

# **HCBS TRANSFORMATION: SECOND VARIANCE REQUEST FOR ADDITIONAL TIME TO IMPLEMENT HCBS TRANSFORMATION PLAN**

**Provider Name:**

**Provider contact (name, email, phone number):**

**Date of Request:**

**Time Period for Second Variance:** 09/01/19-09/01/2020

**Setting assessment #:** See HCBS status report. Note a separate request must be submitted for each setting.

**Address and brief description of the setting:**

*\*To streamline your organization's variance request, submit the most recent "individual variance request" spreadsheet along with updates to the information below. Please send your request for a second variance to: [oddsemployment.pathreview@state.or.us](mailto:oddsemployment.pathreview@state.or.us).*

## **REQUEST DETAILS**

1. Please summarize any changes or updates to your Transformation Plan:
2. If any ODDS services will be provided at this address, please identify those services:
3. When do you currently plan to end the use of ODDS services in this sheltered work setting?
4. What progress has your agency made towards implementing your Transformation Plan and achieving the goals outlined in the Plan. The following milestones were common amongst many provider transformation plans:
  - a. Are you a VR vendor?
  - b. How many job developers does your organization have?
  - c. How Many Discovery Specialists does your organization have?
  - d. How many placements (in competitive integrated employment) did your organization achieve between 2016 and now? What are your goals from now through 2022?
  - e. How have you communicated changes to individuals and those who support them?
  - f. How have you communicated changes to the case management entities?

- g. Have CDPs been updated by the case managers and ISP teams to reflect the goals of each person to move out of a sheltered work setting? And/or to obtain competitive integrated employment?
- h. Has everyone working in this setting had an opportunity to participate in work experiences (internship, job shadow, informational interviews, etc) at general community businesses? If not, how many have not and what is your plan to ensure everyone has an opportunity to participate in work experiences at general community businesses within the next six months, and make a decision about pursuing competitive integrated employment?
- i. How many people are currently working with VR?
- j. How many people have been referred to VR?
- k. What other progress have you made towards implementing your HCBS transformation plan for this setting?
- l. What other progress has your organization made towards the criteria outlined in the variance worker guide (see section II.b. of the worker's guide):

*\*If your organization has not implemented milestones listed above, please identify your proposed milestone in the Action Plan below.*

5. In the Action Plan below, please identify any additional steps your organization will need to take to implement your Transformation Plan as well as any barriers and strategies to addressing the barriers:

<b>Milestone</b>	<b>Key Steps to Achieving Milestone</b>	<b>Date by Which Milestone will be Accomplished</b>	<b>Potential Barrier</b>	<b>Strategies to Address Barrier</b>
1.				
2.				
3.				
4.				
5.				
6.				

6. What factors contribute to your organization's ability to successfully implement this plan?
7. What barriers has your organization faced that have made it difficult to implement the goals and timelines in your Transformation Plan? What have you tried that did not work? Describe why your efforts this time will not be impeded by these barriers.