



Risk Prevention and Management

INTRODUCTION

COA's Risk Prevention and Management standards require that agencies take a proactive approach to risk by continually improving systems and practices for identifying and mitigating potential risks, and learning from adverse events and challenges when they occur. Proactive, systemic risk prevention and management requires a holistic approach that involves staff throughout the agency and considers all areas of potential risk including, but not limited to: legal compliance, liability exposure, health and safety, human resources, contracting, technology, security of information, client rights and confidentiality, and finances.

Note: *The Risk Prevention and Management (PA-RPM) standards were revised in August 2016 as part of COA's release of new Standards for Public Agencies. For more information, please refer to the [RPM Standards Updates Summary - Public](#).*

Note: *Please see the tip sheet [How to Read the Standards and Tables of Evidence - Public](#) for further information on interpreting requirements according to public agency structure.*

Note: *Please see [PA-RPM Reference List](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence **County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity**

- Describe how the agency's risk prevention and management processes contribute to agency effectiveness and the reduction of its risk, loss, and liability exposure.
- Describe 2-3 examples of how the agency responded to risks identified by its quarterly and annual risk management review processes. Please describe the decision-making process and actions taken to bring the issue to resolution. (PA-RPM 2)
- Describe the agency's information systems for major operations (e.g., the financial management system, PQI, human resources).
- When services are delivered via technology, describe the types of services being provided, the technologies being used, and how this service delivery approach helps meet the needs of the population served. (PA-RPM 9)
- Provide any additional information that would increase the Peer

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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Team's understanding of the agency's implementation of the PA-RPM standards. **State Administered Agency (Regional Office)**

- Describe 1-2 examples of how the region responded to risks identified by risk management review processes. Please describe the decision-making process and actions taken to bring the issue to resolution. (PA-RPM 2)
- Provide any additional information that would increase the Peer Team's understanding of the region's implementation of the PA-RPM standards.

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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PA-RPM 1: Legal and Regulatory Compliance

The agency complies with applicable federal, state, and local laws and regulations.

Related: PA-HR 1.01, PA-ASE 2.01, PA-HR 3.06, PA-HR 5.01, PA-FIN 5.02

Interpretation: *When necessary, the agency should consult legal counsel to obtain comprehensive guidance regarding legal and regulatory compliance.*

Interpretation: *The network management entity must annually verify that member agencies, subcontracting agencies, and independent practitioners meet the legal and regulatory requirements to provide the services they provide on behalf of the network.*

Interpretation: *Non-profit credit counseling agencies are required to meet IRS 501q regulations.*

NA State-administered regional office

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â Â
- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agency's observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- A letter signed by the agency head:
 - a. Certifying the agency is presently in compliance with applicable federal, state, and local laws
 - b. Summarizing the agency's current status/progress towards compliance with consent decrees
 - Progress reports or other evidence of the work being done to comply with consent decrees
 - Network only:
 - a. Procedures for ensuring provider compliance with applicable licenses, regulations, and decrees for services provided by the network.
- #### State Administered Agency (Regional Office)
- Evaluated at the Central Office only

On-Site Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Relevant legal and regulatory documents, as applicable to the agency
- Reports from licensing/regulatory review, as applicable
- Network only:
 - a. Copies of relevant licenses and legal and regulatory documents, as applicable to the providers, at the office of the managing entity

State Administered Agency (Regional Office)

- Evaluated at the Central Office only

Purpose

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On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Agency leadership
 - b. In-house counsel
- Evaluated at the Central Office only

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(FOC) PA-RPM 2: Risk Prevention

The agency identifies and reduces potential loss and liability by:

- a. conducting prevention and risk reduction activities; and
- b. monitoring and evaluating risk prevention and management effectiveness.

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neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence **County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity**

- Risk management plan (PA-RPM 2.01) including:
 - a. Procedures for conducting annual assessments of potential agency risks (PA-RPM 2.02)
 - b. Procedures for quarterly review of immediate and ongoing risks (PA-RPM 2.03)
 - c. Procedures for investigation and review of critical incidents (PA-RPM 2.04)
- Quarterly (PA-RPM 2.03) and annual (PA-RPM 2.02) risk management reports, including analyses and improvement action plans, as applicable
- Contract or other documentation of agreement with organizations permitted to use facilities (PA-RPM 2.05)
- Network only:
 - a. Procedures for identifying and verifying provider insurance
 - b. Copy of written communication to providers regarding required insurance
 - c. Documentation of insurance verification (PA-RPM 2.06)

State Administered Agency (Regional Office)

- Regional risk management procedures, as applicable
- Regional quarterly (PA-RPM 2.03) and annual (PA-RPM 2.02) risk management reports, including analyses and improvement action plans, as applicable

On-Site Evidence **All Agencies**

- Management meeting minutes at which risk and risk prevention performance is reviewed, improvement actions are discussed and implemented, as applicable (PA-RPM 2.02, PA-RPM 2.03)

On-Site Activities **County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity**

- Interview:
 - a. Agency head
 - b. In-house counsel
 - c. Risk management personnel
- Network only interview:

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- a. Provider Governing Body members
 - b. Provider CEO/CFO **State Administered Agency (Regional Office)**
- Interview:
- a. Regional Director
 - b. Agency leadership

PA-RPM 2.01

A written risk management plan operationalizes the agency's risk management activities and:

- a. articulates the agency's overall approach to risk management;
- b. describes the risk management structure and activities;
- c. defines staff roles and outlines training and competency expectations by job position or category; and
- d. includes measurable goals for reducing potential risks.

Interpretation: *Element (b) for statewide agencies, or agencies that cover multiple regions/communities, must delineate:*

- a. *the specific responsibilities of the central, regional, and local offices in carrying out risk management activities;*
 - b. *how risk management information will be communicated among the various offices; and*
 - c. *what role each office will play in implementing and tracking corrective action.*
- Additionally, in regards to element (b), risk management activities should include contract monitoring activities that align with the standards in PA-PQI 9.*

PA-RPM 2.02

The agency annually assesses areas of potential risk, including:

- a. compliance with legal requirements;
- b. technology and information management;
- c. liability exposure;
- d. the health and safety of personnel and persons served, including the prevalence of work-related stress and the impact of trauma;
- e. human resources practices;
- f. contracting practices and compliance;
- g. client rights and confidentiality issues;
- h. financial risks;

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- i. public relations, branding, and reputation; and
- j. conflicts of interest.

