



DEPARTMENT OF
HUMAN SERVICES

Understanding Housing Stabilization Services Forms

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Housing and Support Services Division



Professional Statement of Need

What is the Professional Statement of Need?

- An eligibility document used for two programs:
 - Minnesota Housing Support Program
 - Medicaid Housing Stabilization Services
- For Housing Stabilization Services, this is the primary pathway onto the service
 - All three needs-based criteria (housing instability, disabling condition, and assessed need for service)

m DEPARTMENT OF HUMAN SERVICES

Professional Statement of Need

APPLICANT'S LEGAL NAME	APPLICANT'S CHOSEN NAME
DATE OF BIRTH	(For Office Use Only) MAXIS CASE

Qualified Professionals (as defined in Section 2) use this form to confirm that a person **one or both** of the following:

- Medical Assistance Housing Stabilization Services
- Minnesota Housing Support Program

Professional Statement of Need (PSN)

- Recently Updated Professional Statement of Need (PSN)
 - Two programs
 - Housing Support
 - Basic program eligibility for recipients with disabling conditions
 - Supplemental Service Rate eligibility for some recipients
 - New “Transition from Residential Treatment” basis
 - Housing Stabilization Services

Who can complete it?

- Qualified Professionals
 - Defined in Section 2 of PSN
 - Unified definition for HSS and all MN income supplements
 - New DHS resource can help
 - [Professional Statement of Need Guidance for Qualified Professionals](#)
- County or Tribal Designees
 - For Housing Support only
 - Does not have to be county or tribal staff or have specific credentials
 - Does need to have awareness of the population served

What it DOES and what it DOES NOT do

- The PSN demonstrates a few things about a person:
 - Housing instability (Section 1 and Section 5)
 - Disabling conditions (Section 2)
 - Assessed need for Housing Stabilization Services (Section 3)
 - Need for supportive services (Section 4)
- It does NOT demonstrate:
 - Formal diagnosis
 - Certified disabling conditions

Section 1: Housing Situation

- Required for Housing Stabilization Services
- Addresses the “housing instability” criteria needed to be eligible for the service

Section 1: Housing Situation

- For MA Housing Stabilization Services: This section is required.
- For Minnesota Housing Support: This section is not required.

What is your current situation? (You may choose more than one option)	
<input type="checkbox"/> I am currently homeless.	<input type="checkbox"/> I am at risk of losing my housing.
<input type="checkbox"/> I am living in, or I have recently transitioned from, an institution (ex. hospital or nursing home) or congregate facility (ex. board and lodge, foster home, assisted living).	<input type="checkbox"/> I am eligible for waiver services (BI, CAC, CADI, DD, EW).
<input type="checkbox"/> I was homeless before entering a correctional, medical, mental health, or substance use disorder treatment center, and now I am discharging without a permanent place to live.	

Section 2: Disabling Condition

- Required for both Housing Support and Housing Stabilization Services
- Addresses the “disabling condition” criteria needed to be eligible for Housing Stabilization
- A Qualified Professional must complete this section
 - The Qualified Professional completing it must be allowed for the disabling condition category
 - More than one Qualified Professional can complete it so long as both are allowable in the disabling condition category

Section 2: Disabling Condition

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Minnesota Housing Support: Must be completed and signed by a Qualified Professional or a County/Tribal Designee.
- NOTE: A certified disability determination or formal diagnostic assessment is not required.

Disabling condition	Allowable qualified professional
<input type="radio"/> Developmental Disability	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist
<input type="radio"/> Learning Disability	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist
<input type="radio"/> Mental health	Licensed physician, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), or qualified mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist)
<input type="radio"/> Illness, injury, or incapacity	Licensed physician, physician assistant, advanced practice registered nurse (clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner), physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice
<input type="radio"/> Substance Use Disorder	Licensed physician, a qualified mental health professional (a registered nurse certified as a clinical specialist in psychiatric nursing or as a nurse practitioner in psychiatric and mental health nursing, licensed independent clinical social worker, licensed professional clinical counselor, licensed psychologist, licensed marriage and family therapist, or licensed psychiatrist), a substance use disorder treatment director, an alcohol and drug counselor supervisor, a licensed alcohol and drug counselor, or certified alcohol and drug counselor through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., or the Upper Midwest Indian Council on Addictive Disorder (UMICAD)
This condition is current and expected (check one):	
<input type="radio"/> To last at least one year.	
<input type="radio"/> To last less than one year, estimated until: _____	
NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM ABOVE)
SIGNATURE	DATE
ARE YOU A COUNTY/TRIBAL DESIGNEE?	WHICH COUNTY OR TRIBE?
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Section 3: Medical Assistance Housing Stabilization Services

