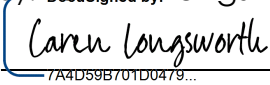
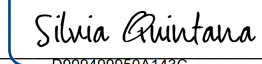




Broward Behavioral Health Coalition, Inc.	
Policy Title: Risk Assessments	
Policy Number: BBHC.0088	Contract Section (s): Contract No. JH343
Effective Date: May 1, 2015	Revision Date: 8/4/2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: DocuSigned By: Caren Longsworth, Director of Quality Improvement	
Signature: <u></u> <small>7A4D59B701D0479...</small>	Date: <u>8/6/2023</u>
Approved by: DocuSigned By: Silvia Quintana, Chief Executive Officer	
Signature: <u></u> <small>D999499950A143C...</small>	Date: <u>8/6/2023</u>

Policy – It is the policy of Broward Behavioral Health Coalition to establish formal direction and procedures for the completion of annual Risk Assessments of contracted Providers. Contract compliance will be assessed on a continuous basis via the established procedures and standards for all programs and services within the Provider Network. The Provider Network is funded through the State of Florida Department of Children and Families (DCF) funding. Therefore, to ensure adherence to uniform procedures and the delivery of services in accordance with applicable federal and state laws, rules, and regulations; the terms and conditions of the contract; and policies, and procedures established by DCF and BBHC, Providers will receive a risk assessment that will determine the level of review to be completed, onsite and desk reviews, as applicable.

Purpose – The purpose of this policy is to describe the process used to prioritize Contract Accountability Reviews through the assessment of risk associated with each contract. Adherence to an established and uniform process advances the efficient application of resources to the areas of greatest need. By efficiently and effectively allocating such resources, assurances can be provided that public safety, public funds, and health care services are assessed without unduly burdening providers and advances the goal activities are performed in an environment free of bias and favoritism in the order and/or frequency providers are reviewed for compliance. The frequency and order of the Accountability Review is based on pre-established factors to rank each contract.

- I. Need for Prioritization - An element of risk is always present when contracting public funds to provide services to its clients. Because public funds are used, and a vulnerable population served there is deliberate

evaluation of risks associated with each contract.

- II. Criteria - The following risk criteria are used to identify the risk each contract presents. Subsequently, this will dictate how, when, and who conducts compliance activities will be conducted. The following factors, at a minimum, will be considered in assigning risk:
 - Type of Service(s)
 - Annual Dollar Amount of the Contract or unusually complex matching/funding requirements
 - Pattern of Incidents reported through IRAS
 - Prior Performance of Contract deliverables
 - A Qualified, Adverse, or Disclaimed Audit Opinion or no audit
 - Subcontracted Provider has less than two (2) years of experience contracting for similar services with DCF
 - Staffing Issues
 - Data Management
 - Quality Management
 - Pattern of failure to meet contract requirements identified through previous compliance review activities or adherence to reporting requirements
 - Other DCF/ME Special Interest Initiatives
- III. Outcome of the Assessment - The assessment will be completed within the first thirty (30) calendar days of the fiscal year. At the conclusion of the assessment process, all contracts will be assigned a relative rating. This information will be used for the purpose of prioritizing activities as captured in an annual Compliance Review Schedule.
- IV. Use of Assessment Results - The assessment results will be used to determine the order and type (on-site or desk review) of the Contract Accountability Review. For both administrative and programmatic reviews, the assessment results will be the primary factor considered in the scheduling process; however, the age of the contract (newly executed or approaching renewal, expiration, or termination) will also be considered. When possible, the annual Contract Accountability Review schedule will be coordinated with other reviews or monitoring activities conducted by other funders, accreditation, and Quality and Utilization Management activities, when applicable.
- V. Updating the Assessment - The purpose of the Risk Assessment is to assess risk on an annual basis for the purposes of prioritization. It is designed to be an annual, static depiction of the risk associated with the contract. Thus, the annual assessment will not be updated or revised during the year (i.e., risk scores will not change during the fiscal year). As new

contracts are executed during the year, those contracts will be assessed for risk during the next annual Risk Assessment. Additional assessment activities, reviews, and scheduling activities may be conducted as deemed necessary.

Procedure:

- I. The first step to complete the Risk Assessments is to gather the information required from the different areas reviewed, no later than the 15th day of the new Fiscal Year unless noted below:
 - a. Billing and Data department, no later than the 20th day of the new Fiscal Year
 - b. Provider Relations Department
 - c. Quality Department
 - d. Utilizations Department
- II. The Provider Relations Department will aggregate the data provided and complete a Risk Assessment for each provider in the Network within the first 30 days of the new Fiscal Year.
- III. Based on the results of the Risk assessment, the Provider Relations Department along with BBHC's Administration will determine which Provider will require an onsite Contract Accountability Review and which will require a Desk Review.
- IV. The Quality Improvement Department will develop a monitoring schedule for all the Contract Accountability Reviews, both Onsite Review and Desk Review, no later than August 15th of the new Fiscal Year.

REFERENCES:

ATTACHMENTS:

REVISION LOG

REVISION	DATE
Reviewed and made grammatical and format changes.	7/21/2021
Changed the creation of the monitoring schedule from Provider Relations to Quality Improvement.	7/28/2022
Reviewed, no changes made	8/4/2023

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.