantry and refrigerator from 9 PM to 6 AM. Invented to show the layout, with invented dates, numbers and people. It is not advice for any real person's plan.

Item	What we wrote
Person	Ines, 44, who uses spoken language and likes to talk things through with her support worker, Dee.
What is proposed	A lock on the pantry and refrigerator from 9 PM to 6 AM.
Type of review	A limit on condition (C), access to food at any time.
In Ines's words	"I get hungry at night. I want to pick my snacks. I don't want a lock on my kitchen. I know my sugar was high."
Specific assessed need	On three evenings in October (October 6, 13 and 20), Ines ate a large amount of sweets after 10 PM, and her morning readings were above the range her doctor gave her. Her doctor asked the team to help plan evening snacks.
Positive supports used first	Ines picked a snack list with Dee, took an evening walk after dinner with a housemate, and used a picture snack plan on the refrigerator. Her doctor reviewed the snack list.
Less intrusive methods tried	A reminder text at 9 PM for three weeks. On 5 of 12 nights the sweets were still eaten after 10 PM. Ines said the reminders felt like being watched.
Why it is no wider than the need	The lock covers the whole kitchen, which is wider than the need. The committee asked whether a smaller step would do.
Data and review	Ines ticks her snacks on a sheet with Dee. Her morning readings go to her doctor each month.
Review and end	First review in 30 days. It ends when Ines and her doctor agree it is no longer needed. (These numbers are invented; your state may set its own interval.)
Informed consent	Told at a team meeting with pictures. Ines said no to the lock and yes to a plan with her own snacks. She makes her own decisions; no guardian.
No-harm check	The service coordinator checks that Ines still cooks and sits in the kitchen with her housemates, and that she is not skipping meals.
How Ines takes part	She comes to the committee with Dee and speaks for herself.

Example minutes and decision record: Ines (invented)

Invented to show the layout, with invented dates, numbers and people. It is not advice for any real person's plan.

Item	What we wrote
Meeting	November 12, 2026 (invented). Chair: a self-advocate member. Five members present; the member who supports Ines stepped out.
The person	Ines came with Dee. She said: "I'd rather have my own bin than a lock." She told the committee which snacks she wants in it.
Discussion	The committee asked the team why a lock on the whole kitchen was needed when the concern was evening sweets. The team agreed a lock was wider than the need. A night snack bin in Ines's room, stocked with snacks she picks, was proposed.
Decision	Not approved: the lock. The kitchen stays open. Ines has a night snack bin in her room with snacks of her choosing, including sweets. This does not limit a right, so no limit is recorded.
Conditions	The team brings the snack sheet and Ines's readings to the committee in 30 days. If anyone proposes a limit later, it comes back as a new referral.
Consent confirmed	Ines agreed to the snack bin plan in her own words, with Dee as witness, on November 12.
Review date	December 12, 2026, with Ines present.
End date or condition	No limit was imposed, so there is nothing to end. The snack plan is looked at with Ines every month.
Dissent	One member would have preferred a pantry lock for 30 days. Recorded.
Copies to	Ines, Dee, the program manager, the record.

Checklist, sources and one next step

Before you finish

☐ The person's own words are in the referral.

☐ The assessed need is specific to this person, with dates.

☐ Positive supports and less intrusive methods are written down, with what happened.

☐ The limit is described in plain words and is no wider than the need.

☐ There is a data plan, and it includes what the person says.

☐ Review dates and an end date or end condition are written.

☐ Consent is recorded, in the form your state requires.

☐ The person has been invited and supported to take part.

☐ The minutes record the decision, conditions, dissent and who brings it back.

Where each part comes from

Sources read November 16, 2026 (the federal text is current as of November 12; the Massachusetts and New York texts are from the Cornell Legal Information Institute, so check the agency's current text). The referral prompts, the checklist wording that is not quoted, the minutes form and the worked example are Special Learning's own planning aid. 42 CFR 483.440 and 483.450 apply to ICF/IID; 441.301 covers Medicaid HCBS waivers. This page summarizes the federal rules; your state and your agency's policies set what applies. Each state and agency sets its own committee rules. Nobody named here has reviewed or endorsed this packet.

42 CFR 483.440. https://www.ecfr.gov/current/title-42/section-483.440

42 CFR 483.450. https://www.ecfr.gov/current/title-42/section-483.450

42 CFR 441.301(c)(4)(vi)(F). https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301

Virginia 12VAC35-115-100. https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section100/

Massachusetts 115 CMR 3.09. https://www.law.cornell.edu/regulations/massachusetts/115-CMR-3-09

Massachusetts 115 CMR 5.14. https://www.law.cornell.edu/regulations/massachusetts/115-CMR-5-14

New York 14 NYCRR 633.16(f). https://www.law.cornell.edu/regulations/new-york/14-NYCRR-633.16

One next step

If your staff support autistic people, the Level 1 ABA Online Training Course for groups introduces autism and behavior-support foundations, including errorless teaching and prompting. $99 per learner · One-time purchase · Each learner has 12 weeks of access from the day they activate their code · Free 7-day trial of the first 2 sessions.

Related free tools: Dignity of risk worksheet · Behavior support plan checklist · Preference and choice record · One-page profile template · HCBS provider training checklist · Crisis plan template