Interpretation: *Although the agency should assess all areas of potential risk at least annually and compare related areas, the assessments do not need to be conducted together at one time.*

Interpretation: *Regarding element (b), annual assessments should include a review of systems in place to protect physical and electronic data and information, databases, files, computers and mobile devices, networks, and programs from unauthorized access, use, modification, disruption, destruction, and/or attack.*

Interpretation: *Regarding element (c), annual assessments of liability exposure should include, when applicable, a review of the agency's use of agency- and privately-owned vehicles in the course of the its daily operations including, but not limited to, transporting clients, running errands, attending home visits, traveling between sites, attending meetings, etc.*

Research Note: *In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, agencies that receive, store, and/or transmit electronic protected health information (ePHI) are required to conduct a security risk assessment. Risk analysis is the first step towards implementing effective and appropriate administrative, physical, and technical safeguards to secure ePHI. The process requires that agencies review their existing security infrastructure and identify potential risks and vulnerabilities to the confidentiality, integrity, and availability of critical data and information. Findings from the security risk analysis inform the agency's risk mitigation strategy and help to reduce the likelihood and severity of identified threats.*

The HIPAA Security Rule does not prescribe any one method of risk analysis, recognizing that agencies vary in size, complexity, and capabilities. The Office of the National Coordinator for Health Information Technology (ONC) offers a helpful security risk assessment tool for agencies managing ePHI.

(FP) PA-RPM 2.03

The agency conducts a quarterly review of immediate and ongoing risks that includes a review of incidents, accidents, and grievances including the following, as appropriate to each program or service:

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- a. facility safety issues;
- b. serious illnesses, injuries, and deaths;
- c. situations where a person was determined to be a danger to himself/herself or others;
- d. service modalities or other agency-wide practices that involve risk or limit freedom of choice; and
- e. the use of restrictive behavior management interventions, such as seclusion and restraint.

Related: PA-RTX 1.02, PA-GLS 1.02, PA-PSR 1.02, PA-BSM 1.03, PA-MHSU 1.04, PA-JJR 3.02, PA-JJD 3.02, PA-WT 4.02, PA-PQI 4.03, PA-DDS 5.02, PA-DTX 5.02, PA-ASE 6.01, PA-OST 9.19

Interpretation: *In regards to element (b), serious illnesses are defined as those illnesses that pose a significant, widespread risk to public health or the health of the agency's staff and persons served.*

Interpretation: *In credit counseling agencies, only elements a-c could potentially apply.*

Interpretation: *In employee assistance programs, only elements a-c could potentially apply.*

(FP) PA-RPM 2.04

The agency conducts an independent review of each incident and accident that involves the threat of or actual harm, serious injury, and death, and review procedures:

- a. establish timeframes for review including requiring the investigation be initiated within 24 hours of the incident and/or accident being reported;
- b. require solicitation of statements from all involved individuals;
- c. ensure an independent review;
- d. require timely implementation and documentation of all actions taken;
- e. address ongoing monitoring if actions are required and determine their effectiveness; and
- f. address applicable reporting requirements.

Related: PA-EES 3.01, PA-BSM 6.02, PA-OST 9.19, PA-WT 11.02

Interpretation: *For child and family services agencies, please see PA-RPM 3.03 for more information on conducting internal administrative reviews*

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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following a child fatality or near fatality.

(FP) PA-RPM 2.05

The agency informs external organizations that use its facilities of their obligation to minimize hazards and to assume liability for use of the facility.

NA *The agency does not permit other organizations to use its facilities.*

PA-RPM 2.06

The network identifies and specifies the level and type of insurance required by its providers, and annually verifies that provider coverage is current.

NA *The agency is not a network management entity.*

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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(FOC) PA-RPM 3: Child Fatality and Near Fatality Review

The agency is accountable to the public and manages risk associated with child maltreatment and fatalities.

NA *The agency does not provide child and family services.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.
 - The agency's observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
- Please see [Rating Guidance](#) for additional rating examples.*

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Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Procedures for participation on and coordination with child fatality/near fatality review team
 - Reports for the previous year from:
 - a. Child fatality/near fatality review team (PA-RPM 3.01)
 - b. Administrative reviews following child fatalities/near fatalities (PA-RPM 3.03)
 - Public Disclosure law/policy regarding child fatalities and near fatalities (PA-RPM 3.01)
 - Examples of improvement/prevention activities related to any child fatalities or near fatalities in the current long-term planning period (PA-RPM 3.02)
- #### **State Administered Agency (Regional Office)**
- Procedures for participation on and coordination with the local child fatality/near fatality review team, as applicable (PA-RPM 3.01)
 - Examples of regional improvement/prevention activities related to any child fatalities or near fatalities in the current long-term planning period (PA-RPM 3.02)

On-Site Evidence

All Agencies

- Child fatality/near fatality review team meeting minutes

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Agency head
 - b. In-house counsel
 - c. Risk management personnel
- #### **State Administered Agency (Regional Office)**
- Interview:
 - a. Regional Director
 - b. Agency leadership

(FP) PA-RPM 3.01

The agency increases accountability to the public, promotes safety, and manages risk by:

- a. aggregating information on fatalities and near fatalities from multiple data sources;
- b. actively participating on a multi-disciplinary child fatality and near fatality

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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- review team;
- c. participating in investigations of child fatalities and near fatalities, as appropriate, including assessing the safety of surviving children in the home; and
- d. ensuring adherence to the public disclosure policy, which reflects federal statute.

(FP) PA-RPM 3.02

The agency incorporates recommendations from the child fatality and near fatality review team into its risk prevention, quality improvement, and long-term planning activities by:

- a. developing a customized improvement plan to implement recommendations;
- b. tracking progress toward plan implementation; and
- c. monitoring and periodically reporting back to the review team on the status of planned improvements.

(FP) PA-RPM 3.03

The agency conducts internal administrative reviews following a fatality or near fatality of any child known to the agency to:

- a. assess the agency's internal operations including adherence to policies and procedures; and
- b. identify and respond to the social and emotional support needs of staff.

Interpretation: *Conducting administrative reviews of fatalities or near fatalities of "any child known to the agency" means an open case is not required in order to pursue an internal investigation. Agencies should follow state definitions regarding what it means to be "known to the agency" (e.g. how long ago contact last was made, the type of contact).*

Interpretation: *The agency should also conduct aggregate reviews of child fatalities or near fatalities to identify trends or patterns of concern as part of the quarterly review process in PA-RPM 2.03.*

Interpretation: *See PA-RPM 2.04 for additional incident review requirements, including requirements for corrective action.*

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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(FOC) PA-RPM 4: Medication

The agency promotes the safe and appropriate use of medication by persons served.

