

State of Rhode Island and Providence Plantations

Division of Developmental Disabilities

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Variance Request Form Integrated Day-Only Services

Purpose: Use this form if you want to participate in integrated day services only, and do not want to work.

A variance to participate in integrated day services only may be granted if all of the following requirements are met.

1. You understand that you are eligible for a Supported Employment Placement, and you have chosen not to participate in an integrated employment setting after receiving information below (3, 4, and 5).
2. Your day program is individually tailored to your interests, abilities, and goals for productive and meaningful activities in the community, and allow you to interact with non-disabled individuals in integrated settings for the maximum number of hours possible for you.
3. You received outreach, education, and support services.
4. You received a benefits counseling consultation.
5. You received information about, and the opportunity to participate in, if you want to:
 - a. At least one vocational or situational assessment.
 - b. One trial work experience.

You can find detailed explanations and definitions for these requirements on the last 2 pages.

If a variance is granted, there will be a meeting with you in 6 months to make sure you are happy with your decision not to work.

Please Note

- This variance documents that you have made an informed decision not to work at this time. If approved, it will remain in effect until you no longer want it. You can change your mind at any time.
- This variance does not replace the annual plan requirements for funding. The annual plan documents that you understand you have the option to receive Supported Employment Services if you want to. You can say that you still want to keep the variance and not work, or that you changed your mind and want to begin receiving employment services.
- Please do not attach medical documentation. Variance approval is based on your informed decision, not a medical diagnosis.

Personal Information

Name of Person

Requesting a Variance: _____

MID Number: _____

Date of Birth: _____

Did You Need Help In Completing This Form? Yes No

If "Yes", who helped you complete it?

Name: _____

Relationship: _____ Telephone: _____

I give permission for my application to be discussed with the person named above so that s/he can help me complete the variance process.

Signature: _____ Date: _____

Current Services

Are you currently receiving services paid for by: ORS BHDDH/DDD

List each Provider Agency you are receiving service from.

Variance Request

Why are you choosing integrated community-based day services only?

Why isn't integrated competitive employment right for you at this time?

Documentation of Variance Requirements

Answer the following questions to show that you have met the conditions for a variance.

- 1. Do you understand that you are eligible for Supported Employment services to help you find and keep a job?** Yes No

2. Outreach, Education, and Supports Received

Did you get information about: (check all that apply)

- The benefits of integrated job opportunities
- Address concerns you and your family may have about working;
- The state's employment first policy;
- Benefits planning;
- Family and peer networks that can help you learn about the benefits of working from those who have obtained competitive integrated employment
- The opportunity to visit and observe integrated employment settings where individuals with I/DD receive supported employment services.

3. Benefits Planning Information

On what date did you receive benefits planning information? _____

Who provided the benefits planning information? _____

How did the benefits planning information affect your decision not to work?

- 4a. Did you receive information about a vocational and/or situational assessment, or a trial work experience?** Yes No

- 4b. Do you understand that you have the opportunity to participate in a vocational and/or situational assessment, or a trial work experience, if you want to?** Yes No

An assessment or trial work experience is not required, but if you did one, what did you do?

- I did a Vocational Assessment or I did a Situational Assessment

Dates of assessment: _____

Where did you do it? _____

Who did the assessment? _____

How long did it take? _____

- I did a trial work experience at: _____

Start Date _____ End Date _____ Average Weekly Hours _____

**If you had an assessment or trial work experience,
please attach a copy of the assessment or a summary of the outcomes.
You can request this information from the agency/person who did the assessment.**

5. Your integrated day services should be individually tailored to your interests, abilities, and goals for productive and meaningful activities in the community, and allow you to interact with non-disabled individuals in integrated settings for the maximum number of hours possible for you.

Name of your service provider(s): _____

What are some things you like to do?

Do you get to do the things you like to do with your day supports during the week? Yes No

If **yes**, how many hours per week do you spend on these things? _____

Would you like to spend more time doing the things you want to do? Yes No

If **no**, why don't you get to do the things you would like to do?

NAME:

Benefits Planning

Why Should I Have Work Incentives Benefits Counseling?

