

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number: DD-PT-22-013**  
**Issue date: 1/27/2022**

**Topic:** Developmental Disabilities

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
 Other: New Form and Guidance

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All ODHS Employees                              | <input type="checkbox"/> County Mental Health Directors  |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS)                               |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services   |
| <input checked="" type="checkbox"/> County DD Program Managers           | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU)   |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors  | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): ODDS Service Providers and Provider Organizations |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

<b>Policy/rule title:</b>	ODDS Variances - New Forms and Instructions Available		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

**ODDS has updated the “ODDS Variance Request” Form (DHS 6001).** This form as well as instructions and supplemental forms may be found on the ODHS forms server: <https://sharedsystems.dhsoha.state.or.us/forms/>

**Message:**

Beginning February 1, 2022, ODDS will only be accepting variance requests using the new forms. All submitted requests must be completed electronically and submitted via email to: [ODDS.Variances@dhsosha.state.or.us](mailto:ODDS.Variances@dhsosha.state.or.us)

Variance requests must be fully completed, with detailed information provided for the ODDS variance review committee to make an informed decision.

The ODDS variance request form may be accessed by entering “6001” into the search box. This will allow access to the following documents:

- “ODDS Variance Request” (DHS 6001)
- “Instructions for Completing the ODDS Variance Request Form” (DHS6001I)
- “ODDS Variance Supplement Safety Assessment - Provider Serving Children and Adults in the Same Home” (DHS 6001A) (*Please note: this form replaces the SDS 4541 form*)
- “ODDS AFH-DD Home Alone Variance Supplement” (DHS 6001B)

**Find a publication or form**

[How to order printed forms \(pdf\)](#)

[Tips on working with MS Word / Excel documents \(pdf\)](#)

If you have a disability and need a document on this Web site to be provided to you in another format, please contact the Office of Communication Resources (OCR) at 503-378-3486, for TTY call 503-378-3523. If you know of others who need this accommodation, please let them know it is available.

It is recommended that the most current version of Acrobat Reader be used to view these files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe.



To find a form, enter your search criteria below.

All fields are optional:

CLEAR

SEARCH

DHS/OHA publication or form number - Do not enter alpha letters before numbers in search box. Examples: DHS 0046 enter 0046 DHS 0369 enter 0369 DHS 0415F enter 415F OHA 2130 enter 2130	<input type="text" value="6001"/>
Agency/Division	All <input type="button" value="v"/>
Service Type:	All <input type="button" value="v"/>
Title contains the word or phrase:	<input type="text"/>

## **Tips and Tools:**

--Know the specific ODDS rule applying to the variance. The request must include the specific rule number as well as the language of the rule that is the subject of the variance. This ensures that the provider is aware of the rule requirement and the committee is given an indication of the context for which the variance is being requested.

--For a variance to be approved, the proposed action or alternative must be of “equal or greater effectiveness”. Consider the plan proposed and evaluate if it is at least as effective as the rule requirement.

--Variances will not be granted for plans or situations that “violate state or federal laws or adversely impacts an individual’s welfare, health, safety, or rights.” Consider the variance being proposed and evaluate if there is any potential for violation of laws or adverse impact to individuals.

--Variances related to the physical properties of the home must include sufficient detailed information, such as room, window, or space dimensions, for the variance to be approved. Photos are helpful for variances related to physical components but may also need context such as a floor plan and/or measurements to support the information.

--Variances requesting children and adults be supported in the same setting must include the completed supplemental form (DHS 6001A) in addition to the ODDS Variance Request form (DHS 6001). The information provided must detail the risk information for the individual for which permission is being requested as well as all other residents (not just those receiving services).

--Variances traditionally known as “Home Alone Variances” must include the completed supplemental form (DHS 6001B) in addition to the ODDS Variance Request form (DHS 6001). Please note that the request is for permission for the provider to not be required to provide staffing in the home while the individual is present. The request needs to articulate that this is a person-centered request intended to support an individual’s independence and should not be for the primary purpose of addressing the provider’s operational needs, including staffing shortages.

--Variance requests from services providers are to be completed by the provider and submitted to the local case management entity (CME). The CME then reviews the request, makes a recommendation or comments, and forwards the request on to ODDS. Requests submitted to ODDS directly from a provider rather than through a CME will be sent back to the provider with the instruction to route to the CME.

--When additional information is requested by the ODDS Variance Committee, the provider must provide the requested information in a timely manner. Failure to respond to request for additional information may result in the denial of the variance request.

**Local/branch action required:**

CMEs will continue to receive and review variance requests from providers. CMEs should be reviewing to ensure the form is completed in full in an electronic format, the request includes rule reference and citation, and is contains adequate information.

The local CME is asked to provide a recommendation of approval or denial and may also provide comments for the ODDS Variance Committee to consider.

The CME then submits the variance to ODDS via email at:

[ODDS.Variances@dhsoha.state.or.us](mailto:ODDS.Variances@dhsoha.state.or.us).

**Communication/training:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@dhsoha.state.or.us](mailto:ODDS.Questions@dhsoha.state.or.us) at least three business days prior to the meeting.

*If you have any questions about this policy, contact:*

Contact(s): Rose Herrera
Email: <a href="mailto:Rose.K.Herrera@dhsoha.state.or.us">Rose.K.Herrera@dhsoha.state.or.us</a>