Community Mental Health of Ottawa County

RISK MANAGEMENT PLAN
2023

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Contents

OVERVIEW AND PURPOSE OF RISK MANAGEMENT PLAN

Risk is inherent to the delivery and provision of behavioral health and substance use disorder services. Management of that risk is an integral part of Community Mental Health of Ottawa County's (CMHOC) commitment to improving the lives of residents in Ottawa County. The purpose of this plan is to mitigate risk and protect persons served, employees, other stakeholders, and the organization. The focus will be on providing an ongoing, comprehensive, and systematic approach to reducing risk exposures. This will be achieved by identifying potential exposures and managing or mitigating these risks through action plans that involve every level of the organization.

RISK MANAGEMENT PRINCIPLES

"Risk" can be defined as uncertainty about future events that may threaten the safety of consumers, employees, other stakeholders, the organization, or the organization's ability to carry out its mission. Generally, risk can be categorized into the following domains:

- People – consumers, employees, boards of directors, volunteers.
- Property – buildings and facilities, equipment, vehicles, materials, and records.
- Financial – revenue, reserve, reimbursement, receivables, grants.
- Goodwill – health and well-being, reputation in the community and the ability to appeal to prospective audiences.

Characteristics of Risk
- Specifically definable;
- Measurable, utilizing a standard unit of account (revenues, encounters, etc.);
- Observable over a specified period of time;
- Does not exist in "isolation," i.e. can be identified, grouped, and/or cataloged in the aforementioned risk domains.

Risk Domains
- *Consumer Care related Risks:* Risks derived from our core business practices that rely on systems, practices and people to provide care to those we serve. Within this risk domain are risks associated with a diverse number of clinical areas as well as alternative delivery sites.
- *Financial Risks:* Risks associated with contracting issues, cost of risks, evaluating vendor supports, insurance, and self-insurance, and funding requirements.
- *Medical Staff related Risks:* Risks associated with the evaluation, prescribing, storage, and administration of medication as well as the general practice of medicine.
- *Employee related Risks:* Risks associated with the acquisition, management, and maintenance of a human workforce. Included in this risk domain are worker's compensation, unionization, employee turnover, absenteeism, workplace violence, harassment and discrimination, and credentialing and training to ensure a competent and qualified workforce able to provide services within their scope of practice.
- *Strategic Risks:* Risk that impact the growth of CMHOC, advertising liability, affiliations, and other collaborations. This domain includes the broad spectrum of reputation risks that center on performance expectations related to consumer and community relations.
- *Legal and Regulatory Risks:* Risks associated with the varied and complicated area of mandated health-care rules, regulations, statutes, standards, and laws, including risks associated with licensure, accreditation, HIPAA, MDHHS and PIHP contractual obligations.
- *Property related Risks:* Environmental issues related to the safety and security of persons on and within CMHOC property, including occupational and environmental hazards. Property risks include new technologies, equipment obsolescence, risk management information systems, e-health, telehealth, and online education.

KEY STRUCTURAL ELEMENTS OF CMHOC'S RISK MANAGEMENT PLAN

The fulfillment of the essential functions of this risk management program requires:
- Managers to maintain sufficient authority and respect to enact changes in clinical practice, policy, procedure and employee and medical staff behavior as necessary.
- A commitment to risk management at all levels of the organization.
- Communication throughout the organization.
- Coordination of the risk management program with other departments and functions. The risk management program must establish reporting and communication relationships with key individuals including:
  - Executive Director
  - Deputy Director
  - Program Directors
  - Fiscal Services
  - Quality Improvement
  - Infection Control Nurse
  - Health and Safety Officer
  - Customer Services
  - The County of Ottawa Worker's Compensation Coordinator
  - The County of Ottawa Insurance Authority
  - Medical Director
  - Training Department
  - Reimbursement/Administrative Analyst
  - The County of Ottawa Administrative and Human Resources Staff

Insurance

The County of Ottawa (and, therefore, CMHOC) holds insurance to protect against the event of an adverse incident and/or litigation. The following is true of the insurance program:
- The insurance package is reviewed for adequacy on an annual basis. This process includes authoring a "memorandum of coverage" signed by the Intergovernmental Agreement establishing the County of Ottawa, Michigan Insurance Authority.
- The insurance package protects all assets by either the Insurance Authority and/or the purchase of insurance.

RISK MANAGEMENT PROCESS

CMHOC intends the identification and assessment of risks and potential loss exposures to be comprehensive and ongoing. It is the intent of this program to integrate the process of risk management into all levels of the organization by:

1. Identifying risk exposures.
2. Evaluating and rating identified loss exposures.
3. Identifying how to rectify identified loss exposures.
4. Planning and implementing planned actions to reduce risk.
5. Implementing monitoring actions to assess effectiveness of planned actions.
6. Documenting and reporting actions taken to reduce risks.
7. Including the process of risk reduction and mitigation strategy implementation in performance improvement activities.

Evaluation and rating of Identified Loss Exposures

In order to effectively analyze and understand potential exposures, each individual identified risk will be rated for Probability of Occurrence (A: Certain, B: Almost Certain, C: Likely, D: Not Likely) and Severity of Impact if the event were to occur (1: Insignificant, 2: Low, 3: Medium, 4: High).

Priorities and Benchmarking Initiative

The scope and type of risks to CMHOC are reviewed, analyzed, and prioritized so those risks identified as having the greatest potential loss exposure could be benchmarked and regularly reported to the Executive Director's office via a "report card" or "dashboard" reporting model.

Certain risks are automatically benchmarked for increased monitoring and reporting. (See grid immediately here under).

Probability	A	Certain				
	B	Almost Certain				
	C	Likely				
	D	Not Likely				
			1 Insignificant	2 Low	3 Medium	4 High
			Impact			

Additionally, other risks are benchmarked as deemed necessary or critical to the continued effective function of the organization and/or its ability to manage and mitigate potential risk. Those include:

- Any risk rated with a Probability of Occurrence of at least "Almost Certain" or Severity of Impact of at least "Medium."
- Any risk with a high probability of litigation resulting from an exposure.
- Any risk that places persons served or CMHOC employees at risk of harm.
- Any risks identified as a historical concern for CMHOC.
- Other risks, not otherwise noted above, that receive emphasis by either CMHOC or MDHHS.