- Work Incentive Benefits Counseling informs you about how earnings impact SSI, SSDI, state benefits, and health insurance.
It makes you aware of your responsibility for wage reporting.
- This service is available at NO cost to you.
- If you DECLINE Work Incentive Benefits Counseling now, you may request it in the future.

I hereby certify that I have been offered work incentive benefits counseling services which are intended to help me (and/or my Legal Guardian) understand how employment may affect:

- my disability benefits (SSI, SSDI or other types of Title II benefits, i.e., CDB, DWB)
- my public health insurance benefits (Medicare or Medicaid)
- my SNAP benefits (formerly known as food stamps)
- my rent payment (if I live in subsidized housing)
- other public/private benefits that I may receive.

I understand that Benefits Counseling will provide me with information about various work incentives to which I may be entitled.

I am aware that this service is being offered at no charge to me and that if I decline services, I can request it in the future.

SELECT ONE:

- I choose to **accept** Work Incentive Benefits Counseling and will provide necessary documents. I understand I can stop benefits counseling at any time. I **approve** the release of information about my BHDDH and DHS services to the Sherlock Center for Benefits Counseling.
- To receive a complete analysis of your benefits, you will need to provide information about your federal and state entitlement programs and health insurance to the Benefits Planning Counselor.
- List any accommodation/communication support need or anything a Benefits Counselor should know, questions, concerns:*

ORS is providing me with Benefits Planning, so I do not need it through BHDDH.

I choose to **decline** Work Incentive Benefits Counseling and have received written information about work incentives. Although I am aware that this service is being offered at no charge to me, I am choosing to decline because: *(Please check all that apply)*

I have received a Benefits Plan in the past. *Provide date and CWIC if known:*

I attended a Social Security/WIBC info session.

I believe I understand the impact of employment on my benefits and have sufficient knowledge of the work incentives.

I have been working for some time and understand how wages affect my benefits.

Other: (please describe reason for declining services)

Individual/Guardian Signature

Date Completed

Telephone Number

Person Completing Form (please print): _____

Telephone Number _____

Requirements for a Variance for Integrated Day-Only Services **Detailed Descriptions**

1. Received outreach, education, and support services.

These are services that:

- explain the benefits of supported employment and address concerns of families and perceived obstacles to participating in integrated employment;
- encourage individuals with I/DD and their families to seek Supported Employment Services;
- explain the objectives of the State’s Employment First Policy;
- encourage individuals to receive benefits planning consultation;
- link family and peer networks in order to learn about the benefits and experiences with employment from those who have obtained competitive integrated employment.

2. Received a benefits counseling consultation.

A qualified professional certified in Social Security and SSI regulations reviews an individual’s personal benefit levels, provides information about the impact of earned income on the individual’s public benefits and eligibility for the State’s Medicaid Buy-in Program (“Sherlock Plan”) and assistance with enrolling in that program.

3. Received information about vocational or situational assessment.

A “vocational assessment” is an assessment that provides employment-related information essential to develop or revise an Individual Support Plan (ISP) or related document.

A “situational assessment” is type of vocational assessment done on-site in an integrated employment setting, where an individual is evaluated in the performance of work activities that are typical for that setting.

The primary purpose of all assessments is to determine an individual’s interests, strengths, and abilities, in order to identify a suitable match between the person and a competitive integrated employment setting.

4. Received information about a trial work experience.

A “trial work experience” is the opportunity to work in a real job in an integrated employment setting alongside non-disabled coworkers, customers, and/or peers. The experience must:

- be selected through a person-centered planning process and be individually tailored to each person;
- include the appropriate services and supports the individual needs to be successful;
- last for a sufficient period of time, but for no less than 60 days; and
- establish whether an individual’s interests, skills, and abilities are well-suited for the particular job.

5. Integrated Day Services

Services and supports provided in the amount, duration, and intensity to allow persons with I/DD to engage in self-directed activities in the community at times, frequencies, and with persons of their choosing, during hours when they are not receiving employment or residential services.

6. Supported Employment Services

Employment services provided in the amount, duration, and intensity that allow persons with I/DD to work the maximum number of hours consistent with their abilities in a competitive integrated employment setting. Supported Employment Services include services necessary to place, maintain, and provide ongoing support to an individual with I/DD in an integrated employment setting.