

BLUE BOLDED TEXT - Newly Added or Amended Language

Red Text with Strikethrough - Removed Language

Appendix D - Administrative Policies

This Appendix is designed for listed Domestic Violence Offender Management Board (DVOMB) Approved Providers (hereafter referred to as Providers) pursuant to Section 16-11.8-103, C.R.S., as well as those who have filed an **ASSOCIATE LEVEL CANDIDATE** ~~Trainee~~ Application for listing status with the Domestic Violence Offender Management Board (DVOMB). The DVOMB does not have professional licensing authority, but rather statutory authority **TO DEVELOP AN APPLICATION AND REVIEW PROCES FOR APPROVED PROVIDERS AND TO ADD OR REMOVE APPROVED PROVIDERS FROM ITS APPROVED PROVIDER LIST** pursuant to section 16-11.8-101, et. seq. The provisions of this Appendix constitute the processes of the DVOMB related to applications, listing, denial of placement, **STANDARDS COMPLIANCE REVIEWS**, complaints, appeals and other administrative actions.

The Director of the Division of Criminal Justice (DCJ) may suspend or modify any of these procedures in the interest of justice to avoid irreparable harm to crime victims or to the citizens of Colorado. If the situation warrants, the DVOMB may exercise the option of seeking guidance from the Office of the Attorney General for possible legal action.

I. LISTING STATUS AS A PROVIDER

- A. This Appendix applies to individuals who are listed in the following categories:
 - 1. Practicing Status
 - 2. Not ~~Currently Practicing~~ Status
 - 3. Inactive Status

B. REQUIREMENTS FOR PRACTICE (ACTIVE) STATUS

- A. **INDIVIDUALS MUST APPLY AND BE APPROVED TO BE LISTED WITH THE DVOMB PURSUANT TO SECTION 16-11.8-103 (4), C.R.S. ACTIVE STATUS REFERS TO AN APPROVED PROVIDER WORKING IN A CAPACITY UNDER THE STANDARDS AND GUIDELINES. APPROVED PROVIDERS MAY MAINTAIN AN ACTIVE LISTING STATUS REGARDLESS IF THE APPROVED PROVIDER CHOOSES TO PROVIDE DIRECT SERVICES TO CLIENTS OR SERVICES UNDER THE STANDARDS AND GUIDELINES.**
- B. **PROVIDERS NOT LISTED ON THE DVOMB APPROVED PROVIDER LIST (HEREAFTER PROVIDER LIST) INCLUDING ANY PROVIDER WHO IS DENIED PLACEMENT OR REMOVED FROM THE PROVIDER LIST, SHALL NOT PROVIDE ANY TREATMENT, EVALUATION, OR ASSESSMENT SERVICES PURSUANT TO**

~~statute~~ SECTION 16-11.8-104, C.R.S. IN COLORADO TO DOMESTIC VIOLENCE OFFENDERS. PER SECTION 16-11.8-104, C.R.S., REFERRAL SOURCES "SHALL NOT EMPLOY OR CONTRACT WITH AND SHALL NOT ALLOW A DOMESTIC VIOLENCE OFFENDER TO EMPLOY OR CONTRACT WITH ANY INDIVIDUAL OR ENTITY TO PROVIDE DOMESTIC VIOLENCE OFFENDER TREATMENT EVALUATION OR TREATMENT SERVICES PURSUANT TO THIS ARTICLE UNLESS THE INDIVIDUAL OR ENTITY APPEARS ON THE APPROVED LIST DEVELOPED PURSUANT TO SECTION 16-11.8-103 (4)."

C. Requirements for Not Currently Practicing Status

1. If a Provider wishes to retain their listing status but is not providing any evaluation, treatment, coverage, peer consultation or clinical supervision services for domestic violence offenders, the Provider may request to be placed on Not Currently Practicing Status. During this time, a Provider will retain their status on the Provider List, but shall not provide any domestic violence offender services including treatment, evaluations, coverage, and peer consultation or clinical supervision. The Not Currently Practicing status may be requested by the Provider at any time.
2. The Provider may not remain under ~~a~~Not ~~e~~Currently ~~p~~Practicing ~~s~~Status longer than two renewal cycles (4 years). Following completion and approval of the second renewal application, the Provider must either relinquish THE listing status completely or move to a practicing status.
3. Before a Provider who is under Not Currently Practicing Status may resume providing evaluation, treatment, coverage, peer consultation or clinical supervision, the Provider shall notify the DVOMB in writing of the intention to resume providing such services (including the name of a supervisor for those who are Associate or Provisional Level providers, or a required peer consultant for those who were Full Operating Level Providers) and receive written verification from the DVOMB of the submission.
4. If necessary, the ARC may request the Provider to submit documentation of their compliance with the *Standards* prior to or within six months of resuming a practicing status. The listed provider shall meet the minimum qualifications (e.g. training, clinical experience, competency, staying active in the field, etc.) to maintain prior listing status and practice level (Provisional Level, Associate Level, or Full Operating Level).

D. REQUIREMENTS FOR INACTIVE STATUS

INDIVIDUALS WHO ARE NO LONGER PROVIDING ANY DOMESTIC VIOLENCE SERVICES UNDER THESE STANDARDS ~~and~~ MAY HAVE THEIR STATUS APPROVAL REMOVED VOLUNTARILY OR INVOLUNTARILY. AN APPROVED PROVIDER MAY BE TEMPORARILY MOVED TO AN ~~INACTIVE~~ STATUS IF THE APPROVED PROVIDER FAILS TO RESPOND WITHIN 30 DAYS TO ~~certified communications to—from~~ PROGRAM STAFF OF THE DVOMB. IT IS THE RESPONSIBILITY OF THE PROVIDER TO MAINTAIN UPDATED MAILING INFORMATION IN THEIR PDMS PROFILE.

E. Maintenance of the DVOMB Approved Provider List

1. DVOMB staff shall maintain the Provider List on the DCJ website. Paper copies will be provided and distributed upon request.
2. The DVOMB will update and publish any changes to a Provider's status on the Provider List in accordance with Section 16-11.8-103(4)(c), C.R.S.
3. Individuals on the provider list shall notify the DVOMB in writing within 10 calendar days of any arrest, conviction, nolo contendere plea, or deferred judgment (other than a traffic violation of 7 points or less) for a municipal ordinance violation, misdemeanor, felony, and/or the commencement of any civil dispute involving an underlying factual basis of domestic violence. The Colorado Bureau of Investigation (CBI) will notify the DVOMB if a Provider is held or arrested and then fingerprinted. The DVOMB will consider such information, including the Provider's proper notification of the DVOMB, in deciding whether to take administrative action regarding a Provider's approval status.
4. **REFERRAL SOURCES WILL BE NOTIFIED AND THE APPROVED PROVIDER WILL BE TAKEN OFF THE PROVIDER LIST EITHER 31 DAYS FROM THE DATE OF ISSUE OF THE LETTER OF REMOVAL OR FOLLOWING THE COMPLETION OF THE DVOMB'S APPEAL PROCESS SHOULD EITHER PARTY APPEAL THE DECISION. IF THE SITUATION WARRANTS, THE DVOMB MAY EXERCISE THE OPTION OF SEEKING GUIDANCE FROM THE OFFICE OF THE ATTORNEY GENERAL FOR POSSIBLE LEGAL ACTION.**

II. APPLICATIONS FOR LISTING STATUS

The purpose of the application process is to allow for applicants to demonstrate their individual competencies, qualifications, and abilities toward working with domestic violence offenders. Applicants must demonstrate compliance with the Standards through any application. There is an application associated with each listing status that must be submitted to the ARC prior to approval being granted.

