

HCBS Rights Modification Support Plan Guide for Housing Stabilization Services

This document is a guide to help Housing Stabilization providers and targeted case managers understand why a Home and Community Based Services (HCBS) Rights Modification Support Plan might be needed as part of a person's [Housing Focused Person-Centered Plan](#) (DHS-7307A) and how to fill out the form. This applies only for provider-controlled settings based on the HCBS settings rule.

Why do I need to do this?

Targeted case managers and housing consultants use this form when a person needs a modification to their **rights** based on **HCBS specific assessed needs** that may put someone's housing at risk. Assessed need for this form refers to: personal privacy, choosing activities, access to food, choosing their own visitors. Examples of each assessed need are shown below.

This rights modification form is a HCBS federal requirement that is intended to keep people healthy and safe, while maintaining their dignity of risk. Dignity of risk is the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem and so should not be impeded by excessively-cautious caregivers, concerned about their duty of care. This is not a modification of someone's behavior, instead it is a way to address rights that may need to be changed to ensure someone can maintain stable housing. This support plan requires the consent of the person, even if the person does not agree to the suggested modifications to their rights.

When should I fill out this form and what should I do with it?

The person's need for a modification can be identified at an *initial assessment*, *reassessment* or by *notification* from the person's support team, which may include the Housing Stabilization provider. If the person agrees to the modification plan, the service provider partners with the person to create and implement the modification plan in this form.

The targeted case manager or housing consultant works with the housing transition/sustaining provider to complete all parts of the support plan. Once the targeted case manager or housing consultant completes and reviews the plan with the person and the form is signed, the housing transition or housing sustaining provider must follow the rights modification(s) plan while working with the person.

How to fill out the HCBS Rights Modification Form:

Step 1: The targeted case manager or housing consultant completes these sections:

- Part A. Basic Information – information about the person, their housing transition/sustaining provider, and targeted case manager or housing consultant.
- Part B. Targeted case manager or housing consultant – identifies the right(s) needing modification and the reason why it needs to be modified.

Step 2: The housing transition/sustaining provider will complete the Part C. HCBS provider section. This section creates the modification plan that shows how to maintain the most rights for the person while still protecting them, as well as ways increase their rights over time.

Step 3: After receiving the form back from the provider, the targeted case manager or housing consultant reviews the rights modification with the person. The person or person’s guardian checks whether they agree or disagree with the plan in Part D. Person/participant: Informed Consent and then signs the plan.

Step 4: Once the targeted case manager or housing consultant reviews the plan with the person and the form is signed and completed by everyone involved, the housing transition or housing sustaining provider must follow the rights modification(s) plan while working with the person.

Step 5: The Housing Consultant will submit a “PCPlan Update” as the request type along with the completed DHS-7307A, or if someone has a targeted case manager, the housing transition/sustaining provider will submit the updated plan.

Examples of HCBS Assessed Needs:

Right	Assessed need	Justification for rights modification
Have personal privacy (including the use of the lock on the bedroom door or unit door)	Housing facility must have a door that does not lock to allow staff access to person to prevent self-harm. Housing Stabilization staff will check-in with the person regularly throughout the day to support them.	Person has been diagnosed with bipolar and schizophrenia and has a history of self-harm.
Take part in activities that they choose, based on their own schedule supported by the service provider (this right cannot be modified in customized living settings)	Housing Stabilization provider will assist person to get Metro Transit services to assist in going to locations. Housing Stabilization provider to develop a schedule with the person about what they want to take part in. Housing Stabilization provider can assist in helping with landlord interactions, support in paying for housing and getting access to the services.	Person has dementia and requires protections to the activities they take part in and the places they go to make sure they are safe.
Have access to food at any time	Housing staff prevents access to buying and storing foods. Housing facility provider may need to add locks to cupboards and food storage.	Person has been diagnosed with Prader Willi syndrome and requires support to regulate food intake
Choose their own visitors and time of visits.	Housing has front desk service to allow for check-in of visitors. Housing staff may work with person in scheduling time spent with family and friends.	Person has been diagnosed with a traumatic brain injury and needs support in determining who should come into their home.