



Risk Prevention and Management

INTRODUCTION

COA's Risk Prevention and Management standards go beyond protecting against threats. An organization's risk prevention and management practices are seen, more positively, as an opportunity to strengthen the organization. Leadership sets a proactive tone by creating a culture that identifies risk and learns from challenges.

Social and human service agencies, board members, and managers confront many types of risk. The standards in this section outline a comprehensive approach to preventing, managing, and reducing risk and protecting an organization's resources and assets, be they human, physical, or financial. Potential risks include: property, income, liability, human resources, reputation, mission, governance, fiduciary, electronic information and data, vulnerable populations, and risk associated with inter-agency collaboration.

Technology and the electronic management of information present ever-evolving opportunities for efficiency, accuracy, and improvement within an organization, but also potential risks. Organizations are best prepared to take advantage of the benefits of new technology and to manage associated risks by appropriately planning for technology utilization in relation to other aspects of operations.

Note: *The Risk Prevention and Management (RPM) standards were revised in February 2016 to reflect current and emerging best practices related to the adoption and use of technology. For more information, please see the [Technology Standards Updates Summary - Private, Canadian](#).*

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

Table of Evidence

Self-Study Evidence

- Describe the organization's overall approach to risk prevention and management.
- Describe 2-3 examples of your organization's response to risks identified by its annual risk and quarterly risk management review processes. Please describe the steps, the decision-making process, and actions taken to bring the issue to resolution.
- Which systems, if any, are computerized and which are not (e.g., the financial management system, PQI, human resources)?

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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- Are case records maintained electronically or in hard copy?
- 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.
- Provide any additional information that would increase the Peer Team's understanding of how your organization's risk prevention and management processes contribute to the achievement of its mission and the reduction of its exposure to risk, loss, and liability.

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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RPM 1: Legal and Regulatory Compliance

The organization possesses relevant licenses and complies with applicable federal, state, and local laws and regulations.

Related: ASE 2.01, HR 5.01, FIN 7.08, AFM 10, AFM 10.02

Interpretation: *The organization is expected to be familiar with all applicable, federal, state, and local legal and regulatory requirements. When necessary, the organization consults legal counsel to provide comprehensive necessary information regarding codes, regulations, licensure requirements, employment laws, and general guidance regarding legal compliance.*

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

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Some legal or regulatory requirements have not been recently reviewed.
- 3) Practice requires significant improvement; e.g.,
 - The organization has been notified of compliance or licensure problems and is working with the relevant authority to remediate deficiencies.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - The organization is under sanction due to noncompliance with legal or regulatory requirements; or
 - The letter was not signed or otherwise was inadequate.

Table of Evidence

Self-Study Evidence

- Provide a letter signed by the Governing Body Chair and CEO

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certifying the organization is presently in compliance with license requirements, regulations and decrees. Networks are to provide procedures for ensuring provider compliance with applicable licenses, regulations, and decrees for services provided by the network.

On-Site Evidence

- See Governing Body minutes
- Relevant licenses and legal regulation documents, as applicable to the organization
- Reports from licensing/ regulatory review, as applicable
- Network copies of relevant licenses and legal regulation documents, as applicable to the providers, at the office of the managing entity

On-Site Activities

- Interview:
 - a. Governing Body
 - b. CEO/CFO

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(FOC) RPM 2: Risk Prevention

The organization 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.

Related: JJR 7.07

Interpretation: *Organizations can further support their risk management activities by developing a risk management plan that is proactive and anticipates potential risks, includes strategies for managing risks, assigns responsibility for key tasks, and includes measurable goals for reducing potential risks.*

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 2 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 2 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 2 Practice standards; and/or
 - At least one of the Fundamental Practice Standards received a 3 or 4 rating.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 2 Practice standards; and/or
 - At least two of the Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Procedures for conducting annual assessments of potential organizational risks
- Procedures for quarterly review of immediate and ongoing risks
- Procedures for investigation and review of critical incidents (RPM 2.03)

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On-Site Evidence

- Quarterly (RPM 2.02) and annual (RPM 2.01) risk management reports, including analyses and improvement action plans, as applicable
- Governing body and management meeting minutes where risk prevention and management activities are reviewed, improvement actions discussed, and implemented, as applicable
- Policy for legal assistance to personnel against whom claims are made (RPM 2.06)
- Contract or other documentation of agreement with organizations permitted to use facilities

On-Site Activities

- Interview:
 - a. Governing Body CEO/CFO
 - b. Risk management personnel

RPM 2.01

The organization annually assesses areas of potential risk, including:

- a. compliance with legal requirements;
- b. technology and information management;
- c. insurance and liability;
- d. health and safety of administrative and service environments;
- e. human resources practices;
- f. contracting practices and compliance;
- g. client rights and confidentiality issues;
- h. financial risks;
- i. public relations, branding, and reputation; and
- j. conflicts of interest.

Related: TS 2.02, TS 2.03, HR 5.01, FIN 7.08, GOV 9.01, RPM 11.01, AFM 11.04

Interpretation: *Although the organization should assess all areas of potential risk at least annually, the assessments do not need to be conducted all together, in one sitting.*

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,*

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destruction, and/or attack.

Interpretation: *Regarding element (c), annual assessments of insurance and liability exposure should include, when applicable, a review of the organization's use of agency- and privately-owned vehicles in the course of 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, organizations 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 organizations 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 organization'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 organizations 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 organizations managing ePHI.

Note: *The results of these assessments should be provided to the governing body, for its annual review of overall risks to the organization. For more information see GOV 6.06.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One or two of the elements were not fully addressed; or
 - One element was not addressed at all.
- 3) Practice requires significant improvement; e.g.,
 - A risk assessment has not been conducted within the last twelve months; or

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- Three elements were not fully addressed; or
- Two elements were not addressed at all.

