



ICF/MR Variable Rate Reporting Form

Facilities complete this page for quarterly and final variable rate adjustment reporting. Reports are due to the case manager 90 days after the start of the service agreement and each quarter for the duration of the agreement.

RECIPIENT NAME	PMI NUMBER					
FACILITY NAME	MA PROVIDER NUMBER					
REPORT PERIOD	to	REPORT	1	2	3	Final
Month/Day/Year		Month/Day/Year				

1. Describe how the goals related to the variable rate funding are being met.

2. Itemized costs and dollars amounts

Staff costs this quarter

Consultation costs this quarter

Total number of staff hours

Total number of consultant hours

Total costs approved

Total costs approved

Total costs this quarter

Total costs this quarter

3. Total reimbursement this quarter \$

4. Total reimbursement on this service authorization: \$

5. Additional Comments

Completed by: _____

Facility Signature

Date

Phone Number

County Review of Facility VR Reporting

Counties review the facility information then complete this page for quarterly and final variable rate adjustment reporting. Contact the provider if additional information is needed to complete the report.

	YES	NO
1. Facility services are consistent with the recipient goals of the variable rate.		
2. Facility services are consistent with the recipient goals of the ISP.		
3. Facility services are adequate to meet the recipient goals of the ISP.		
4. Facility costs are consistent with the recipient goals of the variable rate.		
5. Facility costs are consistent with the recipient goals of the ISP.		
6. Facility staff communicates significant changes as they occur.		
7. Goals of the variable rate funding have been met.		
If no, explain.		
8. County recommends the variable rate funding to continue		
If no, explain.		

Completed by _____
County Case Manager Signature Date Phone Number

DHS USE ONLY

REVIEWED BY _____ DATE _____ PHONE NUMBER _____

APPROVED/NOT APPROVED

ACTION NEEDED

Instructions for Completing the ICF/MR Variable Rate Reporting Form

Complete the ICF/MR Variable Rate Reporting Form quarterly and at the close of the Service agreement. Reports are due to the case manager 90 days after the start of the service agreement and each quarter for the duration of the agreement. Only the current form will be accepted. Modified forms will **not** be accepted.

Facility completes page one of the two-page report:

Recipient Name: Enter the recipient's first name, middle initial and last name.

PMI Number: Enter the recipient's 8-digit Minnesota Health Care Program (MHCP) ID number.

Facility Name: Enter the name of the facility where the recipient resides as listed with Medical Assistance Provider Enrollment. Do not use nicknames.

MA Provider Number: Enter the 9-digit MHCP ID number of the facility where the recipient resides.

Report Period: Enter "from" and "through" date the report is specific to.

Report: Check if this is the first, second, third or final report.

1. Describe how the goals specific to this variable rate funding are being met.

Document how the plan is achieving the goals using the variable rate funding. Document the results of the increased staffing/equipment/human resources provided to the recipient. Document any changes in the plan or in expected recipient outcomes and why. What were the recipient's condition/needs before the request, and what are the recipient's condition/needs today? Are they better, worse, the same? Is the plan still appropriate?

2. Itemized costs and dollar amounts.

Staff costs this quarter (if applicable):

Enter the **total number of staff hours** provided to this recipient beyond the staffing routinely funded through cost-of-care dollars.

Enter the **total costs approved** for the whole of the service authorization.

Enter the **total costs this quarter** equivalent to the dollar amount billed by the facility for this period to this service authorization.

Consultation costs this quarter (if applicable):

Enter the **total number of consultant hours** provided to this recipient.

Enter the **total costs approved** for the whole of the service authorization.

Enter the **total costs this quarter** equivalent to the dollar amount billed by the facility for this period to this service authorization.

3. Total reimbursement this quarter:

Enter the total amount billed by the facility for the quarter.

4. Total reimbursement on this service authorization:

Enter the dollar amount available for the full length of the service authorization (from the start through the end date.)

5. Additional Comments:

Enter any information that you wish to share with DHS staff to support the request, clarify issues, or simply need to communicate.

Completed by:

The facility staff that provided the information for the report must sign and date the report. Enter the 10-digit telephone number with the area code first of the person whose signature appears.

Facility forwards completed page one to the county.

County reviews page one then completes page two of the two-page report:

1. Facility services are consistent with the recipient goals of the variable rate:

Place an X in the yes or no column. Is the facility providing or obtaining the services as documented in the variable rate funding request? Are they meeting the projected costs and timelines?

2. Facility services are consistent with the recipient goals of the ISP:

Place an X in the yes or no column. Is the facility providing or obtaining services in accordance with the interdisciplinary team recommendations as documented in the ISP?

3. Facility services are adequate to meet the recipient goals of the ISP:

Place an X in the yes or no column. Is the facility able to provide or arrange for the level of services needed to support the recipient's preferences and needs as identified in the ISP? Are the services effective in accomplishing the goals?

4. Facility costs are consistent with the recipient goals of the variable rate:

Place an X in the yes or no column. Is the facility billing the variable rate dollars according to the itemized costs and allocation listed on the variable rate request? The use of dollars must relate to the goals and plans for achieving the goals because of the funding.

5. Facility costs are consistent with the recipient goals of the ISP:

Place an X in the yes or no column. Is the facility spending of the variable rate dollars consistent with the recipient goals of the ISP?

6. Facility staff communicates significant changes as they occur:

Place an X in the yes or no column. Have there been significant changes in the goals/use of funding since the variable rate was approved? If so, has the facility been in communication with you about the changes, goals and funding?

7. Goals of the variable rate funding have been met:

Place an X in the yes or no column. If you answer 'no' to the question, explain why the goals have not been met, the amount of time needed to meet the goals and the need for additional variable rate funding, if applicable.

8. County recommends the variable rate funding to continue:

Place an X in the yes or no column. If you answer 'no' to the question, explain why you recommend the variable rate funding to end and the effective date. Reasons may include any of the above and others.

If this is the final report, check "No" and explain.

Completed by:

The county case manager who reviewed the provider report and provided the information for the county report must sign and date the report. Enter the 10-digit telephone number with the area code first of the person whose signature appears.

County forwards completed pages one and two to DHS.

DHS USE ONLY: This box is to be completed by DHS ICF/MR staff only.

DHS ICF/MR staff will sign and date the report upon receipt.

DHS ICF/MR staff who reviewed the report for accuracy and completeness will sign and date the report.

DHS will enter the action taken:

- Approve the report as submitted OR
- Identify additional action needed. Document the action needed and return the report to the county for follow-up.

Incomplete forms will be returned to the county case manager for completion and resubmission.

Recommendations will be acted upon no later than 30