A. There are four types of active practice levels **AS DEFINED IN SECTION 9.0:**

1. **ASSOCIATE LEVEL CANDIDATE** ~~Provisional Level~~
2. Associate Level
3. Full Operating Level
4. Domestic Violence Clinical Supervisor

B. Types of Applications

1. **ASSOCIATE LEVEL CANDIDATE** ~~Trainee Application~~ - This application is for individuals who want to begin the process of becoming a DVOMB Approved Provider. Applicants regardless of their credentials must complete the application and receive approval from the Application Review Committee (ARC) prior to beginning any co-facilitated services to domestic violence offenders. Upon approval, applicants will be ~~conditionally designated~~ **LISTED** as an Associate Level Candidates ~~Trainees and do not appear on the Provider List.~~
2. Practice Level Application for Status - This application is for **INDIVIDUALS** seeking placement on the Provider List at the Associate Level, ~~or Full Operating Level or~~ currently Approved Providers seeking to move-up in practice level (e.g. Associate Level to Full-Operating Level). ~~At a minimum, applicants must have previously completed and received approval by the Application Review Committee (ARC) with the Trainee application.~~ Applicants must demonstrate that they meet the qualifications of, and compliance with the Standards for Treatment with Court Ordered Domestic Violence Offenders published by the Domestic Violence Offender Management Board (hereafter referred to as the Standards).
3. Additional Applications - These applications are for individuals who have received approval or are in the process of applying for placement on the Provider List and who are seeking placement as a Domestic Violence Clinical Supervisor (DVCS), a Pre-Sentence Evaluator, or who are seeking approval to work with a Specific Offender Population (SOP).
4. Renewal Application for Continued Placement - Applicants who are currently on the Provider List and are seeking to remain as on the Provider List.

C. General Requirements for Applications

1. **PROVISION OF SERVICES: APPLICANTS INTENDING TO WORK TOWARD\$ BECOMING AN APPROVED PROVIDER SHALL SUBMIT AN ASSOCIATE LEVEL CANDIDACY APPLICATION. and THE APPLICATION MUST BE APPROVED BY THE ARC., prior to accumulating co-facilitation hours. Once approved as a Trainee,**

~~the applicant is not presumed to be approved nor identified on the DVOMB Approved Provider List for the status the applicant is seeking.~~

2. **PROFESSIONAL STANDARDS AND ETHICS: APPLICANTS SHALL DEMONSTRATE COMPETENCY ACCORDING TO THE INDIVIDUAL'S RESPECTIVE PROFESSIONAL STANDARDS AND ETHICS CONSISTENT WITH THE ACCEPTED STANDARDS OF PRACTICE OF DOMESTIC VIOLENCE OFFENDER SERVICES.**
3. Documentation: All information requested in the application shall be submitted. Failure to comply with the application requirements **MAY** ~~will~~ result in the denial of the application and/or continued placement for a specific listing status on the Provider List.
4. Time Limits: With exception to renewal applications, all pending applications automatically expire after eight months from the ~~initial~~ date of the ARC initial review. If the ARC is experiencing a delay in processing an application, an extension may be granted to the applicant on a case-by-case basis.
5. Requests for Extensions: Applicants may request an extension prior to the expiration of an application or before the due date of an application. Requests for an extension by an applicant shall demonstrate in writing the need for an extension. For renewal applications, the required fee must be submitted with a request for extension.
6. **APPLICATION Fees:** The DVOMB assesses fees to cover the costs of processing applications. Refer to "*The Application Fee Schedule*" for the fee schedule for each listing status. Application fees ~~are non-refundable and~~ may not be transferred to another individual, but may be used as payment for other DVOMB functions on a case-by-case basis.
7. Period of Compliance: Applicants or Providers may receive up to one year, or as deemed by the Application Review Committee, to come into compliance with any Standard. If they are unable to fully comply with the Standards at the time of application, it is incumbent upon the Approved Provider to submit in writing a plan to come into compliance with the Standards within a specified time period.

D. Continued Placement Requirements

1. Renewal Application: All Providers who are currently on the Provider List, including Not Currently Practicing Status, shall submit a renewal application every two years in order to maintain placement on the Provider List.

2. Grace Period for Renewal: Providers who do not submit an application for renewal of their status by the expiration date will have a 30-day grace period in order to submit their application materials. Failure to submit application materials within 30 days after the date of expiration for approved provider status will require providers to have to begin the application process by submitting an ~~Trainee~~ **ASSOCIATE LEVEL CANDIDATE APPLICATION**.
3. Eligibility for Future Renewal Once Provider Approval Has Expired: If someone was voluntarily removed from the Approved Provider List within the last two calendar years, the individual may retain their approval by submitting an ~~Trainee~~ **ASSOCIATE LEVEL CANDIDATE** Application and a Practice Level Application that excludes the following requirements: co-facilitation hours, work product, CEU hours outside of what is required for practice level CEU's for renewal.

Discussion Point: If a person is reapplying after a voluntary removal that was preceded by a period of not currently practicing status, the ARC will consider such applications on a case by case basis and determine requirements.

If someone was voluntarily removed from the Approved Provider List for more than two calendar years, the individual must complete the normal application process required by Section 9.0.