4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 2.02

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

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

Related: PSR 1.02, RTX 1.02, MHSU 1.02, GLS 1.02, MHSU 1.03, RTX 1.04, MHSU 1.04, BSM 2.04, RPM 3, EES 3.01, ASE 4, WT 4.02, DTX 5.02, DDS 5.02, GLS 6.02, OST 9.19, WT 10.02, WT 11.02

Note: *In credit counseling organizations, only elements a-c could potentially apply.*

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Reviews are conducted quarterly but one of the elements is not fully addressed.
- 3) Practice requires significant improvement; e.g.,
 - The organization conducts reviews less than quarterly; or
 - Two elements are not fully addressed; or
 - One element is not addressed at all.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 2.03

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

- a. require that the investigation be initiated within 24 hours of the incident and/or accident being reported and establish timeframes for review;
- 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: MHSU 1.03, GLS 1.04, RTX 1.04, MHSU 1.04, PQI 4.03, DRCM 8.06, CSE 8.07, OST 9.19, CRI 10.04, MHSU 13.02

Interpretation: *Root cause analysis can be a useful approach to reviewing serious incidents and accidents. Root cause analysis is a term used to describe a variety of techniques used by organizations to identify the cause of a problem and determine how to prevent that problem from recurring.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Review procedures need strengthening; or
 - Documentation could be improved.
- 3) Practice requires significant improvement; e.g.,
 - One of the elements is not addressed at all; or
 - While reviews are generally conducted, documentation is consistently missing; or
 - There is evidence that one serious incident was not reviewed.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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RPM 2.04

Individuals qualified by knowledge and experience are responsible for risk prevention and management functions.

Interpretation: *Responsibility for risk management may be shared among different staff members or committees. Organizations that assign primary risk management responsibility to a staff member without specific risk management training and experience should anticipate supporting this individual through professional development, training, and networking opportunities.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The personnel responsible for Risk Management task effectively perform the duty; however improvements can be made.
- 3) Practice requires significant improvement; e.g.,
 - The personnel responsible for risk management tasks lack capacity and/or time to conduct activities effectively.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 2.05

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

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Contracts need greater specificity.
- 3) Practice requires significant improvement; e.g.,
 - There is evidence that some contracts do not include the standard's

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requirements.

- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 2.06

The organization provides, and assumes the cost of, legal assistance to personnel against whom claims are made related to lawful, authorized actions taken within the course and scope of their duties.

Interpretation: *This standard does not require the organization to provide assistance to personnel who commit unlawful acts or acts that are not conducted in the course of, or in furtherance of, their employment. In addition, this standard does not require the organization to provide legal assistance to personnel if the organization's legal counsel determines that doing so would constitute a conflict of interest.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.
 - Resources exist, however there is no written information provided to staff about the availability of legal support.
- 3) Practice requires significant improvement; e.g.
 - Employees must bear the cost up front to be reimbursed at a later date.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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(FOC) RPM 3: Medication Control and Administration

The organization ensures safe, uniform medication control and administration.

Related: RPM 2.02, EES 3.06, MHSU 7.01, JJR 7.04, MHSU 8.02, OTP 10.07, WT 11.07, OTP 12.02, RTX 12.02

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

Note: *Organizations that are licensed by their state to prescribe, dispense, administer, or store medications are not exempt from the requirements of RPM 3 and must complete all applicable standards in this section.*

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

Note: *RPM 3 does not apply to foster care and kinship care homes. See FKC 16.03.*

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 3 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 3 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the RPM 3 Practice standards; and/or

- At least one of the Fundamental Practice Standards received a 3 or 4 rating.

4) The program's observed administration and management infrastructure and practices are weak or non-existent, as noted in the ratings for the RPM 3 Practice standards; and/or

- At least two of the Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Medication management procedures/protocols

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On-Site Evidence

- Medication logs
- Documentation of medication management training provided to personnel

On-Site Activities

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

(FP) RPM 3.01

Personnel directly involved in medication control and administration are qualified by license or training in accordance with law and regulation.

Related: RPM 3.05

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.*

Interpretation: *When applicable to the organization or program, all staff who are responsible for administering opioid antagonists, such as Naloxone, for emergency overdose treatment are trained in SAMHSA-approved protocols and procedures for reversing opioid drug crises.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - With a few exceptions, staff possesses the required qualifications.
- 3) Practice requires significant improvement; e.g.,
 - A significant number of staff do not possess the required qualifications; and as a result the integrity of the service may be compromised.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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(FP) RPM 3.02

When medication is initially prescribed, the prescribing clinician provides education about the medications prescribed, including: medication name, dose, reason for use, how to administer, desired effects, and potential side effects.

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

NA *The organization does not prescribe medication.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
 - Written information along with documented verbal consultation is provided for each and every client.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Documentation needs improvement.
- 3) Practice requires significant improvement; e.g.,
 - Education is not consistently provided to clients; or
 - Documentation needs significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 3.03

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: ICHH 4.08

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

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The required assessments do not happen at each visit, however they occur at least quarterly and/or when new medications are prescribed.
- 3) Practice requires significant improvement; e.g.,
 - One of the elements in not consistently assessed as required.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 3.04

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 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;
- f. policies and procedures for safely dispensing or administering sample medications, in accordance with law and regulation; and
- g. protocols for the administration of emergency medications, including opioid overdose treatments, as applicable.

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 clients to store medications in a safe, lockable personal space (e.g., individual lock boxes or private use lockers). In these instances, organizations can demonstrate implementation*

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

NA The organization does not dispense, administer, or store medication.

Note: Elements (d), (e), (f), and (g) do not apply to organizations that only store medication.

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - There are minor problems with storage or labelling but safety has not been compromised; or
 - Documentation needs minor improvement; or
 - Procedures need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - There are problems with storage or labelling that raise concerns about safety; or
 - Documentation is inconsistent, or some documentation is missing or incomplete; or
 - Procedures need significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 3.05

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

Related: RPM 3.01

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Research Note: *In cases of opioid overdose treatment (e.g. Naloxone kits), it is critical to get patients to a hospital or emergency department as soon as possible after their initial treatment dose. Opioid overdose symptoms and signs of toxicity are likely to return within 20-90 minutes following the administration of opioid antagonist medications.*

NA *The organization does not administer medication.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Documentation of observed effects need minor improvement; or
 - Procedures need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Documentation of observed effects is inconsistent, or some documentation is missing or incomplete; or
 - Procedures need significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 3.06

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 organization does not administer medication.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures are consistently followed with minor exceptions; or
 - Documentation needs strengthening.

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- 3) Practice requires significant improvement; e.g.,
- Procedures are not consistently followed; or
 - Documentation needs significant strengthening.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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RPM 4: Insurance Protection

The organization is adequately insured.

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 4 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 4 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 4 Practice standards; and/or
 - RPM 4.01 received a 3 or 4 rating.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 4 Practice standards.

Table of Evidence

Self-Study Evidence

- Written notification to staff describing insurance coverage including the extent and limits of such coverage
- Network procedures for identifying and verifying provider insurance
- Network copy of written communication to providers regarding required insurance

On-Site Evidence

- Current insurance policies, with descriptions, amounts and dates of coverage
- Minutes of meetings related to the organization's annual review and approval of insurance coverage
- Network documentation of insurance verification

On-Site Activities

- Interview:
 - a. Governing Body members
 - b. CEO/CFO
 - c. Personnel at all levels
- Network Interview:

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- a. Provider Governing Body members

(FP) RPM 4.01

The organization annually assesses insurance needs, and obtains coverage that is commensurate with the scope and complexity of its services.

