

Entering Rights Modification Information into the Benefits Utilization System (BUS)

Training

December 6 and 8, 2022

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

Who needs to be here?

All case managers and their supervisors with any case management agency (CMA), including Community Centered Boards (CCBs) and Single Entry Points (SEPs)

The December 6 and 8 trainings are the same

What is this training about?

Common pitfalls in rights modification data entry

For a refresher on what rights people have and what constitutes a rights modification, please visit our [HCBS Settings Final Rule website](#):

- [Individual Rights & Rights Modification - Providers & Case Management Agencies](#) - June 2021
 - [Slide Deck](#)
- [Rights Modification Training](#) - January 2019
 - [Webinar Recording](#)
 - [Webinar Transcript](#)

Reminder 1

Enter every rights modification in the BUS.

This includes:

- Creating a record for the specific rights modification, and
- Completing answers to the Rights Modification Questions.

Select “Add”

Main Menu
Advisement Letter
Assessment - 100.2
Client Information
Transition Assessment & Planning
Risk Mitigation Plan
Assessment - HCA
Case Management
Case Status
Critical Incident Reports
IADL
Log Notes
LTC 803
Program Area
Referral
Rights Modification
- Information
- Modification Details

[Add] [Print] [[Answer Rights Modification Questions](#)]

Rights Modification				
	Event	Rights Modification Classifications	Start Date	End Date

Enter basic information to create record

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 - Modification Details
- Service Plan
- Service Plan DD Section
- Administration
- Logout

Rights Modification Number 1

I will be subject to a rights modification Yes No

***If Yes, all questions are mandatory**

Start (mm/dd/yyyy)

Right Modification Classification: End (mm/dd/yyyy)

- Ability to lock bathroom door
- Ability to lock room/unit
- Access to dangerous objects or hazardous materials
- Access to food at any time
- Access to media and internet
- Access to personal possessions
- Access to specific areas in living space
- Access to the greater community
- Cameras or audio monitors
- Chimes or other alerts
- Choice of roommates
- Choice of services and who provides them
- Choice of setting
- Choice of visitors at any time
- Freedom and support to control own schedules and activities
- Freedom to furnish or decorate sleeping or living unit
- Independent access to and use of a phone
- Independent decision-making, initiative, or autonomy
- Key to the home
- Right to privacy
- Restraints
- Other, describe classification of modification:

Answer (or Edit Answers to) Rights Modification Questions

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Rights Modification			
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Service Plan

Service Plan DD
Section

Administration

Logout

1. Were emergency control procedures used since the last assessment? No Yes**2. Are actions being taken to prevent the need for continued use of emergency control procedures?** No, describe why not: Yes, describe actions:**3. I will be subject to a rights modification:** No Yes**7. I have questions or concerns about the rights modifications process.** No Yes, document concerns and discussion:**8. [Human Rights Committe \(HRC\) review necessary?](#)** No Yes, because: Of a rights modification Use of psychotropic medication 1) administered by a paid support and/or 2) receiving residential habilitation**9. HRC Review Status/Outcome** To be submitted Submitted, awaiting review Review completed**10. HRC review outcome and recommendations:**

Reminder 2

Accurately and timely enter all required information in the BUS.

Rights Modification Detail must have all boxes fully completed. This includes all elements under:

- Reason for the modification
- Type of modification
- Plans for monitoring and removing the modification
- Informed consent

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4. Reasons for the modification:

Modification #	Observable and measurable description of behavior or other issue to be changed or improved	Assessment item(s) that demonstrate why issue has been targeted	Efforts to use positive interventions and less intrusive alternatives prior to use of Rights Modification
1	Strawberry has called the emergency services five times in the past three months because she felt anxious, when at home.	Communication and privacy	Strawberry is new to services. Prior to the proposed rights modification, she has worked with her provider to create a list of in home and community

5. Types of modifications:

Modification #	Classification of modification:	Description of rights modification	Informed consent has been documented for mod.	Staff training on proper implementation	Providers to implement modification	Start Date	End Date
1	<input type="checkbox"/> Ability to lock bathroom door <input type="checkbox"/> Ability to lock room/unit <input type="checkbox"/> Access to dangerous objects or hazardous materials <input type="checkbox"/> Access to food at any time <input type="checkbox"/> Access to media and internet <input type="checkbox"/> Access to personal possessions <input type="checkbox"/> Access to specific areas in living space <input type="checkbox"/> Access to the greater community <input type="checkbox"/> Cameras or audio monitors <input type="checkbox"/> Chimes or other alerts <input type="checkbox"/> Choice of roommates <input type="checkbox"/> Choice of services and who provides them <input type="checkbox"/> Choice of setting <input type="checkbox"/> Choice of visitors at any time <input type="checkbox"/> Freedom and support to control own schedules and activities <input type="checkbox"/> Freedom to furnish or decorate sleeping or living unit <input checked="" type="checkbox"/> Independent access to and use of a phone <input type="checkbox"/> Independent decision-making, initiative, or autonomy <input type="checkbox"/> Key to the home <input type="checkbox"/> Right to privacy <input type="checkbox"/> Restraints <input type="checkbox"/> Other, describe classification of modification:	Strawberry will not have access to the landline phone. When she wants to make a call, Strawberry will inform her provider that she will like to make a phone from her contact list. Her provider will dial the	<input checked="" type="checkbox"/>	Provider will dial the phone number from the most current contact list. Provider will be trained on ensuring Strawberry has privacy during the duration of the phone call.	Host home provider.	12/05/2022	02/28/2023

