



Title

Completing the Contractor Risk Assessment Tool

HIV/STD Procedure Number	CBG- 900.002
Effective Date <i>(original issue)</i>	Dec. 31, 1996
Revision Date <i>(most recent)</i>	November 01, 2007
Subject Matter Expert <i>(title)</i>	Policy Manager
Approval Authority <i>(title)</i>	Branch Manager
Signed by <i>(signature for hard copy; name for online)</i>	

PURPOSE

A Contractor Risk Assessment Tool (RAT) will be completed for each HIV/STD contractor following each program compliance review (formal site review, technical assistance, desktop review, or follow-up visit) in conjunction with the development of the review report. The resulting rating is an assessment of the contractor to provide guidance in determining when future site visits are to be conducted. The RAT rating becomes effective (retroactively) on the last day of the review. The RAT rating may be changed after the lead monitor receives the contractor's response to the report and is found to have met the criteria for a higher rating.

HOW TO OBTAIN A RAT

The RAT is maintained in the Word file G:\InternalTOOLS\RAT.DOC or can be downloaded from the web at <http://www.tdh.state.tx.us/hivstd/fieldops/tools/RAT-frm.doc>. It is a read-only protected file that must be printed or "saved-as" to your personal files for completion.

COMPLETING THE RAT COVER PAGE

The RAT cover page contains comprehensive contract information and is completed for each contract reviewed during the site visit.

File Name: Use the contractor acronym followed by the scope of work, then indicate the year and month of the review. For example, if a site review for the Lubbock Health Department's Prevention Program were conducted in May 2008, the RAT document would be named "LHD PREVF RAT May 2008." After completing the RAT, the Word file is copied to the appropriate directory as determined by the scope of work. In the example above, the file would then be placed in the S://drive under S:\RAT\PREV\2008.

- ◆ S:\RAT\PREV\Review Year\contractor SOW RAT date of review.doc
- ◆ S:\RAT\SERVICES\Review Year\contractor SOW RAT date of review.doc*
- ◆ S:\RAT\HOPWA\Review Year\contractor SOW RAT date of review.doc
- ◆ S:\RAT\STD\Review Year\contractor SOW RAT date of review.doc

*Ryan White and State Services

Review Type: Indicate whether this review was a Formal, Technical Assistance, Desktop or Follow-Up Review.

Contractor: Enter the complete legal name of the contractor being assessed. No acronyms may be used. This information is located in their application for funding or if an existing contractor, in the program contract file or The Source.

Contractor Address: Enter the city of the contractor's administrative offices. This information is located in their application for funding or if an existing contractor, in the program contract file or The Source.

Scope of Work Reviewed: Enter the scope of work and identify the intervention/contracts reviewed.

Example for Prevention: Prevention Federal – PBC and Voices/Voces.

Example for Services: Administrative Agency – RW, SS and HOPWA.

Contract Amount: Enter the total amount of each contract identified. This information can be found in the program contract file or The Source.

DSHS Document #: Enter the DSHS document number for each current and/or pending contract(s) identified. If a pending document does not have a number assigned, enter "pending." This information can be found in the program contract file or The Source.

Planning Area: Enter the planning area where the agency is located. Texas is divided into six geographical HIV/STD Prevention Planning Areas. The planning areas are as follows: Area 1-West Texas; Area 2- Panhandle LOMA; Area 3- North Texas; Area 4- East Texas; Area 5- Central Texas; and Area 6- South Texas. For specific counties covered in each area go to the HIV/STD web site and search under the Planning Services.

Region: Enter the public health region in which the contractor is located. This information is located in their application for funding or if an existing contractor, in the program contract file or The Source. There are 11 public health regions in the state.

Regional Coordinator: Enter the name of the Regional Coordinator working with the contractor.

Monitors: Enter the names of the monitors who conducted the review and indicate the lead monitor with an asterisk. The lead monitor will serve as the contact person regarding the information included in the review report and RAT.

