

Licking County Board of Developmental Disabilities

Administrative Policy Manual

Policy: Risk Management Controls
Appendix A

Board Approved: 08/06
Revised: 04/17, 08/2020
Reviewed: 04/10, 04/14
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ADMINISTRATIVE

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Professional Misconduct	Orientation to and ongoing review of Ethics Policy; Appropriate levels of supervision for staff; Regular Performance Evaluation; Disciplinary action when warranted	Board, Superintendent/CEO, Leadership Team and supervisory staff	Monitor status of professional licenses and required staff certification. Require compliance with DODD rules and Board policy. Prompt investigation of complaints.	Annually
Any type of harm to persons supported by the Board.	Policy on Individual Support Planning and use of person centered tools to reduce risk and assure appropriate level of support. Review of DoDD Health and Safety Alerts. Reference checks, BCII and federal background checks on applicants and providers including abuser registry and federal HHS exclusion list.	All staff and Board providers	Required annual training in Support Planning and Incidents Adversely Affecting Health & Safety. Use of person-centered tools, listening and learning, and ongoing discovery.	Annually
Negative publicity	Written Crisis Communication Plan	Public Information Officer, Superintendent/CEO	All media relations go through the Superintendent/CEO and Public Information	Crisis Communication Plan is reviewed and updated as needed.

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			Manager. Staff are trained to implement crisis plan.	
Compliance with applicable sections of ORC and OAC.	Board policy and related procedures are kept current. State accreditation reviews	Superintendent/CEO and Leadership Team	Regular review of Board policies and procedures to determine relevancy.	At least every 3 years or when statute or rules are added or revised.

FINANCIAL

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Negligence in fiscal management	Monthly review of income and expense reports and fund balances by the Board; Audits by the State Auditors Office, Ohio Dept. of DD and Ohio Dept. of Medicaid; Compliance with requirements of the Licking County Auditor’s Office.	Board, Superintendent/CEO and CFO	Implement Board adopted fiscal policies and procedures required by the Licking County Auditor’s Office. Immediately respond to any audit findings and/or recommendations from auditors.	Annually
Reductions in funding, loss of funding sources and unanticipated increase in expenses.	Monthly income and expense reports, long-range fiscal projections. Compliance with funding source requirements.	Superintendent/CEO and CFO	Long-term levy strategy. Monthly review of income, expenses, and fund balances. Update long range financial projections at least annually.	Monthly Semi-annually

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Claims against the Board for personal injury, property loss/damage, and program/employee negligence.	Maintain liability, fleet, property and worker’s compensation insurance.	Board, Superintendent/CEO and CFO	Periodic assessment by insurance carrier of risk and coverage limits. Robust safety program.	Every five years or more frequently if required by significant changes in personnel and/or operations.
Theft of County Board Funds	Segregation of Duties; Internal Accounting and Control Procedures	CFO Superintendent/CEO	-Segregation of Accounting Functions; -Established Internal accounting Control Procedures -Monthly Fund Reconciliation -Board Approval of budget and review of financial statements monthly.	Review procedures at least every three years. Share with auditing firm for feedback. Annually
Lack of required waiver match	Update the PICT quarterly. Priority categories determined through waiting list rule (OAC).	Superintendent/CEO CFO Director of Service Coordination and Waiver Coordinator	Use of PICT and verification of “emergency” status for persons in non-priority categories. Service and Support Review Committee meetings.	Quarterly review of PICT SSRC meetings bi-weekly

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DIRECT SERVICE PROGRAMS

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Loss of DODD accreditation	Quality and compliance reviews.	Leadership Team	Comply with applicable laws, rules and regulations. Use MEORC for accreditation technical assistance.	Periodically complete DoDD self-review.
Negligence or misconduct by providers.	Requirements for Major Unusual Incidents; Licensure and provider compliance reviews	Director of Provider & Transition Supports, Service Coordinators monitor delivery of individual specific waiver services.	Provider Compliance Protocols and home visits by Service Coordinators. Assess compliance with contract terms annually. Written contracts & agreements must be approved as to form by Prosecutor's office annually.	Annually