6. Plans for monitoring and removing modifications:

Modifications #	Who will monitor	Changes necessary to remove modification	Timeline for reviewing whether modification is still necessary
1	Her host home provider and residential Agency A+.	When Strawberry feels ready to do so, she will dial the phone number from her contact list, while her provider monitors while being in the room. If	Strawberry wants this RM reviewed after 3 months.

Completed Entry

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[\[Add\]](#) [\[Print\]](#) [\[Edit Answers to Rights Modification Questions\]](#)

Rights Modification				
	Event	Rights Modification Classifications	Start Date	End Date
Revise	1	Independent access to and use of a phone	12/05/2022	02/28/2023
Revise	2			

Log Note

Example: Met with Strawberry to review the proposed rights modification (RM) informed consent (IC) from residential agency, Agency A+. Reviewed the initial IC form for proposed RM for no independent access for phone calls. Strawberry did not agree to have any of her phone calls monitored but did agree to creating and maintaining a contact list and to having her host home provider dial the phone number. Agency A+ modified the IC form, agreeing to Strawberry`s suggestions. Agency A+ resent the IC form (revised) to CM. CM was able to review the IC (form) with Strawberry, in person face to face. Strawberry did not have any additional questions or concerns with the proposed RM and signed the IC form. The RM will be effective on 12/5/22, as Strawberry will be out of town for the weekend.

Reminder 3

Confirm that the [Informed Consent Template](#) has been used, with all italicized instructions followed and the text of those instructions deleted from the document the individual is being asked to sign.



Informed Consent for Rights Modification

Name: _____

Service Provider Agency: _____

Type of Services: _____

0. Before you begin (for providers and case managers)

Think about what is being proposed and why, instead of starting by simply filling out this form. Is a Rights Modification really necessary, and if so, must it look exactly as you initially envisioned it? Be creative in thinking about alternative approaches! What else might work with this individual? What has worked with others in similar



Informed Consent for Rights Modification

Name: Pistachio Pudding

Service Provider Agency: Colorado Services Inc.

Type of Services: IRSS - host home

1. Description of your proposed Rights Modification for the period 1/1/23 - 6/30/23

Your right to privacy will be modified in that you will not lock your bedroom door...in case staff need to come in to help you during a seizure.

Reminder 4

If the individual has an interdisciplinary team (IDT), review their rights modifications every six months through the IDT meetings.

- Or sooner if desired by the individual.
- The individual leads the IDT. The IDT does not make decisions for them.

Main Menu	Log Notes - New	
Advisement Letter	Date of Contact	12/06/2022
Assessment - 100.2	Time of Contact	8:38:02 AM
Client Information	Person Contacted	Client
Transition Assessment & Planning	Billable Log Note Units	0 Units
Risk Mitigation Plan	Non-Billable Log Note Units	0 Units
	Type of Contact	Rights Modification
Program Area	Narrative:	
Referral	<input type="text" value="Six Month Rights modification review (enter detailed text here on how the rights modification was reviewed)"/>	
Rights Modification		
Service Plan		

Reminder 5

Review rights modifications, if still needed you will renew them every year.

- **Or sooner if desired by the individual.**
- **Don't assume it's still needed or that changes are not needed.**
- **New form, new signature, new BUS data entry**

Resources

[Operational Memo 21-032 - Informed Consent Template for Rights Modifications](#) - March 17, 2021

- [Informed Consent Template](#) - March 2021

[Rights Modification Documentation TA Call - Webinar Recording](#) - Jan. 13, 2021

[Operational Memo 20-103 - Rights Modifications Documentation](#) - Dec. 21, 2020

- [BUS Screenshots and Data Entry for Rights Modification Screens](#)
- [BUS Screenshots for Log Notes](#)
- Informed Consent Template (use March 2021 version, linked above)

[BUS Log Notes Reporting Enhancements](#) - Feb. 7, 2019

[HCBS Settings Final Rule website](#) - with many more resources!



Questions?



Contact Info

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Thank you!