Related: GOV 6.06

Interpretation: *Relevant types of insurance can include:*

- a. *general liability;*
- b. *workers' compensation;*
- c. *disability;*
- d. *fire and theft;*
- e. *medical;*
- f. *indemnification;*
- g. *professional liability;*
- h. *officer's or director's liability;*
- i. *automobile liability;*
- j. *property and casualty;*
- k. *malpractice;*
- l. *cybersecurity of cyberliability; and*
- m. *bonding or other forms of employee theft insurance, as appropriate, for all staff and governing body members who sign checks, handle cash or contributions, or manage funds.*

Interpretation: *Organizations should consult insurance professionals or experienced legal counsel to ensure appropriate coverages are in place.*

For example, general liability insurances vary with regard to whether data breaches or similar incidents are covered by the policy. Furthermore, business associate and IT vendor agreements may not provide the level of coverage necessary for the organization to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other legal and regulatory provisions.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.

The organization obtains professional consultation about appropriate coverage.

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Insurance needs are reviewed annually; however coverage may be insufficient in some areas.
- 3) Practice requires significant improvement; e.g.,
 - Insurance coverage is clearly inadequate in one area.
- 4) Insurance coverage in two or more key areas is inadequate.

RPM 4.02

The organization:

- a. provides written notification to the governing body and personnel of the amount and type of insurance coverage related to the scope of their activities performed on the organization's behalf; and
- b. advises the governing body and personnel of the extent and limits of liability coverage.

Interpretation: *All personnel and governing body members must receive this information at the initiation of their association with the organization and when any changes to the level and/or type of insurance coverage occur.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The organization generally provides a written description but on occasion the disclosure is verbal and informal.
- 3) Practice requires significant improvement; e.g.,
 - Provides information only upon request or provides partial disclosure.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 4.03

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

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.
 - Procedures for identifying/specifying level and type of insurance or for annually verifying coverage need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Annual verification not documented for all providers; or
 - Some providers did not meet insurance requirements yet continue to provide network services.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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RPM 5: Technology and Information Management

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

Related: FIN 1, NET 2.02, TS 2.03, NET 2.03, FIN 5, FIN 5.04, FIN 5.05, RPM 6, FIN 6, FIN 7, NET 7, FIN 7.07, RPM 8, CA-RPM 11, FKC 11.03

Interpretation: *The standards in this section address the management of all types of paper and electronic information maintained by the organization, including:*

- a. case records and other information of persons served;
- b. administrative, financial, and risk management records and reports;
- c. personnel files and other human resources records; and
- d. performance and quality improvement data and reports.

Interpretation: *Implementing a controlled document system is one way an organization can organize, track, store and ensure the use of the most current version of documents. These systems address, for example, processes for:*

- a. updating, creating, and deleting documents;
- b. notification of changes;
- c. identifying documents, i.e., control numbers; and
- d. maintaining a master list of documents.

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 5 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 5 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 5 Practice standards.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 5 Practice standards.

Table of Evidence

Self-Study Evidence

- Technology and information management plan or relevant sections of the strategic plan that address technology planning

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Information management procedures/guidelines

On-Site Evidence

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

On-Site Activities

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

RPM 5.01

The organization 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 organization;
- b. an overview and needs assessment of current technology and information systems in use by the organization;
- 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; and
- 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.

Related: FIN 1, TS 1.02, TS 2.03, GOV 7.03, RPM 11.01

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

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 HR 2 and the annual assessment of training outlined in TS 1.03. Training on technology and information systems is addressed in TS 2.03.*

Research Note: *The success and effectiveness of a technology plan is*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

measured by how well an organization adopts and integrates new systems and technologies. While technical skill and ability are critical 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 outcomes in the area of technology use for organizations.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Some aspects of the plan need further development.
- 3) Practice requires significant improvement; e.g.,
 - The plan is very basic and provides minimal guidance to staff; or
 - Is still under development and has not been fully implemented.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - There is no documentation of a written IT plan.

RPM 5.02

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

Interpretation: *Organizations 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 organization should consider how it will retain and document the existence of supplemental paper-based portions of records.*

Interpretation: *Transitioning from a paper-based to an electronic records management system can be a time-consuming and cumbersome process. Organizations that hire third parties to manage this process should have*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

appropriate safeguards and agreements (e.g., business associate agreements, qualified service organization agreement, etc.) in place in order to protect confidentiality.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - A formal system is in place, but is not fully implemented so locating records may sometimes be time consuming or difficult.
- 3) Practice requires significant improvement; e.g.,
 - The system is informal and unsystematic; or
 - Records are occasionally misplaced.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 5.03

The organization 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 organization, or by other practitioners within the organization, to support continuity and integration of care across settings and services;
- b. capturing, tracking, and reporting of financial, compliance, and other business information;
- c. longitudinal reporting and comparison of performance over time; and
- d. the use of clear and consistent formats and methods for reporting and disseminating data.

Related: FIN 7.02, RPM 11.02

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. Organizations are not required to implement robust electronic information systems; rather they must have systems that are appropriate for supporting their administrative operations and service delivery.*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Some aspects of the system need further development.
- 3) Practice requires significant improvement; e.g.,
 - The system is basic and minimally supports the organizations data needs; or
 - The system is still under development and has not been fully implemented.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) RPM 6: Security of Information

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

Related: CR 2, TS 2.03, RPM 5, FIN 7, RPM 8.01, DRCM 8.04, RPM 11

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 case records, administrative, financial, health, and personnel records, unless otherwise noted. See also RPM 7 Case Records and RPM 8 Access to Case Records.*

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 6 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 6 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 6 Practice standards.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 6 Practice standards.

Table of Evidence

Self-Study Evidence

- Data security policies and procedures, including HIPAA compliance, as applicable (RPM 6.01, RPM 6.03, RPM 6.07)
- Procedures for the maintenance and disposal of case records (RPM 6.02)
- Organization website URL, as applicable (RPM 6.04)
- Policies and guidelines on the use of social media, electronic

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

communications, and mobile devices (RPM 6.05)

- Procedures for managing data interruptions/disaster recovery plan (RPM 6.06)

On-Site Evidence

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

On-Site Activities

- Interview:
 - a. Finance personnel
 - b. PQI personnel
 - c. Information systems manager
 - d. Program directors
 - e. Direct service personnel
- Case record room/files and information system accessibility observation
- RPM 7 Case Records*

RPM 6.01

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

- a. limiting access to authorized personnel on a need-to-know basis;
- b. using firewalls, 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.