REVIEW OF 2022 RISKS

<table>
<tr>
<th colspan="8">FY 2022
Risk Management Plan</th>
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<th>RISK AREA</th>
<th>EVALUATION OF FY 2022 GOALS</th>
<th>RISK</th>
<th>EVALUATION/ ANALYSIS</th>
<th>BENCHMARK</th>
<th>MONITORING ACTIVITIES</th>
<th>REPORTING OF RESULTS</th>
<th>PERFORMANCE IMPROVEMENT ACTIVITIES</th>
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<tr>
<td>Nondiscriminatory treatment of consumers regardless of age, gender, race religion, national origin, or payment status.</td>
<td>Continue to monitor</td>
<td>Probability: Almost Certain
Impact: Medium</td>
<td>
• Collaborating on family restrooms in all county buildings
• Part of the accessibility plan
• Have made progress, but waiting on approval from County of Ottawa
• Fulton has 2 shared (Male/Female) bathrooms
• All CMHOC's policies have been updated to reflect new language
</td>
<td>• Zero is benchmark, want to get to 1 in A and B Buildings</td>
<td>
• Continue to work with County of Ottawa
• Will be included in current Accessibility plan until goal is complete
</td>
<td>
• 2 out of 4 met
• Compliance Manager
</td>
<td>• Continue to work with County of Ottawa</td>
</tr>
<tr>
<td>Clinical Documentation (e.g. CLS services and measurable goals)</td>
<td>Continue to monitor</td>
<td>Probability: Certain
Impact: High</td>
<td>
• Implementation of clinical quality measures for all contract agencies and CMHOC staff.
• Adding outpatient providers to the clinical reviews
• Increase in contract provider agencies.
• Need to add treatment planning process training.
</td>
<td>• 100% of documentation submitted in a timely manner.</td>
<td>
• Medicaid Verification, Clinical Chart Reviews completed by Clinical staff and QI Department.
  o Standardization of document submission
• HMCO Qualitative/Quantitative Review
• Added to PI Plan--External Quality Review
  o Create KATA to address CARF Identified Issues
</td>
<td>• Compliance Manager</td>
<td>
• Conduct trainings on IPOS, authorizations, and documentation.
• Ongoing chart reviews, Medicaid Verification.
• Leverage MyLearningPointe for short training/updates.
• Add SMART Goal Training
• Assigning Regional SMART training to staff.
</td>
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							FY 2022 Risk Management Plan	

RISK AREA	EVALUATION OF FY 2022 GOALS	RISK	EVALUATION/ ANALYSIS	BENCHMARK	MONITORING ACTIVITIES	REPORTING OF RESULTS	PERFORMANCE IMPROVEMENT ACTIVITIES
							Continue to monitor in 2022
Staff receive all required trainings in a timely fashion	Continue to monitor	Probability: Certain Impact: Medium	• Evidence suggests that provider staff are not receiving required training in a timely manner. • CMHOC and contractual staff are to attend and complete mandatory trainings.	• 100% of staff will complete required training	• Contracts • Training Center • Supervisors • Compliance	• HR Committee • Compliance Manager	• Use of ContractLogix workflow will assist in an initial notification for providers to complete training as required "Attachment I". • Ongoing training audits will be conducted • site reviews will monitor for training requirements. • Add process for training monitoring during evaluation process (internal). • Have a set calendar to monitor trainings quarterly. (Kelly) • Set a notification, and send reminders to providers. "Assign tasks" (Kelly)
COVID-19 has posed challenges to service delivery. Tele-Health and report health working well	Continue to Monitor	Probability: Almost Certain Impact: High	• System in place • Risk depends on the population, personal preference, health status within	• Consumer Satisfaction that tele-health is good • Put in place Tele-Health policy	• Regular surveys to include this risk area • Gauge the use video/teleconference/ telehealth/technology platform	• Satisfaction survey was completed	• Currently evaluating on a different platform ○ Evaluating the Netsmart tele-health module

FY 2022 Risk Management Plan							
RISK AREA	**EVALUATION OF FY 2022 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
			home, technology capabilities	• Majority of surveyed respondents state they are in favor of telehealth services	• Continue to follow state guidelines		o Advocate for continued use of tele-health even after COVID-19 restrictions lifted
Staffing Issues due to COVID-19; i.e.: lack of staff in residential homes, respite, ABA, personal care, CLS, skill building and supported employment services	Ongoing	Probability: Certain Impact: High	• Increase in demand for direct care services • People are not applying for direct care positions. Providers list pay rate as a reason in addition to reasons relating to COVID-19 • Those currently in those direct care positions are resigning due to reasons relating to COVID-19 • Working with contractual providers, individually, to maintain stability	• All consumer services are fully staffed, and consumers are receiving the quality care outlined in their IPOS	• Leadership • Program Supervisors • Contracts	• Leadership	• DCW applied • Continue to work with providers individually on staffing issues.
Consumer violence to self and others	Continue to Monitor	Probability: Likely Impact: High	• CIRE reports from ORR for review	• No benchmark, continue to analyze based on data review to establish a benchmark	• CIRE Report o Incident Reports	• ORR to LRE Compliance Committee	• Establish benchmark to work towards performance improvement intervention
Protection of consumers from abuse and neglect	Continue to Monitor	Probability: Likely Impact: High	ORR reporting	• 100%	• Monitor ORR Reporting	• Recipient Rights Advisory Committee	• N/A

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						• State of Michigan Annually and Semi-annually	
Assurance of appropriate informed consumer consent for treatment	Continue to monitor	Probability: Certain Impact: Medium	• Data on how many we're missing, and how many are needed • 93% overall compliant	• 100%	• Monitored through the annual service agreement and clinical record reviews • Varies monthly depending on which cases are reviewed	• HIMCO	• Supervisors continue to work with staff to complete consent form • Continued staff training • Continue to monitor through annual service agreement reports and clinical record reviews
Security of Protected Health Information (PHI)	Continue to Monitor	Probability: Likely Impact: High	• HIPAA Training • Security awareness training via the county (KnowB4 training) • IT created and sent random Phishing attacks testing for compliance • Recipient Rights training • Security Risk Assessment (SRA)	• 100% compliance—no leaks	• Annual SRA evaluation and data review	• SRA is presented to Leadership, Compliance committee	• Ongoing training and reinforcement • Ongoing annual SRA