Interpretation: *PA-RPM 4 does not apply to medication administration training and monitoring for resources parents. See PA-FKC 16.03 and PA-CFS 25.04 for more information.*

NA *The agency does not prescribe, dispense, administer, store, or collect information on medications used by persons served.*

Note: *Please see the Medication Control and Administration Policy and Procedure Tool - Private, Public, Canadian, Network for additional assistance with this standard.*

Note: *Examples of services that will likely be exempted from the requirements of PA-RPM 4 include, but may not be limited to, Community Change Initiatives (PA-CCI), Financial Education and Counseling Services (PA-FEC), and Workforce Development and Support Services (PA-WDS).*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
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Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Medication management training curricula table of contents (PA-RPM 4.01, PA-RPM 4.02)
- Medication management policy and procedures
- Agency plans for:
 - a. tracking the use of pharmacological interventions at the individual and aggregate level (PA-RPM 4.08)
 - b. psychotropic medication monitoring for children in foster care, if applicable
- Facility-specific medication procedures/protocols

On-Site Evidence

All Agencies

- Medication management training curricula
- Training files, database, or personnel files that demonstrate attendance at relevant medication trainings (PA-RPM 4.01, PA-RPM 4.02)
- Medication logs (PA-RPM 4.05)
- Aggregate reports of pharmacological interventions for the two most recent reporting periods (PA-RPM 4.08)

On-Site Activities

All Agencies

- Interview:
 - a. Direct service and supervisory personnel
 - b. Medical personnel, as applicable
- Facility observation
- Review case records

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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(FP) PA-RPM 4.01

Personnel directly involved in prescribing, dispensing, administering or storing medication receive training and demonstrate competence in medication control and administration and applicable legal requirements.

Interpretation: *Physicians who prescribe and dispense approved buprenorphine products for opioid addiction are credentialed for such service by the Drug Enforcement Agency (DEA) and provide treatment in accordance with DEA policy.*

NA *The agency does not prescribe, dispense, administer, or store medication.*

(FP) PA-RPM 4.02

Personnel receive training and demonstrate competence in:

- a. recognizing indicators of potential medication concerns;
- b. working and/or communicating with prescribers on behalf of service recipients; and
- c. advocating for and/or identifying alternatives to pharmacological interventions.

Interpretation: *Potential medication concerns can include things like severe side-effects or concerning prescribing practices such as polypharmacy.*

For child and family services agencies, it is particularly important that case workers be trained on recognizing indicators of potentially concerning psychotropic medication practices among children including use of psychotropic medication in very young children, polypharmacy, and dosages that exceed recommendations.

(FP) PA-RPM 4.03

When medication is initially prescribed, the prescribing clinician educates individuals and their families, about prescribed medications, including:

- a. medication name;
- b. dose;
- c. reason for use;
- d. how to administer;

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- e. desired effects; and
- f. potential side effects.

Interpretation: *Written detailed information regarding specific medications may be provided by the pharmacy responsible for filling a prescription.*

Interpretation: *Agencies have a responsibility to confirm that individuals (including children) and their families receive the information they need to fully understand the benefits, risks, and alternatives of medication regardless of whether the agency prescribes or administers them directly.*

Interpretation: *Agency policy should clearly identify who is authorized to provide informed consent to pharmacological treatment for children in foster care as well as how biological parents and the child or youth will be involved in the decision-making process.*

(FP) PA-RPM 4.04

When individuals are receiving prescription medication:

- a. qualified personnel obtain and/or update information about the medications the individual is taking at the time of each visit; and
- b. the prescribing clinician compares current medications the individual is taking at the time of each visit, including vitamins or other non-prescription medications, with new or changed medication orders to identify possible adverse interaction of medications.

Related: PA-ICHH 4.08

Interpretation: *The agency must define the personnel qualifications necessary to collect medication information, in accordance with law and regulation.*

NA *The agency does not prescribe or administer medication.*

(FP) PA-RPM 4.05

Protocols and controls governing the proper administration and storage of medication include:

- a. locked, supervised storage with access limited to authorized personnel and in accordance with law, regulation, and manufacturer's instruction;
- b. maintaining medication in original packaging and labeling with the name of person served, medication name, dosage, prescribing physician

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- name, and number or code identifying the written order;
- c. appropriate disposal of expired or unused medication, syringes, medical waste, or medication prescribed to former persons served;
- d. a record of who received medications, what medications were dispensed or administered, and when and by whom medications were dispensed or administered;
- e. protocols for the administration of over-the-counter medications; and
- f. policies and procedures for safely dispensing or administering sample medications, in accordance with law and regulation.

Interpretation: *Storage of medication in a secure, central location with access by authorized personnel only is an effective risk management measure and best practice. However, COA recognizes that some programs, such as shelters and safe homes, allow individuals to store medications in a safe, lockable personal space (e.g., individual lock boxes or private use lockers). In these instances, agencies can demonstrate implementation of the standard by providing protocols, procedures or other documents that demonstrate that they have acknowledged the potential risks of this method and subsequently taken appropriate measures to minimize those risks.*

Agencies also need to clearly communicate that service recipients are personally responsible for administering and storing their own medications. For example, intake processes that stipulate what individuals are allowed to store in their secure, personal space and assign responsibility of the space to the individual can support this approach to storing medication.

Interpretation: *Elements (d), (e), and (f) do not apply to agencies that only store medication.*

NA *The agency does not dispense, administer, or store medication.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

(FP) PA-RPM 4.06

Immediately prior to administration, qualified personnel review with the person the medication to be administered, its purpose, and verify:

- a. the identity of the individual and the medication ordered;
- b. that the medication to be administered matches the medication order;
and
- c. visually inspect the integrity of the medication.

NA *The agency does not administer medication.*

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(FP) PA-RPM 4.07

Following administration of medication, personnel observe and assess the effects of medication on the individual and consult with medical professionals, as necessary.

NA *The agency does not administer medication.*

(FP) PA-RPM 4.08

The agency tracks the use of pharmacological interventions at the individual and aggregate level and:

- a. engages prescribers and other partnering providers in corrective action when concerns are noted; and
- b. advocates for increased availability and use of non-pharmacological interventions.

Interpretation: *See PA-RPM 7.03 for more information on tracking pharmacological interventions at the individual case level.*

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PA-RPM 5: Technology and Information Management

The agency's technology and information systems have sufficient capability to support its operations, planning, and evaluation.

Related: PA-FIN 1, PA-NET 2.02, PA-NET 2.03, PA-FIN 4, PA-CFS 7, PA-CFS 18.06

Interpretation: *The standards in this section address the management of all types of information maintained by the agency, including:*

- a. case records;
- b. administrative, financial, and risk management records and reports;
- c. personnel files and other human resources records;
- d. performance and quality improvement data and reports; and
- e. contract monitoring data and reports.