Related: RPM 11.02

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

- *limiting access based on staff role within the organization;*
- *ensuring the electronic system requires strong passwords/passcodes for access to confidential information, requires passwords/passcodes to be regularly changed, locks the user out of the system for incorrect log in attempts, and automatically times out after a period of inactivity and prompts reauthentication;*
- *disabling the equipment, passwords, and access of former employees;*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

and

- ensuring the system is capable of recording the person accessing confidential information in the system, and records when information is altered or deleted, also known as audit logs.

Interpretation: An employee separation checklist is a helpful tool that can be used to ensure that all equipment is returned and network connections are disabled when a staff member leaves the organization.

Interpretation: Regarding element (d), organizations should have the ability to remotely disable, deactivate, and/or wipe data in the event that a device is lost, stolen, repurposed, or discarded.

Interpretation: Organizations may also consider encryption and/or secure networks in order to reasonably and appropriately safeguard confidential and other sensitive information.

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

Secure storage of paper records may include:

- locked file cabinets;
- a locked file room with limited access or a gatekeeper system whereby one person or a few people can unlock the file storage area or access the files themselves; or
- a system using a keypad or keys where only authorized individuals are given the keypad code or copies of the keys.

Organizations may also consider using:

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

Note: Please see [Facility Observation Checklist - Private, Public, Canadian](#) for additional assistance with this standard.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 2) Practices are basically sound but there is room for improvement; e.g.,
- Some aspect of the organization's data security procedures needs strengthening; or
 - With few exceptions procedures are understood by staff and are being used.
- 3) Practice requires significant improvement; e.g.,
- There is a major deficiency in at least one of the listed elements resulting in a significant risk to the organization; or
 - There have been instances of unauthorized access to confidential or sensitive information; or
 - Procedures are not well-understood or used appropriately.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 6.02

Unless otherwise mandated by law, the organization maintains case records 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. disposes of case records in a manner that protects privacy and confidentiality in the event of the organization's dissolution.

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 organizations are required to maintain case records for a minimum of one year unless otherwise mandated by law.*

NA *The organization provides only Community Change Initiatives (CCI), Early Childhood Education (ECE), Youth Development (YD,) non-clinical group, crisis intervention, and/or information and referral service.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements needs strengthening; or
 - With few exceptions procedures are understood by staff and are being used.
- 3) Practice requires significant improvement; e.g.,
 - One of the elements has not been addressed at all; or
 - Procedures are not well-understood or used appropriately.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 6.03

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

Related: RPM 11.02

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Legal or regulatory requirements have not been recently reviewed.
- 3) Practice requires significant improvement; e.g.,
 - The organization is aware of compliance problems and is working to remediate deficiencies; or
 - The organization has been notified of compliance problems and is working with the relevant authority to remediate deficiencies.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - The organization is aware of compliance problems and is not working to remediate deficiencies; or
 - The organization has been notified of compliance problems but there is no evidence that efforts are being made to remediate deficiencies.

RPM 6.04

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

A privacy policy is posted on the organization's 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 organization's own privacy policy. Organizations need to evaluate their use of third-party platforms to ensure compliance with applicable legal and confidentiality requirements.*

NA *The organization does not maintain a website.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The website privacy policy needs strengthening.
- 3) Practice requires significant improvement; e.g.,
 - The website privacy policy is inadequate.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 6.05

The organization has policies and procedures addressing the use and monitoring of:

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

Related: RPM 11.02

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

- *the organization's own website;*
- *external websites;*
- *email;*

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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- *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:

- *unauthorized or prohibited contact between staff and service recipients;*
- *unauthorized or inappropriate use of organization logos or trademarks;*
- *personal comments or opinions that can be misconstrued as representing the views of the organization, or that present the organization in a negative light;*
- *inadvertent or deliberate disclosure of confidential or proprietary business information; and*
- *inadvertent or deliberate disclosure of confidential or protected information about service recipients.*

Interpretation: *A social media policy could address:*

- *the organization'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. Organizations should inform service recipients about the risks associated with communicating electronically and obtain their consent prior to use.*

Rating Indicators

- 1)** The organization's practices reflect full implementation of the standard.
- 2)** Practices are basically sound but there is room for improvement; e.g.,
 - Some aspects of policy or guidelines need further development.
- 3)** Practice requires significant improvement; e.g.,
 - The policy and/or guidelines are very basic and provides minimal

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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guidance to staff; or

- Policy and guidelines are not well-understood by staff; or
- Guidelines are frequently not being followed; or
- Policy and/or guidelines are still under development and have only been partially implemented.

4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 6.06

The organization 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 organization'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.

Related: ASE 7.01, ASE 7.03

Interpretation: *The standards in ASE 7 provide additional requirements for emergency response planning. RPM 6.06 applies to any instance of prolonged data disruption, regardless of whether there is a corresponding 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 organization's IT infrastructure to ensure the continuation of business in the event of a disaster. The plan clearly defines what disaster means for the organization's administrative operations and*

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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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: training staff on response procedures; practicing procedures/conducting downtime drills; testing disaster recovery systems on an ongoing basis; and monitoring plan implementation.

Rating Indicators

1) The organization's practices reflect full implementation of the standard.

An emergency plan or continuation of operation plan exists that addresses all elements of the standard. Â

2) Practices are basically sound but there is room for improvement; e.g.,

- Some aspects of the plan and/or procedure need further development.

3) Practice requires significant improvement; e.g.,

- The plan and/or procedure is very basic and provides minimal guidance to staff; or
- The plan and/or procedure are still under development and have only been partially implemented.

4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 6.07

The organization ensures its electronic 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 client privacy preferences and confidentiality rules to the greatest extent possible.

Interpretation: *Regarding element (b), if the electronic health record system employed by the organization is not able to meet all client privacy preferences and/or all of the necessary confidentiality rules, the organization informs the service recipient of the system's limitations and*

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



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obtains consent for the exchange of electronic health information based on those restrictions.