- Required for Housing Stabilization Services
- Addresses the “assessed need for service” criteria needed to be eligible for Housing Stabilization
 - Can have more than one selected

Section 3: Medical Assistance Housing Stabilization Services

- For MA Housing Stabilization Services: Must be completed and signed by a Qualified Professional.
- For Minnesota Housing Support: This section is not required.

Please identify areas in which the person needs support to find or maintain stable housing. The selection of one or more assessed need areas is required for eligibility.	
<input type="checkbox"/> Communicating needs	<input type="checkbox"/> Mobility
<input type="checkbox"/> Making informed decisions	<input type="checkbox"/> Managing moods or behaviors
NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM SECTION 2)
SIGNATURE	DATE

Sections 4 & 5: Housing Support Sections Only

Section 4: Minnesota Housing Support Supplemental Services

- For MA Housing Stabilization Services: This section is not required.
- For Minnesota Housing Support: Must be completed and signed by a Qualified Professional or County/Tribal Designee.

Please indicate which support(s) the person needs to access or maintain housing. The selection of two or more supports is required for eligibility.	
<input type="checkbox"/> Tenancy supports to assist an individual with finding their own home, landlord negotiation, securing furniture and household supplies, understanding and maintaining tenant responsibilities, conflict negotiation, and budgeting and financial education.	
<input type="checkbox"/> Supportive services to assist with basic living and social skills, household management, monitoring of overall well-being, and problem solving.	
<input type="checkbox"/> Employment supports to assist with maintaining or increasing employment, increasing earnings, understanding and utilizing appropriate benefits and services, improving physical or mental health, moving toward self-sufficiency, and achieving personal goals.	
<input type="checkbox"/> Health supervision services to assist in the preparation and administration of medications other than injectables, the provision of therapeutic diets, taking vital signs, or providing assistance in dressing, grooming, bathing, or with walking devices.	
NAME OF QUALIFIED PROFESSIONAL	TYPE OF QUALIFIED PROFESSIONAL (FROM SECTION 2)
SIGNATURE	DATE
ARE YOU A COUNTY/TRIBAL DESIGNEE? <input type="radio"/> Yes <input type="radio"/> No	WHICH COUNTY OR TRIBE? <input type="text"/>

Section 5: Transition from Residential Treatment to Minnesota Housing Support Program

- For MA Housing Stabilization Services: This section is not required.
- For Minnesota Housing Support applicants who are exiting a residential Behavioral Health Treatment Program: Must be completed and signed by residential Behavioral Health Treatment staff.
- NOTE: Sections 1, 2 and 3 of this form are not required for completion of this section. Residential treatment staff completing this section may be the same as the Qualified Professional listed above. Residential treatment staff must complete this section whether or not they are a qualified professional.

<input type="checkbox"/> The person named above lacks a fixed, adequate, nighttime residence upon discharge from this residential Behavioral Health Treatment Program.		DATE OF DISCHARGE: <input type="text"/>
NAME OF RESIDENTIAL TREATMENT STAFF	NAME OF RESIDENTIAL BEHAVIORAL HEALTH TREATMENT PROGRAM	
SIGNATURE	DATE	

Best Practices

- Best practices
 - Help people know how it is used.
 - Help Qualified Professionals by including the PSN guidance form.
 - Help people understand it belongs to them - not to DHS, the county, or tribe.
 - Help people get it to the right place.
 - Help people find a way to keep track of it.
 - Use the [Vault tool on Housing Benefits](#) when possible.



Questions on the PSN?