Rating Indicators

1) Full Implementation, Outstanding Performance

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2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agencyâ€™s observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Technology and information management plan or see relevant sections of the strategic plan that address technology planning in PA-AM 3 (PA-RPM 5.01)
- Information management procedures/guidelines (PA-RPM 5.03)
- For state-administered child welfare systems, most recent SACWIS Assessment and Improvement Plan **State Administered Agency**

(Regional Office)

- A description of regional challenges/areas for improvement within the information systems and supporting infrastructure

On-Site Evidence

All Agencies

- Agreements with third parties (e.g., information technology vendors, business associates, etc.), when applicable

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - Finance personnel
 - PQI personnel
 - Information systems manager
 - Direct service personnel
- Information systems observation **State Administered Agency**

(Regional Office)

- Interview:
 - Regional director
 - Agency leadership
 - Direct service personnel

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- Information systems observation

PA-RPM 5.01

The agency develops a written technology and information management plan to support its current and future operations which includes:

- a. an explanation of how technology will aid in accomplishing the overall mission of the agency;
- b. an overview and needs assessment of current technology and information systems in use by the agency that includes feedback from direct service staff and supervisors;
- c. short- and long-term goals for utilizing technology;
- d. an assessment of current technical skills of staff and a plan for additional staff training, as necessary;
- e. criteria for meeting technology goals, including action items, titles of responsible parties, timelines, benchmarks, budgets and other required resources; and
- f. a framework for regularly evaluating implementation of the plan.

Interpretation: *The technology and information management plan should be developed to align with the agency's strategic or long term plan.*

Interpretation: *Regarding element (b), involving direct service staff and supervisors in the overview and needs assessment of current technology and information systems produces information systems that are needs-driven, flexible, and user-friendly.*

Interpretation: *An assessment of current technical skills of staff and a plan for additional staff training can be conducted as part of human resources planning outlined in PA-HR 2 and the agency's training evaluation practices outlined in PA-PDS 1.04. Training on technology and information systems is addressed in PA-PDS 2.03.*

Research Note: *The success and effectiveness of a technology plan is measured by how well an agency adopts and integrates new systems and technologies. While technical skill and ability are key factors, staff attitudes and willingness to accept new technologies, processes, and procedures are also critical.*

Technology readiness assessments, strategic communication regarding the technology plan, and piloting or gradually implementing new technologies have all been shown to increase buy-in and the likelihood of positive

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

technology use outcomes.

PA-RPM 5.02

Personnel have consistent, timely, and appropriate access to paper and electronic records.

Interpretation: *Agencies moving to electronic systems may need to develop procedures for maintaining both electronic and paper records, including procedures for maintaining consistency between the two file types and ensuring the electronic record is comprehensive and complete. If there are components of paper records that cannot be accommodated electronically, the agency should consider how it will retain and document the existence of supplemental paper-based portions of records.*

Interpretation: *Agencies that hire third parties to manage their transition from a paper-based to an electronic records management system should have appropriate safeguards and agreements (e.g., business associate agreements, qualified service organization agreement, etc.) in place in order to protect confidentiality.*

PA-RPM 5.03

The agency has electronic information systems appropriate to its size and complexity, that permit:

- a. timely access to information about persons served by any part of the agency, or by other practitioners within the agency, to support continuity and integration of care across settings and services;
- b. information sharing between the public agency and its contracted providers, when applicable;
- c. capturing, tracking, and reporting of financial, compliance, and other business information;
- d. access to real-time data to inform decision making at the worker, program, region/community, agency, and system level;
- e. longitudinal reporting and comparison of performance over time; and
- f. useful, clear, and consistent data reporting.

Interpretation: *"Electronic information systems" are used for collecting, storing, analyzing, and disseminating information electronically. An electronic information system may consist of a single desktop or larger network of computers, laptops, and/or devices. Agencies must have systems that can effectively support their administrative operations and*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

service delivery.

Interpretation: *Regarding element (d), it is not enough that the information system effectively house data. It is equally important that the system allow for effective aggregation, analysis, and reporting out of information to support performance and quality improvement efforts.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) PA-RPM 6: Security of Information

Electronic and printed information is protected against intentional and unintentional destruction or modification and unauthorized disclosure or use.

Related: PA-CR 2, PA-HR 7.03

Interpretation: *Regulations that govern the protection of individually identifiable health information and set national standards for the security of electronic protected health information include the Health Insurance Portability and Accountability Act ("HIPAA" Privacy and Security Rule) and the Health Information Technology for Economic and Clinical Health Act ("HITECH").*

Interpretation: *The standards in this section address security of all types of records, including administrative, financial, health, personnel, and case records, unless otherwise noted. See also PA-RPM 7 Case Records and PA-RPM 8 Access to Case Records.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions:Â exceptions do not impact service quality or agency performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â Â
- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agencyâ€™s observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Policies and/or procedures for:
 - a. Data security, including HIPAA compliance, as applicable (PA-RPM 6.01, PA-RPM 6.03, PA-RPM 6.07)
 - b. Maintenance and disposal of case records (PA-RPM 6.02)
 - c. Use of social media, electronic communications, and mobile devices (PA-RPM 6.05)
 - d. Managing data interruptions/disaster recovery plan (PA-RPM 6.06)
- Agency website URL, as applicable (PA-RPM 6.04) **State Administered Agency (Regional Office)**
- Regional communications with staff regarding case record security policy and office-specific secure location expectations (memos, orientation schedule, etc.)

On-Site Evidence

All Agencies

- Agreements with third parties (e.g., information technology vendors, business associates, etc.), when applicable

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Finance personnel
 - b. PQI personnel
 - c. Information systems manager

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- d. Direct service personnel
- Case record room/files and information systems observation **State Administered Agency (Regional Office)**
- Interview:
 - a. Regional Director
 - b. Agency leadership
 - c. Direct service personnel
- Information systems observation

PA-RPM 6.01

The agency protects confidential and other sensitive information from theft, unauthorized use, damage, or destruction by:

- a. limiting access to authorized personnel on a need-to-know basis;
- b. using firewalls, encryption and/or secured networks, anti-virus and related software, and other appropriate safeguards;
- c. monitoring security measures on an ongoing basis;
- d. having the ability to remotely wipe or disable mobile devices, if applicable; and
- e. maintaining paper records in a secure location, when applicable.

Interpretation: *The agency may limit access to authorized personnel by:*

- a. *limiting access based on staff role within the agency;*
- b. *ensuring the electronic information systems require strong passwords/passcodes for access to confidential information, require passwords/passcodes to be regularly changed, lock the user out of the system for incorrect log in attempts, and automatically time out after a period of inactivity prompting re-authentication;*
- c. *disabling the equipment, passwords, and access of former employees; and*
- d. *ensuring the information systems are capable of recording the person accessing confidential information in the system, and recording when information is altered or deleted, also known as audit logs.*

Interpretation: *The agency needs to consider both safety and security when deciding where and how to store its records. Other important considerations include information taken off-site by staff and online access to the agency's electronic information systems. The agency should develop protocols that best fit its needs and circumstances.*

Secure storage of paper records may include:

- a. *locked file cabinets;*
- b. *a locked file room with limited access or a gatekeeper system whereby*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

one person or a few people can unlock the file storage area or access the files themselves; or

- c. *a system using a keypad or keys where only authorized individuals are given the keypad code or copies of the keys.*

Agencies may also consider using:

- a. *fireproof cabinets;*
- b. *metal file cabinets;*
- c. *a sprinkler system; or*
- d. *not storing records in basements that are prone to flooding.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

PA-RPM 6.02

Unless otherwise mandated by law, case records are maintained as follows:

- a. for at least seven years after case closing for adults;
- b. until the age of majority or seven years after case closing, whichever is longer, for minors; and
- c. disposed of in a manner that protects privacy and confidentiality.