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Transportation of Consumers outside of public transportation and para-transit routes	Continue to Monitor	Probability: Almost Certain Impact: Medium	• Reviewed on Annual Needs Assessment Survey Review how to best capture the need/data of consumers needing transportation	o None	None at this time	• Leadership	• Determine how to best collect this data • Potentially send a survey on transportation needs • Propose to include transportation question in LRE satisfaction survey • Contract Dept. look for possible transportation options
DCW Sustainability	New to 2022 Goals	Probability: Certain Impact: High	• Code dependent determinations	None	• See if DCW rates continue after 10/01/2022	• Leadership	• Waiting for guidance from state • DCW increases were implemented in 2022.
Utilization Management / Medical Necessity	Continue to Monitor	Probability: Certain Impact: Medium	• Currently have standardized tools to determine level of care for various teams • Outcome measures for each team is being determined • Review of outliers in UM drew conclusion that no scientific backing to determination of services due to no use of standardized tools.	• Completion of UM reviews addressing medical necessity. • MI Adult has developed benchmark • Other teams still need to create outcome tool	• Leadership • UM • Program Supervisors	• UM Committee • Leadership	• Reported to UM

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			• Ongoing process to monitor UM. •				
Potential Liability Suits	Continue to Monitor	Probability: Likely Impact: Medium	• Identify for 2022 • Lawsuits have decreased for CMHOC as an agency Always monitoring for Liability/insurance to cover staff when delivering services	• 1 ongoing lawsuits • 0 suits related to staff practice	• Monitoring to ensure we address concerns and issues before they become lawsuits • If FOIA or ROI received that is questionable, is sent through corporate council for approval.	• Dispute Resolutions • FOIAs • Release of Information • Potential Breech Notification • Ongoing liability suites always brought to Compliance Committee and kept on agenda until resolution	• Monitoring of various requests and reports for additional information • Continue to monitor

Variation in service rates between partners within the region	Continue to Monitor	Probability: Likely
		Impact: Medium
			• Beacon is running UM committee
			• Continue to Monitor fluctuations in rates
				• Rate setting
				• State working on BH Fee for all services.
				• Has not yet been released
					• Make sure Rates don't change and are as standardized as possible
					• Many committees involved with Rate evaluation
					   o Contracts
					   o Fiscal
						• Leadership	• Continue to Monitor
							• Waiting for State to standardize rates

	FY 2022 Risk Management Plan						
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Impact of COVID-19 on provider's service delivery, some are not providing services, hazard pay, PPE	Continue to Monitor	Probability: Certain Impact: High	• Monitoring Service Levels for each Provider Depending on provider and types of services, services have decreased	• Looking up service total/units used per provider of authorized services	• Report for monitoring service levels for each provider	• Leadership	• Run report again on provider service activity levels (IT can run this report for various time frames) • Areas addressed.
Internal Staffing and employment retention	NEW TO 2022 PLAN	Probability: Likely Impact: High	• More challenging to hire and retain new staff • County is reviewing retention strategies and policies • Wage study consideration was both positive and negative impacts	• Reduce number of vacant positions	• Monitor how many positions are filled • Await county decisions for retention strategies and policies	• Leadership	• Advertise more • Add additional platforms for hiring • Wage study appeals process • Impact/influence County strategies (including alternative work environments) for retention
Risk for Loss of revenue from County of Ottawa due to COVID-19—County's economic impact	Continue to Monitor	Probability: Almost Certain Impact: Low	• Continue to work with County • Received supplemental payments d/t COVID-19 resulting in more funds	• None	• Working with the County of Ottawa • Observation of declines and needs	Leadership	• Wait on county for revenue statements • Received supplemental payments, didn't become an issue.
Medical Staff peer review and quality improvement activities (IRR initiatives, Medication Committee)	Continue to Monitor	Probability: Almost Certain Impact: Medium	• Work with the P/T Medication Committee for updates and changes	10% of nursing, prescriber, and pharmacy reviews and follow up are completed	• Make sure monthly Medication Committee reviews are completed as well as follow up/corrections	• P&T Medication Committee • Leadership	• Continual use of current processes and procedures • Make medication audits more of a peer review • Possibly have nursing reviews restructured to

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							check for forms or not rather than interpretation
Confidential protection of the data generated through such processes including Medicaid/Medicare fraud/abuse, OIG and other compliance concerns, i.e.: telehealth	Continue to Monitor	Probability: Likely Impact: Medium	• Use Microsoft TEAMS and Zoom, with both we have a BAA • Use e-sertifi for electronic signatures • Updox • Any platform that stores and transmits PHI	• All staff using Microsoft Teams and some using Zoom • 0 reported PHI breaches	• Measure and keep track the number of zoom licenses, Microsoft teams licenses, and number of reported PHI lost Quarterly OIG report that looks at data activity i.e.,: billing	• Compliance	• N/A
Appropriate prescription of medication	Continue to Monitor	Probability: Almost Certain Impact: High	• Monthly chart audits/reviews that including Pharmacy review	• 10% of charts are reviewed by Med Committee	• Peer & Pharmacy Reviews • Medication Manual o Psychotropic Medication List; Ch.VI: Prescribing in Medication Manual. Used as a tool/guideline for prescribers re: maximum dosage for medications	• Leadership Medication Committee	• N/A
Inappropriate administration of medications by trained staff at AFC homes	Continue to Monitor	Probability: Certain Impact: High	• Significant Med Errors are reviewed by medication committee & RRO • RRO Reviews when there is a	• All staff trained to properly administer medications • Medication errors (Significant) to stay at 1 or less monthly	• RRO office reviews incident reports regarding medication errors • Site reviews if staff have not had updated	• RRO • P&T Medication Committee • Leadership • CMHOC Board	• N/A

