Dignity of risk worksheet and rights modification record

A free planning aid from Special Learning for QIDPs, program managers, training leads and DSP supervisors, to use WITH an adult who wants to make a choice that carries risk. Part A is a conversation worksheet. Part B is a record of the eight items in 42 CFR 441.301(c)(4)(vi)(F)(1)-(8) for when a team thinks condition (A), (B), (C) or (D) in a provider-owned or controlled residential setting may need to be modified. This page summarizes the federal rule; your state's waiver and your planning team set what applies.

How to use it

1. Start with the person's words: what they want to do and why it matters.
2. Name each worry and whose it is, and ask whether it is a true risk or a "what if."
3. Write what could go well and what could go wrong, with how likely and how serious.
4. Check what the person understands, in the way they take in information best.
5. Plan supports so the person can still do it: practice, a back-up plan and people the person picks.
6. Pick a smaller first step and a date to look again.
7. Record the person's decision, who agreed, and give the person a copy they can use.
8. If the team thinks a right in condition (A) through (D) needs limiting, write all eight items in Part B with the person.

What dignity of risk means

Where the phrase comes from. Robert Perske wrote "The Dignity of Risk and the Mentally Retarded" in 1972. The author's abstract says he seeks to show how "appropriate and reasonable risk-taking can and should be worked into the daily living experiences" of people with intellectual disability. We read the abstract, not the article, and the 1972 title uses a term that is no longer used.

What the field says it is. Virginia's DBHDS writes that "the concept of dignity of risk is the right of a person to make an informed choice to engage in experiences meaningful to him/her and which are necessary for personal growth and development." North Dakota's toolkit says it is the right "to make informed choices and take reasonable risks to learn, grow, and have better quality of life."

It does not mean no one thinks about safety. North Dakota: "Dignity of risk does not mean there is no commitment to health and safety." The NADSP Code asks DSPs to "respect their autonomy while ensuring safety and reducing harm" and to "partner with each person and their support network to identify risks and create safeguards."

Staff have a part in it. The NADSP Code asks DSPs to "support informed decision-making, even when those decisions involve personal risk," and to "work with the person and their team to find alternatives and advocate for removing unnecessary restrictions and limitations in support plans."

Overprotection is the other risk. North Dakota's quick reference quotes Perske: "Overprotection can keep people from becoming all they could become." We have North Dakota's quotation of Perske, not Perske's article.

Where this comes from: Perske (1972), Mental Retardation; Virginia DBHDS (2025); North Dakota HHS (2024); NADSP Code of Ethics. We read the 1972 abstract and the published documents, and quote only what they say.

Which part do I use?

When	Use
The person wants to do something that carries risk	Part A: the conversation worksheet. A choice can end here, with a plan and a date to look again.
The team thinks a right in condition (A) through (D) needs to be limited in a provider-owned or controlled residential setting	Part B: the rights modification record. Write all eight items, with the person, and put them in the person-centered service plan.
Someone is in immediate danger	Follow your emergency and reporting process first. Use the worksheet afterward.

Part A: conversation worksheet (1 of 2)

Person	
The choice, in the person's words	
Date and who is in the conversation	
Where and when the person wanted to talk	

Question and a prompt	What we wrote (the person's words first)
1. What does the person want to do, and why does it matter to them? Write it in the person's own words. What is important to them about it? (Indiana's training deck separates what is "important to" a person from what is "important for" them, and asks teams to find a balance.)	
2. What worries people, and who is worried? Name each worry and whose it is: the person, family, a guardian or representative, staff, the agency. Ask for each: is this a true risk, or a "what if" that is not in the person's recent history? (North Dakota's team questions ask about "a true risk versus a perceived risk.")	
3. What could go well? What could go wrong? For each thing that could go wrong: how likely is it, how serious, and how soon would someone notice? Write what could go well just as carefully.	
4. What does the person understand about both sides? Share the information in the way the person takes it in best: plain language, pictures, a practice run, someone they trust. Write what the person says back. The federal rule asks that planning give "necessary information and support" so the person "is enabled to make informed choices and decisions."	

Part A: conversation worksheet (2 of 2)

Question and a prompt	What we wrote (the person's words first)
5. What would make it safer and still let the person do it? Practice, a route or a recipe, a phone, a buddy the person picks, a back-up plan. The federal rule asks that the plan "reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed."	
6. What is a smaller first step, and for how long? A trial with support, a set place or a set time, so everyone can see how it goes. The person agrees to the first step and can ask to change it.	
7. Who decides, and what happens if we disagree? Start from the person's choice. If a guardian or authorized representative has legal authority, name their role and follow your state's rules. Write what happens if people disagree. Indiana's deck says "facilities/leadership/staff cannot make unilateral decisions about restricting someone's rights."	
8. When will we look again, and how will we know how it is going? Pick a date and a person who will bring it back. Decide what you will look at, including what the person says about how it is going.	