Related: PA-AS 12.05

Interpretation: *Proper disposal of paper and electronic records can include: shredding paper records, clearing electronic files when computers are replaced or reassigned, and destroying electronic media such as flash drives.*

Interpretation: *Credit counseling providers are required to maintain case records for a minimum of one year unless otherwise mandated by law.*

NA *The agency provides only Community Change Initiatives (PA-CCI), Early Childhood Education (PA-ECE), Social Advocacy (PA-SOC), Youth Development (PA-YD), non-clinical group, crisis intervention and/or information and referral services.*

PA-RPM 6.03

Confidential information, when electronically transmitted, is protected by safeguards in compliance with applicable legal requirements.

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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PA-RPM 6.04

A privacy policy is posted on the agency's public website to inform website visitors about:

- a. what information is being collected; and
- b. how that information is being gathered, used, shared, and protected.

Interpretation: *Website visitors should be informed that activity on third-party websites and applications is subject to third-party privacy and/or data policies, which may override the agency's own privacy policy. Agencies need to evaluate their use of third-party platforms to confirm compliance with applicable legal and confidentiality requirements.*

Interpretation: *See PA-RPM 9.02 for more information on technology-based service delivery.*

NA *The agency does not maintain a website.*

PA-RPM 6.05

The agency has policies and guidelines addressing the use and monitoring of:

- a. social media;
- b. electronic communications; and
- c. mobile devices, including staff-owned devices, if applicable.

Interpretation: *"Social media and electronic communications" include a variety of applications and websites used to create and share content, for example:*

- *the agency's own website;*
- *external websites;*
- *email;*
- *texting;*
- *blogs;*
- *social networking and bookmarking sites such as Pinterest, Instagram, Twitter, and Facebook;*
- *wikis; and*
- *discussion forums.*

Risks associated with the use of social media and electronic communications may include:

- a. *unauthorized or prohibited contact between staff and persons served;*
- b. *unauthorized or inappropriate use of agency logos or trademarks;*

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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- c. *personal comments or opinions that can be misconstrued as representing the views of the agency, or misrepresent the agency;*
- d. *inadvertent or deliberate disclosure of confidential or proprietary business information; and*
- e. *inadvertent or deliberate disclosure of confidential or protected information about persons served.*

Interpretation: *A social media policy could address:*

- *the agency's definition of "social media";*
- *responsible parties (e.g., individuals responsible for setting up accounts, contributing content, monitoring content, etc.);*
- *prohibited forms of communication;*
- *the appropriate use of social media, including confidentiality and privacy considerations; and/or*
- *consequences for failure to follow the policy and/or related guidelines.*

Interpretation: *Communicating via mobile devices is a growing trend in many fields that raises security concerns. HIPAA Privacy Rule permits covered health care providers to communicate electronically with service recipients as long as appropriate administrative, physical, and technical safeguards are in place. Agencies should inform service recipients about the risks associated with communicating electronically and obtain their consent prior to use.*

Interpretation: *See PA-RPM 9.02 for more information on technology-based service delivery.*

PA-RPM 6.06

The agency is prepared for the interruption of data and limits the disruption to its operations and service delivery by:

- a. *maintaining procedures for managing data interruptions and resuming operations;*
- b. *notifying staff of procedures for data interruption;*
- c. *backing up electronic data regularly, with copies maintained off premises;*
- d. *regularly testing the agency's back up plan, including data restoration processes;*
- e. *maintaining contact information for all staff; and*
- f. *developing procedures for alternative methods of communication with staff and stakeholders during periods of disruption.*

Interpretation: *The standards in PA-ASE 7 provide additional requirements for emergency response planning. PA-RPM 6.06 applies to any instance of prolonged data disruption, regardless of whether there is a corresponding*

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Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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emergency.

Interpretation: *Maintaining data off premises may include the use of secure cloud storage systems.*

Interpretation: *Procedures for managing data interruptions should address both planned and unplanned periods of downtime.*

Research Note: *A disaster recovery plan is a set of procedures put in place to protect and recover an agency's IT infrastructure to ensure the continuation of business in the event of a disaster. The plan clearly defines what disaster means for the agency's administrative operations and service delivery. It also includes specific guidance on when primary systems are considered nonfunctional/shut down, at what point secondary systems should be activated, who has the authority to make that determination, and how to inform staff and stakeholders that a disaster has occurred.*

Factors that increase the effectiveness of a disaster recovery plan include:

- a. *training staff on response procedures;*
- b. *practicing procedures/conducting downtime drills;*
- c. *testing disaster recovery systems on an ongoing basis; and*
- d. *monitoring plan implementation.*

PA-RPM 6.07

The agency ensures its electronic information system for managing health records or protected health information:

- a. *operates in compliance with all applicable regulations; and*
- b. *limits access to information in accordance with the person's privacy preferences and confidentiality rules to the greatest extent possible.*

Interpretation: *Regarding element (b), if the electronic health record system employed by the agency is not able to meet all the person's privacy preferences and/or all of the necessary confidentiality rules, the agency informs the service recipient of the system's limitations and obtains consent for the exchange of electronic health information based on those restrictions.*

Interpretation: *Additional consideration should be given to information*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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specific to mental health treatment, substance use treatment, genetic information, and HIV/AIDS status, as these information types are governed by additional confidentiality and disclosure rules and regulations.

Interpretation: *The HIPAA Security Rule and Meaningful Use criteria provide strong guidance to agencies regarding the capabilities of electronic health record (EHR) systems. Using a certified EHR is the best way to meet the Meaningful Use criteria. Agencies that are unable to acquire a certified EHR should still strive to meet Meaningful Use recommendations in their selection and use of EHR systems.*

Interpretation: *The system must also comply with all relevant standards in PA-RPM related to the management of information, technology, and case records.*

NA *The agency does not electronically manage health records or protected health information.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) PA-RPM 7: Case Records

Case records contain sufficient, accurate information to:

- a. comprehensively detail the relevant information about the individual or family;
- b. support decisions about interventions or services; and
- c. document the delivery of services.