Submit them in the Chat to “All Panelists”



Housing Focused Person-Centered Plan

Home and Community Based Service: Person-Centered Plan Requirements

Everyone receiving Housing Stabilization Services will be required to have a *person-centered service plan*. The person-centered planning process must:

- Be driven by the individual,
- Include the person's strengths, interests, wants as well as what supports they need, and
- Help the person make an informed choice about their housing stabilization service provider.

Who Does the Person-Centered Plan?

Current roles required to complete plan:

- Waiver case manager-**Coordinated Services and Support Plan**
- Targeted case manager (Adult Mental Health, Child Mental Health, Vulnerable Adult/Developmental Disability, Child Welfare)- **Housing Focused Person Centered plan**
- MSHO/MSOC+ care coordinator – **Coordinated Care Plan**

New service for people who do not have a Medicaid case manager or senior care coordinator:

- Enrolled Housing Consultation provider- **Housing Focused Person-Centered Plan**

Role of the Housing Consultant in Developing the Housing Focused Person-Centered Plan

- The Housing Consultant monitors and updates this plan annually or more frequently if the person requests a plan change, experiences a change in circumstance or wants to change Housing Stabilization providers.
- The Housing Focused Person-Centered Plan helps you understand a person's strengths, needs and wants, and how those relate to housing options available.
- The plan should be driven by the person, improve their well-being in relation to housing, help them integrate into the community, and allow them choice in their Housing Stabilization provider.



Filling Out a Housing Focused Person-Centered Plan

Housing Focused Person-Centered Plan: Person Information

Person Information

FIRST NAME	MI	LAST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
LEGAL NAME (IF DIFFERENT FROM CHOSEN NAME)			PLAN DATE
<input type="text"/>			<input type="text"/>
PREFERRED PRONOUNS	PMI	DATE OF BIRTH	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS			
<input type="text"/>			
CITY			STATE ZIP CODE
<input type="text"/>			<input type="text"/>
MANAGED CARE PLAN (IF KNOWN)			
<input type="text"/>			
DIAGNOSIS			
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Physical Illness, Injury or Impairment	<input type="checkbox"/> Chemical Dependency		
REFERRAL SOURCE			
<input type="checkbox"/> Professional Statement of Need	<input type="checkbox"/> MNCHOICES	<input type="checkbox"/> Coordinated Entry	

When filling out this section make sure to write down:

1. The date the plan was completed
2. First and Last Name
3. If a person has a chosen name that is different from their legal name
4. Preferred gender pronouns
5. PMI and Date of Birth
6. Mailing and contact information
7. Managed Care Organization (MCO)
8. Diagnosis – must be the same as what is indicated by the “Referral Source”
9. Referral Source – must be the same as the person’s eligibility documentation

Housing Focused Person-Centered Plan: About You?

About You (this section is related to the person for whom the plan is being developed)

What's important to you?

What do you want people to know about you?

Are there any cultural, religious and/or personal identities you want to share about yourself?

- This section is all about the person and what is important to them beyond just housing.
- Staff should take their time in this section and answer these questions based on responses from the person using complete sentences.
- The last question focuses on specific cultural, religious or personal identities that the person chooses to share.

Housing Focused Person-Centered Plan: Housing Goals

Be sure to have a conversation with the person as you fill this section out and spend time answering these questions using complete sentences.

This section focuses on a person's housing goals in relation to:

- Where they are currently living
- Where they would want to live based on county or tribal area
- What is important in terms of their housing and community needs
- Specific cultural, religious or personal identity preferences when looking for housing
- Concerns about housing stability currently and in the future

Housing Goals

Where are you currently living?

If currently housed, do you like where you are currently living? Yes No

Which county and/or tribal area would you like to live in?

What is important to you about your housing and community?

Are there any cultural, religious and/or identity specific needs or preferences related to your housing?

What concerns you about your housing now and in the future?

Housing Focused Person-Centered Plan: Housing Transition/Sustaining Provider Information

Housing Stabilization Services – Transition/Sustaining

In this section, fill out:

- Provider Information and their NPI. This is important for when you submit the eligibility request.
- Areas in Need of Housing* – at least one of the four areas of need (mobility, communication, decision making, or managing challenging behaviors) from the assessment must be indicated in this section.
- This section must be thorough, personalized and detailed, and address how a person’s assessed need will be met in relation to their housing needs.
- Support Instructions – this helps the provider know why the person should start on Transition or Sustaining services.