Interpretation: *Additional consideration should be given to information 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 organizations regarding the capabilities of electronic health record (EHR) systems. Using a certified EHR is the best way to meet the Meaningful Use criteria. Organizations that are unable to acquire a certified EHR should still strive to meet Meaningful Use recommendations in their selection and use of EHR systems.*

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

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures for monitoring and maintaining legal compliance require greater clarity or specificity.
- 3) Practice requires significant improvement; e.g.,
 - Practices have not been reviewed for compliance in over one year; or
 - The organization is aware of compliance problems and is working to remediate deficiencies; or
 - The organization has been notified of compliance problems and is working with the relevant authority to remediate deficiencies.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - The organization is aware of compliance problems and is not working to remediate deficiencies; or
 - The organization has been notified of compliance problems but there is no evidence that efforts are being made to remediate deficiencies.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) RPM 7: Case Records

Case records contain sufficient, accurate information to:

- a. identify the consumer;
- b. support decisions about interventions or services; and
- c. document the delivery of services.

Related: TS 2.03

Interpretation: *In addition to supporting the delivery of services, case records are an important risk management tool. Well-maintained records can help shield the organization from allegations of misconduct and negligence, while poorly-maintained records and improper documentation are a known liability.*

Independent contractors who provide direct services to organization clients, maintain records for those clients in accord with RPM 7.

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

NA *The organization 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: *See DV 17 for further guidance about the information to be included in case records for Domestic Violence Services (DV).*

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

Note: *If the organization operates a program that qualifies for an NA but also provides other types of services, the standards should be implemented in all programs aside from those that qualify for the NA.*

Rating Indicators

1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 7 Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 7 Practice standards.

3) Practice requires significant improvement, as noted in the ratings for the RPM 7 Practice standards; and/or

- At least one of the Fundamental Practice Standards received a 3 or 4 rating.

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Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 7 Practice standards; and/or

- At least two of the Fundamental Practice Standards received a 3 or 4 rating.

Table of Evidence

Self-Study Evidence

- Record content and maintenance procedures
- Policy on clients adding statements to their case records

On-Site Evidence

- Mock case record, table of contents, or outline for each service section

On-Site Activities

- Review case records
- Interview:
 - a. Personnel
 - b. Supervisors
 - c. Program directors
 - d. Persons served
- Network interview:
 - a. Managing entity screening, assessment, and authorization staff, if these services are provided
 - b. Providers who request authorizations from the managing entities
- Network interview:
 - a. Provider personnel
 - b. Provider supervisors
 - c. Provider program directors

RPM 7.01

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

Related: PQI 5

Rating Indicators

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement.
- 3) Practice requires significant improvement.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all in a majority of cases.

(FP) 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. a description of services provided directly or by referral;
- g. routine documentation of ongoing services;
- h. documentation of routine supervisory review;
- i. discharge or aftercare plan;
- j. recommendations for ongoing and/or future service needs and assignment of aftercare or follow-up responsibility, if needed; and
- k. a closing summary entered within 30 days of termination of service.

Related: TS 3.03

Interpretation: *RPM 7.02 describes the basic elements to be included in individual case records. COA recognizes that in some cases not all listed information is obtainable for a person or family. In these cases, an explanation should be placed in the case record. The listed information may not be routinely available due to the nature of the service, e.g., a low demand shelter or drop-in center.*

Interpretation: *Regarding element (h), "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. AD 4.07. This review is unrelated to Supervision between the supervisor and personnel addressed in TS 3.*

Interpretation: *Case records and signatures can be paper, electronic, or a combination of paper and electronic. When using electronic (or digital) signatures, organizations should take appropriate measures to verify the*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

individual's identity and ensure that each electronic signature is unique to the individual.

Electronic signatures (by both personnel and service recipients) 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 organization's record content and maintenance procedures.

Organizations that rely upon electronic signatures should ensure their electronic systems 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 organization when files undergo third-party review or audit.

Interpretation: *To most effectively collect information on trends and outcomes, consistent terminology and structured data should be used within the electronic records system.*

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

Note: *Elements (h) and (i) are not applicable to credit counseling organizations.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record content and maintenance procedures need strengthening; or
 - In a substantial percentage of cases reviewed, the organization complies with the standard; or
 - One of the elements is not fully addressed.
- 3) Practice requires significant improvement; e.g.,
 - In a significant percentage of cases, the organization does not comply with the standard; or
 - Two of the required elements are not fully addressed; or
 - One element is not addressed at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Three or more of the required elements are not fully addressed, or
- Two or more elements are not addressed at all.

(FP) RPM 7.03

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

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

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

Rating Indicators

1) The organization's practices reflect full implementation of the standard.

2) Practices are basically sound but there is room for improvement; e.g.,

- Record content and maintenance procedures need strengthening; or
- Most records contain necessary and required information; or
- In a substantial percentage of cases reviewed, the organization complies with the standard; or
- One of the elements is not fully addressed.

3) Practice requires significant improvement; e.g.,

- Procedures require significant strengthening; or
- Many records do not have the necessary or required information and the organization has not made significant efforts to obtain the information; or
- In a significant percentage of cases, the organization does not comply with the standard; or
- Two of the required elements are not fully addressed; or
- One element is not addressed at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Three or more of the required elements are not fully addressed; or
- Two or more elements are not addressed at all.

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.

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

Rating Indicators

1) The organization's practices reflect full implementation of the standard.

2) Practices are basically sound but there is room for improvement; e.g.,

- Record content and maintenance procedures need strengthening; or
- In a substantial percentage of cases reviewed, the organization complies with the standard; or
- One of the elements is not fully addressed.

3) Practice requires significant improvement; e.g.,

- In a significant percentage of cases, the organization does not comply with the standard; or
- Two of the required elements are not fully addressed; or
- One element is not addressed at all.

4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Three or more of the required elements are not fully addressed; or
- Two or more elements are not addressed at all.

RPM 7.05

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

Progress notes comply with legal requirements and are entered:

- a. at least quarterly; or
- b. monthly, or as required by law or regulation for individuals receiving protective services, out-of-home care, day treatment, or frequent or intensive counseling or treatment.

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

Note: *Medicaid requires that every encounter be documented on the date the service was provided in a progress note that include: the client's name, date services were rendered, identification of services delivered, location of the services, client response to services provided, next steps in the treatment process, and start and end time of services. Organizations should review their state Medicaid plans for other important documentation requirements.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record content and maintenance procedures need strengthening; or
 - Progress notes in most case records are up to date and reflect the progress of the client; or
 - In a substantial percentage of cases reviewed, the organization complies with the standard; or
 - One of the elements is not fully addressed.
- 3) Practice requires significant improvement; e.g.,
 - In a significant percentage of cases, the organization does not comply with the standard; or
 - Progress notes have not been kept up to date or they are lacking in content and do not reflect the progress of the client; or
 - One element is not addressed at all.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 7.06

Service recipients may add a statement to their case records, and:

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

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

Related: CR 1.07

Note: See *RPM 8.02* for additional information on access to case records.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Policy or procedures need strengthening; or
 - With few exceptions clients acknowledge receipt of information about the policy and procedures.
- 3) Practice requires significant improvement; e.g.,
 - Policy or procedures need significant strengthening; or
 - In numerous instances there is no documentation that clients received information about the policy and procedures.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - Service recipients do not receive a copy of this policy or are unaware that this policy exists.