Interpretation: *Independent contractors who provide direct services to agency clients, maintain records for those clients in accord with PA-RPM 7.*

Interpretation: *See PA-DV 17 for further guidance about the information to be included in case records for Domestic Violence Services (PA-DV).*

NA *The agency provides only Community Change Initiatives (PA-CCI), Early Childhood Education (PA-ECE), and/or Youth Development (PA-YD) Services.*

NA *The agency provides only non-clinical group, crisis intervention, and/or information and referral services.*

NA *The network management entity does not provide screening, assessment, service authorizations, or other services for specific clients.*

Note: *Please see Case Records Checklist - Private, Public for additional assistance with this standard.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions:Â exceptions do not impact service quality or agencyÂ performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â Â
- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agency's observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Case record content and maintenance procedures
- Policy on individuals adding statements to their case records (PA-RPM 7.06)
- Regional communications with staff regarding case record maintenance, contents and documentation expectations (memos, in-service training notes, etc.)

On-Site Evidence

All Agencies

- Mock case record, table of contents, or outline for each service section/program
- Relevant portions of the client rights document (PA-RPM 7.06)

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Personnel

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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- b. Supervisors
- c. Agency leadership
- d. Persons served
- Review case records
- Network only interview:
 - a. Managing entity screening, assessment, and authorization staff, if these services are provided
 - b. Providers who request authorizations from the managing entities

State Administered Agency (Regional Office)

- Interview:
 - a. Personnel
 - b. Supervisors
 - c. Regional Director
 - d. Agency leadership
 - e. Persons served
- Review case records
 - a. Network only interview:
 - b. Provider personnel
 - c. Provider supervisors
 - d. Provider program directors

PA-RPM 7.01

The agency maintains a case record for each person or family.

(FP) PA-RPM 7.02

Case records comply with all legal requirements and contain information necessary to provide services, including:

- a. demographic and contact information;
- b. the reason for requesting or being referred for services;
- c. up-to-date assessments;
- d. the service plan, including mutually developed goals and objectives;
- e. copies of all signed consent forms;
- f. routine documentation of ongoing services provided directly or by referral;
- g. documentation of routine supervisory review;
- h. discharge or aftercare plan; and
- i. a closing summary.

Interpretation: *PA-RPM 7.02 describes the basic elements to be included*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

in individual case records. The elements of the standard should be tailored as appropriate given the scope or nature of the service. COA recognizes that, in some cases, not all appropriate information is obtainable for a person or family. In these cases, an explanation should be placed in the case record.

Interpretation: *Regarding element (g), "Documentation of routine supervisory review" refers to the quarterly review of individual cases that is found in the Service Planning and Monitoring sections of most Service Standards, e.g. PA-AD 4.07. This review is unrelated to Supervision between the supervisor and personnel addressed in PA-PDS 4.*

Interpretation: *Case records and signatures can be paper, electronic, or a combination of paper and electronic. When using electronic (or digital) signatures, agencies should take appropriate measures to verify the individual's identity and ensure that each electronic signature is unique to the individual.*

Electronic signatures (by both personnel and persons served) can include, for example, a digitalized signature via tablet or two identifying components such as a user identification code (ID) and password/personal identification number (PIN). Procedures or protocols for electronic signatures should be included in the agency's record content and maintenance procedures.

When agencies rely upon electronic signatures, their electronic information systems must have the functionality to maintain and update the signature-to-content association of all files over time. Such precautions ensure non-repudiation, uphold the integrity of electronic documents in spite of staffing changes or system updates, and protect the agency when files undergo third-party review or audit.

Interpretation: *For agencies providing child and family services, element (d) also includes permanency plans for every child who is currently in foster care or has been in care in the last 12 months.*

Interpretation: *In EAPs, case records contain appropriate information to demonstrate the status of the case and whether it is open or closed.*

Interpretation: *Elements (h) and (i) are not applicable to credit counseling agencies.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



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(FP) PA-RPM 7.03

The case record contains essential legal and medical information, including, as applicable:

- a. orders for and results of psychological, medical, toxicological, diagnostic, or other evaluations;
- b. documentation of all prescribed and over-the-counter medications including copies of all written orders for medications, when applicable;
- c. special treatment procedures, allergies, or adverse treatment responses; and
- d. court reports, documents of guardianship or legal custody, birth or marriage certificates, and any legal directives related to the service being provided.

Interpretation: *In regards to element (b), documentation of prescribed medication should include a system for tracking the use of pharmacological interventions at the case level including efforts to:*

- a. *engage prescribers and other partnering providers in corrective action when concerns are noted; and*
- b. *advocate for increased availability and use of appropriate, non-pharmacological interventions.*

Interpretation: *For agencies providing child and family services, element (d) includes the status and location of every child who is currently in foster care or has been in care in the last 12 months.*

NA *The agency does not obtain legal or medical information.*

PA-RPM 7.04

Case record entries are made by authorized personnel only, and are:

- a. specific, factual, relevant, and legible;
- b. kept up to date from intake through case closing;
- c. completed, signed, and dated by the person who provided the service; and
- d. signed and dated by supervisors, where appropriate.

Interpretation: *Please refer to the interpretation at PA-RPM 7.02 for guidance on electronic signatures.*

Note: *Please refer to the interpretation at PA-RPM 7.02 for guidance on electronic signatures.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

PA-RPM 7.05

Progress notes are entered monthly, or more frequently as required by law or regulation.

Interpretation: *For credit counseling agencies providing DMPs, disbursement records can suffice as evidence of progress made.*

Interpretation: *Medicaid requires that every encounter be documented on the date the service was provided in a progress note that includes: the individual's name, date services were rendered, identification of services delivered, location of the services, individual's response to services provided, next steps in the treatment process, and start and end time of services. State Medicaid plans may dictate additional documentation requirements.*

(FP) PA-RPM 7.06

Persons served may add a statement to their case records, and:

- a. any response by personnel is added with the service recipient's knowledge; and
- b. the persons is given the opportunity to review and comment on such additions.

PA-RPM 7.07

The agency utilizes a uniform case record review scoring tool designed to:

- a. monitor compliance with regulatory, funding, and accreditation requirements; and
- b. minimize risk associated with case record completeness and documentation.

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) PA-RPM 8: Access to Case Records

Persons served or designated legal representatives can access their case records, consistent with legal requirements.

Interpretation: *For networks, PA-RPM 8 applies to case records and case information that is maintained by the network management entity, as well as records maintained by member agencies or subcontracted providers.*

NA *The agency provides only Community Change Initiatives (PA-CCI), Early Childhood Education (PA-ECE), and/or Youth Development (PA-YD) Services.*

NA *The agency provides only non-clinical group, crisis intervention, and/or information and referral services.*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions; exceptions do not impact service quality or agency performance.

