

## PROVIDER BULLETIN

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<https://dmh.mo.gov/dev-disabilities>

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# Individualized Supported Living (ISL) Variance Reporting Process

## CONTENTS

This bulletin updates the May 12, 2017, bulletin. To streamline review of requests for payment due to over service provisions, the process now requires the ISL provider to submit documentation through an electronic system. The Division of Developmental Disabilities (DD) Waiver Provider Manual will be updated with changes in this bulletin at a later date.

### **Reporting Under Served Provisions to Missouri Medicaid Audit and Compliance (MMAC)**

- Variance Reporting is a requirement of ISL services.
- Providers evaluate service provision utilizing internal systems, no less than annually as established by provider policy. Each provider establishes a written policy defining the year of service being utilized for service reporting. The year may or may not follow Person-Centered Service Plan (PCSP) timelines and may differ by service site, as prescribed by the policy. If the year differs by service site, the provider designs a reporting system to describe the timeline for each site.
- A variance report may only be submitted when the service provision has been tracked for an entire year, or from the beginning of the established year through the date the service was terminated.
- Providers submit the “[DD Waiver Variance Calculation Worksheet](#)” (ISL Variance Calculation Worksheet) found on the [MMAC webpage](#).
  - Each provider establishes 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 individual.

### **Reporting Over Serviced Provisions to the Division of DD**

- Variance Reporting is a requirement of ISL services.
- Providers evaluate service provisions utilizing internal systems no less than annually, as established by provider policy or upon service termination.
- Each provider of ISL services establishes written policy and procedure which includes but is not limited to:
  - Description of internal systems used to ensure annual submission.
  - Defines the year of service being utilized for service reporting.
    - The year may or may not follow PCSP timelines and may differ by service site, as prescribed by the policy.
    - If the year differs by service site, the provider will design a reporting system to describe the timeline for each site.
- 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.
- Provider submits a variance report through REDCap, [Variance Reporting](#) by completing the demographics and uploading the ISL [Variance Reporting form](#).
- Upon receipt of a complete REDCap submission. The [Vendor Service Coordinator \(VSC\) Supervisor](#) (previously referred to as Provider Relations Lead) will review the information and communicate the outcome of the submission-via email to the provider within 10 business days of the review.
- If the submission is approved for payment, approval is communicated through REDCap to the Director of Business Office. The business office team facilitates the reimbursement which occurs one time on a future month's billing on the ISL budget.

### Examples of over serviced provision considered for approval:

- Individual periodically stays home sick from routine day schedule.
- Individual periodically chooses to stay home from routine day schedule.
- Individual stays home due to unplanned closure of program, employment, etc.
- 1:1 staffing is provided to attend doctor's appointment.
- Staff provided temporary (no more than one (1) week) post medical care.
- Temporary additional shared staffing required due to a natural or manmade emergency such as fire, flood, electrical outage, ice storm, or home invasion.

### Examples of over serviced provision not considered for approval:

- 1:1 for doctor's appointment 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 Regional Office (RO) within two (2) business days of occurrence.
- Increase was semi-permanent (no known end date) or permanent and provided without RO Utilization Review approval.

### Examples of when a budget change is required, rather than 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 situation, such as six-week treatments for occupational therapy (OT), physical therapy (PT), or a medical treatment.
- Individual starts or stops attending routine day schedule.
- Individual requires continuous increased hours due to health deterioration.
- Individual requires 1:1 due to medical procedure after care for more than one (1) week.
- Any permanent increase or decrease to staffing pattern due to individual specific situation.

This bulletin will be reviewed annually, until such time the information is incorporated into the waiver manual.

Links included in this document:

<https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/>

<https://redcap.link/DDVarianceReporting>

<https://dmh.mo.gov/dev-disabilities/forms>

<https://dmh.mo.gov/media/pdf/provider-relations-vendor-services-coordination-team>