RPM 7.07

At case closing, case records are reviewed and unsummarized notes, personal observations, and impressions are expunged.

NA *The organization only provides Financial Education and Counseling services.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record content and maintenance procedures need strengthening; or

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Most case records are reviewed prior to closure and unnecessary information is removed; or
 - In a substantial percentage of cases reviewed, the organization complies with the standard.
- 3)** Practice requires significant improvement; e.g.,
- Many closed records contain worker notes and/or unnecessary material; or
 - In a significant percentage of cases, the organization does not comply with the standard; or
 - Two of the required elements are not fully addressed.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) RPM 8: Access to Case Records

Service recipients or designated legal representatives can access their case records, consistent with legal requirements.

Related: TS 2.03, EAP 4.01, RPM 5, DRCM 8.04

Interpretation: *Organizations are expected to have policies and procedures that address access to case records by service recipients.*

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

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

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

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

Note: *If the organization operates a program that qualifies for an NA but also provides other types of services, the standards should be implemented in all programs aside from those that qualify for the NA.*

Rating Indicators

- 1) The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the RPM 8 Practice standards.
- 2) Practices are basically sound but there is room for improvement as noted in the ratings for the RPM 8 Practice standards.
- 3) Practice requires significant improvement as noted in the ratings for the RPM 8 Practice standards; and/or
 - At least one of the Fundamental Practice Standards received a 3 or 4 rating.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 8 Practice standards; and/or
 - At least two of the Fundamental Practice Standards received a 3 or 4 rating.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

Table of Evidence

Self-Study Evidence

- Case record access policies and procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. MIS Manager
 - b. Case record clerk
 - c. Program directors
 - d. Direct service personnel
 - e. Persons served
- Observe case record room/ files and MIS accessibility observation

(FP) RPM 8.01

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

- a. the service recipient or, as appropriate, a parent or legal guardian;
- b. personnel authorized to access specific information on a "need-to-know" basis;
- c. others who are permitted access;
- d. former service recipients;
- e. requests for records of deceased service recipients; and
- f. auditors, contractors, and licensing or accrediting personnel consistent with the organization's confidentiality policy.

Related: TS 2.02, RPM 6

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.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record access policy or procedure needs strengthening.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 3) Practice requires significant improvement; e.g.,
 - Record access policy or procedure needs significant strengthening; or
 - In a few instances the organization does not comply with the standard.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 8.02

Reviews of case records by service recipients are:

- a. conducted in the presence of professional personnel on the organization'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.

Related: CR 1.07

Interpretation: *For organizations using electronic record systems, allowing the service recipient to directly access the case record through a staff account represents a security risk. Access for service recipients may be provided, for example, through a separate user portal or by printing the case record.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record access policy or procedure needs strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Record access policy or procedure needs significant strengthening; or
 - In a few instances the organization does not comply with the standard.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 8.03

If the organization determines that it would be harmful for a service recipient

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

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 service recipients, provided the professional signs a statement that information determined to be harmful will be withheld.

Interpretation: *An individual'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 such cases, objective criteria must guide decisions to deny access. In all cases, the organization must operate in accord with applicable law.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record access policy or procedure needs strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Record access policy or procedure needs significant strengthening; or
 - In a few instances the organization does not comply with the standard.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 8.04

Contracts with subcontracted provider organizations and independent 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 organization is not a network management entity.*

Rating Indicators

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Record access policy or procedure needs strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Record access policy or procedure needs significant strengthening; or
 - In a few instances the organization does not comply with the standard.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) RPM 9: Contracts and Service Agreements

The organization enters into contracts and service agreements with due regard for practices that promote efficient use of resources.

Related: FIN 7.09, FIN 7.10, FKC 13.09

Interpretation: *The standards in RPM 9 apply to all contracts entered into by the organization in which it acts as a purchaser or vendor of social and human services as well as to contracts for the purchase of support services, such as maintenance or transportation services.*

RPM 9 is not applicable to contracts with individual consultants and independent contractors, which are addressed in Human Resources Management (HR).

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

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 9 Practice standards.
- 2) Practices are basically sound but there is room for improvement. as noted in the ratings for the RPM 9 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 9 Practice standards; and/or
- RPM 9.05 received a rating of 3 or 4.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 9 Practice standards.

Table of Evidence

Self-Study Evidence

- Contracting procedures
- Lists of contracts/service agreements/memoranda of understanding (MOU)

On-Site Evidence

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Contracts/service agreements/MOUs
- Proof of accreditation, licensure, or certification for outside providers operating adventure-based activities

On-Site Activities

- Interview:
 - a. Governing Body
 - b. CEO/CFO
 - c. Contract manager(s)
 - d. Vendors
- Network Interview:
 - a. Provider CEO/CFO
 - b. Provider contract manager(s)

RPM 9.01

The pursuit of contracts for services is consistent with the organization's mission and purpose, and the organization:

- a. establishes a system of standardized contracting practices;
- b. conducts due diligence in contracting activities, including review of possible risks; and
- c. assigns a qualified individual to oversee contracts.

Related: OTP 9.01

Interpretation: *The organization assigns each contract to a specific qualified individual who is charged with monitoring the progress and outcomes of each service contract.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - One of the elements needs strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Two of the elements need strengthening; or
 - One elements has not been implemented at all; or
 - The governing body does not review new contracts.
- 4) Implementation of the standard is minimal or there is no evidence of

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

implementation at all.

RPM 9.02

Written contracts contain all significant terms and conditions in accordance with applicable law.

Interpretation: *"Significant terms" include, as appropriate to the type of contract:*

- a. *roles and responsibilities of participating organizations;*
- b. *services to be provided;*
- c. *clearly defined performance goals;*
- d. *measurable outcomes;*
- e. *service authorization, including eligibility criteria;*
- f. *provisions for training and technical support, as necessary;*
- g. *duration of contract, including delineation of follow-up services;*
- h. *policies and procedures for sharing information;*
- i. *methods for resolving disputes;*
- j. *a plan and procedure for timely payment, and consequences for failure to pay;*
- k. *documentation necessary for, and means of reporting to, funding or oversight bodies; and*
- l. *conditions for termination of the contract.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Contracting procedures need strengthening, e.g. some of the elements need greater clarity or specificity.
- 3) Practice requires significant improvement; e.g.,
 - Contracts are often poorly executed and maintained, e.g., terms and conditions are general, nonspecific, or unclear; or
 - A significant element of the standard is not addressed, e.g., written inter-organizational agreements do not contain payment procedures, or procedures for resolution of disagreements.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Contracts are totally inadequate in specification of terms and conditions;
or
- There is no written documentation of existing contractual arrangements with other organizations.