PROVIDER NAME				NPI
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
AREAS IN NEED OF HOUSING (MUST REFLECT ONE OR MORE OF THE NEED AREAS THAT WERE IDENTIFIED IN THE ASSESSMENT – MOBILITY, COMMUNICATION, DECISION MAKING, OR MANAGING CHALLENGING BEHAVIORS)				
SUPPORT INSTRUCTIONS (IDENTIFY WHETHER PERSON IS STARTING WITH TRANSITION OR SUSTAINING SERVICES)				

Housing Focused Person-Centered Plan: Housing Transition/Sustaining Provider Information

These two areas help the Transition/Sustaining provider know:

- Additional non-housing related priorities or goals the person has, such as employment, education, or improving their own health and well-being
- Risks and Risk Mitigation the provider should consider when they start working with the person
- Risks may include issues related to chemical dependency, issues with neighbors or roommates, or unsafe living situations
- Steps that should be taken to lessen the identified risk

Non-Housing Related Priorities/Goals

Support topic (ex: Employment)	Areas of need	Referral source
<input type="text"/>	<input type="text"/>	<input type="text"/>

Risks and Risk Mitigation

Identified risk in housing choice	Choice regarding services	Negative outcome that may result	Steps to limit negative outcome
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Housing Focused Person-Centered Plan: Housing Consultant/ Targeted Case Manager Information

Consultant/Targeted Case Manager Information

Check box that applies: <input type="checkbox"/> Housing Consultant <input type="checkbox"/> Targeted Case Manager			
FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
PROVIDER AGENCY	PHONE NUMBER	NPI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
STREET ADDRESS			
<input type="text"/>			
CITY		STATE	ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>

The check box will indicate if the plan was developed by the Housing Consultant or Targeted Case Manager.

All information should be filled in to complete the plan and to help with the eligibility request.

Targeted Case Managers will never submit an eligibility request.

Housing Focused Person-Centered Plan: Signature

Housing Focused Person-Centered Plan Signature Sheet

FIRST NAME	LAST NAME	PMI
TARGETED CASE MANAGER OR HOUSING CONSULTANT	PHONE NUMBER	EXT

This document confirms that I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs through the Minnesota Department of Human Services.

Materials Shared

I received information about:

Data privacy practices, which explain my right to confidentiality (DHS-4839E-ENG [PDF] or agency's form)	<input type="radio"/> Yes <input type="radio"/> No
Minnesota Health Care Programs Description, DHS-3182-ENG [PDF]	<input type="radio"/> Yes <input type="radio"/> No
My right to appeal (DHS-1941-ENG [PDF] or agency's form)	<input type="radio"/> Yes <input type="radio"/> No
Other information, such as	<input type="radio"/> Yes <input type="radio"/> No

Creating My Housing Focused Person-Centered Plan

I was able to invite who I wanted to come to my planning meeting.	<input type="radio"/> Yes <input type="radio"/> No
I participated in developing my plan for receiving services.	<input type="radio"/> Yes <input type="radio"/> No
I was offered a choice of services, supports and providers.	<input type="radio"/> Yes <input type="radio"/> No
I agree with the services, supports and providers indicated in my plan.	<input type="radio"/> Yes <input type="radio"/> No
I understand if I do not agree with any part of my written support plan, I can call my case manager, Housing Consultant or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.	<input type="radio"/> Yes <input type="radio"/> No
I understand my targeted case manager or Housing Consultant will send this signature page to me with my written plan.	<input type="radio"/> Yes <input type="radio"/> No
My housing focused person centered plan will be shared with the following people/providers for planning and coordination:	<input type="radio"/> Yes <input type="radio"/> No

In this section make sure to:

- Include the person's Name and PMI
- Targeted Case Manager/ Housing Consultant Name and Phone Number
- Review each statement with the person in the "Materials Shared" and "Creating My Housing Focused Person-Centered Plan" sections
- Each response must be "Yes" in order for the plan to be approved by HSS eligibility staff
- Indicate what other providers and people will receive the plan

Housing Focused Person-Centered Plan: Signature Page

- Make sure Transition/Sustaining provider can take person and provide the services.
- This requires a “verbal signature” under peacetime emergency from the person.
- When working with the chosen provider, be sure to get the correct NPI that is associated with Housing Stabilization Services.
- This information is important for the eligibility request process.

