



Informed Consent for Rights Modification: Cover Sheet

Instructions for Provider Agency (or Case Manager in absence of a Provider Agency)

- a. Complete this form only if you have determined that a Rights Modification is necessary, after considering alternatives, allowing the Member to consult with anyone they choose (e.g., friends, family, advocates, peers, helpers with supported decision-making), and seeking to avoid or at least minimize any impact on their ability to fully exercise all of their rights. You should have a robust conversation before filling out this form.
- b. How to fill out this form:
 - i. Address only one Rights Modification per form.
 - ii. Every item is mandatory. “N/A” is never acceptable. Complete each item using Plain Language addressed directly to the Member. Clearly, thoroughly, and respectfully explain all elements, so they can make an informed choice. There is no need to cite statutes/regulations or to use legal terms of art. Do not quote, copy from, or incorporate by reference court orders, doctor’s orders, and the like; rather, restate concepts in Plain Language.
 - iii. The information icon (ⓘ) provides guidance and examples for filling out each item. To read the information, click on the icon, or navigate to and select it using keyboard navigation so your screen reader can read it.
- c. Keep this Cover Sheet until you are done filling out the form, then remove it before sharing your completed proposal with the Member (and their Legally Authorized Representative, if applicable). Discuss the form with them, explaining that they can ignore the information icons. They may ask for edits to your proposal.
- d. When the form is complete and final, except for signatures, give it to the Member’s Case Manager. Only the Case Manager may obtain signatures.

Instructions for Case Managers

- a. Review the form to ensure that it follows all instructions above and within the information icons (ⓘ) for each item. If not, return it to the Provider Agency for edits.
- b. When satisfied with this form, schedule a discussion with the Member (and their Legally Authorized Representative, if applicable). To prepare for the discussion, share the form (without this Cover Sheet) with them, reminding them that they can ignore the information icons. Also, share [these videos with the resource sheet](#) (the resource sheet is linked below each video) and offer them the chance to consult with independent advocates.
- c. Hold the discussion. They may ask for changes to the proposal. If the Provider Agency agrees, you may edit the information on the form or initiate a different approach on a fresh form. If the Provider Agency disagrees, further discussions may be needed.
- d. If and when the Member (or Legally Authorized Representative, if applicable) consents: when the form is final, sign it and obtain their signature. Only you may get signatures.
- e. In the Care and Case Management (CCM) system: follow the Rights Modification Job Aid to summarize and upload the form and complete an Activity Log or Case Note (future state). Share a copy of the form and your summary of it (once printable from CCM) with the Member (and Legally Authorized Representative, if applicable) and Provider Agency.



Agreement to Limit Your Rights (Rights Modification)

Member Name: _____

Provider Agency: _____

1. **Limit for you to review.** This section explains what right will be limited, how it will be limited, and where it will be limited. ⓘ The limit will happen from ⓘ _____ to _____.

2. **The reason for this limit to your rights.** This section explains why a limit is needed to protect your or someone else's health, safety, or wellbeing. ⓘ The limit is designed to be appropriate for your needs. The limit should not be more than needed to help protect you and others. ⓘ

3. **Other things that have not worked.** This section explains what positive supports and milder restrictions have been tried in the past to protect you and others. Because these things have not worked in the past, it is necessary to limit your rights now. ⓘ

4. You can try to get your rights back. This section explains what you can do so that you can get part or all of your rights back. ⓘ It explains who will be checking on your progress, what they will be looking for, and when they will be checking. ⓘ This section also explains how you will be helped to get your rights back. ⓘ

5. This is how the limit to your rights will affect your daily life. This section explains how the limit will affect you. It also explains how we and our staff will make sure the limit is not harmful to you. ⓘ

6. You have other options. You do not have to agree to the limit in this form. This section explains other options for you, if you do not agree to the plan in this form. It also explains the good and bad things that could happen with each option. ⓘ

Before making a decision, please know:

- You should talk to your Case Manager to be sure you understand the information in this form. You can include anyone you want in these talks.
- You have the right to get all of your questions and concerns answered. You can talk to friends, family, advocates, people who help you with supported decision-making, and others. Feel free to have these talks on your own, or to ask your staff or your Case Manager to help set up these talks.
- If you want, your Case Manager can help you to connect with an independent advocate. This person does not provide your services and can help you choose and share your choice.
- If you want, you can look at [these videos](#) and the resource sheet linked below each video.
- You can change the information on this form to be sure you agree with it before you sign it. Your Case Manager can help you with this.
- If you agree to this limit to your rights and sign this form, then within 6 months, you and your Case Manager, Provider Agency, and anyone else you want to include will check in to see how everything is going. If you still agree to this limit, everyone can continue as they were, for up to 6 more months. If you disagree, you can say so. You can also discuss changing how your rights are limited. If you want, a new Agreement to Limit Your Rights (Rights Modification) will be written up. If you or others involved with your services want, or if your situation changes in a big way, this check-in can happen sooner than 6 months after you sign this form.
- Even if you agree to this limit to your rights and sign this form, you can change your mind later. If you no longer agree to the limit, tell your Case Manager or Provider Agency. You can tell them at any time, however you normally talk to them.
- You will not be punished, or be subject to retaliation or prejudice, if you don't sign this form, or if you sign now but change your mind later.

If you agree with this limit to your rights, please sign below. ⓘ

Member signature

Date

Legally Authorized Representative signature

Date

If applicable (in which case, it is best practice but not required to also have the Member sign).

Case Manager signature

Date

The Case Manager must meet with the Member and/or Legally Authorized Representative to review this form before anyone signs. By signing, the Case Manager promises they did this.

Provider Agencies do not sign this form. ⓘ