What the person decided (check one)

☐ Go ahead as the person wants

☐ Go ahead with the supports on this sheet

☐ Try a smaller first step, then look again

☐ The person chooses not to, for now

☐ The team thinks condition (A), (B), (C) or (D) in a provider-owned or controlled home may need to be limited: go to Part B

If someone is in immediate danger, follow your emergency and reporting process first.

Person (or how they show agreement)	Team member	Date to look again

Part B: HCBS rights modification record

The rule's wording is for conditions (A) through (D) in provider-owned or controlled residential settings. The requirement is that these items be documented in the person-centered service plan; this record helps you prepare them, and your state's plan form governs. Before you write Part B, check Part A: if a smaller first step or more supports would let the person do it, a limit may not be needed.

Person	
Setting and provider	
Date started	

Which condition would be modified? (check)

- ☐ (A) Lease or residency agreement, with protections from eviction
- ☐ (B) Privacy in the person's sleeping or living unit: lockable door, choice of roommates, furnishing and decorating
- ☐ (C) Control of own schedule and activities, and access to food at any time
- ☐ (D) Visitors of the person's choosing at any time

What exactly would change, in plain words: _____

The rule: "Any modification of the additional conditions, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:"

#	The rule says (exact text)	What to write (our prompt), then write it here
1	**Identify a specific and individualized assessed need.**	The need for this person, with what was seen and on what dates. Not a category, and not a general worry.
2	**Document the positive interventions and supports used prior to any modifications to the person-centered service plan.**	The teaching and supports tried first, by whom, and for how long.
3	**Document less intrusive methods of meeting the need that have been tried but did not work.**	Each lighter way you tried, and what happened.
4	**Include a clear description of the condition that is directly proportionate to the specific assessed need.**	Exactly what is limited, when, where and for whom. Nothing wider than the need.

Where this comes from: 42 CFR 441.301(c). Items quoted from 42 CFR 441.301(c)(4)(vi)(F)(1)-(8), eCFR text current as of November 12, 2026.

Part B (2 of 2): items 5 to 8, signatures and reviews

#	The rule says (exact text)	What to write (our prompt), then write it here
5	**Include regular collection and review of data to measure the ongoing effectiveness of the modification.**	What you will record, who reviews it and how often. Include what the person says.
6	**Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.**	The review dates, and what would end the modification.
7	**Include the informed consent of the individual.**	How the person was told and in what form, what the person said, and how they show agreement.
8	**Include an assurance that interventions and supports will cause no harm to the individual.**	Who is responsible and how you will check that the modification itself is not causing harm.

Reviews

Review date	Who reviewed	What the data and the person said	Keep, change or end

Person (or how they show agreement)	Team member	Date

Example of Part A: Amara and the bus (invented)

Amara (invented), 29, wants to take the Route 12 bus to her job at the library by herself instead of riding the agency van. Invented people and details, to show the layout. Not advice for any real person's plan.

Question	What we wrote
1. What does the person want to do, and why does it matter to them?	Amara: "I want to take the bus like my coworkers. I want to get there on my own and leave when I'm ready."
2. What worries people, and who is worried?	Amara's mother worries about the downtown transfer. Staff worry about winter delays. Amara worries about missing her stop.
3. What could go well? What could go wrong?	Could go well: she arrives on her own schedule and can stay after work. Could go wrong: a missed stop (likely at first, low harm), a long cold wait (moderate), a hard moment with a stranger (unlikely).
4. What does the person understand about both sides?	Amara walked through the route with her photo cards and said what she would do at a missed stop: get off at the next one and call Jo. She asked about the cold, so that is on the list.
5. What would make it safer and still let the person do it?	Three practice rides with a staff member sitting behind her (her choice). Phone with the route app and Jo as a favorite. Fare card with a low-balance alert. Cold-weather back-up: call the van.
6. What is a smaller first step, and for how long?	Tuesdays and Thursdays only for four weeks.
7. Who decides, and what happens if we disagree?	Amara decides. Her mother agreed to try. If anyone is uneasy, the team meets again, with Amara there, before anything changes.
8. When will we look again, and how will we know how it is going?	Week 4, with Amara. Look at the ride log and what she says about it.