My Signature

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my targeted case manager or Housing Consultant.
- The provider(s) listed in this plan can share a written report about my care needs with my targeted case manager or Housing Consultant if I give the provider(s) my permission.

MY SIGNATURE	DATE

My Support Team

LEGAL REPRESENTATIVE'S SIGNATURE (if applicable)	DATE
SIGNATURE OF TARGETED CASE MANAGER WHO HELPED DEVELOP PLAN (if applicable)	

Provider(s) Signature

Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the targeted case manager or Housing Consultant about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current eligibility period so the information can be considered at the person's reassessment.)

SIGNATURE OF HOUSING CONSULTANT WHO HELPED DEVELOP PLAN (if applicable)	
AGENCY	DATE
HOUSING TRANSITION/SUSTAINING PROVIDER'S SIGNATURE	
AGENCY	DATE

Common denial reasons

- **Errors in the application**
- Documents not attached
- Wrong plan is submitted or wrong person completed plan
 - Rule 185 case managers are not MA funded case manager and can not submit the plans. A person who receives Rule 185 case manager should have their plan completed through a Housing Consultant. The Rule 185 case manager should support them in gathering the needed documents and connecting with a housing consultant.
- Person-centered plan does not address the assessed need for services.
- Plan has limited to no details
- Plan does not meet HCBS requirements (signature page issues)

Questions on the Housing Focused Person-Centered Plan?

Submit them in the Chat to “All Panelists”



Overview of Home and Community-based Services (HCBS) Settings Requirements

Home and Community-Based Services: Settings Requirements

To use Housing Stabilization Services a person must be living in or planning to transition to a setting that is:

- **Integrated** in and support full access to the greater community;
- Protect **rights of privacy, dignity and respect**, and freedom from coercion and restraint;
- Optimize autonomy and **independence** to make life choices; and
- **Choice** in services and supports and who provides them.

Provider-controlled settings must meet additional requirements

Provider Controlled Setting

- A provider controlled setting is a home where the provider who provides the MA service (in this case Housing Stabilization Services) **also** has financial direct or indirect interest in the property where the person lives.
- Examples of dual role relationships where the Housing Stabilization Services provider may also be the:
 - Landlord
 - Property Manager
 - Building owner

Provider controlled settings have additional Home and Community Based Service requirements based on the rights of the person living in that housing.

Home and Community-Based Services: Provider controlled setting requirements

Rights:

1. Person must have a lease or lease equivalent.
2. Each individual has privacy in their sleeping or living unit:
 - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
 - Individuals sharing rooms have a choice of roommates in that setting.
 - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

Home and Community-Based Services: Provider controlled setting requirements

Rights continued:

3. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
4. Individuals are able to have visitors of their choosing at any time.
5. The setting is physically accessible to the individual.

When would the Housing Focused Person-Centered Plan + HCBS Rights Modification form need to be completed?

- Targeted case managers and housing consultants use this form when a person needs a modification to their rights based on assessed needs to make sure they are healthy and safe.
- 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 provider.
- If the person agrees to the modification plan, the service provider implements the modification plan in this form.
- Refer to the [HCBS Rights Modification Support Plan Guide for Housing Stabilization Services - April 2021 \(PDF\)](#) for help in completing this form.

When should a right be limited?

- A person's right can only be limited if not doing so would put the person or others at risk of harm.
- A person's rights can not be limited simply to suit a provider or building model.
- Rights can only be restricted individually, not by building.

Rights Modification Form

- If it is in the person's best interest to have a rights modification, a Rights Modification Form must be completed with their person centered plan with their planner (Housing consultant, waiver or targeted case manager or MSHO/MSC+ care coordinator) and the Housing Stabilization provider.
- The rights modification form must be agreed to and signed off on by the person receiving services.
- Waiver case managers and MSHO/MSC+ care coordinators have a rights modification form previously developed that will be used.
- DHS designed a new Rights Modification Form for people who receive planning through a housing consultant or a targeted case manager.



