The Right Door for Hope, Recovery and Wellness

LOCAL COMPLIANCE/RISK MANAGEMENT PLAN
2017
Board Approved: 2/27/2017

I. LOCAL STRUCTURE

It is required that compliance & risk management efforts will occur outside of this structure on an informal basis within and across teams and in individual roles and functions as staff continually strive to provide accessible, quality, efficient and effective services.

A. Authority: Authority is vested by The Right Door for Hope, Recovery and Wellness' (The Right Door) Board of Directors to the CEO for the overall implementation and oversight of the Compliance/Risk Management Plan. The CEO designates a Compliance Officer and, as needed, an ad hoc Compliance Committee (CC). The Compliance Officer has the authority to review all documents and other information relevant to the compliance and risk management activities, including, but not limited to, consumer records, billing records, employee records, and contracts and obligations of The Right Door. The Compliance Officer oversees implementation of the compliance and risk management plan, identifies staff training needs in regards to compliance and risk issues, and ensures overall effectiveness of the plan.

B. Compliance Committee: Is an ad hoc committee, as designated by the CEO, to address specific compliance or risk matters as needed. Membership is determined based on the nature of the issue to be addressed.

C. Quality Council (QC): The Leadership Team functions as the QC, and can review the compliance/risk management plan, consult and make recommendations on various compliance or risk-related matters, provides general agency direction related to issues of compliance and risk, and makes plan revision recommendations to the CEO and Board of Directors.

II. AREAS OF RISK: LOCAL INDICATIONS AND PLANS

The Right Door abides by and adopts the Mid-State Health Network Compliance Plan, including addressing the nine (9) general areas of risk shared by all affiliate members.

The Right Door's Local Compliance/Risk Management Plan expands to identify specific conditions or potential areas of risk that are unique to The Right Door and explains how each of these shall be addressed to control these threats and risks. Risks may include such things as changes in funding, new or growing populations, problems with facilities, newly identified security issues or internal procedures. The following table identifies some key additional risk areas, and the means by which The Right Door plans to address each of these areas. This plan is applicable to all The Right Door staff, contractors, and Board members.

A. Identification & Analysis of Loss Exposures, and Plan to Rectify/Reduce Exposure, 2017:
The following areas of risk or loss have been identified based on new legislation, the most recent needs assessment and stakeholder feedback activities conducted by The Right Door.

GENERAL AREAS of RISK/EXPOSURE	ANALYSIS of EXPOSURE	PLAN TO RECTIFY/REDUCE EXPOSURE
1. Regulatory-State & Federal	A. Affordable Care Act B. Viability of Health and Human Services C. 1115 I Waiver – Unknown risk. D. Privatization of the Mental Health System	Remain informed about A – D. Advocate through MSHN workgroups, State level and with legislature to promote optimal local impact and benefit.
2. Funding	A. AOT – judge can order treatment. Concern over who would pay if the judge orders treatment and they don't have insurance or qualify for our services. We want to maximize the benefit while reducing the risk to funds. B. Section 298 solutions. Implications for funding. Role of the PIHPs in the future. C. Substance Use funding – PIHP continues to push fee for service. D. Autism Services are in high demand and expensive. 5-month lag in payment and rates are not covering cost. E. 1115 I waiver F. PIHP is pushing standardized rates for all contracted providers. G. High Maximize all available funding to increase penetration	A. Meet with judges in Ionia County to discuss implications of the law and how best to implement it. B. Participate in creative solutions for maintaining local services under section 298 proposals. C. Continue to advocate for adequate substance use funding to cover all costs. D. Operations council and PIHP has agreed to fund in real-time to alleviate some of the cash flow issues. Advocate for funding. E. Will keep an eye on this. F. Eliminate the PIHP. G. Increase penetration rates and maximize service.
3. Services/Programs	A. Workforce Development --will see demands for clinicians and medical personnel. Recognize risk of potential recruitment of staff away from The Right	A. Current strategies: a. Recruitment and Retention Plan implemented. b. Hire locally whenever possible

	Door by other organizations, the need to increase workforce in these areas to meet programmatic needs, and the sometimes detrimental impact of staff turnover/staff changes on persons and families served. a. ABA – Workforce Development – BCBA Recruitment. Aid recruitment b. Nurse recruitment. B. Substance Use Program expansion – adequate funding. CAADC qualified staff. Increased risk of serving the SUD population. a. Ongoing SUD treatment – risk of not addressing SU and training need of staff. b. Opioid Treatment – High Risk population and specialized training needs. C. Veterans Service – risk of not providing access to treatment. D. 1115 waiver	c. Training supervisors and administration on recruitment and retention strategies in supervision. d. Implementing HR strategies in hiring review of commitment, in policy changes and in recruitment strategies. e. Tapping into universities for clinical rotations. f. Recruitment of interns. g. Non-compete clause – discussing possible implementation. B. Continuing to work towards increasing capacity to service this population by: a. training staff and advocating for CAADC credentials. b. Hiring of Peer Recovery Coaches. c. Possibility or contracting with current staff for SUD services. d. Opioid treatment – i. Providing training and ongoing program procedure reviews. C. Increase access to our services for Veteran's by working with Veteran's Service Office, Ionia County Commissioners, the Michigan Veteran's Affairs office, and the VA. D. Monitoring implications of this waiver on currently provided services.

H. Implementation of Actions to Reduce Risk, Monitoring, Reporting, and Performance Improvement:

Actions to reduce risk shall be as assigned by the CEO or QC/Leadership Team. The Quality Improvement/Compliance Manager shall monitor implementation and ensure minimally annual reporting to the QC/Leadership Team for performance improvement review and for implementation of revisions of the plan.