SEX OFFENDER MANAGEMENT BOARD

REQUEST FOR EXPEDITED STANDARDS VARIANCE FOR USE OF TELETHERAPY OR E-THERAPY REGARDING COVID-19

Pursuant to the Sex Offender Management Board (SOMB) Guidance to Approved Providers Regarding COVID-19, dated March 13, 2020, an Approved Provider must submit this expedited variance form to the (SOMB) in order to provide any Tele-Therapy or E-Therapy. This expedited variance will be reviewed and processed by SOMB staff. Upon acknowledgement by SOMB staff and approval, Approved Providers may begin providing services via HIPAA approved platforms. Please note that all requests shall be submitted to Erin.Austin@state.co.us for adult and Raechel.Alderete@state.co.us for juvenile prior to providing services.

In c	order to request a varia	nce, you will n	eed to complete to	he following:		
Apj	proved Provider Name	»:				
(Ch	neck all that apply)	Full Tx	Assoc Tx	Full Eval	Assoc Eval	Polygrapher
Dat	e of Request					
	t the Standard and Star enile Standards 3.140		or which you are	requesting a varia	ance. (Adult Stand	ards 3.160 (5)
1.	Describe how the proposed variance addresses victim safety?					
2.	Describe how the proposed variance addresses community safety?					
3.	How will the client's supervision, monitoring, or management be maintained?					
4.	What is the time fram	me for the use o	of the proposed va	riance?		

The SOMB has the authority to set forth specific program conditions during the time frame of the proposed variation. This may include requiring the provider to submit to periodic documentation to the SOMB regarding how the Standard variation is working, identifying any benefits and/or challenges. Variances are intended to be temporary. This Variance shall not exceed a period of 30 days.