



## Rights Modification Documentation Form

Case Managers should complete this temporary form for **new** or **changed** Rights Modification(s) during the interim time when the Benefits Utilization System (BUS) is no longer editable, but the new Care and Case Management System is not yet able to record this information.

<b>Member Information</b>		
Last Name:	First Name:	M.I.:
Medicaid ID#:	Date of Birth:	
Mailing Address:		

<b>Rights Modification Information</b>
1. Were emergency control procedures used since the last assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are actions being taken to prevent the need for continued use of emergency control procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe your actions:
If no, explain why not:
3. I will be subject to a rights modification <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Reason for the modification:
Modification number:
Observable and measurable description of behavior or other issue to be changed or improved:

## Rights Modification Information

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:

### 5. Types of Modification

Modification number:

#### Classification of Modification

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

### Rights Modification Information

Description of rights modification:

Staff training on proper implementation:

Providers to implement modification:

Start Date:

End Date:

### Monitoring and Removing Modifications

6. Plan for monitoring and removing modifications

**Rights shall be restored as soon as circumstances justify.**

**\*\*Rights Modification must be reviewed by the IDT every six months. When a Rights Modification transition plan has been implemented, the plan and the associated Support Level must be included in the IDT discussion. The CMA must document the outcome of the IDT review in the Member's record log notes. In the log note, please summarize the IDT conversation, any action items, and the overall plan regarding the transition/step down of the Rights Modification until the next team review.**

Modification number:

Who will monitor?

Changes necessary to remove modification:

Timeline for reviewing whether modification is still necessary:

## Monitoring and Removing Modifications

7. I have questions or concerns about the rights modifications process:  Yes  No

If yes, document concerns and discussion:

8. Human Rights Committee (HRC) review necessary?

- No (Select No if the member does not have one of the following waivers: DD, SLS, CES, CHRP)
- Yes, because of a rights modification
- Yes, because of use of psychotropic medication administered by a paid support and/or receiving residential habilitation

9. Human Rights Committee (HRC) Review Status/Outcome

- To be submitted
- Submitted, awaiting review
- Review completed

10. HRC review outcome and recommendations: