

Choices for Care - Regulation/Policy

Variance Request Form

- **Instructions:** The Choices for Care program has regulations and policies governing the program. Complete this form for individuals who require an exception to a current regulation or policy and meet the variance criteria. *One request per form please.*
- **Variance Criteria:** A variance to a Choices for Care regulation or policy will only be approved in situations in which the variance is necessary to protect or maintain the health, safety, or welfare of the individual. (*See CFC Regulations, Section XI.*)

Completed by Case Manager or Flexible Choices Consultant:

1. Individual's Name: _____ 2. Date of Birth: _____
2. Cite CFC Regulation/Policy: _____
3. Describe the request, including the individual's unmet need for which a variance is necessary: (Use the back if needed.)

4. Describe the risk posed to the individual's health, safety or welfare without the variance:

5. What other options have been explored to meet the unmet need?

Case manager/Consultant name: _____

Agency: _____ Phone number: _____

Signature: _____ Date: _____

To submit the request: Upload document into SAMS data base and send an alert to LTCCC supervisors for CFC, or MNG alert; or

FAX: (802) 241-0385 Attention: ASD.

ASD Team Decision: Approve Deny Partial Approval: _____

LTCCC: _____

Comments:

DAIL Authorized Signature: _____

Date: _____

NOTE: A notice must be sent to the individual and case manager/consultant.