Outcome: go ahead with the supports and a smaller first step. No right is limited, so Part B is not needed.

Example of Part B: Joel and walks after dark (invented)

Joel (invented), 41, lives in a provider-owned group home. Condition (C): control of his own schedule and activities. Invented to show the layout, with invented dates, numbers and people. It is not advice for any real person's plan.

What would change: Joel walks to Miller Park alone any time in daylight, as he always has. After dark, a person he picks goes with him until he finishes route practice at dusk.

#	The rule says	What we wrote
1	**Identify a specific and individualized assessed need.**	On two evenings in October (October 9 and 21) Joel lost his route home after dark and a neighbor helped him back, about 90 minutes later each time. In 14 months of daytime walks there were no such events.
2	**Document the positive interventions and supports used prior to any modifications to the person-centered service plan.**	Route photo cards, a phone with the map app he chose, and two practice walks at dusk with Sam, his support worker.
3	**Document less intrusive methods of meeting the need that have been tried but did not work.**	For three weeks Joel had a reminder text at sunset and shared his phone location with the house. On 4 of 9 evening walks the phone was off or dead. He did not find the reminders helpful.
4	**Include a clear description of the condition that is directly proportionate to the specific assessed need.**	After dark only, on walks away from the house only. Joel chooses the companion (Sam, Dee or a housemate), leads the walk and picks the route. Daytime walks, visits and the door are unchanged.
5	**Include regular collection and review of data to measure the ongoing effectiveness of the modification.**	Staff log each evening walk: companion yes or no, Joel's note on how it went, any lost-route event. The service coordinator and Joel review the log together every month.
6	**Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.**	Review at 30 days, then every 60 days. Ends when Joel has done the dusk route on three walks with no help. (These numbers are invented; your state may set its own interval.)
7	**Include the informed consent of the individual.**	Told at a plan meeting using his map. Joel said, "OK for winter, and I want it gone by spring." He signed, with Sam as witness. His sister agreed.
8	**Include an assurance that interventions and supports will cause no harm to the individual.**	The companion never blocks or leads. Joel can stop the modification by telling any team member, and the team meets within 5 days. The coordinator checks the log for fewer walks, which would show the limit is isolating him.

Checklist, sources and one next step

Before you finish

☐ The person's own words are at the top of the sheet.

☐ Each worry is named, with whose worry it is.

☐ What could go well is written as carefully as what could go wrong.

☐ The person's understanding was checked in a way that works for them.

☐ The supports let the person do it, and there is a back-up plan.

☐ There is a smaller first step and a date to look again.

☐ The person's decision is recorded and the person has a copy.

☐ If a right is limited: all eight items are filled in, the person agreed, and review dates are set.

☐ Anyone in immediate danger goes through your emergency and reporting process first.

Where each part comes from

Sources read November 16, 2026 (the eCFR text is current as of November 12; the 1972 article was not opened, only its abstract). The worksheet questions, the "what to write" prompts, the examples and the checklist are Special Learning's own planning aid. 42 CFR 441.301 covers Medicaid HCBS waivers. This page summarizes the federal rule; your state's waiver and your planning team set what applies. Nobody named here has reviewed or endorsed this worksheet.

42 CFR 441.301(c). https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301

Perske (1972), Mental Retardation. https://eric.ed.gov/?id=EJ053088

NADSP Code of Ethics. https://nadsp.org/resources/the-nadsp-code-of-ethics/

North Dakota HHS (2024). https://www.hhs.nd.gov/sites/default/files/documents/Developmental%20Disabilities/Person-Centered%20Approach%20to%20Risk%20Quick%20Reference.pdf

Virginia DBHDS (2025). https://dbhds.virginia.gov/wp-content/uploads/2025/01/About-Dignity-of-Risk-January-2025-1.pdf

Indiana FSSA training deck. https://www.in.gov/fssa/ddars/files/PCSP-and-Rights-Modifications-Training.pdf

Montana DPHHS, SDMI HCBS 505. https://www.dphhs.mt.gov/assets/BHDD/WaiverManual/SDMIHCBS505RiskManagement.pdf

One next step

If your staff support autistic people, the Level 1 ABA Online Training Course for groups introduces autism and behavior-support foundations, including errorless teaching and prompting. $99 per learner · One-time purchase · Each learner has 12 weeks of access from the day they activate their code · Free 7-day trial of the first 2 sessions.

Related free tools: Preference and choice record · One-page profile template · HCBS provider training checklist · Behavior support plan checklist · NADSP Code of Ethics onboarding guide