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|  | **INSTRUCTIONS for Completing (DHS 6001) ODDS Variance Request** |

*These instructions are intended to accompany ODDS form DHS 6001*

Indicate if the variance request is a:

* “New” request, meaning that there has not been a previously approved request for the specific variance being requested;
* “Pre*viously Approved/Continuing Request*”, meaning that the specific variance being requested is currently in place and needs a renewed approval or is a variance that has been granted previously; and/or
* “Urgent” request, meaning that the variance request is needed for an emergency situation such as to facilitate an emergency placement of an individual (*an urgent request may be indicated on either a new or previously approved/continuing request)*

Indicate if the request is for a provider (other than a case management entity) or a CDDP or Brokerage. Enter the name of the provider of CDDP or Brokerage on the form.

*A provider is responsible to complete a variance request for any situation that falls under the Oregon Administrative Rules related to the site or service delivery for which the provider is responsible. The provider then submits the electronic copy of the form to the CDDP or Brokerage for review and the case management entity then forwards the variance request with recommendations to ODDS at:* *ODDS.Variances@dhsoha.state.or.us*

*If the variance request is specific to case management service delivery or CDDP or Brokerage operations, the CDDP or Brokerage will complete the variance request and then send the completed form to* *ODDS.Variances@dhsoha.state.or.us*

1. County: Enter the county or counties affected by the variance request. *If the request is specific to a specific site or geographical area of service delivery, indicate this. If the request has a statewide impact, indicate “Statewide” on the form.*
2. Case management entity: Enter the name of the case management entity affiliated with the request. *If the request is being submitted for a statewide variance, enter “N/A”*
3. Case management entity contact and email: Provide the name and email of a CDDP or Brokerage contact. *If the request is being submitted for a statewide variance, enter “N/A”*
4. Agency/Provider: Provide the name of the agency or provider requesting the variance. *If the request is for a case management entity, enter the CME name.*
5. Provider email: Enter an email address for the provider or agency submitting the request. *This email will be used for any further correspondence related to the variance request, including receipt of the variance determination.*
6. Provider site address (*if applicable*); Enter then physical site location for where the variance is being requested. *If the variance is not related to a specific site, enter “N/A”.*
7. Service setting/type: Enter the service or setting type associated with the variance request
8. Indicate if the variance being requested is specific to an individual receiving services*. If the variance is anticipated to personally impact an individual, mark the “Yes” box and provide the name and prime numbers of all individuals expected to be impacted by the variance.*
9. Cite the OAR for which the variance is being requested. Include the specific rule number and the rule language associated with the request.
10. Requested dates: Enter the desired start date and end date needed for the request. *Requests may not be retro-active and should reflect an allowance of time for submission and ODDS review. End dates should align with an individual’s ISP date if the variance request is specific to an individual. If the request is related to a provider’s operations, then the end date should align with the license, certificate, or endorsement date. In some situations where a request is for a permanent situation, “N/A” may be entered.*
11. Provider’s proposal for variance: Enter a brief, but complete description of the proposed practice or exceptional situation for which permission is being requested.
12. Reason for variance: Provide an explanation for why the variance is being requested.
Describe how the variance request provides equal or greater effectiveness*. Provide a
description if the variance is anticipated to enhance service delivery, mitigate risk, or supports
an individual’s goals, independence, or functioning. Requests for the primary purpose of convenience will not be approved.*
13. Describe alternatives: Provide a brief description of what alternatives have been tried and/or ruled out and why these alternatives are inadequate options for meeting the need or rule requirements.
14. Risk to individual service funding: Indicate if the proposed variance is anticipated to have an impact to the individual’s ability to receive Medicaid service funding. Answer the question to best of the provider’s knowledge (*or CME if the variance is being requested by a CME*) and provide an explanation if it is believed that the variance would impact an individual’s ability to receive Medicaid funding. *In general, ODDS will not grant a variance request that is anticipated to result in an individual being ineligible to receive Medicaid service funding.*
15. Health and safety risk to the Individual: Indicate if the proposed variance is anticipated to
result in a potential risk to the health and safety of an individual. If the variance condition
poses any potential risk to individual health and safety, this must be identified and a plan to mitigate the risk must be described*. ODDS will not grant a variance request that results in
a risk to an individual’s health and safety without an adequately presented plan for reasonably mitigating the health and safety risk.*
16. Plan to eliminate the need for a variance: Describe a plan for mitigating the situation that requires a variance. If it is believed that eliminating the need for a variance is not possible, identify this and provide an explanation on why the need for this variance may not be reasonably eliminated in the future. *Please note: previous variance approval does not guarantee that a future variance request will be granted and approved variances may be terminated at the discretion of the department.*

Agency signature: Please enter the name of the agency or provider (*or representative*) making the variance request and provide the date.

***Case management entity section***

When the variance is being requested by a provider or agency other than a case management
entity, the variance is to be submitted to the local case management entity for a preliminary
review and recommendations for ODDS. *This section is not completed when a CME is making
the request for a variance.*

The case management entity will provide an explanation for the recommendation of an approval or denial and indicate by marking the box if the CME recommends “Approval” or “Denial” of the variance request.

Identify the CME representative making the recommendation. Provide the date and an email. *This email will be used for any further correspondence related to the variance request, including receipt of the variance determination.*

\*\*\*Please note the following variance types require additional documentation:

* Home Alone Variance for Foster Care Settings- submit the “ODDS Home Alone Variance Supplement” form ([DHS 6001B](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de6001B.docx)) with the DHS 6001 form
* Placement of a Child into an Adult Setting or an Adult in a Child Setting- submit the ODDS Variance Supplement “Provider Serving Children and Adults in the Same Home” form
([DHS 6001A](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de6001A.docx)) form with the DHS 6001 form.