III. ADMINISTRATIVE REQUIREMENTS FOR APPROVED PROVIDERS

- A. Respect and Non-discrimination: ~~Approved Providers shall communicate and be respectful of the uniqueness of all people. An Approved Provider shall not practice, condone, facilitate, or collaborate with any form of discrimination.~~ **AN APPROVED PROVIDER SHALL MODEL BEHAVIOR AND CONDUCT themselves IN A MANNER THAT IS HUMANE, NON-DISCRIMINATORY AND CONSISTENT WITH THEIR PROFESSIONAL ETHICS AND RULES. ADDITIONALLY, APPROVED PROVIDERS SHALL NOT ALLOW PERSONAL FEELINGS REGARDING A CLIENT'S CRIME(S) OR BEHAVIOR TO INTERFERE WITH PROFESSIONAL JUDGMENT AND OBJECTIVITY. WHEN AN APPROVED PROVIDER CANNOT DELIVER THE HIGHEST QUALITY OF SERVICE FOR ANY REASON, THE APPROVED PROVIDER SHALL REFER THE CLIENT ELSEWHERE.**
- B. Approved Providers shall not engage in any abusive, violent, or criminal behavior in their own lives that would impede, interfere, or negatively impact their ability to practice under these Standards and Guidelines **AS REVIEWED AND DETERMINED BY THE ARC. APPROVED PROVIDERS SHALL NOT:**

~~Violence Free: Approved Providers shall be violence-free in their own lives.~~

Criminal Convictions:

1. ~~Shall not~~ HAVE A CONVICTION OF, OR A DEFERRED JUDGEMENT (OTHER THAN A TRAFFIC VIOLATION OF 7 POINTS OR LESS) FOR A MUNICIPAL ORDINANCE VIOLATION, MISDEMEANOR, FELONY, OR HAVE ACCEPTED BY A COURT A PLEA OF GUILTY OR NOLO CONTENDRE TO A MUNICIPAL ORDINANCE VIOLATION, MISDEMEANOR, OR FELONY IF THE MUNICIPAL ORDINANCE VIOLATION, MISDEMEANOR, OR FELONY IS RELATED TO THE ABILITY TO PRACTICE UNDER THESE STANDARDS AND GUIDELINES AS REVIEWED AND DETERMINED BY THE ARC. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea. THE CONSEQUENCE OF ANY CIRCUMSTANCE IMPACTING A PROVIDER'S ABILITY TO PRACTICE UNDER THESE STANDARDS AND GUIDELINES COULD RESULT THE REMOVAL FROM THE APPROVED PROVIDER LIST.
2. Have any civil dispute that is related to the ability to practice under these Standards and Guidelines as reviewed and determined by the ARC. THE CONSEQUENCE OF ANY CIRCUMSTANCE IMPACTING A PROVIDER'S ABILITY TO PRACTICE UNDER THESE STANDARDS AND GUIDELINES COULD RESULT THE REMOVAL FROM THE APPROVED PROVIDER LIST.
3. Abuse drugs or alcohol. THE CONSEQUENCE OF ANY CIRCUMSTANCE IMPACTING A PROVIDER'S ABILITY TO PRACTICE UNDER THESE STANDARDS AND GUIDELINES COULD RESULT THE REMOVAL FROM THE APPROVED PROVIDER LIST.

~~Discussion Point: An applicant may submit a letter requesting feedback from the Application Review Committee regarding his/her criminal history prior to submitting an application and receive feedback regarding whether that criminal history may prevent him/her from being approved as a treatment provider.~~

4. ~~Approved Providers shall not engage in criminal activity~~

C. Substance Abuse: Approved Providers shall not abuse drugs or alcohol.

- D. Offender Fees: The offender paying for **THEIR** ~~his/her own~~ evaluation and treatment is an indicator of responsibility and shall be incorporated in the treatment plan. All Approved Providers shall offer domestic violence offender evaluation and treatment services based on a sliding scale fee. (See Glossary of Terms - Appendix C)

- E. Offender Records: All Approved Providers shall have written documentation of the offender evaluation information, treatment plan, treatment plan reviews, offender contract, case notes, offender's observed progress, attendance, payment of fees, collateral contacts and records, record of referrals, violations of offender contract, monthly reports to **THE SUPERVISING AGENT Probation**, and discharge summary. In addition, Approved Providers working with domestic violence offenders shall meet record keeping standards outlined by their professional groups. Questions regarding professional record retention shall be directed to the **COLORADO** Department of Regulatory Agencies.
- F. Confidentiality: An Approved Provider shall not disclose confidential communications ~~in AS DESCRIBED IN accordance with Section 12-43-218~~ **SECTION 12-245-220, C.R.S.**
- G. Data Collection: Providers shall submit data consistent with the DVOMB's data collection plan and participate in, and cooperate with, DVOMB research projects related to evaluation or implementation of the Standards or domestic violence offender management in Colorado in accordance with sections C.R.S. 16-11.8-103(4)(a)(IV).
- H. Duty to Warn:
1. Approved Providers have the duty to warn as defined in Section 13-21-117, C.R.S. If the offender shows signs of imminent danger or escalated behaviors that may lead to violence, the Approved Provider shall:
 - i. Contact the victim or person to whom the threat is directed and victim services, if appropriate;
 - ii. Notify law enforcement when appropriate;
 - iii. Contact the responsible criminal justice agency to discuss appropriate responses. The response shall include, but is not limited to, an assessment by the MTT of the current treatment and a decision whether the changes to treatment are appropriate based on the increased containment needs of the offender.
 2. Approved Providers are required by law to report child abuse and/or neglect according to statute Section 19-3-304, C.R.S.
- I. Confidentiality of DVOMB Files: Information contained in the DVOMB files, including application materials for applicants, Providers, and those who have filed an application are considered confidential and are not available to the public. This includes background investigations, criminal history checks¹, **UNFOUNDED COMPLAINTS, CERTAIN TYPES OF STANDARDS COMPLIANCE REVIEWS**, school transcripts, letters of

¹ According to the Colorado Bureau of Investigations (CBI), the Division of Criminal Justice (DCJ) may provide a copy of the Applicant's/Provider's CBI report to the Applicant/Provider by postal mail or in person at no charge. However, DCJ is not authorized to release a copy of an Applicant's/Provider's Federal Bureau of Investigations (FBI) report. The Applicant/Provider must request a copy of this record directly from the FBI.

recommendation, trade secrets, confidential commercial data including applicant forms created for business use, curriculum developed for the business and clinical evaluations. Any information that, if disclosed, would interfere with the deliberation process of the Application Review Committee (ARC) of the DVOMB is also subject to this policy. The Colorado Open Records Act applies to other materials (Section 24-72-201, C.R.S.).

- J. Approved Provider Contact Information: Approved Providers are responsible for notifying the Board in writing of any changes in provider name, address, phone number, program name, Treatment Victim Advocate, Domestic Violence Clinical Supervisor or Peer Consultant and any additional Treatment locations, no later than 2 weeks after any change.
- K. ~~Approved Provider Audit: The Board may audit an Approved Provider for compliance with Standards and Guidelines when necessary. The audit may include: site reviews of implementation of administrative and program policies and procedures, staff interviews, case file reviews, program observation and community interviews, and/or requests for comments~~
- L. **COMPLAINTS**~~Grievances~~: Any victim, offender or community member that has concerns or questions regarding an Approved Provider or their treatment practices may contact the Board. ~~Grievances and~~ **Complaints** must be submitted in writing to the Board or the Department of Regulatory Agencies (DORA). All ~~grievances and~~ complaints received by the Board will be forwarded to DORA and handled by the appropriate DORA board.
- M. Violations of Standards: Violations of these Standards and Guidelines may be grounds for action by the Board pursuant to Section 16-11.8-103, C.R.S. in accordance with these Administrative Policies.