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			regular medication errors Follow up training required when regular and significant medication errors occurs with CMHOC and provider staff		medication classes/trainings • RRO brings medication error reports to P&T medication committee for review • Monitor for changes in training methods resulting from COVID-19 restrictions. See if new techniques used have reduced or maintained medication errors •		
Coordination of care with primary care physician when concomitant medical issues are present, and in absence of PCP evaluate effectiveness of medical treatment (complete basic health screen)	Continue to Monitor	Probability: Certain Impact: High	• Are using Coordination of Care and Confirmation of Treatment forms to ensure fluid communication between CMHOC Staff and Client's PCP • Used to increase efficiency & quality of care • Coordination of Care form was updated and combined with the Coordination of Treatment Form	• 95% of client forms are completed accurately and annually	• Coordinating information in between client's PCP and CMHOC staff via Coordination of Care Form Coordination of Care and Confirmation of Treatment Forms must be completed annually per MDHHS	• Compliance • HIMCO/CRC	• Developing oversight and monitoring • Added to this year's PI plan to conduct a more in-depth analysis to address deficiencies through staff training

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Maintaining a safe work environment especially related to COVID-19	Continue to Monitor	Probability: Almost Certain Impact: High	• Appropriate PPE • Policy in place for if/when to come to work and if/when not to come to work • County of Ottawa Plan • Including staff reporting illness to supervisors	• 0% of transmissions at CMHOC	• Following County of Ottawa and CMHOC policies and procedures • PPE Inventory—order more as needed	• Leadership QI reports infection control to Medical Director for follow-up and directions for CMHOC staff	Monitor
Untrained/Un-credentialed for services provided	Continue to Monitor	Probability: Almost Certain Impact: High	• Ensure proper training (for internal staff) and credentialing (for both internal and external) of contract staff o State has been lenient on staff training requirements d/t staffing shortages—specific positions only	• 100% for services provided	• Credentialing and onboarding processes in place • Provider Scorecard • Provider Site Reviews	• Medicaid Verification	• Monitor
Senate Bill 597 Integrating physical and mental health	NEW TO 2022 PLAN	Probability: Likely Impact: High	• Funding will no longer be capitated to PIHPs/CMHSPs; Health Plans will be where state funding is distributed	• N/A	• Advocacy through CMHA to legislators • Monitor news	• Leadership	• Increase advocacy efforts • Did not pass.
LRE to take over all functions of PIHP	NEW to 2022 PLAN	Probability: Certain Impact: High	• Transition in administration and requirements, e.g., site review	• N/A	• Ensure smooth transition so all functions and responsibilities continue as required	• Leadership	• Make recommendations to LRE for smoother

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			requirements expanded				transition of functions • Completed.
Unknown direction of state governance, MDHHS-Integrated care efforts, Mary Whiteford proposal	Continue to Monitor	Probability: Likely Impact: High	• Unknown impacts currently. • Proposal is to have an Administrative Services Organization instead of multiple PIHPs	• N/A	• Advocacy through CMHA to legislators • Monitor reports and news	• Leadership	• Increase advocacy efforts • Did not pass
HCBS Compliance	Continue to Monitor	Probability: Certain Impact: High	• Surveys ongoing with Provider Network • DD Program Supervisor working with Provider Network	• 100% of HCBS Providers compliant	• DD Program Supervisor monitors HCBS provider network	• Agency	• N/A
OIG Monitoring	Continue to Monitor	Probability: Certain Impact: High	• Contract Agency Oversight • Contract Staff are doing monthly OIG checks of all staff	• 100% compliance	• Monthly OIG Reports • LRE	• LRE • MDHHS	• N/A
LRE Contract with MDHHS	NEW TO 2022 PLAN	Probability: Certain Impact: Medium	• Contract continues on a month-to-month basis • Trying to advocate for annual contract	• N/A	• Advocate for an annual contract • Get updates from LRE	• Leadership	• Continue to work with LRE to increase advocacy efforts • Back to annual contracts

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Contract providers occupying CMHOC buildings	Continue to Monitor	Probability: Certain Impact: Medium	• Oversight of property use	• N/A	• Provider compliance on building use agreements	• Health & Safety Committee	• N/A
Accessibility and Inclusivity—Gender Neutral Restrooms	Continue to Monitor	Probability: Certain Impact: Medium	• Gender Neutral Restrooms available at Fulton St., but none available for A building, B building, and JJI	• 100% Compliance	• Leadership—working with county administration to implement	• Leadership	• Continue to advocate to the county to fill this need
Comprehensiveness, integrity and timeliness of client data, documentation and claims	Continue to Monitor	Probability: Certain Impact: Medium	• Closer oversight for assuring timely documentation of services • Contract data reporting and encounter reporting continues to be a risk because of the 30 day requirement	• 95% of all clean claims within 30 days (timeliness)	• Multiple reports to determine volume and timeliness	• COW • CMHOCIT	• N/A
Transport of consumers to emergency room and other locations	Continue to Monitor	Probability: Not Likely Impact: Low	• Lack of all transportation especially related to emergencies	• N/A	• Monitor Needs • Look for providers we can contract with	• Leadership	• N/A • Trying to get Kaizen Health
Disposal of Medication and related supplies	Continue to Monitor	Probability: Likely Impact: Low	• Process in place • Company/Provider that takes care of proper disposal of medication and related supplies • Bi-Annual medication take-back event	• N/A	• Continue to monitor through Medication Committee	• Leadership • Agency	• N/A

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			• Community-wide locations for medication drop-offs				

IDENTIFIED RISKS FOR FY 2023

Consumer Care Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Confidentiality and appropriate release of consumer medical information	A	3	Yes	Yes	Yes, monitor
▪ Protection of consumers from abuse and neglect	C	4	Yes	Yes	Yes
▪ Assurance of appropriate informed consumer consent for treatment	A	3	Yes	Yes	Yes, Monitor
▪ Nondiscriminatory treatment of consumers regardless of age, gender, race, religion, national origin or payment status	B	3	Yes	Yes	Yes, collaborating on inclusive restrooms in all county buildings.
▪ Security of Protected Health Information (PHI)	C	4	Yes	Yes	Yes, monitor
▪ Transportation of consumers outside of public transportation and para-transit routes	B	3	Yes	Yes	Yes, monitor; risk to consumer access to services