RPM 9.03

All contracts are reviewed by legal counsel or another qualified individual prior to signing.

Interpretation: *Depending on the organization's resources and policy, the organization's CEO or a member of the Board or management team may be qualified to review contracts. The review should ensure that the contract is both legal and the terms of the contract are clearly understood and agreed upon by both parties.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Though all contracts are reviewed, contacting procedures do not address the standard.
- 3) Practice requires significant improvement; e.g.,
 - There is evidence that some contracts have not been reviewed.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.
 - Contracts are not routinely reviewed.

RPM 9.04

Non-contractual service agreements include, as appropriate:

- a. services exchanged or provided, and/or the goals and objectives of such collaborations;
- b. roles and responsibilities of each organization, including reporting responsibilities;
- c. procedures for sharing information;
- d. confidentiality protections, including signed written consent forms;

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- e. assignment of case coordination responsibilities;
- f. service authorization procedures, including accepting or rejecting cases;
- g. how to resolve communication difficulties.

Interpretation: *This standard applies to non-contractual arrangements, also known as Memorandums of Understanding (MOUs), in which organizations collaborate with providers to deliver specific services to a person or persons. For example, a service in which a provider voluntarily comes into the host organization's facility to provide weekly smoking cessation classes.*

NA *The organization does not enter into non-contractual service agreements.*

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need strengthening; or
 - One element has not been implemented at all.
- 3) Practice requires significant improvement; e.g.,
 - Service agreements are often poorly executed and maintained, e.g., terms and conditions are general, nonspecific, or unclear; or
 - At least two of the elements have not been implemented at all.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

(FP) RPM 9.05

Organizations that purchase services from providers that operate adventure-based activities with a significant degree of risk request proof of accreditation, licensure, or certification with a nationally recognized authority for the activity being conducted.

Interpretation: *Adventure-based activities with a significant degree of risk can include, white water rafting, climbing walls, or ropes courses.*

NA *The organization does not purchase services from providers that operate adventure-based activities.*

Rating Indicators

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Some documentation is out-of-date but updated documentation has been requested.
- 3) Practice requires significant improvement; e.g.,
 - Documentation of accreditation, licensure, or certification is incomplete.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 9.06

Contracts for the provision of network services also include:

- a. the network's requirements regarding provider participation in network quality improvement activities;
- b. access to case record provisions;
- c. utilization management protocols;
- d. required levels of insurance; and
- e. agreement to participate in network training.

Related: ASE 7.03

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need strengthening; or
 - One element has not been fully implemented..
- 3) Practice requires significant improvement; e.g.,
 - Service agreements are often poorly executed and maintained, e.g., terms and conditions are general, nonspecific, or unclear; or
 - At least two of the elements have not been fully implemented; or
 - One element has not been implemented at all.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Contracts are totally inadequate in specification of terms and conditions.

RPM 9.07

When services are offered on a regular and ongoing basis in a location that is not owned or leased by the organization, the organization establishes a formal written agreement with the host that includes, but is not limited to:

- a. methods of communication;
- b. health and safety expectations;
- c. each group's responsibility for cleaning, maintenance, liability risk, and other costs (e.g., utilities, insurance, and repairs);
- d. the facilities and resources at the host site to which the organization will have access (e.g., classroom space, private space to provide services in a confidential manner, fields, gymnasiums, bathrooms, kitchens, etc.); and
- e. how facilities and resources will be used.

Related: ASE 1.06, ASE 2.03

NA *The organization does not offer services at locations it does not own or lease.*

Note: *See ASE 1.06 for more information on establishing health and safety expectations.*

Note: *This standard is not intended to apply in situations where a location is used intermittently to accommodate the needs of a particular client.*

Rating Indicators

- 1)** The organization's practices reflect full implementation of the standard.
- 2)** Practices are basically sound but there is room for improvement; e.g.,
 - Procedures need strengthening; or
 - One element has not been fully implemented.
- 3)** Practice requires significant improvement; e.g.,
 - Agreements/contracts are often poorly executed and maintained, e.g., terms and conditions are general, nonspecific, or unclear; or
 - At least two of the elements have not been fully implemented; or
 - One element has not been implemented at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- Agreements are totally inadequate in specification of terms and conditions.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

(FOC) RPM 10: Quality Monitoring of Purchased Services

The organization monitors and evaluates the quality of social and human services purchased from other provider organizations.

Related: EAP 4

Interpretation: *The standards in RPM 10 only apply to contracts entered into by the organization in which it purchases social and human services from another organization, such as when a shelter program purchases vocational rehabilitation services for its clients. The standards in RPM 10 do not apply to contracts where the organization acts as a vendor of social and human services or contracts for the purchase of support services, such as maintenance or transportation services. These types of contracts are addressed in RPM 9. RPM 10 is also not applicable to contracts with individual consultants and independent contractors, which are addressed in Human Resources Management (HR), except for organizations seeking accreditation under the Network (NET) standards. For networks, RPM 10 applies to services purchased from all service providers, including owner and partner organizations, and individual practitioners, as applicable.*

NA *The organization does not purchase social and human services from other organizations.*

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) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 10 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 10 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 10 Practice standards.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 10 Practice standards.

Table of Evidence

Self-Study Evidence

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Contract monitoring procedures

On-Site Evidence

- Contracts
- Contractor progress reports

On-Site Activities

- Interview:
 - a. Governing Body
 - b. CEO/CFO
 - c. Contract manager(s)
 - d. PQI personnel
 - e. Vendors
- Network Interview:
 - a. Provider CEO/CFO
 - b. Provider contract manager(s)

RPM 10.01

Contractors who provide human or social services:

- have sufficient human and financial resources to fulfill the terms of the contract; and
- are licensed or otherwise legally authorized to provide the contracted services.