IV. TYPES OF ACTIONS RELATED TO APPROVAL RELATED TO LISTING STATUS

- A. Approval - The ARC has determined that the applicant or Provider has met the minimum requirements to provide services to domestic violence offenders in Colorado and will be eligible to receive referrals by appearing on the Provider List.
- B. Modified Approval - The ARC has determined that the applicant or Provider has met a portion of the minimum requirements to provide services to domestic violence offenders. In such cases, the ARC can grant modified approval for offender services with restrictions and set conditions for that approval.
- C. Reduction in **Status LEVEL** - Based on the determination of the ARC, a Provider's status is reduced (e.g., Domestic Violence Clinical Supervisor reduced to a Full Operating Provider) for a period of time and subject

to the requirements of that approval level upon the effective date of the reduction.

D. Denial - The ARC has determined that the applicant has NOT met the minimum requirements to provide services to court ordered domestic violence offenders in Colorado. The applicant is denied placement on the Provider List and shall not provide services in Colorado to domestic violence offenders.

E. Change in Status

1. Voluntary Removal - The Provider has requested to be removed from the Provider List without duress of a pending complaint or Standards Compliance Review (SCR). Upon removal, services shall not be provided to domestic violence offenders in Colorado by the requesting individual.
2. Involuntary Removal - Based on the determination of the ARC, an Approved Provider is denied placement on the Approved Provider List and shall not provide any services in Colorado to domestic violence offenders upon the effective date of removal. This includes Approved Providers who are removed as a result of not being able to demonstrate compliance with the Standards following a denial, a Standards Compliance Review (see Section V), or a founded complaint (see Section VI).
3. Process for Re-placement ~~to~~ **on THE APPROVED PROVIDER LIST** After Involuntary Removal - Providers involuntarily removed from the Provider List are required to submit an ~~Trainee~~ **ASSOCIATE LEVEL CANDIDATE** Application prior to submitting a Practice Level Application for Status. When submitting an **ASSOCIATE LEVEL CANDIDATE** Application, Providers involuntarily removed must address the concerns and/or compliance issues to the satisfaction of the ARC. Providers involuntarily removed shall apply at the Associate Level first prior to becoming eligible to apply for Full Operating Level, **UNLESS OTHERWISE STIPULATED BY THE ARC**. This provision does not apply to Providers who were involuntarily removed from the Provider List solely as a result of the expiration of a DORA license, registration, or certification, so long as the provider applies for replacement when current with DVOMB renewal.

V. BASIS FOR ARC ADMINISTRATIVE ACTION REGARDING DENIAL, REDUCTION, OR REMOVAL FROM THE PROVIDER LIST

The DVOMB can deny, reduce, or remove placement on the Provider List for any specific listing status to any applicant or Provider under these Standards. Those applicants or Providers who are denied, reduced, or removed from a specific listing status on the list will be provided with a

copy of the DVOMB Administrative Policies. Administrative actions taken by the ARC regarding the listing status of a DVOMB Approved Provider does not constitute an action taken against the **PROVIDER'S** registration, licensure, or certification by the Department of Regulatory Agencies. Reasons for denial, reduction, or removal include, but are not limited to **THE FOLLOWING:**

- A. The ARC determines that the applicant or Provider does not demonstrate the qualifications required by these Standards;
- B. The ARC determines that the applicant or Provider is not in compliance with the Standards of practice outlined in these Standards;
- C. The applicant or Provider fails to provide the necessary materials for application as outlined in the application materials and the administrative policies and procedures;
- D. The ARC determines that the applicant or Provider exhibits factors (e.g., boundaries, impairments, etc.) which renders the individual unable to provide services to offenders;
- E. The ARC determines that the results of the background investigation, the references provided or any other aspect of the application process are unsatisfactory.
- F. The ARC determines that the overall work product submitted does not adequately demonstrate skills or competencies for the status being sought for by an applicant.

VI. APPROACHES TO PROMOTING AND SUPPORTING COMPLIANCE WITH THE STANDARDS

IMPLEMENTATION OF THE STANDARDS AND GUIDELINES IS AN IMPORTANT PART TO WORK OF THE DVOMB. MECHANISMS TO VERIFY COMPLIANCE WITH THE STANDARDS AND GUIDELINES SERVE AS A WAY OF PROMOTING VICTIM SAFETY AND THE SUCCESSFUL ASSESSMENT, EVALUATION, AND TREATMENT OF DOMESTIC VIOLENCE OFFENDERS.

DISCUSSION POINT: ~~Program staff may receive information about an Approved Provider that does not rise to the level of notifying the ARC.~~ **INQUIRIES ABOUT THE STANDARDS AND GUIDELINES MAY BE SCREENED BY PROGRAM STAFF USING THE STANDARDS COMPLIANCE REVIEW CRITERIA (PER APPLICATION REVIEW COMMITTEE STANDARD OPERATING PROCEDURE) WHEN PROVIDING TRAINING AND TECHNICAL ASSISTANCE (TTA) TO APPROVED PROVIDERS.**

A. Technical Assistance

Questions pertaining to the application and interpretation of the Standards can be directed toward the DVOMB staff who are available to

provide clarification and support as needed and applicable on a case by case basis. DVOMB Approved Providers and other individuals who use the Standards are encouraged to contact DVOMB staff with questions when technical issues arise.

B. Standards Compliance Reviews

THE APPLICATION REVIEW COMMITTEE (ARC) CAN INITIATE A STANDARDS COMPLIANCE REVIEW (SCR) FOR AN APPROVED PROVIDER EITHER VOLUNTARILY, RANDOMLY OR FOR CAUSE PER ~~under~~ THE AUTHORITY OF THE DVOMB. ~~The purpose of Standard Compliance Reviews~~ SCR IS A PROCESS ~~in~~ WHEREIN ~~which the ARC of the DVOMB reviews~~ CONDUCTS A REVIEW OF A PROVIDER'S COMPLIANCE WITH THE STANDARDS AND GUIDELINES. THIS PROCESS MAY REVEAL INNOVATIVE APPROACHES AND BEST PRACTICES IN AREAS RELATED TO CLIENT EVALUATION, ASSESSMENT, AND TREATMENT. PURSUANT TO C.R.S. 16-11.8-103(4)(A)(III)(D) THE ARC MUST PERFORM COMPLIANCE REVIEWS ON AT LEAST TEN PERCENT OF ~~the~~ TREATMENT PROVIDERS ON THE APPROVED PROVIDER LIST EVERY TWO YEARS. UPON SUCCESSFUL COMPLETION OF AN SCR (INCLUDING ANY REQUIRED COMPLIANCE ACTION PLAN), AN APPROVED PROVIDER IS EXEMPT FROM BEING SUBJECT TO A RANDOMIZED SCR FOR A PERIOD OF SIX YEARS FROM THE DATE THE SCR IS CLOSED BY THE ARC. ~~APPROVED PROVIDERS MAY STILL BE SUBJECT TO A FOR CAUSE SCR AT ANY TIME.~~ Approved Provider will be given the opportunity to demonstrate compliance with the *Standards and Guidelines* by submitting documentation to the ARC during the SCR process.