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Clinical Documentation (e.g. CLS services and Measurable goals)	A	4	Yes	Partial – Increase in contract agencies/providers providing services. Need to add treatment planning process training.	Yes, SMART goal assigned to staff.
▪ Consumer violence to self and others	C	4	Yes	Yes	Yes, monitor
▪ Staffing Issues due to the after effect of COVID-19, i.e.: lack of staff in Residential Homes, Respite, ABA, personal care, CLS, Skill Building, and Supported Employment services	A	4	Yes	Yes	Yes, monitor capacity and treatment

Financial Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Expanding Programs and Services to CCBHC	C	3	Yes, currently a CCBHC expansion model	Unknown, need to align with goals and objectives of CCBHC	Yes, continue to monitor cost associated with program expansion like CCBHC etc. and identify potential under funding.
▪ Potential Liability Suits	C	3	Yes	Yes	Yes, monitor
▪ Variation in service rates between partners within the region.	B	3	Yes	Yes, sometime we don't have a choice in rates because it's dictated by the region.	Yes, continue to monitor; varying costs between CMHs may result in CMH to pay more if aligning with cost standardization
▪ Staffing and Employment Retention	C	4	Yes	Partially in the system effect but questioning sustainability	Yes, continue to monitor on vacant positions and people leaving--Spending more on salaries to stay competitive, maintain retention, and attract new workers; turnover increases cost, County implemented retention bonus pay and wage studies.

Medical Staff Related Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Medical staff peer review and quality improvement activities (IRR initiatives, Medication Committee)	B	3	Yes	Yes	Yes, Monitor and improve
▪ Appropriate medication use and storage	B	4	Yes	No	Yes, monitor work with Genoa Pharmacy
▪ Appropriate prescription of medications	B	4	Yes	Yes	Yes, monitor and work with Genoa Pharmacy
▪ Inappropriate administration of medications by trained staff in AFC homes	A	4	Yes	Yes	Yes, monitor
▪ Coordination of care with primary care physician when concomitant medical issues are present, and in absence of PCP evaluate effectiveness of medical treatment (complete basic health screen)	A	4	Yes	Yes	Yes, monitor with greater emphasis from CCBHC perspective

Employee Related Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Maintaining a safe work environment	B	4	Yes	Yes	Yes
▪ Reducing the risk of occupational illness and injury	B	4	Yes	Yes	Yes
▪ Untrained/un-credentialed for services provided (e.g. scope of practice)	B	4	Yes	Partial – Ensure proper training and credentialing of contract staff	Yes, compliance with training
▪ Maintaining safety in community work environments with commensurate hazards	A	4	Yes	Yes	Yes

Strategic Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ State Requirements and Mandates- SCA and implementation	A	4	Yes	Unknown, yet to determine based on implementation of standard chart of account with the county and program changes in Avatar.	Yes
▪ EVV (Electronic Visit Verification)	B	4	No	Unknown, state is rolling out new system that still needs to be implemented.	Yes
▪ CCBHC Demonstration Site	B	4	Yes, expansion	Unknown, we haven't implemented it yet but have the expansion to see if it's working or not	Yes

Legal and Regulatory

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ HCBS Compliance	A	4	Yes	Yes	Yes, continue to monitor
▪ OIG Monitoring	A	4	Yes	Partial- Contract Agency Oversight	Yes– Contract staff are doing monthly OIG checks of all staff, submitting debarment forms and disclosure statements (refusals to submit)
▪ FOIA, increase requests from the county regarding CMH operating information, i.e., financial or services information	B	2	Yes	Yes	Yes

Property Related Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Maintaining buildings and property	A	3	Yes	Yes	Yes, monitor
▪ Contract providers occupying CMH buildings	A	3	Yes	Yes	Yes, monitor
▪ Accessibility and Inclusivity—Family Restrooms	A	3	No	Partial—System in place for Fulton St. but not for A building, B building, and JJI	Yes, monitor

Other Risks

RISK AREA	PROBABILITY A-Certain B-Almost Certain C-Likely D-Not likely	IMPACT 1-Insignificant 2-Low 3-Medium 4-High	SYSTEM EXISTS? Yes/No	SYSTEM EFFECTIVE? Yes/No	INCLUDE IN FY 2023 PLAN Yes/No
▪ Comprehensiveness, integrity, & timeliness of client data, documentation, and claims	A	3	Yes	Partial – Closer oversight for assuring timely documentation of services.	Yes, monitor – Data reporting, encounter reporting
▪ Transport of consumers to emergency room and other locations	D	2	Yes	Yes	Yes, monitor
▪ Medication, and related supplies disposal	C	2	Yes	Yes	Yes, monitor
▪ Students and other volunteers – injury on site or inappropriate contact with consumers	D	2	Yes	Yes	Yes, monitor
▪ General liability claims due to open areas to the public	D	2	Yes	Yes	Yes, monitor

FY 2023 RISK MANAGEMENT PLAN

FY 2023 Risk Management Plan							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
Nondiscriminatory treatment of consumers regardless of age, gender, race religion, national origin, or payment status.	Continue to monitor	Probability: Almost Certain Impact: Medium	• Collaborating on inclusive restrooms in all county buildings • Part of the accessibility plan • Have made progress, but waiting on approval from County of Ottawa • Fulton has 2 family bathrooms • All CMHOC's policies have been updated to reflect new language	• Zero is benchmark, want to get to 1 in A and B Buildings	• Continue to work with County of Ottawa • Will be included in current Accessibility plan until goal is complete	• Compliance Manager	• Continue to work with County of Ottawa

Clinical Documentation (e.g. CLS services and measurable goals)	Continue to monitor	Probability: Certain Impact: High	• Implementation of Documentation Compliance Report. (Monitoring report made by IT)
			• Increase in contract provider agencies.
			• Need to add treatment planning process training.
				• 100% of documentation submitted in a timely manner.	• Medicaid Verification, Clinical Chart Reviews completed by Clinical staff and QI Department.
					  o Standardization of document submission
					• HMCO Qualitative/Quantitative Review
					• Added to PI Plan-- External Quality Review
					  o Create KATA to address CARF Identified Issues
						• Compliance Manager	• Conduct trainings on IPOS, authorizations, and documentation.
							• Ongoing chart reviews, Medicaid Verification.
							• Leverage MyLearningPointe for short training/updates.
							• SMART Goal training assigned to staff in MyLearningPointe. To be assigned as needed.

