



CONNECT Provider Portal - How Do I Job Aid

How Do I Submit a Variance Application in CONNECT?

The following guide will help providers understand the steps to submit a Variance Application to the DBHDS Office of Licensing.

12VAC35-105-120. *Variances.*

The commissioner may grant a variance to a specific regulation if he determines that such a variance will not jeopardize the health, safety, or welfare of individuals. A provider shall submit a request for such variance in writing to the commissioner. The request shall demonstrate that complying with the regulation would be a hardship unique to the provider and that the variance will not jeopardize the health, safety, or welfare of individuals. The department may limit the length of time a variance will be effective. The provider shall not implement a variance until it has been approved in writing by the commissioner.

The steps to initiate and submit a Variance Application for a Children's Residential or Non-Children's Residential licensed service are as follows:

Step 1: The provider contacts their assigned licensing specialist through a CONNECT portal communication to initiate the variance request.

Step 2: The licensing specialist creates the Variance Request in CONNECT.

Step 3: The provider receives the Variance Information Request email advising them to log into the CONNECT Provider Portal.

Step 4: Once in the portal, the provider locates the link to the Variance Request Application. The provider will need to complete each of the required sections then submit the Variance Request.

Step 5: After the Variance Request is submitted by the provider, the variance will be reviewed by the Office of Licensing and additional information may be requested.

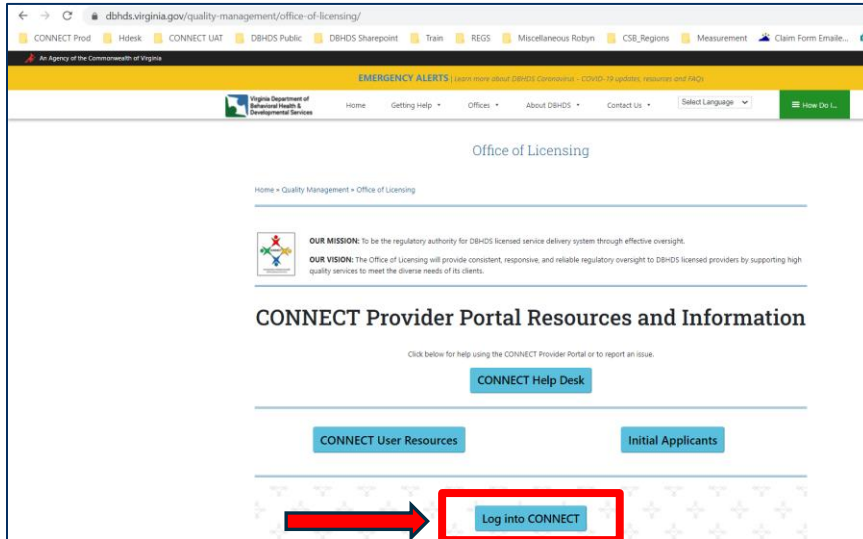
Step 6: Once the variance request has gone through the appropriate review process and a decision made, the provider's Main Authorized Contact (MAC) will receive a Variance Request Decision email to alert the provider that a decision letter is ready for review in the CONNECT Provider Portal.

The following job aid provides step-by-step instructions to submit a Variance Application in the CONNECT Provider Portal.

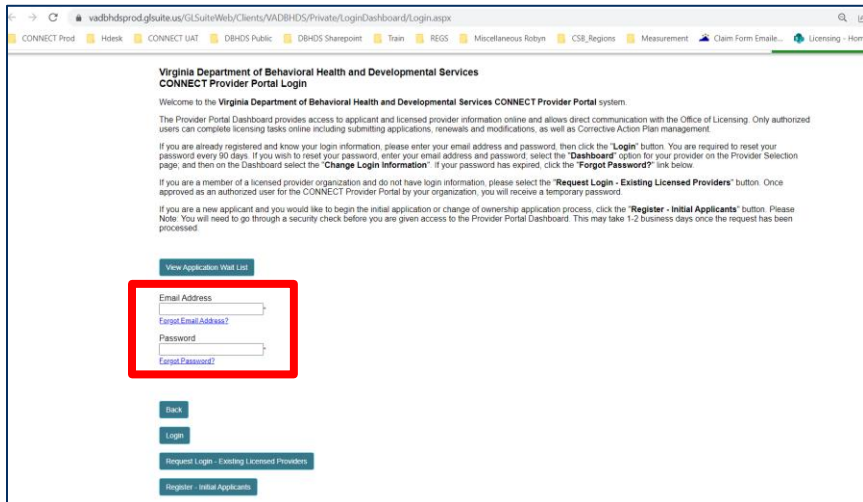


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Step 1: From the DBHDS Office of Licensing website, click the **Log into CONNECT** button.



