CICL INTERNAL MONITORING AND PROGRAM INTEGRITY POLICY

Policy Number: QA-1

Purpose and Authority

Choices In Community Living (CICL) shall maintain an Internal Monitoring and Program Integrity Program designed to ensure compliance with applicable federal and state laws, Ohio Department of Developmental Disabilities (DODD) requirements, Medicaid regulations, provider certification standards, and agency policies.

This policy is adopted in accordance with Ohio Administrative Code 5123-2-08 and establishes CICL's internal monitoring framework for ensuring compliance with provider certification requirements, Medicaid program integrity, protection of individuals receiving services, and continuous quality improvement.

The purpose of the Internal Monitoring Program is to:

- Ensure services are delivered in accordance with Individual Service Plans (ISPs).
- Verify documentation accurately reflects services delivered.
- Protect the health, welfare, rights, and desired outcomes of individuals receiving services.
- Ensure Medicaid claims are supported by appropriate documentation and service authorization.
- Identify compliance concerns, operational risks, billing errors, and opportunities for improvement.
- Promote accountability, organizational integrity, and continuous quality improvement.

Golden Thread Framework

CICL recognizes that documentation serves as the foundation of quality service delivery, regulatory compliance, and Medicaid reimbursement.

CICL utilizes the **Golden Thread Concept** as the primary framework connecting assessed needs, service authorization, service delivery, documentation, outcomes, and Medicaid billing. The Golden Thread serves as the foundation for both service delivery compliance and program integrity monitoring.

The Golden Thread establishes a continuous connection between:

- Assessed Need
- Individual Service Plan (ISP)
- Authorized Service
- Service Delivery
- Service Documentation
- Outcome Documentation

- Medicaid Billing

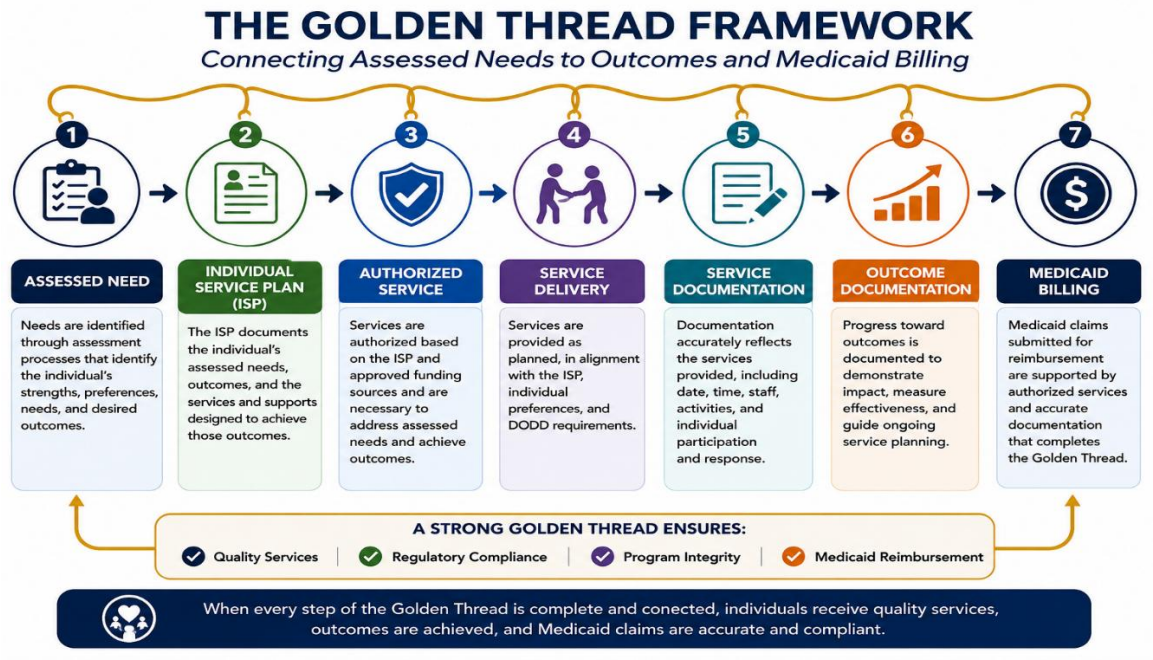
Internal monitoring activities shall verify that services:

- Are based upon assessed needs;
- Are authorized within the ISP;
- Are actually delivered;
- Are accurately documented;
- Reflect the individual's participation, preferences, and progress; and
- Support Medicaid claims submitted for reimbursement.

Documentation reviews shall verify:

- What service was provided;
- When the service was provided;
- How the service supported an assessed need or authorized service;
- The individual's response and progress toward desired outcomes; and
- Documentation necessary to support Medicaid billing and audit requirements.

The absence of any component within the Golden Thread may result in documentation deficiencies, billing concerns, corrective action, repayment of funds, regulatory findings, or other compliance consequences.



Policy

CICL shall maintain a comprehensive internal monitoring system designed to evaluate compliance with provider certification requirements, service delivery standards, documentation quality, Medicaid billing requirements, employee qualifications, health and welfare protections, and organizational operations.

Monitoring activities shall be conducted by designated management personnel, finance staff, human resources personnel, quality assurance staff, contracted compliance resources, or other individuals designated by the Chief Executive Officer.