Rating Indicators

- The organization's practices reflect full implementation of the standard.
- Practices are basically sound but there is room for improvement; e.g.,
 - Due diligence procedures need strengthening.
- Practice requires significant improvement; e.g.,
 - Documentation for due diligence is poorly maintained or some documentation is missing; or
 - The organization has not conducted the required due diligence in some instances.
- Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

RPM 10.02

The organization routinely monitors contractor progress toward fulfilling the terms of the contract.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Monitoring procedures need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - Monitoring is not consistently done.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 10.03

Contracts for social and human services include:

- a. service quality, client satisfaction, and outcomes that accord with the organization's expectations;
- b. criteria for evaluating vendor performance; and
- c. protocols for routine communication of related data.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Monitoring procedures and/or progress report indicators need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - One of the elements has not been implemented.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

RPM 10.04

When areas of concern are identified, the organization:

- a. develops an improvement plan in conjunction with the contractor; and
- b. ensures contractor follow-up and remediation.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Monitoring procedures need strengthening.
- 3) Practice requires significant improvement; e.g.,
 - One of the elements has not been implemented.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

RPM 11: 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.

Related: ASE 1.05, OTP 1.07, TS 2.03, RPM 6

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. Organizations should refer to applicable federal and state definitions as they influence laws, regulations, and policies, including those pertaining to reimbursement.*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization'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 client 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 organization does not engage service recipients in technology-based service delivery.*

Rating Indicators

- 1) The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the RPM 11 Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the RPM 11 Practice standards.
- 3) Practice requires significant improvement, as noted in the ratings for the RPM 11 Practice standards.
- 4) Â Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the RPM 11 Practice standards.Â

Table of Evidence

Self-Study Evidence

- Processes/procedures for assessing readiness and monitoring and evaluating technologies and services (RPM 11.01)
- Policies and procedures that guide service delivery (RPM 11.02)
- Procedures addressing:
 - a. suitability/assessing the appropriateness of services (RPM 11.03)
 - b. consent process (RPM 11.04)
 - c. instruction, training, and/or support for service recipients as appropriate (RPM 11.05)
- Table of contents of training curricula for personnel (RPM 11.06 & RPM 11.07)

On-Site Evidence

- Documentation of a readiness assessment, if applicable (RPM 11.01)

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- Training curricula for personnel (RPM 11.06 & RPM 11.07)
- Documentation of personnel training and credentials (RPM 11.06 & RPM 11.07)

On-Site Activities

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

RPM 11.01

The organization 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.

Related: RPM 2.01, RPM 5.01

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 organization's larger technology planning or strategic planning processes.*

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

- *the service population and their service needs;*
- *desired client outcomes;*
- *relevant laws, regulations, and licensing and liability requirements;*
- *staff capacity (e.g., leadership and administrative support);*
- *staff interest, engagement, and buy-in;*
- *funding and reimbursements; and*
- *alignment with the organization's mission and/or strategic planning goals.*

Research Note: *A growing body of literature highlights the importance of assessing organizational readiness prior to implementing a telehealth initiative. By evaluating interests, needs, and resources, the organization is*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

better equipped to develop an effective program.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - Processes/procedures address both elements, but could be strengthened.
- 3) Practice requires significant improvement; e.g.,
 - The procedures/processes do not address one of the elements at all.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 11.02

The organization 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.

Related: RPM 5.03, RPM 6.01, RPM 6.03, RPM 6.05

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - All elements of the standard are addressed, but some aspects of the policies/procedures need further development; or
 - With few exceptions, policies and procedures are understood by staff

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

and are being implemented appropriately.

- 3) Practice requires significant improvement; e.g.,
 - Two of the elements are not fully addressed; or
 - One of the elements is not addressed all; or
 - Policies and procedures are not well-understood and/or implemented appropriately.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 11.03

For each service recipient, the organization:

- 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.*

Organizations may want to develop inclusion and/or exclusion criteria and incorporate client suitability factors into their screening or assessment processes to decide whether or not this approach is appropriate.

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The standard is met in practice, but procedures need minor clarification; or
 - In a few instances documentation in the client's case record was not found.
- 3) Practice requires significant improvement; e.g.,
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately by personnel; or
 - In a significant number of instances documentation in the client's case record was not found.
- 4) Implementation of the standard is minimal or there is no evidence of

Purpose

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Risk Prevention and Management

implementation at all.

RPM 11.04

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

Related: CR 1.01, CR 1.07

Interpretation: *The organization 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 organization'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.*

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

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The standard is met in practice, but procedures need minor clarification;
 - or

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

- In a few instances appropriate information was not provided to service recipients; or
 - In a few instances documentation in the client's case record was not found.
- 3)** Practice requires significant improvement; e.g.,
- Procedures need significant strengthening; or
 - In a significant number of cases the information was not provided to service recipients; or
 - In a significant number of instances documentation in the client's case record was not found.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 11.05

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.*

Rating Indicators

- 1)** The organization's practices reflect full implementation of the standard.
- 2)** Practices are basically sound but there is room for improvement; e.g.,
- The curriculum is not fully developed or lacks depth; or
 - A few clients have not received appropriate instruction, training, and/or support.
- 3)** Practice requires significant improvement; e.g.,
- The curriculum is insufficient to ensure competence; or
 - A significant number of clients have not received appropriate instruction, training, and/or support.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

RPM 11.06

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.

Related: TS 2.03, TS 2.04, ASE 7.04

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:*

- *set up;*
 - *features;*
 - *maintenance;*
 - *safety and security measures; and/or*
 - *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), organizations 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 (e.g., 911) 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.*

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - The curriculum related to one of the elements is not fully developed or lacks depth; or
 - A few personnel have not been trained, but are scheduled to be trained.
- 3) Practice requires significant improvement; e.g.,
 - The curriculum related to two of the elements is not fully developed or lacks depth; or
 - Training does not address one of the elements at all; or
 - A significant number of staff have not been trained.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all.

RPM 11.07

Personnel comply with all applicable legal and ethical requirements related to technology-based service delivery and only provide services to service recipients located in states where they are appropriately licensed, if required.

Related: ETH 5.01

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.*

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

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.



Risk Prevention and Management

Rating Indicators

- 1) The organization's practices reflect full implementation of the standard.
- 2) Practices are basically sound but there is room for improvement; e.g.,
 - While staff are appropriately licensed, legal or ethical requirements have not been recently reviewed; or
 - Some staff have not received training on legal and ethical requirements.
- 3) Practice requires significant improvement; e.g.,
 - Personnel have not received training on legal and ethical requirements; or
 - The organization is aware of compliance problems and is working to remediate deficiencies; or
 - The organization has been notified of compliance problems and is working with the relevant authority to remediate deficiencies.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
 - The organization is aware of compliance problems and is not working to remediate deficiencies; or
 - The organization has been notified of compliance problems but there is no evidence that efforts are being made to remediate deficiencies; or
 - Staff report providing services to service recipients in states where they are not appropriately licensed.

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure.