

# Risk Management Plan

**Fiscal Year 2020**

**COMMUNITY COPY**



**PHOENIX**  
RESOURCE CENTER

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*"There are two gifts we should give our children; one is roots, the other wings."*

Phoenix Resource Center, Inc.  
Risk Management Plan

The Risk Management Plan was reviewed by the Co-Founder and Board of Directors. that included a risk analysis for revision to be implemented July 2019.

Phoenix Resource Center, Inc. (Phoenix RC) is committed to long-range risk management planning to ensure service continuity and, therefore, to a formal and periodic risk management process. Specifically, Phoenix RC., is committed to Risk Management as a way to:

1. Identify any loss exposures;
2. Analyze and evaluate any loss exposures;
3. Identify a strategy (including techniques and/or actions) to be taken to counter any potential losses or identified exposures;
4. Implement the most effective strategy/plan to reduce risk for the Agency;
5. Provide ongoing monitoring of any actions taken to reduce risk;
6. Report results of actions taken to reduce risks;
7. Include the results of risk reduction activities in performance improvement activities.

Phoenix RC., in order to minimize various risks associated with its daily operations, has incorporated policies and procedures to assist in managing the liability associated with delivery of services. This list is not intended to be all inclusive, but represents areas where Phoenix has taken a pro-active stance to help reduce risk in day-to-day operations.

**Risk Management Plan Policy:**

The Executive Officer, or designee, is responsible for ensuring that an annual risk management assessment is conducted and reporting the findings of that assessment to the organization's leadership. The risk assessment will be conducted annually and no later than July 1st of each year with results:

- (1) provided to the organization's leadership and
- (2) incorporated into and clearly documented as part of program planning efforts, performance improvement activities, strategic planning, community advocacy efforts and financial and resource planning efforts. Areas of risk will be identified and implementation and monitoring of actions to reduce risk will occur. Actions taken will be documented on the Risk Management Plan.

**Current Assessment:**

This document and the organization's responses to the following questions provide documentation of the current risk management assessment conducted in accordance with CARF's accreditation standards pertaining to risk management. The intent of these items is to develop an open-ending and thought-provoking approach to understanding the level of both current and future risks in order to assist Phoenix RC to identify, analyze and resolve known risks. Implementation and monitoring of actions to reduce risk is documented.

## **Risk Management Findings:**

**Potential Risk 1:** List any significant changes anticipated regarding the types of persons currently served. For those listed, describe the impact of anticipated needs in terms of fiscal and human resources and the projected impact on service delivery.

- a) Consumers referred to our program have more significant and complex diagnoses that require specialized intervention. Additionally, we are seeing more individuals presenting with multiple issues jeopardizing stability, such as a diagnosis of bipolar disorder with the family also at risk of losing their home.
- b) The state is moving toward requiring providers to maintain active accreditation approvals to apply for future contracts. If Phoenix RC would not be able to maintain successful accreditation, we could in the future be at risk of losing 80% of our referral funding.
- c) The state continues to pursue Medicaid funded services, attempting to minimize their overall funding for provider contracted services. While Phoenix RC does maintain Medicaid contracts, these contracts are limited in their scope of service. These Medicaid contracts only cover those individuals who are fully licensed, and do not account for transportation, visitation, or implementation of services from individuals seeking licensure.

## **Solutions:**

- a) Phoenix RC will continue to seek specialized training in all aspects of meeting the needs of our referral sources and also identify other Department of Human Services (DHS) services we could contract to provide such as IFI services. Presently Phoenix RC is working to enroll three fully licensed therapists in trauma specific training that credentials these staff for being specialized in specific trauma treatments.
- b) Phoenix RC will continue to implement CARF standards in every day practice. While Phoenix was accredited initially in 2013, the accreditation was not required for current contracts. Phoenix RC is now fortunate to serve on the DHS Contract Advisory Committee and is aware of policies preparing to be implemented before they are shared with the larger provider community. It is beneficial for Phoenix RC to continue to implement CARF standards and pursue regularly accreditation to maintain our contracts, especially if accreditation will be a requirement in the coming years.
- c) Phoenix RC will continue to advocate for the use of state funds for community-based services. In addition, with CARF accreditation Phoenix RC is now eligible to apply for IFI based services, increasing our revenue and scope of services significantly.

**Potential Risk 2:** Discuss the security, the physical Phoenix office in regard to persons served and staff members. If security is described as inadequate, identify improvements and/or changes needed to rectify the problem.