1. Types of Standard Compliance Reviews:

- a) *Voluntary* - An individual Approved Provider can contact program staff and volunteer for a Standard Compliance Review (SCR). Self-selection for an SCR may offer the Approved Provider an opportunity to review aspects of their practice to determine if there are any areas that need to be updated to be complaint with the Standards.
- b) *Random* - The ARC **MAY** conduct~~s~~ periodic SCRs **OF TREATMENT PROVIDERS ON THE APPROVED PROVIDER LIST** on a randomized basis to determine if a Provider is following the requirements of the Standards. Selection of Approved Providers subject to a random SCR will be based on the Provider Identification Number in the Provider Data Management System (PDMS).
- c) The DVOMB will direct the ARC as to what services, documentation, or aspects of the Standards need to be reviewed as part of randomized SCRs.
- d) *For Cause* - The ARC may vote to initiate an SCR **FOR**

CAUSE when **INFORMATION IS OBTAINED OR** an anonymous complaint sufficiently alleges an **APPROVED** Provider is not complying with the *Standards and Guidelines*. The ARC, in conjunction with the program staff, will evaluate the information received to determine the scope, credibility, and severity of the alleged circumstances. Program staff and the ARC Chair shall determine the most appropriate method for investigating and resolving compliance issues or concerns.

2. THE ARC MAY SELECT ONE OF THE FOLLOWING **response options** **LEVELS** BASED ON THE INFORMATION AVAILABLE CONCERNING THE STANDARDS COMPLIANCE REVIEW:

a) Standards Compliance Reviews

I. LEVEL 1 - IMPLEMENTATION VERIFICATION

A LEVEL 1 SCR EVALUATES AND DETERMINES WHETHER AN APPROVED PROVIDER HAS IMPLEMENTED REQUIREMENTS OF THE STANDARDS AND GUIDELINES RELATED TO ADMINISTRATIVE, TRAINING, OR MTT CONSULTATION ACTIONS.

II. LEVEL 2 - WORK PRODUCT REVIEW

IN ADDITION TO THE REQUIREMENTS OF LEVEL 1, A LEVEL 2 SCR EVALUATES AND DETERMINES WHETHER AN APPROVED PROVIDER IS ADHERING TO THE REQUIREMENTS OF THE STANDARDS AND GUIDELINES RELATED TO WRITTEN WORK PRODUCT (E.G., OFFENDER EVALUATION SUMMARY REPORT, TREATMENT PLANS, TREATMENT PLAN REVIEWS MONTHLY PROGRESS REPORTS, MTT COMMUNICATIONS, CONTRACTS, DISCHARGE SUMMARIES, ETC.).

III. LEVEL 3 - SITE VISIT & FILE REVIEW

IN ADDITION TO THE REQUIREMENTS OF LEVEL 2, A LEVEL 3 SCR IS A COMPREHENSIVE AUDIT TO DETERMINE IF WHETHER AN APPROVED PROVIDER IS ADHERING TO THE REQUIREMENTS OF THE STANDARDS AND GUIDELINES. THIS INCLUDES A REVIEW OF CLIENT FILES, ATTENDANCE OF GROUP SESSIONS, EVALUATIONS, OR OTHER SERVICES PROVIDED UNDER THE STANDARDS AND GUIDELINES.

iv. ~~Formal Complaint~~

~~A Formal Complaint may be initiated or filed by the ARC if the ARC receives information during the course of an SCR indicating that an Approved Provider is egregiously in violation of the noncompliant with DVOMB Standards or Guidelines, when concerns about an Approved Provider are pervasive or egregious, when an Approved Provider has not responded to the ARC, or when elements of client or victim endangerment are substantially alleged.~~

- ~~3. Confidentiality - SCRs are confidential as part of the Approved Provider file. The ARC may conduct SCRs at any time. Once a Provider has successfully completed an SCR, they will be exempt from being subject to a randomized SCR for six years from the closure date.~~
4. Provider Notification - Providers will receive a notification letter ~~for~~ **WHEN THEY HAVE BEEN SELECTED** ~~being selected~~ for an SCR AND THE TYPE OF SCR BEING ADMINISTERED. The notification letter will **ALSO** include an instruction **S REGARDING HOW TO RESPOND TO** ~~packet requesting documentation for~~ the ARC. **THE PROVIDER MUST SUBMIT ALL REQUESTED** materials ~~must be submitted by the Provider~~, by the deadline identified in the notification letter. If multiple Providers are subject to an SCR who are under a single organization or agency, **THE ARC MAY INITIATE ONE SCR PROCESS THAT INCORPORATES THE INVESTIGATION OF ALL PROVIDERS WITHIN THE ORGANIZATION OR AGENCY** ~~SCR process may be grouped into one.~~
5. SCR Review - **ONCE INFORMATION HAS BEEN RECEIVED**, the ARC will review the Approved Provider's response to the SCR and any other relevant information concerning the Approved Provider in order to identify any Standard violations, innovations, or best practices. **INFORMATION RELATED TO THE TYPE OF SCR, DOCUMENTATION REQUEST, AND THE RESPONSE FROM THE APPROVED PROVIDER REMAIN CONFIDENTIAL TO THE PUBLIC PRIOR TO THE ARC DETERMINING IF ANY VIOLATIONS ARE FOUND.**
6. **ARC DETERMINATION** - The ARC will notify the ~~DVOMB Approved Provider~~ **APPROVED PROVIDER WHO IS THE** subject of the SCR in writing of the SCR outcome within 21 days of the ARC review. The SCR will identify at least one or more of the following outcomes:

- a) The **APPROVED** Provider is approved for continued placement, **AND NO FURTHER ACTION IS REQUIRED AT THAT TIME.**

OUTCOME: THE APPROVED PROVIDER RETAINS THEIR LEVEL AND STATUS IS MAINTAINED. THE ARC MAY PROVIDE GENERAL FEEDBACK FOR THE APPROVED PROVIDER FOR THEIR CONSIDERATION. ~~This information remains part of the Approved Provider's confidential file.~~

- b) An innovative practice is identified as a best practice.