Date Visit was Completed: Enter the last day of the visit. If it is a desktop review, enter the date the desk top review was completed.

Date of Next Visit: Enter the date of the next visit. This is dependant upon the RAT score. RAT score information is located on page 3 of the RAT Tool.

Agency Director/Title: Enter name of agency's director and title specific to the scope of work that was assessed.

Phone: Enter the telephone number for the agency's director.

Email: Enter the email address for the agency's director.

Program Contact/Title: Enter the information for the agency's contact person specific to the scope of work that was assessed.

Phone: Enter the telephone number for the identified contact person.

Email: Enter the email address for the identified contact person.

Box on top right corner:

a. **MLP# Assigned:** Reserved for tracking purposed for the Contract Management Unit.

b. **Que Date:** Reserved for tracking purposes for the Contract Management Unit.

Risk Rating: Enter in the Risk Rating following the completion of the Risk Assessment Tool.

Sanction Level: Enter in the sanction level recommended following the completion of the Risk Assessment Tool, if applicable. Sanction Levels can be found on page 4 of the RAT.

RAT Risk Rating Effective Date: Enter the last day the most recent review.

COMPLETING THE RISK ASSESSMENT TOOL, SPECIFIC TO THE SCOPE OF WORK

The Risk Assessment Tool, Specific to the Scope of Work, is the second and third page of the RAT. This section is to be completed for each contract reviewed. This information should be completed based upon the most recent program review, the resulting review report, and other documentation found within this office.

RAT Completed By: Enter your name.

Date: Enter the date of the completed assessment.

STANDARDS

1. **The contractor has previously been monitored for this or other HIV/STD grants.** This question differentiates between a new contractor who will need a visit within a shorter timeframe and an existing contractor who is familiar with DSHS requirements and it is not performing. Mark Yes, No or N/A.
2. **The contractor has received an on-site review and/or technical assistance in accordance with DSHS program guidelines.** This question is identifying a contractor who has not received an assessment and needs to be reviewed within a shorter time period and a contractor who has received an assessment and guidance. Mark Yes, No or N/A.
3. **The contractor submitted a corrective action plan by the due date if required by the previous site visit report.** Was the contractor able to follow DSHS requirements with the timely submission of the corrective action plan as required by the previous site review. This information can be obtained from the Consultant Tracking Table located in the G: drive as well as the Contractor's monitoring file. Mark Yes, No or N/A.
4. **The contractor submits program reports and data by the due date.** The contractor has submitted quarterly/program reports to the CMU by the due date. Contact the Contract Monitor and Oversight Manager at the CMU for this information. The contractor submits program data to the Program Improvement Group by the due date (RECN, CRCS Data Sheet, EBI data, STD MIS and ARIES). Mark Yes, No, or N/A.
5. **The contractor's program reports and data are complete and accurate.** The contractor has submitted complete and accurate quarterly/program reports. Evidence of the number of quarterly/program report revisions can be obtained from the CMU Contract Monitor and Oversight Manager. The contractor has submitted program data by the due date. Contact the Program Improvement Group for information of complete and accurate data. Mark Yes, No, or N/A.
6. **The contractor meets performance measures as required by the contract.** The contractor is on target to meet all performance measure as required by their contract. See most recent site review report, quarterly/program reports, the RECN system, STD MIS and follow up with the Program Improvement Group for ARIES and other specific EBI and CRCS data to verify. Mark Yes, No, or N/A.
7. **The contractor complies with contractual requirements as reflected in site visit tools, policies and procedures.** The contractor follows DSHS contractual requirements for delivering services. These requirements are assessed during a site review or other form of assessment (TA visits, desktop). The contractual requirements are delineated in the contract language located in the contract files. Mark YES, NO, or N/A.
8. **The contractor performs required oversight activities for staff and subcontractors.** Required oversight timelines are located in the contract language and quality assurance portion of the contractor's application. Mark Yes, No or N/A.

