



**Legend:**

**Risk:** Specific process or practice, lack of process, behavior, or area that puts NHS employees, consumers or NHS itself at risk. The risk can be external or internal. It can be known or suspected, past, present or future.

**Category:** Risks are categorized by either the nature of the risk – e.g., documentation error – and/or the area of responsibility – e.g. timekeeping. A suggested broad categorization scheme (with some examples) follows:

Administrative and Training	Service Documentation and Provision	Financial	Quality	Miscellaneous
<ul style="list-style-type: none"> <li>Payroll</li> <li>Manual Checks</li> <li>Timeliness</li> <li>Sign offs</li> <li>Helpline operations/processes</li> <li>Privacy</li> <li>Voicemail</li> <li>Lap top lost</li> <li>Electronic communication</li> <li>Camera phones</li> <li>emails</li> </ul>	<ul style="list-style-type: none"> <li>Intake</li> <li>Sign in</li> <li>Staff assignment</li> <li>Off site delivery of services</li> <li>Time in and time out</li> <li>Travel time</li> <li>Limited access to documentation</li> <li>Verification of service</li> </ul>	<ul style="list-style-type: none"> <li>Billing</li> <li>Payer requirements</li> <li>Legibility</li> <li>Coding/data entry</li> <li>Accuracy</li> <li>Timeliness</li> <li>Cost centers</li> <li>MPJ/NPI numbers</li> <li>Authorization</li> <li>Service time requirements</li> <li>Prescribing clinician</li> </ul>	<ul style="list-style-type: none"> <li>Incident management</li> <li>Abuse or neglect</li> <li>Sentinel Events</li> <li>Police contact</li> <li>Sleeping on job</li> <li>Medication errors</li> <li>Restraints/Seclusion</li> <li>Integration of physical and behavioral health</li> <li>Management of records</li> </ul>	<ul style="list-style-type: none"> <li>Vendor access</li> <li>Data collection via IT</li> <li>Theft</li> <li>Theft of ID in residential or NHS rep payee processes</li> <li>Theft of resources</li> <li>Theft of personal items</li> <li>Intellectual property</li> </ul>

Probability: The likelihood that this risk-causing practice/behavior will occur. The categories of probability are:

- Certain – pretty much guaranteed to happen – 90/100% certainty – rating 5
- Likely – without mitigation strategies probably will occur – 70/90% probability – rating 4
- Possible – can happen but can be prevented – 50/70% possibility – rating 3
- Unlikely – reasonable person can assume it isn't likely to occur – 20/50% - rating 2
- Rare – there is no reasonable expectation that this will occur – 0/20% - rating 1

Severity: The impact that the risk-causing practice/behavior will have if it occurs. Rating scheme for severity is:

- Catastrophic – puts organization at risk of investigation, loss of license, exclusion; same for person plus prison; loss of business; lawsuits – rating 5
- Critical – consequences likely to be significant payback; termination of employee; probationary status for program; audit issues; bond issues – rating 4
- Moderate – payback and significant disciplinary action – rating 3
- Marginal – payback – rating 2
- Negligible – improvement required – rating 1

Mitigation Strategy: Any process, practice, function or person that is or can be put into place that will either reduce the likelihood of a risk occurring and/or reduce the impact of the risk. For example, GMP is such a strategy. If there is a mitigation strategy in place, rate it's value in preventing occurrences of the potential risk. The rating scale to use is:

- Strong – should catch or prevent most instances
- Moderate – catches/prevents some, misses others
- Weak – misses many possible occurrences

Clinical Practices

- Documentation
- Unusual Incidents
- Best Practices

Public Information and Media Relations

- Police Contact

Compliance

- Monitoring
- Awareness/Education
- Access
- Evaluation

Records Management

- Confidentiality
- Records Retention
- Releases

Performance Improvement

- Quality of care
- QI
- Consumer rights
- Sentinel events
- Outcome measures
- Management, support and care system enhancements
- Accreditation
- Consumer/Customer Relations

Facilities

- Americans with Disabilities Act
- Environment
- Physical Plant
- OSHA

Payroll

Training

- Staff/Management Training
- Continuing Professional Educ.

Human Resources

- EEO
- ERISA
- Harassment/Workplace

Violence

- Substance Use/Abuse
- Labor and Employment Law
- Employee Relations
- Insurance
- Hiring and disciplinary practices
- Benefits

Licensure/Certification  
Credentialing

Information Technology  
Electronic Media  
Systems Confidentiality/Security  
Data collection, maintenance  
and reporting

Risk Management  
Safety  
Workers compensation

Billing  
Systems Issues  
Medicare, Medicaid and other  
payer requirements  
Coding  
Documentation  
Contracts

Financial Management and Reporting  
Cost Reports  
Tax  
Invoicing  
Cash management  
Budgeting  
Internal auditing  
Business records  
Accounts Payable  
Claims Management  
Authorization Management  
Intake

Medical  
Adverse Outcomes  
Professional Standards  
Reportable Diseases/Morbidities

Treatment planning  
Timely  
Measurable goals  
With consumer  
Related to diagnosis  
Signed as required  
Repeated from previous plans

Incident reporting  
Abuse/neglect  
Restraints and seclusion

“Credentialing”  
Primary source verification of education and experience  
Criminal history and other background checks

- Matching qualifications to payer requirements
- Staffing agency (temp) staff
- Demand for staff vs. time needed to properly credential
- Group services
  - Staff to client ratios
  - Group progress notes
  - Photocopying of notes
  - Attendance in each session for 3 to 6 hour programs
- Treatment ("medical") services
  - Clinical activities vs. "life" activities
  - Reality vs. documented description
- Off-site services
  - Pre-signed vouchers
  - Actual time in and time out
  - Improper relationships
  - Intervention actually delivered?
  - Service actually delivered
- Community residential services
  - Staffing ratios
  - Breaks in service (home trips, hospital stays)
  - Communication logs/shift notes
  - Sleeping on the job
  - Medical and other ancillary services
  - Medication errors
  - Abuse
  - Client safety
  - Facility safety
  - Theft of ID
  - Theft of resources
  - Client funds management
  - Quality of care
- Progress notes
  - Timely
  - Time in and out
  - Legibility
  - Related to treatment plan
  - Descriptive of "treatment"
  - Consumer response to treatment activity
- Costs
  - Expenditures governed by federal/state limitations on reimbursement
  - Prudent buyer/maximum allowable costs
  - Allocated properly
- Charge entry
  - Coding not an issue except time and service
  - Data entry errors
  - Authorized vs. unauthorized changes
  - Cash flow priority
  - Volume high; specific dollar per claim is small
  - Prescribing clinician
- Medical necessity
  - Need vs. availability
  - Consumer/family desires vs. medical necessity

Authorization  
Chart maintenance  
Timely filing  
Limited access