RISK AREA	EVALUATION OF FY 2023 GOALS	RISK	EVALUATION/ ANALYSIS	BENCHMARK	MONITORING ACTIVITIES	REPORTING OF RESULTS	PERFORMANCE IMPROVEMENT ACTIVITIES
Staffing Issues due to lack of staff in residential homes, respite, ABA, personal care, CLS, skill building and supported employment services	Ongoing	Probability: Certain Impact: High	• Increase in demand for direct care services • People are not applying for direct care positions. Providers cite pay rate as a reason. • Working with contractual providers, individually, to maintain stability	• All consumer services are fully staffed, and consumers are receiving the quality care outlined in their IPOS	• Leadership • Program Supervisors • Contracts	• Leadership	• DCW applied • Continue to work with providers individually on staffing issues. • Monitor anticipated increase for DCW from MDHHS. • Expanded to different platforms with job listings.
Consumer violence to self and others	Continue to Monitor	Probability: Likely Impact: High	• CIRE reports from ORR for review	• No benchmark, continue to analyze based on data review to establish a benchmark	• CIRE Report • Incident Reports	• ORR to LRE • Compliance Committee	• Establish benchmark to work towards performance improvement intervention
Protection of consumers from abuse and neglect	Continue to Monitor	Probability: Likely Impact: High	• ORR reporting	• No benchmark, continue to analyze based on data review to establish a benchmark	• Monitor ORR Reporting	• Recipient Rights Advisory Committee • State of Michigan Annually and Semi-annually	• Review critical incident data and identify trends.
Assurance of appropriate informed consumer consent for treatment	Continue to monitor	Probability: Certain Impact: Medium	• Data on how many we're missing, and how many are needed • 82% overall compliant	• 100%	• Monitored through the annual service agreement and clinical record reviews o Varies monthly depending on which cases are reviewed • Have a PowerBI report to monitor.	• HIMCO/CRC	• Supervisors continue to work with staff to complete consent form • Continued staff training • Continue to monitor through annual service agreement

FY 2023 **Risk Management Plan**							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
							reports and clinical record reviews
Security of Protected Health Information (PHI)	Continue to Monitor	Probability: Likely Impact: High	• HIPAA Training • Security awareness training via the county (KnowB4 training) • IT created and sent random Phishing attacks testing for compliance • Recipient Rights training • Security Risk Assessment (SRA)	• 100% compliance— no leaks	• Annual SRA evaluation and data review	• SRA is presented to Leadership, Compliance committee	• Ongoing training and reinforcement • Ongoing annual SRA - waiting for results.
Transportation of Consumers outside of public transportation and para-transit routes	Continue to Monitor	Probability: Almost Certain Impact: Medium	• Reviewed on Annual Needs Assessment Survey • Review how to best capture the need/data of consumers needing transportation	• None	• None at this time	• Leadership	• Determine how to best collect this data • Potentially send a survey on transportation needs • Propose to include transportation question in LRE satisfaction survey. • Contract Dept. look for possible transportation options • Contracting with Kaizen Health
Utilization Management / Medical Necessity	Continue to Monitor	Probability: Certain Impact: Medium	• Currently have standardized tools to determine level of care for various teams • Outcome measures for each team is being determined	• Completion of UM reviews addressing medical necessity. • MI Adult has developed benchmark	• Leadership • UM • Program Supervisors	• UM Committee • Leadership	• Reported to UM • Enhancing UM reports to other tools being used. (PowerBI and KPI Dashboards)

FY 2023 **Risk Management Plan**							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
			• Review of outliers in UM drew conclusion that no scientific backing to determination of services due to no use of standardized tools. • Ongoing process to monitor UM.	• Other teams still need to create outcome tool			
Potential Liability Suits	Continue to Monitor	Probability: Not Likely Impact: Medium	• Identify for 2023 • Potential of lawsuits increasing for CMHOC as an agency • Always monitoring for Liability/insurance to cover staff when delivering services	• 1 resolved lawsuit	• Monitoring to ensure we address concerns and issues before they become lawsuits • If FOIA or ROI received that is questionable, is sent through corporate council for approval.	• Dispute Resolutions • FOIAs • Release of Information • Potential Breech Notification • Ongoing liability suites always brought to Compliance Committee and kept on agenda until resolution	• Monitoring of various requests and reports for additional information • Continue to monitor
Variation in service rates between partners within the region	Continue to Monitor	Probability: Likely Impact: Medium	• LRE is running SUD rates group and Finance ROAT • Continue to Monitor fluctuations in rates	• Rate setting • State working on BH Fee for all services. o Has not yet been released	• Make sure Rates don't change and are as standardized as possible • Many committees involved with Rate evaluation o Contracts o Fiscal	• Leadership	• Continue to Monitor • Waiting for State to standardize rates

FY 2023 **Risk Management Plan**							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
Internal Staffing and employment retention	Continue to monitor	Probability: Likely Impact: High	• More challenging to hire and retain new staff • County is reviewing retention strategies and policies • Wage study consideration was both positive and negative impacts	• Reduce number of vacant positions	• Monitor how many positions are filled • Await county decisions for retention strategies and policies	• Leadership	• Advertise more • Add additional platforms for hiring • Wage study appeals process - completed • Impact/influence County strategies (including alternative work environments) for retention
Medical Staff peer review and quality improvement activities (IRR initiatives, Medication Committee)	Continue to Monitor	Probability: Almost Certain Impact: Medium	• Work with the P/T Medication Committee for updates and changes	• 10% of nursing, prescriber, and pharmacy reviews and follow up are completed	• Make sure monthly Medication Committee reviews are completed as well as follow up/corrections	• P&T Medication Committee • Leadership	• Continual use of current processes and procedures • Make medication audits more of a peer review • Possibly have nursing reviews restructured to check for forms or not rather than interpretation • Hiring of psychiatrist to help with peer-to-peer reviews.
Confidential protection of the data generated through such processes including Medicaid/Medicare fraud/abuse, OIG and other compliance concerns, i.e.: telehealth	Continue to Monitor	Probability: Likely Impact: Medium	• Use Microsoft TEAMS and Zoom, with both we have a BAA. • Only appropriate staff are looking at confidential data for coordination of care.	• All staff using Microsoft Teams and some using Zoom • 0 reported PHI breaches	• Measure and keep track the number of zoom licenses, Microsoft teams licenses, and number of reported PHI lost • Quarterly OIG report that looks at data activity i.e., billing	• Compliance	• Quarterly monitoring of data integrity reports for OIG submission reporting. • Updating Telehealth to MDHHS guidelines • Staff training on the use of the appropriate documentation and