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HUMAN RESOURCES

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Staff attrition rate.	Positive work environment	Leadership Team	Offer competitive salaries and benefits and/or provider rates. Conduct exit interviews and analyze data. Periodic staff surveys.	Annually in conjunction with HR reports.
Failure of staff to maintain required certification, and licensure	Personnel policies and compliance monitoring.	Director of Human Resources	Track and monitor expiration dates of required certification. Inform staff of need to renew.	Monthly
Labor Law Violations / Lawsuits	Training / Compliance with statute / Written Policies	Superintendent/CEO Leadership Team Supervisory and middle management staff	Training, regular review of written Policies and practices Consultation with Prosecutors Office as needed	Ongoing
Harassment / Workplace Violence	Written Policy and training for staff	Superintendent/CEO Leadership Team Supervisory and middle management staff	Staff training, prompt investigation of claims, and follow up.	Ongoing

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Negligent Hiring	Conduct Background Investigations, verify required credentials prior to final job offer.	Superintendent/CEO and Director of Human Resources	Fingerprint applicants, check DD abuser registry, nurse aid registry and federal HHS website and 4 other registries ; work related references, drug screen. Verify staff hold and maintain appropriate credential / license for their position.	Review credentials / licenses on an ongoing basis.
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FACILITIES

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Loss of or damage to board property	Implementation of comprehensive safety program, including Building specific safety and lock-up procedures.	Leadership Team, Building Safety Committees and all staff.	Staff training on safety procedures including fire suppression and building lock up. Monthly drills. Quarterly self-inspections in each building with appropriate follow up correction monitored by Component Director.	Monthly drills, Quarterly and Annually

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TRANSPORTATION

Exposure	Control Mechanisms	Responsible Persons	Actions to Reduce Risks	Review Date
Damage or loss of vehicles due to accidents. Personal injury and property damage.	Personnel policies on driving and use of Board vehicles. Regular monitoring of driving records.	Director of Human Resources and Leadership Team	Check driving records and maintain on file. Regular pre and post trip inspections.	Annually
Damage or loss of vehicles due to theft or vandalism.	Lighted parking areas and locked vehicles.	Facilities Maintenance Staff and other staff who drive Board owned vehicles.	Maintain parking area lights and vehicle locks. Vehicle sign in and out procedures.	Annually

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INFORMATION TECHNOLOGY

EXPOSURE	CONTROL MECHANISMS	RESPONSIBLE PERSONS	ACTIONS TO REDUCE RISKS	REVIEW DATE
Accidental Removal or Release of Confidential or Sensitive Data	Regular backups and limited access consistent with information management procedures. Maintenance of a WAN firewall. Controlled accessibility by outside vendors HIPAA Business Associate agreements.	CFO and Director of IT	Periodic staff reminders regarding responsibility for system security and password security. Network password change semi-annually. Data back-up via secured web-based application. Annual network security scans.	Weekly, Monthly, Annually
Malicious Removal or release of Confidential or Sensitive Data	Regular backups and limited access consistent with information management procedures. Maintenance of a WAN firewall, controlled accessibility by outside vendors, HIPAA Business Associate Agreements.	CFO and Component Directors, Director of IT	Periodic staff reminders regarding responsibility for system security and password security. Network password change semi-annually. Data back-up via secured web-based application. Annual network security scans.	Weekly, Monthly, Annually

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OPERATIONAL (General Liability)

EXPOSURE	CONTROL MECHANISMS	RESPONSIBLE PERSONS	ACTIONS TO REDUCE RISKS	REVIEW DATE
Facility Use by Third Parties	Facility Use Policy	Component Director and/or Superintendent/CEO	Third Party Disclaimer	Annually
Personal Injury to Third Parties	General Liability Insurance Coverage. Comprehensive Safety Program.	Superintendent/CEO and Leadership Team and Building Safety Committees.	-Periodic Risk Management assessment by appropriate third party; -Routine building inspections (internal and external) with documented follow-up; -Consultation and follow-up with B.W.C. -Regular emergency drills	Annually, Quarterly, Monthly

OPERATIONAL (Property)

EXPOSURE	CONTROL MECHANISMS	RESPONSIBLE PERSONS	ACTIONS TO REDUCE RISKS	REVIEW DATE
Interruption of Normal Operation	Business Continuity Plan	Director of Human Resources and Superintendent/CEO	-Emergency Drills Performed as required. -Annual update of written Business Continuity Plan	Annually, Quarterly, Monthly

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OPERATIONAL (Contractual Liability)

EXPOSURE	CONTROL MECHANISMS	RESPONSIBLE PERSONS	ACTIONS TO REDUCE RISKS	REVIEW DATE
Contractor Injury	Proof of Insurance	CFO and Director of Human Resources	-Proof of Liability Insurance -Proof of Workers Compensation Insurance	Prior to contract implementation