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**Instructions for LHRC Review of Variance Applications:**

All provider requests for review by the LHRC in accordance with 12VAC35-115-270 must go through the Office of Human Rights using a standard form and process. All LHRC reviews are specific to the provider who is submitting the LHRC Review Form. LHRC approvals and recommendations do not transfer from one provider to another. Should an Individual justifiably require the same or similar supports across multiple different providers, *each* *provider* is required to submit their own LHRC Review Form and obtain their own approval, where applicable. Please see [12VAC35-115-270(A)(1)-(5)](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section270/) regarding SHRC and LHRC responsibilities.

The provider is responsible for notifying the Office of Human Rights concerning any requests/applications for Variances to the Human Rights Regulations. Upon request, the assigned Advocate will review with the provider regulatory requirements for the application of a Variance and provide a copy of the corresponding LHRC Review Form and provide information about upcoming scheduled LHRC meetings in the region.

Providers are responsible for ensuring the protection of individuals PHI, if applicable, by using the individuals first and last name initials **All documents submitted for review should be appropriately \**redacted* by the provider (\*removal of or unreadable Personal Identified Information (PII) or Protected Health Information (PHI).** When PII or PHI is necessary to the review process, the LHRC will conduct the review with the provider and all parties involved in Executive Closed session.

The LHRC Chairperson will sign the LHRC Review Request Form and give a copy to the provider following the LHRC meeting. An electronic signature is acceptable. The final signed version should be maintained in the individual's services record. When applicable, LHRC recommendations will be listed on the LHRC Review Request Form and reflected in the LHRC meeting minutes. The provider Director or designee is responsible for addressing any LHRC recommendations and communicating compliance through the assigned Advocate, in accordance with the corresponding Human Rights Regulations. Providers should direct questions regarding this process to the assigned Advocate.

For general questions about the LHRC Review process, contact the following OHR point of contact for your area:

Region 1: Cassie Purtlebaugh [cassie.purtlebaugh@dbhds.virginia.gov](mailto:cassie.purtlebaugh@dbhds.virginia.gov)

Region 2: Diana Atcha [diana.atcha@dbhds.virginia.gov](mailto:deborah.lochart@dbhds.virginia.gov)

Region 3: Mandy Crowder [mandy.crowder@dbhds.virginia.gov](mailto:mandy.crowder@dbhds.virginia.gov)

Region 4: Andrea Milhouse [andrea.milhouse@dbhds.virginia.gov](mailto:andrea.milhouse@dbhds.virginia.gov)

Region 5: Latoya Wilborne [latoya.wilborne@dbhds.virginia.gov](mailto:latoya.wilborne@dbhds.virginia.gov)

Facilities: Brandon Charles [brandon.charles@dbhds.virginia.gov](mailto:brandon.charles@dbhds.virginia.gov)

For information about LHRC meeting dates, times and locations by Region:

<http://www.dbhds.virginia.gov/quality-management/human-rights>

**Formal Variance Application for LHRC Review**

**Section 1 – To be completed by the Provider**

|  |  |
| --- | --- |
| Provider Name & Contact Information (*email or phone*): | Type here |
| Date of Request: | Click here to select date |

|  |
| --- |
| Type of Request |
| New Variance |
| Previously approved Variance  Date of initial approval: Click here to select date |
| Temporary Emergency Variance Request   * This should only be selected due to an individual(s) being in immediate danger based on the provider’s implementation of the Human Rights Regulations. * Please complete Section 3 and submit to the Commissioner, chairperson of the SHRC and State Human Rights Director for review. A decision will be issued within 48 hours of receipt of the request. |

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| Variance Requirements |
| *Please review the section below to select the appropriate option(s) for an LHRC review. Indicate that all required supporting documents have been attached by checking the applicable boxes.* |
| The provider has received approval from governing body or Commissioner, notified the Human Rights Advocate and other interested parties, and is requesting a variance to the Regulations [[12VAC35-115-220(B)(C)](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section220/)].  Copy of approval from the governing body of the provider or Commissioner, as appropriate, is attached.  The purpose of the variance is clearly defined. |
| The following is included in the application per the Regulations [[12VAC35-115-220(C)](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section220/)]:  Reference to the specific parts of the Regulations for which the variance is needed.  Notification to impacted and other interested persons.  The proposed wording of the substitute rule or procedure (e.g. policy and procedure).  Justification for the variance.  Time limits and other conditions for duration and circumstances that will end the applicability of the variance. |

**Section 2 – To be completed by the LHRC**

|  |  |
| --- | --- |
| LHRC Review | |
| The LHRC invited oral or written statements about the application from all of the following parties: | Human Rights Advocate  Individual(s) affected by the proposed variance  Other interested persons: Type here |
| LHRC Recommendation to the SHRC: | Approval  Modification – Complete Recommended Modifications below  Disapproval – Complete Reasons for Disapproval below |

|  |  |
| --- | --- |
| LHRC Recommendations and Comments | |
| *The LHRC makes the following recommendations (if applicable):* | |
| A. Recommended Modifications: |  |
| B. Reasons for Disapproval: |  |

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Name of LHRC LHRC Chairperson Signature Date

**Section 3 –To be completed by the SHRC only (SHRC Variance Application Review)**

|  |  |
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| SHRC Variance Application Review | |
| The SHRC published the request for variance in the Virginia Register of Regulations for the purpose of inviting oral or written statements from the applicant director, LHRC, Advocate, and other interested persons. | Yes  Date published: Click here to select date  No |
| The SHRC notified the Office of the State Inspector General of the request for variance. | Yes  Date notified: Click here to select date  No |
| The SHRC invited oral or written statements about the application from: | ☐ Applicant Director  ☐ LHRC  ☐ Human Rights Advocate  ☐ Other interested persons: Type here |

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| --- | --- |
| SHRC Final Decision | |
| *The SHRC makes the following decision which will be provided to the applicant director, the Commissioner or governing body, the State Human Rights Director, the human rights advocate, any person commenting on the request at any stage, and the LHRC. The decision and reasons shall also be published in the next issue of the Virginia Register of Regulations (please complete the following sections):* | |
| SHRC Decision: | Deferred  Disapproved  Modified  Approved |
| Conditions (e.g. quarterly update to the LHRC): |  |
| Time Frames (specific time period must be identified): |  |
| Circumstances for Removal: |  |
| Reasons for the Decision: |  |

Annual Review Date (if approved): Click here to select date

|  |
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|  |

SHRC Chairperson Signature Date