OUTCOME: THE APPROVED PROVIDER RETAINS THEIR LEVEL AND STATUS IS MAINTAINED. IF AN APPROVED PROVIDER DEMONSTRATES SKILLS, COMPETENCIES, AND ABILITIES OF A HIGHER PRACTICE LEVEL, THE ARC HAS THE DISCRETION OF AWARDING AN INCREASE IN PRACTICE LEVEL. ~~This information remains part of the Approved Provider's confidential file.~~

- c) Standards violations are founded. ~~and the Provider is offered a Compliance Action Plan (CAP) in lieu of being reduced in status or removed from the Provider List for a specific listing status.~~

OUTCOME: THE APPROVED PROVIDER ~~is~~ MAY BE OFFERED A COMPLIANCE ACTION PLAN (CAP) TO ~~remediate~~ RESOLVE THE FOUNDED VIOLATIONS FROM AN SCR. THE ARC WILL DETERMINE WHETHER THE APPROVED PROVIDER MAY RETAIN THEIR PRACTICE LEVEL OR WHETHER THE PRACTICE LEVEL WILL BE REDUCED WHILE THE CAP IS IN EFFECT. THE CAP WILL SPECIFY THE TIMEFRAMES, ACTIONS, AND DOCUMENTATION NEEDED BY THE APPROVED PROVIDER TO DEMONSTRATE ANY FOUNDED VIOLATIONS HAVE BEEN RESOLVED. THE APPROVED PROVIDER MUST DEMONSTRATE TO THE ARC THAT THE FOUNDED VIOLATIONS HAVE BEEN ~~corrected~~ RESOLVED SYSTEMatically. ONCE THE APPROVED PROVIDER HAS COMPLETED THE CAP TO THE SATISFACTION OF THE ARC, THE APPROVED PROVIDER WILL RETAIN THEIR PRACTICE LEVEL, ~~if the status was reduced.~~ FOR VOLUNTARY AND RANDOM SCRS, ~~This~~ INFORMATION RELATED TO RESOLVED VIOLATIONS, THE SUPPLEMENTAL DOCUMENTATION AND THE OUTCOME OF THE SCR REMAINS PART OF THE APPROVED PROVIDER'S CONFIDENTIAL FILE AND NOT AVAILABLE TO THE PUBLIC. THE INFORMATION RELATED TO VIOLATIONS, THE SUPPLEMENTAL DOCUMENTATION AND THE OUTCOME OF A FOR CAUSE SCR ARE PART OF THE APPROVED PROVIDER'S FILE AND CAN BE MADE AVAILABLE TO MEMBER OF THE PUBLIC UPON REQUEST.

THE ARC HAS THE DISCRETION TO ADMINISTER ANY ACTION LISTED IN SECTION IV OF THESE ADMINISTRATIVE POLICIES IF:

- i. The Approved Provider **SUBJECT TO A CAP** declines, refuses, or fails to participate in the CAP required to resolve the founded violations.
 - ii. **THE APPROVED PROVIDER SUBJECT TO A CAP CANNOT RESOLVE THE FOUNDED VIOLATIONS OR THE APPROVED PROVIDER IS UNABLE TO DEMONSTRATE SKILLS, COMPETENCIES, AND ABILITIES CONSISTENT WITH THE PROVIDER'S PRACTICE LEVEL.**
- d) A formal complaint will be opened by the DVOMB and also forwarded to the Department of Regulatory Agencies (DORA), per Section XI of this policy, on behalf of the ARC. ~~resolution through a CAP is unwarranted and the Provider is, therefore, removed from the Provider List pursuant to Section IV of this policy.~~

~~If an Approved Provider cannot correct the founded violations or the Approved Provider is unable to demonstrate skills, competencies, and abilities that are commensurate to their practice level, the ARC has the discretion to require ongoing supervision or a reduction in practice level.~~

~~If the Approved Provider declines, refuses, or fails to participate in the CAP required to remediate the founded violations, the ARC may administer any action listed in Section IV of these Administrative Policies. Such action will not remain confidential and is not considered to be part of the Approved Provider's confidential file.~~

~~If the ARC determines that the founded Standards violations are found to be so pervasive or egregious, enough such that the ARC determines remediation through a CAP is unwarranted, and the Provider is, therefore, may be removed from the Provider List pursuant to Section IV of this policy. Concerns related to Standards violations may also result in the submission of a formal complaint to the Department of Regulatory Agencies (DORA), per Section XI of this policy.~~

~~Outcome: The ARC determines remediation through a CAP is unwarranted and the Provider is, therefore, removed from the Provider List pursuant to Section IV of this policy. Concerns related to Standards violations may also result in the submission of a formal complaint to the Department of Regulatory Agencies (DORA), per Section XI of this policy.~~

C. FORMAL COMPLAINTS

In the provision of services to domestic violence offenders, actions by

an individual that violate the Standards or any general practice requirements of their certification, license, or registration, can be reported as a formal complaint to the DVOMB. Formal complaints (**HEREAFTER REFERRED TO AS COMPLAINT**) received by the DVOMB are reviewed by the ARC and shall be forwarded to the Department of Regulatory Agencies (DORA) for processing. ~~Formal cComplaints can be made against a DVOMB Approved Provider or against someone who has provided domestic violence offender services without DVOMB approval per Section 16-11.8-103(4)(a)(III)(D) C.R.S., C.R.S.~~

- A. When a complaint is made to the DVOMB about an Approved Provider on the Provider List, the complaint shall be made in writing to the DVOMB and **SUBMITTED** ~~signed by the complainant~~. The appropriate complaint forms ~~are~~ **IS** available on the DVOMB website. All complaints against Approved Providers on the Provider List will be forwarded for investigation and review to DORA pursuant to section 16-11.8-103(4)(a)(III)(D) C.R.S.. Concurrently, the DVOMB will review and investigate the complaint for potential action pursuant to section 16-11.8-103(4)(a)(III)(D) C.R.S..
- B. ~~When a complaint is made against an Approved Provider, the complaint shall be made in writing to the DVOMB using the most current forms and signed by the complainant. Upon receipt OF A FORMAL COMPLAINT, DVOMB staff will notify the complainant in writing of the receipt of the complaint. All complaints against Approved Providers on the Provider List will be forwarded for investigation and review to DORA pursuant to section 16-11.8-103(4)(a)(III)(D) C.R.S. Concurrently, the DVOMB will review and investigate the complaint for potential action pursuant to section 16-11.8-103(4)(a)(III)(D) C.R.S.~~

Complaints regarding individuals who have never been listed or who were not listed on the Provider List at the time of the complaint, are not appropriate for DVOMB intervention. The DVOMB will inform complainants that it does not have the authority to intervene in these cases but may refer complaints against such individuals to DORA for further action. Complaints appropriate for DVOMB intervention are those complaints against DVOMB Approved Providers, who are on the Provider List, or who were on the Provider List at the time of the alleged violation. Complaints against an Approved Provider regarding actions of unlisted persons under the supervision of that the Approved Provider, are also appropriate for DVOMB intervention.

