

State of Vermont
Department of Health
Children with Special Health Needs
280 State Drive
Waterbury, VT 05671-8360
HealthVermont.gov

[phone] 802-863-7338 [Toll free] 800-660-4427 [fax] 802-863-7635 Agency of Human Services

Children's Personal Care Services Variance Request Guidance

Variance requests are intended to support families in hiring a qualified Personal Care Attendant (PCA) when barriers exist to doing so. Below are types of variances that can be requested and how.

Types of Variance Requests

<u>Age</u>: A Personal Care Attendant (PCA) must be at least 18 years of age to provide care to program participants. An age variance request may be made for individuals aged 16 or 17 to become an employee.

<u>Background Check</u>: All potential employees must pass a background check with ARIS Solutions before providing services and receiving payment through the program. A background check variance request may be made for individuals who do not pass the background check.

Overnight: PCAs may provide care between the hours of 6:00 AM – 10:00 PM. If medically necessary, an overnight variance request may be made to allow a PCA to provide care outside of regular hours.

<u>Wage</u>: The CPCS base rate of pay for a PCA is \$15 per hour (plus payroll tax). Employers may choose to pay employees an hourly rate up to \$18 per hour without a formal variance request to the program. A wage variance request must be made if an employer would like to pay an employee more than \$18 per hour.

*Paying an employee more than \$15 per hour will use a budget faster and reduce the number of weekly hours originally awarded.





Submitting a Variance Request

An employer should submit their variance request in writing and specify the type of variance they are requesting, as well as who the program participant is. A brief explanation of hardship should be provided. Below are the requirements for each type of variance.

<u>Age</u>: Please provide a letter from the employer vouching for the prospective PCA, including their date of birth; a letter from the prospective PCA explaining why they feel they are a good fit to be a PCA; and a letter of recommendation from an outside party (teacher/guidance counselor, coach, another employer, etc.)

<u>Background Check</u>: CPCS will obtain a copy of the background check report from ARIS Solutions. Please provide a letter from the employer vouching for the prospective PCA; a letter from the prospective PCA explaining why they feel they are a good fit to be a PCA and what has changed since their previous charge.

*Background check reports are carefully considered. The program considers the level of offense, specific charges, how recent charges are, and the number of offenses. CPCS considers the welfare of program participants the utmost priority.

Overnight: Please provide clinical documentation that it is medically necessary to have overnight personal care, and a letter from the employer explaining what ADLs they need assistance with overnight. Please note, overnight care variances are not for safety and supervision.

<u>Wage</u>: Please provide a letter from the employer including the name of the PCA and requested hourly rate with reasoning. Please include specific qualifications and/or credentials the PCA holds that would support the requested hourly rate.

Variance requests may be emailed to AHS.VDHCPCS@vermont.gov, or mailed to:

Children's Personal Care Services Vermont Department of Health 280 State Drive Waterbury, VT 05671-8360