- a) Reasonable security measures are provided at each building. Staff members are trained on appropriate security measures to ensure all facilities remain safe and secure. However, the management team has identified some weakness in building security as follows:  
The administration building does not have security entrance modifications such as card-key access, but a keypad code only for entering the office.

**Solution:**

The need for a security access system will be monitored on the risk management guide. An alternative plan will be put in place to lock the doors during early and late work shifts and to have individuals stop and check in with an Operations Manager before moving throughout the office.

Phoenix RC has a workplace violence training at hire and annually, thereafter. Additionally, Phoenix RC staff participate in workplace violence drills. Drills will be recorded and evaluated for improvement purposes.

**Potential Risk 4:** Has the organization conducted an accessibility evaluation to identify barriers to accessibility and develop a plan for elimination of identified barriers?

- a) The accessibility plan is reviewed and updated yearly, and an accessibility status report is prepared. An analysis of all potential barriers to services is conducted and goals prepared to include identified barriers.

**Solution:**

- a) (See Accessibility Plan)

**Potential Risk 5:** Phoenix RC's health and safety program should appear effective in identifying possible risks and hazards. Identify the effectiveness of the health and safety program and list all problem areas along with any corresponding plan of corrective action.

**Solutions:**

- a) The safety committee meets regularly and is led by our Safety Officer. Concerns/Issues are discussed, and recommendations are made to the organization to address those issues. Phoenix RC has a written Health and Safety policies that are utilized as a training guide for staff and addresses the health and safety policies of the organization. Staff is trained at hire and annually, thereafter, on the Health and Safety policies and practices of the organization. Reduction and elimination of reportable accidents and incidents is a priority.
- b) All Workman's Comp claims and incident/accident reports are tracked on an agency log in order to identify trends. Presently, Phoenix RC has not had a recorded Workman's Comp incident and therefore has not monitored trends thus far. If those claims are made, the management team will review the report quarterly and implement a plan of correction needed, as needed.

- c) All staff are trained in suspected abuse and neglect mandated reporting procedures at hire and annually thereafter.
- d) Emergency plans are in place at all service locations and drills are conducted according to state licensing and CARF standards.
- e) Phoenix RC maintains a supply first aid needs for use by agency staff in the prevention and spread of disease.
- f) Safety hazards are reported to the Safety Officer and appropriate action is taken in a timely manner.
- g) Hazardous chemicals will be properly marked and stored and MSDS sheets will be maintained at all locations. All areas for center-based services maintain an inventory of chemicals and cleaning solutions. Each site will maintain a MSDS binder and post warnings, as required.
- h) All agency-owned vehicles are equipped with emergency equipment and supplies
- i) All employees maintain CPR and first aid certification

**Potential Risk 6:** List the steps in place to minimize the risk of misappropriation of funds. Identify any material exposures and include any plans to address these exposures.

**Solutions:**

- a) Phoenix RC has a strong internal control system and comprehensive fiscal policies and procedures. Policies and procedures are reviewed annually to ensure each remain relevant to reduce the potential for fraud and abuse. Billing audits are conducted at quarterly to ensure that billing procedures are ethical and accurate.
- b) Operations Managers are responsible for providing comprehensive training for billing for new staff members.
- c) The Board of Directors receives a regular financial and fund balance reports, as well as, a copy of the annual budget.

**Potential Risk 7:** Describe how the corporate compliance program strives to be effective in preventing fraud, waste, and abuse. Identify any known weakness and describe what changes need to be made.

**Solution:**

- a) Phoenix RC has a strong Corporate Compliance policies and procedures, Professional Standards and Code of Ethical Conduct that addresses fraud, waste and abuse. Staff of the organization is trained annually on the compliance policy, professional standards and

code of ethical conduct and policies against waste, fraud, and abuse. Phoenix RC staff sign policies that make clear that any discovery of intentional fraud or abuse will result in immediate termination of employment. The compliance committee meets regularly to discuss issues of concern.

**Potential Risk 8:** If it appears that there will be increased business competition within the next twelve months, provide an estimate as to how that competition could affect revenue generation efforts and consumer base.

- a) Phoenix RC has maintained state contracts for the last eight (8) years. In the last year, the state has drastically changed how contracts are obtained moving from a simple contract renewal to applying for continued contracts and waiting for approvals based on past service history. In FY2020, the state will increase the number of providers in the state by 30%. This change impacts Phoenix RC in that there will be competing providers in our area providing similar services.