Per 16-11.8-103(4)(a)(III)(D) C.R.S., complaints will be reviewed and investigated in the following manner:

1. All complaints will be subject to an initial administrative review by the staff of the DVOMB. This review will determine if the complaint process has been followed using the proper forms

available on the DVOMB website. Insufficient or improper filings may not be accepted for review and the DVOMB staff will provide written notice of the deficiencies to the complainant.

2. DVOMB staff will forward complaints to the ARC for review and will notify the complainant in writing of the receipt of the complaint.
 - a. If the complaint fails to allege a Standards violation sufficiently, the ARC will notify the complainant in writing.
 - b. Determinations under section 2.a. above are final and not subject to appeal.
3. If a complaint sufficiently alleges a Standards violation, ARC's review of the complaint (a process separate from any review contemplated or completed by DORA) may take any of the following actions. **ACTIONS TAKEN BY THE ARC MAY BE** ~~(please note that these actions may be independent from any action taken by DORA. FINDINGS, CONCLUSIONS OR RESULTS FROM THE ARC'S REVIEW and may or may not be the same~~ **BE DIFFERENT FROM THOSE REACHED BY** ~~as DORA's results)~~:
 - a. Determine complaint unfounded, and notify complainant and identified Approved Provider in writing.

OUTCOME: No formal actions will appear on file for this identified Approved Provider regarding this complaint.
 - b. Request clarifying information from the complainant and/or the identified Approved Provider.
 - c. Contact the identified Approved Provider and complainant to determine if the complaint can be resolved informally through mutual agreement between the Approved Provider and complainant. ~~Complaints and corrective actions that may be suitable for an offer to the complainant and Approved Provider for a mutual agreement may include but are not limited to required release of treatment records with a suitable release, a continuing education class, seeking consultation or supervision, or voluntary relinquishment of provider status, among other.~~ **THE DECISION TO RESOLVE A COMPLAINT BY USING MUTUAL AGREEMENT WILL BE MADE ON A CASE-BY-CASE BASIS. IF MUTUAL AGREEMENT CAN BE REACHED AS AGREED UPON BY THE COMPLAINANT AND APPROVED PROVIDER, THE COMPLAINT WILL BE DETERMINED TO BE UNFOUNDED. THE COMPLAINANT WILL BE NOTIFIED IN WRITING OF THE MUTUAL AGREEMENT AND THE COMPLAINT WILL BE UNFOUNDED.** ~~All inquiries to the DVOMB regarding Approved Provider will be responded to by disclosing only that the Approved Provider does not have any founded complaints (unless there was a prior founded complaint).~~

OUTCOME: No founded complaint will appear on file for this identified

provider regarding this complaint. The information that a mutual agreement or the letter containing the terms of the mutual agreement will be available upon request. ~~As an unfounded complaint, the details of the complaint remain confidential to only the Provider and the complainant.~~

- d. Request both parties appear before the ARC. Either party may request alternate electronic means with the ARC in lieu of appearing in person. The request to appear electronically must be made at the time of the request by the ARC to appear. Any decision to conduct a ~~hearing~~ **MEETING** is made at the sole discretion of the ARC. If the ARC holds a ~~hearing~~ **MEETING** regarding the complaint, the following procedures apply:

1. Both the complainant and Approved Provider will be notified in writing of the date, time and place for the ~~hearing~~ **MEETING**.
2. If mutual agreement resolving the complaint can be reached, the complaint will be determined to be unfounded. The complainant and Approved Provider will be notified in writing that the complaint will be unfounded. ~~All inquiries to the DVOMB regarding the identified provider will be responded to by disclosing only that the identified provider does not have any founded complaints against him/her (unless there was a prior founded complaint).~~

OUTCOME: No founded complaint will appear on file for this identified provider regarding this complaint. The information that a mutual agreement or the letter containing the terms of the mutual agreement will be available upon request. ~~As an unfounded complaint, the details of the complaint remain confidential.~~

- e. ~~Initiate and conduct a~~ **REQUEST PROGRAM STAFF TO FURTHER** ~~third-party investigation~~ **INVESTIGATE** of the information contained in the complaint either directly or through investigators or consultants.

1. Conclude that a complaint is unfounded and the identified provider is notified of the results of the complaint

OUTCOME: No formal actions will appear on file for this identified provider regarding this complaint. As an unfounded complaint, the details of the complaint remain confidential.

2. Conclude that a complaint is founded, and the Approved Provider is notified of the outcome of the complaint, which may include any action listed in Section IV of these Administrative Policies. ~~being issued a Letter of Removal from the Provider List.~~ Any founded complaint in one approval category shall result in a review of the individual's other approval categories, and may impact these other approval categories as well (e.g., a founded

complaint against an Approved Provider who is approved to work with female offenders may impact the individual's status to work with LGBTQ+ offenders as well).

OUTCOME: A FORMAL ACTION AND THE STANDARDS THAT WERE IDENTIFIED TO HAVE BEEN VIOLATED REGARDING THIS COMPLAINT WILL BE RECORDED IN THE FILE FOR THE APPROVED PROVIDER. AS A FOUNDED COMPLAINT, THE DETAILS OF THE COMPLAINT WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

IF THE DECISION IS MADE TO REMOVE THE PROVIDER FROM THE APPROVED PROVIDER LIST, R-referral sources will be notified and the identified provider will be taken off the list either 31 days from the date of issue of the Letter of Removal **OR** following the completion of the appeal process should either party appeal the decision. If the situation warrants, the DVOMB may exercise the option of seeking guidance from the Office of the Attorney General for possible legal action.

VII. REQUEST FOR RECONSIDERATION AND APPEAL PROCESS

Any applicant or DVOMB Approved Provider under these Standards who disagrees with a decision made by the ARC regarding denial, reduction, or removal from the Provider List related to a particular status or approval may exercise two administrative options in the following order:

1. Request for reconsideration by the ARC; and
2. Appeal any final decision made by the ARC to the DVOMB following a request for reconsideration.

Requests for reconsideration and appeals are limited to complaints, denial for placement on the Provider List for a specific listing status, the involuntary removal from the Approved Provider List, or for a reduction in approval status.