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.
- Service quality or agency functioning may be compromised.
- Capacity is at a basic level.

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agencyâ€™s observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Case record access policies and procedures
- ##### **State Administered Agency (Regional Office)**
- Regional communications with staff regarding case record access (memo, in-service training notes, etc.), if applicable

On-Site Evidence

No On-Site Evidence

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Information systems
 - b. Case record clerk
 - c. Agency leadership
 - d. Direct service personnel
 - e. Persons served
- Observe case record room/files and information systems accessibility

State Administered Agency (Regional Office)

- Interview:
 - a. Regional Director
 - b. Agency leadership
 - c. Direct service personnel
 - d. Persons served
- Observe case record room/files and information systems accessibility

(FP) PA-RPM 8.01

Access to confidential case records meets legal requirements, and is limited to:

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- a. the person served or, as appropriate, a parent or legal guardian;
- b. personnel authorized to access specific information on a "need-to-know" basis;
- c. former consumers;
- d. requests for records of deceased individuals; and
- e. auditors, contractors, and licensing or accrediting personnel consistent with the agency's confidentiality policy.

Interpretation: *Case records should not be left in public areas such as on carts in hallways, on desks, or in non-secured areas. When not being used by authorized staff, files should be returned to a secure area.*

PA-RPM 8.02

Reviews of case records by persons served are:

- a. conducted in the presence of professional personnel on the agency's premises; and
- b. carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record.

(FP) PA-RPM 8.03

If the agency determines, based on a set of objective criteria, that it would be harmful for a person to review his/her case record, and applicable law provides no guidance on case record access, then:

- a. senior management reviews, approves in writing, and enters into the case record the reasons for refusal; and
- b. procedures permit a qualified professional to review records on behalf of persons served, provided the professional signs a statement that information determined to be harmful will be withheld.

Interpretation: *A person's right to review his or her care or treatment may be denied, or otherwise limited, only in the most extreme circumstances where serious harm is likely to ensue. In all cases, the agency must operate in accord with applicable law.*

PA-RPM 8.04

Contracts with subcontracted provider agencies and independent

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

practitioners ensure that the network management entity has access to the case records of persons and families receiving network services.

Interpretation: *Network management entities require access to case information in order to conduct utilization management activities, verify billing, provide care coordination, and other network management activities.*

NA *The agency is not a network management entity.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

PA-RPM 9: Technology-based Service Delivery

When engaging service recipients in technology-based service delivery, services are based on the needs of the service population and are provided by appropriately trained and licensed personnel.

Interpretation: *"Technology-based service delivery" refers to the delivery of services and interventions using information and communications technology (technologies). Examples of different technologies include, but are not limited to: telephones/mobile phones, computers, tablets, videoconferencing, interactive messaging systems, and other mobile devices and applications. This approach to service delivery allows personnel to see, hear, and/or interact with service recipients from a remote location and provide services at a distance.*

Though the term "technology-based service delivery" is referenced throughout this section, there are a number of terms that refer to the delivery of services via technologies such as telehealth, teleservices, telepractice, telemental health, telepsychiatry, mHealth, online therapy, distance counseling, internet- or web-based interventions, telephonic services, and digital services. The term often reflects the type of service being provided.

Interpretation: *When engaging service recipients in technology-based service delivery, services can be delivered in real time (synchronous), involving live, two-way interactions between the provider and service recipient. Services can also be asynchronous, where service recipients are able to provide information and communicate with the provider but communication does not occur in real time. Services that are not delivered in real time are often supplementary and provided in conjunction with other services. Examples include digital self-management tools and resources related to recovery, care management and monitoring, medication adherence, and support and education. All of the information provided by the service recipient must be directed back to the service provider and documented in the case record.*

Interpretation: *While traditional telehealth modalities include live video, remote patient monitoring, store-and-forward, and mHealth, federal and state entities vary in how they recognize and define telehealth/technology-based service delivery. Agencies should refer to applicable federal and state definitions as they influence laws, regulations, and policies, including those pertaining to reimbursement.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

Research Note: *Research shows that there are numerous benefits to implementing telehealth initiatives, or providing health-related services via different technologies, including expanded access to services, improved treatment outcomes, increased consumer engagement and satisfaction, and potential cost-savings. Telehealth has proven to be particularly beneficial for rural service populations as it can reduce geographic barriers to care and address provider shortages.*

NA The agency does not engage service recipients in technology-based service delivery.

Note: *For additional guidance, please see [Applicability of COA Standards to Contracts and Non-contractual Service Agreements - Private, Public, Canadian](#) or [Applicability of COA Standards to Contracts and Non-contractual Service Agreements - Network](#).*

Rating Indicators

1) Full Implementation, Outstanding Performance

A rating of (1) indicates that the agency's practices fully meet the standard and reflect a high level of capacity.Â Â

- All elements or requirements outlined in the standard are evident in practice, with rare or no exceptions:Â exceptions do not impact service quality or agency performance.Â

2) Substantial Implementation, Good Performance

A rating of (2) indicates that an agency's infrastructure and practices are basically sound but there is room for improvement.

- The majority of the standards requirements have been met and the basic framework required by the standard has been implemented.Â
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality or agency performance.

3) Partial Implementation, Concerning Performance

- A rating of (3) indicates that the agency's observed infrastructure and/or practices require significant improvement.Â Â
- The agency has not implemented the basic framework of the standard but instead has in place only part of this framework.Â Â
- Omissions or exceptions to the practices outlined in the standard occur regularly, or practices are implemented in a cursory or haphazard manner.Â Â
- Service quality or agency functioning may be compromised.Â Â
- Capacity is at a basic level.

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

4) Unsatisfactory Implementation or Performance

- A rating of (4) indicates that implementation of the standard is minimal or there is no evidence of implementation at all.Â Â
- The agencyâ€™s observed administration and management infrastructure and practices are weak or non-existent; or show signs of neglect, stagnation, or deterioration.
Please see [Rating Guidance](#) for additional rating examples.Â

Table of Evidence

Self-Study Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Policies and/or procedures for:
 - a. assessing readiness and monitoring and evaluating technologies and services (PA-RPM 9.01)
 - b. technology-based service delivery (PA-RPM 9.02)
 - c. assessing the appropriateness of technology-based services (PA-RPM 9.03)
 - d. obtaining consent (PA-RPM 9.04)
 - e. providing instruction, training, and/or support for service recipients as appropriate (PA-RPM 9.05)
- Table of contents of technology training curricula for personnel (PA-RPM 9.06, PA-RPM 9.07)

(Regional Office)

- Regional communications with staff regarding policies and procedures addressing technology-based service delivery
- A summary of the region's training activities (PA-RPM 9.06, PA-RPM 9.07)