**Solution:**

The organization will continually monitor all programs to ensure each are providing quality services. Staff will be trained annually on best practices and on all licensure and accreditation requirements. In addition, Phoenix RC will continue to maintain effective communication with referring agencies to ensure that quality services are being offered and implemented.

**Potential Risk 9:** Does it appear that the organization has sufficient insurance coverage to protect the organization's assets and protect the organization's personnel in the event of a lawsuit?

- a) Presently, Phoenix RC is mandated to maintain the following insurances as per our contract requirements:
  - i. Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.
  - ii. Commercial General Liability Policy (Occurrence) to include contractual liability. \$1 million per occurrence/\$3 million aggregate policy limits.
  - iii. Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. \$1 million per occurrence.

- iv. Malpractice/Professional Liability Policy (Claims Based) with Errors and Omissions Coverage. \$1 million per occurrence/\$3 million aggregate policy limits. (Directors and Officers coverage does not satisfy this requirement.)
- v. Commercial Umbrella Policy (Occurrence). An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the \$1 million and \$3 million policy limits and the umbrella policy must follow the form of the underlying \$1 million primary policy. Additional umbrella coverage is not required if all other limits are satisfied.

**Solution:**

As a result of the amount of coverage required by both our federal and state funding, Phoenix RC is well insured and protected against liabilities. Phoenix RC will continue to monitor these issues at the state and federal level and add additional coverage as required.

**Potential Risk 11.** Are the organization's policies and procedures regarding confidentiality of consumer and employee information consistent with federal and state laws and HIPAA.

- a) Yes. The agency will monitor changes in HIPAA regulations and make adjustments as needed.

**Solution:**

All employees, board members and contractors sign a confidentiality agreement at hire and annually thereafter. Phoenix RC staff members receive training on HIPAA practices and confidentiality through DHS as well as through our internal training system.

**Potential Risk 12.** Does the organization have sufficient hardware, software, peripherals and other technology to accomplish its mission and provide quality care?

- a) The organization has a technology plan in place that is reviewed annually to determine the sufficiency of our current technology in meeting program and consumer goals.
- b) Phoenix RC staff could benefit from software and hardware that could make documentation and assessments more streamlined when providing in-home services.

**Solution:**

(See Technology Plan)

**Potential Risk 13:** Do any of the organization's policies and procedures have the potential to put the organization at risk and/or subject the organization to legal liability?

- a) Policies and procedures are reviewed annually, and no unreasonable risks have been identified. Insurance coverage is in place to cover the staff and Board of Directors.

**Potential Risk 14:** Describe any immediate action(s) that needs to be taken to ensure the long-term viability of the organization.

**Solution:**

- a) It is imperative that the Co-Founders, the board, and other members of management stay at the forefront of trainings and legislative decisions. To be able to govern the changes in programming Phoenix RC must have a capable team of individuals that can navigate change and know where to seek out assistance if needed.




**RISK MANAGEMENT PLAN  
REVIEW & ACCEPTANCE**


At the called meeting of Phoenix Resource Center, Inc. on May 19<sup>th</sup>, 2019 the Risk Management Plan for the period of FY2020 was reviewed and accepted by Phoenix Resource Center, Inc. Co-Founders and the Board of Directors.

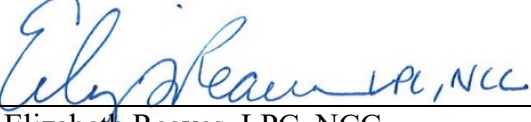
The Risk Management Plan will be reviewed and shared with personnel during the next four Treatment Team meetings as well as in meeting minutes shared with all personnel. Meetings will take place on May 22, May 29, June 5, and June 12, 2019.

Persons served and community stakeholders will have access to our strategic direction and achievements through our website.

The Board of Directors will review the Strategic Plan annually, the first review being Friday, March 6, 2020.

  
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Debbie Stewart, LPC, CPCS  
Co-Founder  
Clinical Director  
5/21/2019  
Date

  
\_\_\_\_\_  
Allison Pressley, LPC, CPCS  
Co-Founder  
Corporate Secretary  
5/21/2019  
Date

  
\_\_\_\_\_  
Elizabeth Reaves, LPC, NCC  
Co-Founder  
Executive Officer  
5/21/2019  
Date