# IBL Approval Process Checklist

This tool can be used as a checklist for processing an Individually-Based Limitation (IBL) request.

- Is the request appropriate? (i.e., is there a moderate health or safety risk to the individual or others? ☐ Yes ☐ No
- Is the request complete (answers to all questions)? ☐ Yes ☐ No

## Check the HCBS right(s) to which the provider is requesting an IBL:

☐ Access to food at any time
☐ Choice of roommate in shared units
☐ Control of own schedule and activities
☐ Furnish and decorate bedroom/living unit
☐ Freedom from restraints/coercion
☐ Privacy: Lockable doors
☐ Visitors at any time

## For the right(s) selected above, did the provider:

### 1. Fully describe the IBL? ☐ Yes ☐ No

Including who proposed the IBL, when will it be implemented, how often it will be reviewed and who will review it, how long it will be in effect, how the limitation is proportional to the risk being alleviated, and an assurance that the interventions and supports do not cause harm to the individual.

### 2. Describe the reason/need for the IBL, including assessment activities conducted to determine the need? ☐ Yes ☐ No

Including what health or safety risk is being addressed, as well as any assessment tool, outreach, consultation, etc.

**3. Describe what positive supports and strategies were tried prior to the decision to implement the IBL?** ☐ Yes ☐ No

Including documentation of positive interventions used prior to the limitation, and documentation of less intrusive methods tried, but which didn't work, etc.

**4. Describe how this IBL is the most appropriate option and benefits the individual?** ☐ Yes ☐ No

Including why/how implementing the limitation makes sense for the individual's personal situation.

**5. Describe how the effectiveness of the IBL will be measured?** ☐ Yes ☐ No

Including ongoing assessment and/or data collection and frequency of measurement.

**6. Describe the plan for monitoring the safety, effectiveness, and continued need for the limitation.** ☐ Yes ☐ No

Including who is responsible to monitor? How frequently? How is the ongoing need for continued use of the limitation to be determined?

**7. Provide a physician or other qualified health practitioner order for the use of restraint?** ☐ Yes ☐ No ☐ N/A



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