On-Site Evidence

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Documentation of a readiness assessment, if applicable (PA-RPM 9.01)
- Training files, database, or personnel/client files that demonstrate attendance at technology training for:
 - a. service recipients (PA-RPM 9.05)
 - b. personnel (PA-RPM 9.06, PA-RPM 9.07)
- Training curricula for personnel technology training (PA-RPM 9.06, PA-RPM 9.07)

State Administered Agency (Regional Office)

- Training files, database, or personnel/client files that demonstrate attendance at technology training for:
 - a. service recipients (PA-RPM 9.05)

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- b. personnel (PA-RPM 9.06, PA-RPM 9.07)
- Training curricula for personnel technology training (PA-RPM 9.06, PA-RPM 9.07)

On-Site Activities

County/Municipality Administered Agency, State Administered Agency (Central Office), or other Public Entity

- Interview:
 - a. Personnel
 - b. Supervisors
 - c. Program directors
 - d. Persons served
- Review case records
- Demonstration of technologies, if appropriate

State Administered Agency (Regional Office)

- Interview:
 - a. Regional Director
 - b. Agency leadership
 - c. Direct service personnel
 - d. Persons served
- Review case records
- Demonstration of technologies, if appropriate

PA-RPM 9.01

The agency develops processes for:

- a. assessing readiness when implementing new technology-based service delivery models; and
- b. monitoring and evaluating existing technologies and services on an ongoing basis.

Interpretation: *Recognizing and understanding the benefits and risks associated with technology-based service delivery is a recommended risk management practice. This assessment may be included in the agency's larger technology planning or strategic planning processes.*

Interpretation: *There are a number of common readiness factors that an agency can consider as part of the assessment process, including:*

- *the service population and their service needs;*
- *desired outcomes;*
- *relevant laws, regulations, and licensing and liability requirements;*
- *staff capacity (e.g., leadership and administrative support);*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

- staff interest, engagement, and buy-in;
- funding and reimbursements; and
- alignment with the agency's mission and/or strategic planning goals.

Research Note: *A growing body of literature highlights the importance of assessing readiness prior to implementing a telehealth initiative. By evaluating interests, needs, and resources, the agency is better equipped to develop an effective program.*

PA-RPM 9.02

The agency develops policies and procedures to guide technology-based service delivery that address:

- a. privacy and security measures specific to the service delivery model;
- b. the use of acceptable technologies, including staff-owned devices, if applicable; and
- c. collecting, storing, tracking, and transmitting information gathered electronically.

Interpretation: *PA-RPM 6.01 and PA-RPM 6.03 address safeguards for protecting confidential and other sensitive information. Agencies should consider the risks associated with technology-based service delivery and implement additional privacy and security measures as needed.*

PA-RPM 9.03

For each service recipient, the agency:

- a. assesses the appropriateness of technology-based service delivery;
- b. monitors whether or not the service delivery model is effective; and
- c. arranges for services to be delivered in-person when necessary.

Interpretation: *Technology-based service delivery may not be a suitable service delivery method for all individuals and families served. Agencies may want to develop inclusion and/or exclusion criteria and incorporate suitability factors into their screening or assessment processes to decide whether or not this approach is appropriate for a particular individual or family.*

PA-RPM 9.04

When engaging in technology-based service delivery, service recipients are

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

informed of the following, as appropriate:

- a. the service provider's physical location, contact information, and credentials;
- b. potential for technical failure and alternate methods of service delivery, including access to other service providers;
- c. privacy and confidentiality limitations associated with electronic communication;
- d. risks and benefits associated with the service delivery model;
- e. emergency response protocols;
- f. how personal information and data will be documented, stored, protected, and used; and
- g. under what conditions a referral for face-to-face services may be made.

Interpretation: *The agency needs to consider how their service design/program model informs the consent process and demonstrate that service recipients receive appropriate information to make an informed decision about engaging in technology-based service delivery.*

Interpretation: *Regarding element (d), the service recipient should understand the agency's capacity to respond to emergency and crisis situations and be aware of any limitations. Emergency response protocols depend upon the location where individuals receive services and whether or not they have access to trained professionals. As such, personnel should confirm where the service recipient is located and discuss the importance of consistency in service locations as it informs emergency management.*

Interpretation: *The agency must also comply with all relevant standards in PA-CR 1 related to client rights and responsibilities, including consent for services.*

PA-RPM 9.05

Service recipients receive instruction, training, and support as appropriate on how to access services and use required technologies.

Interpretation: *Support may include technical assistance and/or information on alternative methods for connecting with the service provider or other more immediate resources.*

PA-RPM 9.06

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

Personnel are competent in and receive training on:

- a. equipment and software;
- b. privacy and confidentiality issues specific to the service delivery model;
- c. recognizing and responding to emergency or crisis situations from a remote location; and
- d. engaging and building rapport with service recipients when communicating electronically.

Interpretation: *Regarding element (a), personnel should be trained on how to properly use all required technologies as appropriate to their position and the services being provided, which may include:*

- a. set up;
- b. features;
- c. maintenance;
- d. safety and security measures; and/or
- e. troubleshooting.

Training may also include responding to technical matters (e.g., maintenance issues and troubleshooting) directly or instructing personnel on the appropriate parties to contact for assistance.

Interpretation: *Regarding element (c), agencies must consider the safety needs of the population they are serving and be aware of the risks associated with providing services to individuals located in settings without immediate access to trained professionals. For example, in the event of a medical emergency personnel should know how and when to contact local emergency responders and/or service recipients' emergency contacts.*

Interpretation: *Regarding element (d), when communicating electronically there is greater risk for miscommunication or misunderstandings between the provider and the service recipient. Personnel should be aware of the differences between in-person and electronic communication and understand how those differences may effect service delivery. Furthermore, it is equally important for personnel to educate service recipients on the service delivery approach and the impact it may have on their professional interactions.*

PA-RPM 9.07

Personnel comply with all applicable legal and ethical requirements related to technology-based service delivery and only provide services to service

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.



Risk Prevention and Management

recipients located in states where they are appropriately licensed, if required.

Interpretation: *Agencies should consult state licensing requirements, as well any state policies, laws, or regulations regarding technology-based service delivery to ensure compliance.*

Research Note: *Cross-state licensure issues continue to be a challenge, as states have unique telehealth-related policies, laws, regulations, and licensing requirements. States are proactively working to overcome barriers by establishing agreements to enable out-of-state providers to deliver services in different localities in order to expand the accessibility of services and address provider shortages. For example, in 2005 following Hurricane Katrina these types of agreements were put in place to allow providers from other states who lacked licensing and liability coverage to offer services to individuals and families throughout the affected region. Lessons learned have informed the role of telehealth in meeting unmet service needs nationwide.*

Purpose

Proactive, comprehensive, and systematic risk management practices reduce the agency's risk, loss, and liability exposure.