

## Restriction Justification Guidelines

Criteria	Description
<b>Describe the restriction<sup>2</sup></b>	How will this restriction be implemented? Are any specific items required to implement this restriction? What steps should be taken? When applicable, provide step-by-step instructions for implementing this restriction.
<b>Person Specific Need<sup>2</sup></b>	Why is this modification needed? What has happened in the past (previous documentation or history)? Describe the person's capacity to understand the risk, history of incidents related to the risk, how would this person be harmed if this modification isn't made?
<b>Risk Data<sup>2</sup></b>	How often does this risk occur? Are there any specific factors that increase the risk?
<b>Restriction Data<sup>2</sup></b>	How often is this restriction used?
<b>Prior Less Restrictive Interventions<sup>2</sup></b>	What has been used in the past to prevent this restriction? What strategies or interventions have been attempted in the past? Why were these not effective?
<b>Positive Interventions and supports used prior to making this modification<sup>2</sup></b>	Document what education, experience, and exposure has been or is being offered to educate or support the person to develop the skills needed to address the person-specific need.
<b>Set end point: Evaluation<sup>2</sup></b>	What would need to change for the restriction to no longer be needed? How will we know if this has occurred? How will data be collected to measure this?
<b>Periodic Review<sup>2</sup></b>	How often will the ongoing need for the restriction be measured?
<b>Do No Harm: Benefit Vs Risk (attestation that the restriction will not cause harm<sup>2</sup>)</b>	Include an attestation that the restriction will not harm the person. Any modification which could endanger the individual's health or safety is strictly prohibited.
<b>Informed Consent<sup>2</sup></b>	Please attach a consent signature from the person / guardian.

<sup>2</sup> HCBS requirement