Step 2: From the CONNECT Provider Portal Login page, enter the User Account **Email Address** and **Password**. Click the **Login** button.





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Step 3: From the provider landing page, click the **Dashboard** button to open the Provider Dashboard.

Provider Selection

In order to complete an initial provider application, renew a license, submit a modification, manage contacts, print licenses, or access the communication center please select the Provider Portal Dashboard you would like to access. If the Provider Portal Dashboard is showing Access Pending, your access is pending approval. You will be able to select the dashboard once the request for access has been approved.

IMPORTANT: If you are applying for a change in ownership, you must submit the application under the new provider organization record that the license(s) will be issued to after the change in ownership takes place. If you see the provider organization with a Pending – Change of Ownership listed below, click the Dashboard link for that organization. Otherwise click the "Change of Ownership Application" button below the table.

Provider Name	Provider Number	Status	Select
[Redacted]	[Redacted]	Active	Dashboard

Change of Ownership Application

Logout

Step 4: From the Provider Portal Dashboard, scroll to the Active Licenses and find the Service License where the variance is being requested. Click the **Submit Variance** button.

License Type	License Number	Service	Period	Status	
Provider License - Annual	[Redacted]		10/13/2022-10/12/2023	Active	
Service License - Annual	[Redacted] 05-001	Intensive In-Home Service for Children and Adolescents	10/13/2022-10/12/2023	Active	View/Add Location Submit Variance



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Step 5: The Provider Variance Request Form opens.

of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Virginia Department of Behavioral Health and Developmental Services

Office of Licensing
Post Office Box 1797, Richmond, Virginia 23218-1797
Telephone (804) 786-1747 Fax (804) 692-0066
www.dbhds.virginia.gov

Provider Variance Request Form

Please complete this request by responding to each question below. Only one regulation may be addressed for this submission. The department must approve a variance prior to implementation.

112VAC35-105-120. Variances.
The commissioner may grant a variance to a specific regulation if he determines that such a variance will not jeopardize the health, safety, or welfare of individuals. A provider shall submit a request for such variance in writing to the commissioner. The request shall demonstrate that complying with the regulation would be a hardship unique to the provider and that the variance will not jeopardize the health, safety, or welfare of individuals. The department may limit the length of time a variance will be effective. The provider shall not implement a variance until it has been approved in writing by the commissioner.

Provider Name:
[Redacted]

Service Type:
05-001 - Intensive In-Home Service for Children and Adolescents



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Step 6: The provider will need to scroll down to view and respond to each question on the Provider Variance Request Form. The following fields must be completed to proceed:

- Location Name
- Name and Title of person submitting variance
- Specific Regulation number for which variance is requested. Note: The provider can only submit one regulation variance per application.
- Explain why the variance is being requested.
- Describe efforts made to comply.
- Describe the service impact on the individual.

The screenshot shows a web form with the following fields and content:

- Provider Name:** Youth Innovations and Development, LLP
- Service Type:** 05-001 - Intensive In-Home Service for Children and Adolescents
- Location Name:** A dropdown menu.
- Location Address:** A text input field.
- Location Phone Number:** A text input field.
- Name and Title of person submitting variance:** A text input field.
- Specific regulation number for which variance is requested:** A dropdown menu with a help icon.
- Statement of regulation:** A text input field with the prompt "What is the variance requested to the regulation?" and a help icon.
- Explain why the variance is being requested:** A text input field with a help icon.

A red rectangular box highlights the fields from "Location Name" down to "Explain why the variance is being requested".



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Step 7: When each field has a response, click the **Next** button.

What is the variance requested to the regulation: ?

Provider response

Explain why the variance is being requested: ?

Provider response

Describe efforts made to comply: ?

Provider response

Describe the service impact on the individual: ?

Provider response

* Indicates a required field.

Cancel Next



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Step 8: The provider can upload supporting documentation by clicking the **Upload Document** button. Note: Submitting relevant documentation may better assist the department with making a decision regarding the variance request. Click the **Next** button to continue.

Virginia Department of Behavioral Health & Developmental Services

Supporting Documents Upload

Please upload any drawings, floor plans, cost estimates, pictures or other relevant documentation. When finished, click **"Next"** to continue.

Upload Document

Back Next

Step 9: The final step is to click the **Finish** button. Note: Once you click Finish, you will no longer have access to the Variance Application.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Your Variance Request has been submitted successfully. Please note the number below for future reference.

Variance Request Reference Number: 00261

Finish

Note: The Variance Request will be reviewed by the DBHDS Office of Licensing. Once a final decision is made, a Variance Request Decision Email will be sent to alert the provider that a decision letter is ready for review in the provider portal.

This completes the **How Do I Submit a Variance Application in CONNECT?** Job Aid.