RISK AREA	EVALUATION OF FY 2023 GOALS	RISK	EVALUATION/ ANALYSIS	BENCHMARK	MONITORING ACTIVITIES	REPORTING OF RESULTS	PERFORMANCE IMPROVEMENT ACTIVITIES
							codes per MDHHS guidelines
Appropriate prescription of medication	Continue to Monitor	Probability: Almost Certain Impact: High	• Monthly chart audits/reviews that including Pharmacy review	• 10% of charts are reviewed by Med Committee	• Peer & Pharmacy Reviews • Medication Manual o Psychotropic Medication List; Ch.VI: Prescribing in Medication Manual. Used as a tool/guideline for prescribers re: maximum dosage for medications	• Leadership • Medication Committee	• N/A
Inappropriate administration of medications by trained staff at AFC homes	Continue to Monitor	Probability: Certain Impact: High	• Significant Med Errors is reviewed by medication committee & RRO • RRO Reviews when there is a regular medication error • Follow up training required when regular and significant medication errors occur with CMHOC and provider staff	• All staff trained to properly administer medications • Medication errors (Significant) to stay at 1 or less monthly	• RRO office reviews incident reports regarding medication errors • Site reviews if staff have not had updated medication classes/trainings • RRO brings medication error reports to P&T medication committee for review • Monitor for changes in training methods resulting from COVID-19 restrictions. See if new techniques used have reduced or maintained medication errors	• RRO • P&T Medication Committee • Leadership • CMHOC Board	• N/A

FY 2023 **Risk Management Plan**							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
Coordination of care with primary care physician when concomitant medical issues are present, and in absence of PCP evaluate effectiveness of medical treatment (complete basic health screen)	Continue to Monitor	Probability: Certain Impact: High	• Are using Coordination of Care and Confirmation of Treatment forms to ensure fluid communication between CMHOC Staff and Client's PCP • Used to increase efficiency & quality of care • Coordination of Care form was updated and combined with the Coordination of Treatment Form • UM Committee monitoring of beneficiaries without a PCP.	• 92% of client forms are completed accurately and annually	• Coordinating information in between client's PCP and CMHOC staff via Coordination of Care Form • Coordination of Care and Confirmation of Treatment Forms must be completed annually per MDHHS	• Compliance • HIMCO/CRC • UM Committee	• Developing oversight and monitoring • Ongoing monitoring of COC completion by staff. • Continue to monitor beneficiaries that don't have a PCP. Working with teams to address.
Maintaining a safe work environment	Continue to Monitor	Probability: Almost Certain Impact: High	• Appropriate PPE • County of Ottawa Plan • Infectious disease control in place • Policies in place to address Health and Safety issues.	• 0% transmissions of infectious disease at CMHOC	• Following County of Ottawa and CMHOC policies and procedures • Maintain PPE Inventory	• Leadership • QI reports infection control to Medical Director for follow-up and directions for CMHOC staff	• Monitor
Untrained/Un-credentialed for services provided	Continue to Monitor	Probability: Almost Certain Impact: High	• Ensure proper training (for internal staff) and credentialing (for both internal and external) of contract staff	• 100% for services provided	• Credentialing and onboarding processes in place • Provider Scorecard • Provider Site Reviews	• Medicaid Verification and Audit findings to leadership, compliance,	• Monitor

RISK AREA	EVALUATION OF FY 2023 GOALS	RISK	EVALUATION/ ANALYSIS	BENCHMARK	MONITORING ACTIVITIES	REPORTING OF RESULTS	PERFORMANCE IMPROVEMENT ACTIVITIES
						fiscal, and contracts	
HCBS Compliance	Continue to Monitor	Probability: Certain Impact: High	• Surveys ongoing with Provider Network • DD Program Supervisor working with Provider Network	• 100% of HCBS Providers compliant	• DD Program Supervisor monitors HCBS provider network	• Agency	• N/A
OIG Monitoring	Continue to Monitor	Probability: Certain Impact: High	• Contract Agency Oversight • Contract Staff are doing monthly OIG checks of all staff	• 100% compliance	• Monthly OIG Reports • LRE	• LRE • MDHHS	• N/A
Contract providers occupying CMHOC buildings - Genoa	Continue to Monitor	Probability: Certain Impact: Medium	• Oversight of property use	• N/A	• Provider compliance on building use agreements	• Health & Safety Committee	• N/A
Accessibility and Inclusivity— Family Restrooms	Continue to Monitor	Probability: Certain Impact: Medium	• Family Restrooms available at Fulton St., but not available for A building, B building, and JJI	• 100% Compliance	• Leadership—working with county administration to implement	• Leadership	• Continue to advocate to the county to fill this need • Ongoing goal in the annual Accessibility Plan
Comprehensiveness, integrity and timeliness of client data, documentation, and Provider submitted claims	Continue to Monitor	Probability: Certain Impact: Medium	• Closer oversight for assuring timely documentation of services • Contract data reporting and encounter reporting	• Member will ensure that a minimum of 95 % of professional claims are submitted to	• Multiple reports to determine volume and timeliness • Medication verification • Agency audits • Clinical Records reviews	• COW • CMHOCIT • Compliance • Leadership • CRC/HMICO	• Creation and implementation of documentation compliance reports. • Increase monitoring of client data

