INDIVIDUALIZED SUPPORTED LIVING MONTHLY RECONCILIATION DOCUMENT

A reconciliation item is anything that increases or decreases to the overall approved staffing for a single ISL physical location. The intention of this process is intended to report services that were not provided. Temporary increases may be considered when an individual's health or safety is at risk, including crisis and acts of God. Any sustained increases require prior approval through the Utilization Review process.

Provider Name: _____

Individual's Name: _____ **DMH ID:** _____ **ISP Date:** _____

Location Address: _____ **Admission Date:** _____ **Discharge Date:** _____

Month	Direct Care Hours Budgetted	Direct Care Hours Served	Variance	Day(s) of Month Variance(s) Occurred	Explanation of Variance
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
Totals	**0**	**0**	**0**		

Provider Print Name, Signature, Title and Date _____

Variance reports are due to the RO within 30 days of the end of the quarter corresponding with the individuals ISP date, submitting a running total using the above format ie: one form per year per individual. If no reduction in services were experienced, submit reconciliation form quarterly to attest that all services were provided as budgeted and no reconciliation is required. Reconciliation shall occur at the end of the ISP year. Some reconciliations may occur more frequently with Regional Office approval. Any change in hours due to a permanent/semi permanent change in life, requires UR approval prior to implementation and will not be granted through this exception process.