Filling Out a Housing Focused Person-Centered Plan + Home and Community-Based Services (HCBS) Rights Modification

HCBS Rights Modification Form: Person Information

Information

Person			
LAST NAME	FIRST NAME	PMI	PREFERRED PRONOUNS
LEGAL NAME (if different from chosen name)		PLAN DATE	EFFECTIVE DATE OF RIGHTS MODIFICATION(S)
How often will the plan be reviewed?			
<input type="radio"/> Annually <input type="radio"/> Semi-annually <input type="radio"/> Other			
IF OTHER, DEFINE FREQUENCY			

When filling out this section make sure to write down:

1. The date the plan was completed
2. First and Last Name
3. If a person has a chosen name that is different from their legal name
4. Preferred gender pronouns
5. Person Master Index (PMI)
6. Effective Dates of Rights Modification(s)
7. How often the plan will be reviewed.

HCBS Rights Modification Form: Provider Information

When filling out this section make sure to write down:

1. Transition/Sustaining Provider Name
2. National Provider Identifier (NPI) for provider
3. First and Last Name of Primary Contact at the Agency
4. First and Last Name of Targeted Case Manager or Housing Consultant who completed the Housing Focused Person-Centered Plan
5. Name of agency for the Housing Consultant or Targeted Case Manager.
6. NPI of provider

Housing Stabilization - Transition/sustaining provider	
PROVIDER AGENCY NAME	NPI
PRIMARY CONTACT LAST NAME	FIRST NAME

Targeted case manager or housing consultant	
PROVIDER AGENCY NAME	NPI
LAST NAME	FIRST NAME

HCBS Rights Modification Form: Creating the Modification Plan

Right	Assessed need	Justification for rights modification
Have personal privacy (including the use of the lock on the bedroom door or unit door)		
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)		
Have access to food at any time		
Choose their own visitors and time of visits.		

- Identify each HCBS right that needs to be modified in the plan.
- Explain why the person needs the modification(s) for each right(s) and why it is needed.
- The reason for the change must be based on the person's needs identified in the assessment.

HCBS Rights Modification Form: HCBS Provider

The housing transition/sustaining provider must complete this section.

The person and the targeted case manager or housing consultant will review the modification plan and decide if it meets the person's needs.

The provider must:

- Make sure the modification allows the most rights while still protecting the person
- Continue to look for ways to increase the person's rights.

Modification plan information

1. How will the right be modified in the least restrictive manner?

2. What has been tried before?

3. What needs to happen for this person's right's modification to be removed?

4. How often will the rights modification be reviewed? (must be at least annually)

HCBS Rights Modification Form: Person's Informed Consent

Your options

The reason for a modification of my rights has been explained to me in a way that I understand. I also understand how my provider will provide the modification to ensure my health, safety and well-being.

I approve of the modification(s) of my rights identified in this plan.

I understand that I may withdraw my approval at any time. If I withdraw my approval, I understand that my rights must immediately and fully restored.

I don't want my rights to be modified.

I understand that my health, safety and well-being may be at risk. My targeted case manager or housing consultant and my provider will need to decide if my health and welfare will be safe in this setting without the listed modification(s).

Signature section

By checking this box and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

PERSON ELECTRONIC SIGNATURE (type name)

By checking this box and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

LEGAL REPRESENTATIVE ELECTRONIC SIGNATURE (type name)

- Person must sign the plan.
- Their signature shows that they reviewed and understand what's in the plan.
- It also shows whether or not they agree to the plan.
- Signing this plan does not automatically mean they agree with it, but if they want the plan to be used, they must agree this plan works for them.

Questions on the HCBS Rights Modification Form?

Submit them in the Chat to “All Panelists”

General Questions



Thank you for attending!

- Please take the evaluation when you close out.
- Housing Stabilization Questions:
dhshousingstabilization@state.mn.us
- Housing Support Questions:
dhs.dhs.grh@state.mn.us

