

PERSONAL CHOICE AUDIT - 2013

The Office of Program Integrity (OPI) conducted an audit of the Personal Choice Program Service Advisement agencies to ensure that funding was used in compliance with the State and federal regulations. The Personal Choice Program (PCP) provides consumer-directed home and community-based services to Medicaid Long Term Care (LTC) eligible participants. The purpose of the audit was to determine four questions: [1] whether the service advisement agencies complied with federal and state requirements when it claimed Medicaid Personal Choice monitoring services under the waiver; [2] whether the service advisement agencies made the required minimum contact with the beneficiaries and kept sufficient documentation of the activity in the case management file; [3] whether all service advisement services billed were adequately documented in the case management file; and [4] whether all documentation required by the Personal Choice Program Rules and Regulations was contained within each beneficiary's file. The audit covered claims billed from August 1, 2012 (when new regulations went into effect) through April 30, 2013 for both active and inactive files. On-site audits began June 12, 2013. Only two (2) providers administer the Personal Choice program in the State of Rhode Island.

A best practice that was identified by other states' Program Integrity Units was sending letters to state legislators informing them that a routine audit was being done in their district to alleviate any fears or misconceptions that might arise from an audit being conducted. It should be noted that this was a routine audit and not commenced as the result of any particular complaint or allegation, so letters were sent to state legislators before the Personal Choice Program service advisement agency audit commenced.

Through its investigation of one provider, the OPI found that only 40 files out of 262 files had the required minimum monthly contact for the months billed, meaning that only 15.27% of the files met the requirements. The OPI found \$68,625.00 in questioned costs.

Through its investigation of another provider, the OPI found that only 7 files out of 195 had the required minimum monthly contacts for the months billed, meaning that only 3.59% of the files met the requirements. The OPI found \$103,375.00 in questioned costs.

The OPI delivered to each provider a copy of its report and findings and recommended that they each submit a corrective action plan to remedy the non-compliance and establish a repayment plan. Both providers submitted written responses which included proposed corrective action plans, both of which have been approved by OPI. Recoupment in the form of structured payments from each provider has begun in the amount of the questioned costs.