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5/18/17

[. ISL Variance Reporting Process](#)

The Individualized Supported Living (ISL) Variance Reporting Process bulletin has been updated to include the link to the ISL and Shared Living Variance Reporting Form utilized to report over service provision to the Regional or Satellite Office. The information has been added on page two, third bullet from the top of the page.

The Missouri Medicaid Audit & Compliance (MMAC) form previously known as the "ISL Variance Calculation Worksheet" is now titled "DD Waiver Variance Calculation Worksheet". Provider bulletins are located at: <http://dmh.mo.gov/dd/ProviderBulletins.htm>.

www.dmh.mo.gov/dd
573-751-4054

MISSOURI DEPARTMENT OF MENTAL HEALTH

PROVIDER BULLETIN

Number 02

<http://dmh.mo.gov/dd>

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ISL Variance Reporting Process

CONTENTS

- This bulletin replaces the memo dated July 11, 2016 titled Individualized Supported Living (ISL) Variance Reports. The title of the document used to report under service provision to MMAC has been updated and a link to the document utilized for over service provision reporting to the Regional or Satellite office has been added.

REPORTING UNDER SERVED PROVISIONS TO MMAC

- Providers evaluate service provision utilizing internal systems no less than annually as established by provider policy. Each provider shall establish a written policy which defines the year of service being utilized for service reporting. The year may or may not follow ISP timelines and may differ by service site, as prescribed by the policy. If the year differs by service site, the provider shall design a reporting system to describe the timeline for each site.
- A variance report may only be submitted when service provision has been tracked for an entire year or from the beginning of the established year through the date the service was terminated.
- Provider submits the “DD Waiver Variance Calculation Worksheet” (previously known as the “ISL Variance Calculation Worksheet”) found at the following link by clicking on DMH Providers Reporting Variance <http://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/>
 - Each provider shall establish a written policy describing the uniform methodology utilized for determining the Direct Care hourly rate. For example: Direct Care hourly rate less any costs associated with other costs of doing business (administration fee, case coordination, professional manager, etc.)
- MMAC will make a recoupment (this means the provider should not send payment with the DD Waiver Variance Calculation Worksheet or adjust any claims as this may cause duplicate recoupments.)

➤ EXAMPLES OF UNDER SERVICED PROVISIONS

- Individualized hours (1:1, 2:1, etc.) budgeted per the staffing pattern are not utilized
- Shared hours (1:3, 2:3, 3:4, etc.) budgeted does not occur. Indicating staff are not required to work and under variance would be reported for each consumer.

REPORTING OVER SERVICED PROVISIONS TO THE DIVISION

- Providers evaluate service provision utilizing internal systems no less than annually as established by provider policy or upon service termination.
- A report may only be submitted when service provision has been tracked for an entire year or from the beginning of the year through the date the service was terminated. An exception may be made on a case by case basis for reimbursement prior to the end of the year should there be extenuating circumstances.
- Provider submits a variance report to the responsible Regional Office or Satellite Office Variance Report Committee using the Individualized Supported Living and Shared Living Variance Reporting form found at <http://dmh.mo.gov/dd/forms.html>
- Variance Report Committee reviews request and justification and requests any additional information needed
- Upon receipt of all information, the committee communicates their decision in writing (email, fax or letter) to provider within ten (10) business days of the review. The Division adjusts the ISL budget one time on a future months billing.

➤ EXAMPLES OF OVER SERVICED PROVISIONS WHICH WILL BE APPROVED WHEN BUDGET DOES NOT HAVE TIME BUILT IN THAT CAN BE UTILIZED AND ADDITIONAL STAFF IS REQUIRED:

- Individual periodically stays home sick from routine day schedule
- Individual periodically chooses to stay home from routine day schedule
- Individual(s) home due to known closure when budget has not yet been annualized
- Individual(s) home due to unplanned closure of program, employment, etc.
- 1:1 provided to attend dr.'s apt
- Staff provided for temporary (no more than 1 week) post medical care such as same day surgery
- Temporary additional shared staffing required due to a natural or manmade emergency such as fire, flood, electrical outage, ice storm, home invasion

➤ EXAMPLES OF OVER SERVICED PROVISIONS WHICH WILL NOT BE APPROVED

- 1:1 for dr.'s apt when 1:1 is built into the staffing pattern
- 1:1 hours went over due to community integration
- Increases due to "behaviors" without approval from the RO within 2 business days of occurrence
- Increase was semi-permanent (no known end date) or permanent and provided without RO UR approval

EXAMPLES OF WHEN A BUDGET CHANGE IS REQUIRED AND NOT THE USE OF THE VARIANCE REPORTING

- Roommate is out of the home to the extent that the redistribution of the absent days results in less than the full months payment therefore shared staffing would not be paid in full
- Additional hours needed for a semi-permanent situations such as 6 week treatments for OT, PT, or a medical treatment
- Individual starts or stops attending routine daily out of the home programming
- Individual requires continuing increased hours due to health deterioration
- Individual requires 1:1 due to medical procedure after care for more than 1 week
- Any permanent increase or decrease to staffing pattern due to individual specific situation

This bulletin shall be reviewed annually or until such time that the information incorporated into the waiver manual.