

IMP-D1 – Provider Certification Monitoring

Choices In Community Living (CICL)

Primary Regulatory Reference	OAC 5123-2-08 – Provider Certification – Agency Providers
Related References	OAC 5123-2-04; applicable provisions of Chapter 5123-9; applicable DODD certification guidance and HCBS requirements
Responsible Parties	Chief Executive Officer (CEO) and Chief Financial Officer (CFO), with assistance from the Senior Program Directors and other management personnel as necessary
Monitoring Frequency	Annual 100% review, plus ongoing monitoring of certification status, DODD communications, regulatory changes, and reportable organizational changes

Purpose

To ensure Choices In Community Living (CICL) continuously maintains its DODD provider certification and remains compliant with applicable certification requirements, laws, administrative rules, provider standards, and required reporting obligations.

Monitoring Scope and Procedure

The CEO and/or CFO will perform and document a 100% review of applicable provider-certification requirements at least annually. Certification-related notices, regulatory changes, and reportable organizational changes will be monitored throughout the year. The review will include the following areas:

1. Provider Certification Status and Renewal

Verify CICL's DODD agency-provider certification remains active; identify the certification expiration date; confirm the services for which CICL is certified; and ensure renewal applications and required supporting documentation are submitted timely. CICL will initiate its internal renewal review approximately 120 days before expiration to reduce the risk of a certification lapse.

2. Provider Information – PSM/PNM

Verify that CICL's physical address, telephone number, email address, and other required provider demographic information maintained in the Provider Services Management System (PSM) and Provider Network Management module (PNM) are current and accurate.

3. CEO/HR Director Oversight of Required Qualifications

The CEO and HR Director are responsible for ensuring that individuals serving in positions subject to DODD certification requirements, including Senior Program Directors when applicable, continue to satisfy required qualifications, background investigation requirements, and other applicable provider standards.

4. Required DODD Notifications

Review organizational and management changes occurring during the monitoring period to determine whether notification to DODD was required and verify that required notifications were submitted within applicable regulatory timeframes. This includes, as applicable, changes involving provider information, ownership or financial interests, bankruptcy, management, or other reportable matters. For the Director of Operations (including the CEO when serving in that role), verify that DODD is notified through the Provider Services Management System within fourteen calendar days when the Director of Operations is formally charged with, convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for an offense identified by OAC 5123-2-08 and related disqualifying-offense provisions, and verify other required Director of Operations notifications are made within applicable timeframes.

5. Policies and Procedures

Review applicable CICL policies and procedures to determine whether they continue to reflect current DODD rules, provider-certification requirements, and other applicable regulatory standards. Identified regulatory changes will be evaluated to determine whether policy or operational revisions are required.

6. HCBS and Service Certification Requirements

Confirm CICL continues to meet requirements applicable to the HCBS services for which it is certified, including applicable requirements under Chapter 5123-9 and HCBS settings requirements.

7. Regulatory Updates

Review relevant DODD communications, Ohio Administrative Code changes, provider alerts, compliance-review guidance, and other regulatory communications to identify changes affecting CICL's certification or provider obligations. Applicable changes will be communicated to responsible management personnel and incorporated into policies, procedures, training, or operations as appropriate.

8. Supporting Certification Requirements

Confirm continued maintenance of documentation necessary to support provider certification, as applicable, including required insurance coverage, Medicaid provider agreement, corporate standing, workers' compensation coverage, financial requirements, and Senior Program Directors documentation.

Documentation

Completion of IMP-D1 will be documented using a Provider Certification Monitoring Checklist. Supporting documentation may include the current DODD certification, PSM/PNM information, renewal correspondence, DODD notifications, insurance documentation, regulatory update review, applicable policies, and other records necessary to demonstrate compliance.

Indicators of Compliance

CICL's provider certification remains active without lapse; required renewal materials are submitted timely; PSM/PNM information is current; required management qualifications are maintained; required notifications are submitted within established timeframes; applicable policies reflect current regulatory requirements; and identified regulatory changes are incorporated into CICL operations.

Corrective Action

Any deficiency identified through monitoring will be documented and assigned to the appropriate responsible party for correction. Matters that could affect CICL's certification status, Medicaid participation, or ability to provide services will be immediately communicated to the CEO and CFO. Corrective actions will be tracked through completion, with supporting documentation retained as evidence of resolution.

Monitoring Standard

IMP-D1 is a 100% compliance review rather than a sampling review. All applicable provider-certification requirements within the scope of this procedure will be reviewed. This differs from operational monitoring activities in which a sample of homes, individuals, claims, or other records may be appropriate.

Appendix A – IMP-D1 Provider Certification Monitoring Checklist

Annual 100% Review

Review Period:		Date Completed:	
CEO Reviewer:		CFO Reviewer:	
HR Director:		Other Reviewer(s):	

#	Monitoring Requirement	Evidence / Verification	Y / N / N/A	Findings / Corrective Action	Responsible Person / Date
1	Provider Certification Status and Renewal	Current DODD certification; expiration date; certified services; renewal status; 120-day internal renewal review initiated.	☐ Y ☐ N ☐ N/A		
2	Provider Information – PSM/PNM	Physical address, telephone number, email address, and other required provider demographic information verified as current.	☐ Y ☐ N ☐ N/A		
3	Required Position Qualifications	CEO and HR Director verify individuals serving in positions subject to DODD certification requirements, including Senior Program Directors when applicable, meet required qualifications, background investigation requirements, and applicable provider standards.	☐ Y ☐ N ☐ N/A		
4	Required DODD Notifications	Reportable organizational/management changes submitted timely. Director of Operations reportable criminal events under OAC 5123-2-08 reported through PSM within 14 calendar days; other required Director of Operations notifications timely.	☐ Y ☐ N ☐ N/A		
5	Policies and Procedures	Applicable policies reviewed against current DODD rules and provider-certification requirements; needed revisions identified and tracked.	☐ Y ☐ N ☐ N/A		
6	HCBS and Service Certification Requirements	Requirements applicable to CICL-certified HCBS services and HCBS settings compliance reviewed and verified.	☐ Y ☐ N ☐ N/A		
7	Regulatory Updates	DODD communications, Ohio Administrative Code changes, provider alerts, compliance guidance, and other relevant regulatory updates reviewed; operational impact documented.	☐ Y ☐ N ☐ N/A		
8	Supporting Certification Requirements	Applicable insurance, Medicaid provider agreement, corporate standing, workers' compensation coverage, financial requirements, and qualification documentation verified.	☐ Y ☐ N ☐ N/A		

Overall Review Conclusion

Overall Status	☐ Compliant ☐ Corrective Action Required
Summary of Findings / Follow-Up	
Corrective Actions Completed / Verified By	
Final Completion Date	