FY 2023 Risk Management Plan							
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
			continues to be a risk because of the 30-day requirement	the payor within 60 days of the last day of the month of which the service was provided.			documentation and claims. • Creation and implementation of data integrity reports to monitor timeliness and accuracy of claims
Transport of consumers to emergency room and other locations	Continue to Monitor	Probability: Not Likely Impact: Low	• Lack of all transportation especially related to emergencies	• All consumers have access to services especially related to emergencies	• Monitor Needs • Look for additional providers we can contract with	• Leadership	• Contracting with Kaizen Health for transportation services to provide options for transporting our consumers. • Contracting with Kaizen Health to analyze transportation needs.
Disposal of Medication and related supplies	Continue to Monitor	Probability: Likely Impact: Low	• Process in place • Company/Provider that takes care of proper disposal of medication and related supplies • Bi-Annual medication take-back event • Community-wide locations for medication drop-offs	• N/A	• Continue to monitor through Medication Committee	• Leadership • Agency	• N/A

	FY 2023 Risk Management Plan						
RISK AREA	**EVALUATION OF FY 2023 GOALS**	**RISK**	**EVALUATION/ ANALYSIS**	**BENCHMARK**	**MONITORING ACTIVITIES**	**REPORTING OF RESULTS**	**PERFORMANCE IMPROVEMENT ACTIVITIES**
CCBHC Expansion/Grant site	New	Probability: Highly Likely Impact: High	• Already has met two years of CCBHC expansion • Would like to continue to get additional funds to be prepared for CCBHC Demonstration Site	• 100% completion of grant requirements	• Programmatic updates from supervisors regarding CCBHC data and outcomes	• Leadership • Agency • CMH Board	• Improvement opportunities will be identified through the CMHOC quality framework and submitted to the CMH QI workgroup for consideration.
CCBHC Demonstration Site Compliance with MDHHS 10/01/2023	New	Probability: Highly Likely Impact: High	• Per MDHHS announcement, current expansion grant sites will be transitioned to become demonstration sites by 10/01/2023 • There will be additional requirements on top of expansion grant sites, CMHOC will roll out these additional requirements.	• 100% MDHHS CCBHC Demonstration Site requirements	• Programmatic updates from supervisors regarding CCBHC data and outcomes	• Leadership • Agency • CMH Board	• Improvement opportunities will be identified through the CMHOC quality framework and submitted to the CMH QI workgroup for consideration.
Not enough resources to monitor provider contract compliance	New	Probability: Highly Likely Impact: High	• Increase in number of contract providers but limited amount of resources for monitoring	• TBD	• Audits of records • Data Integrity reports • Completeness of required documentation • Provider Network Scorecard	• Leadership	• Program Coordinator and Corporate Compliance Coordinator will develop opportunities for improvement as found.

APPENDICES

		CMHOC Consumer Care Related Risk Map 2023			
Likelihood	**A - Certain**			Confidentiality and appropriate release of consumer medical information Assurance of appropriate informed consumer consent for treatment Comprehensiveness, integrity and timeliness of client data, documentation, and Provider submitted claims	Clinical Documentation (e.g. CLS services and measurable goals)
	B - Almost Certain			Nondiscriminatory treatment of consumers regardless of age, gender, race, religion, national origin, or payment status	

		1-Insignificant	2 - Low	3 - Medium	4 - High
				Transportation of consumers outside of public transportation and para-transit routes	
C -	Likely		Transport of consumers to emergency room and other locations		Protection of consumers from abuse and neglect Security of Protected Health Information (PHI) Consumer violence to self and others
D -	Not Likely				

Impact

CMHOC Financial Related Risk Map 2023					
A -	Certain			Utilization Management / Medical Necessity	
B -	Almost Certain			Variation in service rates between partners within the region	

Probability

Probability			1- Insignificant	2 - Low	3 - Medium	4 - High
	C -	Likely				Internal Staffing and employment retention
	D -	Not Likely			Potential Liability Suits	
					Impact	

CMHOC Medical Staff - Related Risk Map 2023						
Probability	A -	Certain				Inappropriate administration of medications by trained staff Coordination of care with primary care physician when concomitant medical issues are present, and in absence of PCP evaluate effectiveness of medical treatment (complete basic health screen)

Probability		1-Insignificant	2 - Low	3 - Medium	4 - High
B -	Almost Certain			Medical staff peer review and quality improvement activities (IRR initiatives, Medication Committee)	Appropriate prescription of medications
C -	Likely		Disposal of Medication and related supplies	Confidential protection of the data generated through such processes including Medicaid/Medicare fraud/abuse, OIG & other compliance concerns, i.e. tele-health	
D -	Not Likely				

Impact

CMHOC Employee - Related Risk Map 2023

Probability					
A -	Certain				
B -	Almost Certain				Maintaining a safe work environment Untrained/ un-credentialed for services provided (e.g., scope of practice)

Risk Map (Probability × Impact)

Probability	1- Insignificant	2 - Low	3 - Medium	4 - High
C - Likely	🟩 Green	🟧 Yellow	🟧 Yellow	🟥 Red
D - Not Likely	🟩 Green	🟩 Green	🟧 Yellow	🟧 Orange

Impact

CMHOC Legal and Regulatory Risk Map 2023

Probability				
A - Certain	🟧 Yellow	🟥 Red	🟥 Red	🟥 Red — HCBS Compliance; OIG Monitoring
B - Almost Certain	🟧 Yellow	🟧 Yellow	🟥 Red	🟥 Red — CCBHC Expansion/Grant site; CCBHC Demonstration Site Compliance with MDHHS 10/01/2023; Not enough resources to monitor provider contract compliance
C - Likely	🟩 Green	🟧 Yellow	🟧 Yellow	🟥 Red
D - Not Likely	🟩 Green	🟩 Green	🟧 Orange	🟧 Orange

CMHOC Property Related Risk Map 2023				
		1- Insignificant	2 - Low	3 - Medium	4 - High
Probability	**A - Certain**	(orange)	(red)	Contract providers occupying CMHOC buildings - Genoa Accessibility and Inclusivity—Family Restrooms (red)	(red)
	B - Almost Certain	(orange)	(orange)	(red)	(red)
	C - Likely	(green)	(orange)	(orange)	(red)
	D - Not Likely	(green)	(green)	(orange)	(orange)
		1- Insignificant	2 - Low	3 - Medium	4 - High
		Impact			