Monitoring activities shall utilize a **risk-based approach**. Monitoring frequency, sample size, and scope may be adjusted based upon identified compliance risks, incident trends, audit findings, billing variances, complaints, new services, new employees, regulatory changes, or other indicators of elevated organizational risk.

Internal Monitoring Framework

A. Service Delivery Compliance

Monitoring activities shall evaluate whether services are delivered in accordance with assessed needs, Individual Service Plans (ISPs), provider certification requirements, and DODD standards.

Monitoring may include:

- ISP implementation reviews
- Service delivery observations
- Outcome and progress note reviews
- Documentation quality reviews
- Golden Thread verification
- Service authorization validation
- Timeliness and completeness of documentation

B. Health, Welfare, and Rights

Monitoring activities shall evaluate systems designed to protect the health, welfare, safety, rights, and well-being of individuals receiving services.

Monitoring may include:

- Incident management reviews
- Incident trend analysis
- Risk mitigation implementation
- Medication Administration Record (MAR) reviews
- PRN medication documentation

- Medication variances
- Health and welfare reviews
- Individual rights protections
- Corrective action follow-up

C. Personnel Qualifications and Compliance

Monitoring activities shall verify employee compliance with applicable employment and certification requirements.

Monitoring may include:

- Background investigations
- Employee qualifications
- Required certifications and licensure
- Training completion
- Orientation requirements
- Personnel file reviews
- Annual compliance requirements
- Ongoing competency verification

D. Documentation, Billing, and Program Integrity

Monitoring activities shall evaluate documentation integrity, Medicaid billing accuracy, financial controls, and compliance with program integrity requirements.

Monitoring may include:

- Documentation supporting Medicaid claims
- Documentation-to-billing consistency
- Medicaid billing validation
- Payroll-to-billing reconciliation
- Duplicate billing reviews
- Unsupported claim identification
- Financial variance analysis
- Program integrity indicators
- Internal billing controls

Payroll-to-billing reconciliations shall be performed each payroll period to compare employee work activity, documented services, and Medicaid billing activity. This reconciliation serves as an additional financial control supporting billing accuracy and program integrity.

Monitoring Methodology

CICL utilizes a layered monitoring approach consisting of operational supervision, department management oversight, finance monitoring, human resources compliance reviews, quality assurance monitoring, executive oversight, and independent external compliance review. Monitoring activities may be performed on a scheduled, routine, targeted, or risk-based basis depending upon regulatory requirements, identified risks, operational trends, or management discretion.

- Operational supervision
- Department management oversight
- Finance monitoring
- Human Resources compliance reviews
- Quality Assurance monitoring
- Executive oversight
- Independent external compliance review

Monitoring activities may include:

- Record reviews
- Documentation audits
- Service observations
- Billing validation
- Financial reconciliations
- Employee compliance reviews
- Incident trend analysis
- Quality improvement initiatives
- Corrective action follow-up

Independent External Compliance Review

To supplement internal monitoring activities, CICL contracts with **Nineteen Services, Inc.** to provide independent compliance review, technical assistance, training support, and quality assurance services.

External reviews may include:

- Guardianship documentation
- Powers of Attorney
- Individual demographic information
- Trust documentation
- Life insurance and burial arrangements
- Required releases and authorizations
- ISP implementation

- Monthly service documentation
- Outcome documentation
- Documentation quality
- Documentation supporting Medicaid claims
- Documentation-to-billing consistency
- Medication Administration Records (MARs)
- PRN documentation
- Medication variances
- Personnel file compliance
- Background check compliance
- Training compliance
- Certification compliance
- Program integrity indicators
- Other regulatory compliance requirements

CICL currently utilizes a quarterly sampling methodology through its external compliance review process. Reviews are conducted on selected residential settings and individuals receiving services. Additional reviews may be conducted based upon identified risks, incident trends, complaints, regulatory findings, billing concerns, new services, new employees, or other indicators of elevated organizational risk.

Corrective Action

Deficiencies identified through monitoring activities shall be documented and addressed through appropriate corrective action.

Corrective actions may include:

- Staff education
- Coaching
- Documentation correction
- Billing adjustments
- Process improvements
- Policy revisions
- Disciplinary action
- Additional monitoring
- Other corrective measures deemed appropriate by management

Corrective actions shall be tracked through completion, and follow-up reviews shall verify that identified deficiencies have been effectively resolved. When appropriate, identified overpayments, billing errors, or compliance concerns shall be investigated and reported in accordance with applicable Medicaid self-disclosure requirements and agency policies.

Quality Improvement, Reporting, and Oversight

Information obtained through monitoring activities shall be used to strengthen organizational compliance, improve service quality, reduce organizational risk, and support continuous quality improvement.

Summary results of monitoring activities, significant findings, corrective action plans, emerging risks, and trends shall be communicated periodically to Executive Leadership.

Executive Leadership shall evaluate monitoring results to identify systemic issues, resource needs, opportunities for improvement, and compliance priorities.

Executive Leadership shall periodically provide summary reports of significant compliance activities, monitoring results, program integrity initiatives, corrective actions, and emerging risks to the Board of Directors or an appropriate Board committee to support governance oversight.

Annual Review

This policy shall be reviewed at least annually and revised as necessary to maintain compliance with applicable federal and state laws, Medicaid requirements, DODD regulations, provider certification standards, and organizational operations.