

SELFHHELP COMMUNITY SERVICES, INC. CORPORATE COMPLIANCE POLICY AND PROCEDURE MANUAL		Policy # 9 Page 1 of 2
Subject: Assessment of Risk	Effective Date January 2006	Revision Date 02/2008, 8/2023
Section: Corporate Compliance General		

POLICY:

Selfhelp Community Services, Inc. is committed to establishing and maintaining effective preventative and detective controls to ensure that resources are safeguarded; laws, regulations and contractual requirements are followed; and reliable data are obtained, maintained, and fairly disclosed.

PROCEDURE:

1. Each department director of Selfhelp Community Services, Inc. is responsible for:
 - A) Defining standards of practice for staff to follow in accordance with applicable laws, regulations, and contractual requirements;
 - B) Establishing oversight of staff practices to ensure compliance and internal controls in order to prevent and detect violations of those standards;
2. In collaboration with the Corporate Compliance Officer, each department:
 - A) Identifies risk areas that are most vulnerable to non-compliance. These areas include, but are not limited to:
 1. Billing practices
 2. Payments: Cost Reporting
 3. Credit balances with failure to return
 4. Conflicts of interest
 5. Ordered services
 6. Medical necessity;
 7. Governance;
 8. Mandatory reporting;
 9. Quality of care: Providing, and billing for, substandard care and/or service
 10. Insufficient, inadequate and/or fraudulent documentation
 11. Credentialing: Use of unqualified or unlicensed personnel
 12. Improper solicitation of clients
 13. Inadequate management and oversight of subcontracted services
 14. Discriminatory practices related to staff and clients

15. Client/patient abandonment
16. Contractor, subcontractor, agent or independent contract oversight
17. Failure to follow program standards and policies, reflective of applicable laws, regulations and contractual requirements.

B) Establish and implement an effective system for the routine monitoring and identification of those vulnerable areas.

C) Provide routine audits in those risk areas in accordance with a *Risk Assessment* schedule. Schedules include the frequency of monitoring and can include program self-monitoring and reporting and/or internal financial and/or performance-based audits.

3. All audits of those risk areas for non-compliance are conducted in accordance with the *Auditing and Monitoring* policy and procedure.
4. A *Risk Assessment schedule* for each department is reviewed with the Department Head no less than annually for accuracy and adequacy and to ensure that appropriate internal controls exist and oversight is sufficient to prevent and detect violations of the law, regulations, and contractual requirements.
5. In addition, all policies and procedures are reviewed periodically to ensure that standards of practice as written are effective to achieve compliance with all applicable laws, regulations, and contractual requirements.
6. Policy and procedures are developed or revised in accordance with the *Policy and Procedure Development* policy.