A. Request for Reconsideration ~~of~~ BY the ARC

1. Submitting A Request - Applicants or Providers must submit a request for reconsideration in writing to the DVOMB within 30 days from the date of **ISSUANCE** receipt of the notification letter **TO THE APPLICANT OR APPROVED PROVIDER**. A request for reconsideration shall include supporting documentation that meets one of the following criteria:

- The documentation relied upon by the ARC was in error;
- There is new documentation relevant to the decision of the ARC was not available at the time for consideration;
- The ARC lacked sufficient grounds to support the decision

made;

- The ARC failed to follow the DVOMB Administrative Policies.
2. ARC Review - The ARC will perform a subsequent review of its initial decision to deny, reduce, or remove an applicant or Provider from a specific listing status. The ARC will first determine if the request for reconsideration satisfactorily addresses the criteria for review. If the ARC determines the request for reconsideration meets criteria, then the ARC will deliberate and consider the documentation submitted. Upon review the ARC can vote to:
 - a) Uphold the original decision ~~to deny, reduce, or remove with or without modifications~~ **OF THE ARC**. This final decision by the ARC can be appealed to the DVOMB.
 - b) Modify the original decision ~~to deny, reduce, or remove~~ **OF THE ARC**. This final decision by the ARC can be appealed to the DVOMB.
 - c) Reject the original decision ~~to deny, reduce, or remove~~ **OF THE ARC. THIS FINAL DECISION BY THE ARC CAN BE APPEALED TO THE DVOMB.**
 3. Decision Notification - ARC communication of decisions will be provided in writing within 21 days after the ARC decision is made.

B. Appeal to the DVOMB

1. Submitting a Request to Appeal the Decision of ARC - Applicants or DVOMB Approved Providers must submit a request to appeal **A FINAL DECISION BY THE ARC** in writing to the DVOMB within 30 days from the date of ~~receipt~~ **ISSUANCE** of the notification letter to uphold or modify the ARC decision following the request for reconsideration. A request to appeal shall include supporting documentation and meet the following criteria:
 - The documentation relied upon by the ARC was in error;
 - There is new documentation relevant to the decision of the ARC was not available at the time for consideration;
 - The ARC lacked sufficient grounds to support the decision made;
 - The ARC failed to follow the DVOMB Standards or policy in making its decision.

2. Parties affected by the appeal may include an applicant, a Provider, or a complainant. All parties affected by an appeal will receive notification of the date, time and place of the appeal, along with the deadline for submission of additional materials. These additional materials must be limited to 10-15 pages and be received by the DVOMB 60 days prior to the hearing. Materials received after the deadline or not prepared according to these instructions will not be reviewed at the scheduled appeal hearing.
3. DVOMB Review - The DVOMB will only consider information specific to the finding outlined by the ARC in the notification letter.
 - a) Copies of the appeal materials (subject to redactions or other protections to comply with statutorily contemplated confidentiality concerns) considered by ARC will be provided to the DVOMB and parties involved at least 30 days prior to the hearing and the parties and the DVOMB are expected to make every effort to maintain confidentiality of the materials.
 - b) Either party may request alternate electronic means to meet with the DVOMB in lieu of appearing in person. The request must be made in writing at the time of the request for the appeal.
 - c) Appeals will be scheduled in conjunction with regular DVOMB meetings. The appellant must confirm, in writing, their ability to attend the scheduled appeal; failure of the appellant to do so may result in the appeal being dismissed. The DVOMB staff and the DVOMB chairperson will jointly review requests for an extension or to reschedule an appeal. **THE DECISION TO EXTEND OR RESCHEDULE AN APPEAL IS WITHIN THE DISCRETION OF THE DVOMB CHAIRPERSON AND STAFF.** Parties will be notified verbally or in writing, as applicable, regarding the decision on the request for an extension or to reschedule. ~~Requests will be reviewed based on reasonable causes.~~
 - d) Parties involved may bring one representative with them. Appeal hearings (in person or via electronic means) will be 80 minutes long: 20 minutes for a verbal presentation by the complainant (if available); 20 minutes for the identified provider; 20 minutes for presentation by the ARC; and 20 minutes for questions and discussion by the Board. Applicable time periods may be modified upon request, by either party or a DVOMB member, followed by a motion by a DVOMB member and a vote on the motion.

- e) There must be a quorum of the DVOMB to hear an appeal. ARC members count towards establishing a quorum, but must abstain from voting on the appeal per DVOMB By-laws.
 - f) The DVOMB will consider appeals in open hearing and audio record the proceedings for the record unless certain material must be considered by the DVOMB in executive session pursuant to Section 24-6-402(3)(a)(III), C.R.S. Any vote will occur in open session.
 - g) The DVOMB must vote on the original findings of the ARC. They must vote in one of the following three ways:
 - i. Uphold the decision of the ARC.
 - ii. Reject the decision of the ARC.
 - iii. ~~Uphold~~ **MODIFY** the decision of the ARC ~~and modify the proposed administrative action taken by the ARC.~~
4. Decision Notification - The results of the appeal will be documented via letter sent to all parties within 30 days after the date of the appeal hearing.
- a) Founded complaint records will be retained for 20 years per the Division of Criminal Justice Records Retention Policy.
 - b) The appeal process is the sole remedy for an applicant or Provider who is denied, reduced, or removed from a specific listing status on the Provider List, or resolution of a complaint(s). The decision of the DVOMB is final.

VIII. VARIANCES

The purpose of the Standards Variance Process is to allow for a DVOMB Approved Provider or applicant to seek approval for a temporary suspension of a specific Standard. The reasons for suspending a requirement of the Standards vary, but modifications to requirements of the Standards are limited to rare circumstances that are reviewed on a case-by-case basis. Variance requests can be related to the treatment for an offender or to request a modification to the approval process.

- A. Submitting A Variance Request - A Provider who is unable to comply with the requirements of the Standards may submit a variance proposal to the ARC for review. The proposal should be identified as a Standard Variance Request and must include the following components:
- 1. Identification of each Standard that is subject to the variance;
 - 2. An overview of the ~~unusual~~ circumstances **LEADING TO THE REQUEST FOR VARIANCE** and documentation why compliance with the Standards is not possible;

3. A plan developed for the proposed variance of outlining the following:
 - a) Victim safety including re-offense and lethality considerations
 - b) Enhanced offender containment strategies
 - c) Ongoing assessment of offender risk and progress
 - d) Timeframe
 - e) Written verification of MTT consensus
- B. Preliminary Review - DVOMB Staff and at least one ARC member will perform an initial review of the request. If the request is acceptable, they will authorize preliminary approval of the plan until the ARC can conduct a formal review at the next meeting. If the request is not acceptable, the ARC member and the Staff will work with the Provider to modify and address any questions or concerns. Variances that are not granted preliminary approval will be scheduled for formal review by the ARC at the next REGULARLY SCHEDULED ARC meeting. The Provider will be notified in writing of the decision to approve or deny preliminary approval of the variance.
- C. ARC Review - The ARC will review the Standards Variance Request. If preliminary approval was granted, the ARC may uphold that decision or modify the variance. The ARC will ratify the Standards Variance Request and create a plan for conducting periodic reviews and any necessary documentation required for those reviews. The ARC has the authority to set forth specific program conditions during the time frame of the variance request.