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9. The contractor has implemented mechanisms for external feedback from stakeholders, including measures of satisfaction and suggestions for contractor improvement. See most recent site visit report or quarterly report for information on client satisfaction and suggestions for improvement. Mark Yes, No or N/A.
 10. The contractor is free from validated complaints within the last 24 months. A list of contractors with validated complaints is available from the Field Operations Manager. Mark Yes, No or N/A.
 11. The contractor meets the minimum standards for quality management as contractually required (for Administrative Agencies). The contractor is meeting contractual requirements by showing a good faith effort of developing and implementing a comprehensive QM system. Elements included in a QM system are outlined in the audit review tool for Administrative Agencies. Mark Yes, No, or N/A

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CRITICAL STANDARDS

12. The contractor implemented its Plan of Action according to the documented DSHS program approved time line identified in the previous site visit report or subsequent correspondence. Corrective actions and improvements were substantiated during the most recent site visit. Responses to site visit reports and subsequent correspondences are filed in the branch monitoring files.
Mark YES, NO, or N/A.
13. The contractor has been free from DSHS and other known state or federal sanctions for the last 24 months.
Mark YES, NO, or N/A.
14. The contractor is on target in implementing the work plan.
The contractor is implementing the work plan negotiated in its contract and is on target with the activities described in the work plan. Program reports are located in the contract files and copies are routed to the Field Operations consultant or Regional Coordinator.
Mark YES, NO, or N/A.
15. The contractor is free from validated complaints regarding an immediate and/or serious threat to the health and safety of clients since the last review. A list of contractors with complaints not resolved in a timely manner is available from the Field Operations Manager or the Group Manager. Mark YES, NO, or N/A.

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CRITICAL CLINICAL STANDARDS

16. The contractor assures that subcontractors meet the minimum standards for clinical services as contractually required. Use the current site visit report developed in conjunction with this RAT. Monitoring team should be in consensus and report findings for the purpose of this RAT documented. Mark YES, NO, or N/A.
17. The contractor assures that all subcontractors meet minimum standards for case management as contractually required. Mark YES, NO, or N/A
18. The contractor assures a resource for HIV related primary care is available and accessible for all eligible clients. Mark YES, NO, or N/A
19. The contractor assures that subcontractors who provide client care services for HIV and other sexually transmitted diseases funded under the RWII meet DSHS policies on Child Abuse Screening, Documenting and Reporting. Mark YES, NO, or N/A

SCORING

Tally the number of Yes and No answers in the **STANDARDS** section. Tally the number of Yes and No answers in the **CRITICAL STANDARDS** section. Tally the number of Yes and No answers in the **CRITICAL CLINICAL STANDARDS** section. Assign a Risk Rating I, II, or III following the instructions for Scoring Risk Ratings.

JUSTIFICATION for RISK RATING

Within their scope of work, each review team member will narrate a justification for the Risk Rating and explain at minimum all "No" answers.

STAFF MEMBER CONDUCTING ASSESSMENT AGREES with RISK RATING

Indicate whether you agree with this statement by marking YES or NO. If the reviewer(s) does not agree with the Risk Rating, indicate what the Risk Rating will be changed to. If the Risk Rating is changed, justification for changing the Risk Rating is required.

SIGNATURE OF STAFF MEMBER(S) MANAGER OR TEAM LEADER

If the Risk Rating is changed, the staff manager's or team leader's signature is required.

SANCTIONS

Have sanctions been recommended for this contractor as a result of this review? Enter Yes or No. Indicate the level and type of sanctions imposed.

JUSTIFICATION for SANCTIONS

Document reason(s) why sanctions are recommended for this contractor.

Note: Field Operations Manager must sign the RAT when recommending sanctions.

ADDITIONAL STAFF COMMENTS and CONCERNS REGARDING THIS CONTRACTOR

Document any additional comments or concerns you have regarding this contractor. Initial and date comments. (OPTIONAL)

REGIONAL STAFF KNOWLEDGE

Has appropriate Regional staff reviewed this RAT?

Route this document to appropriate regional staff for review prior to submitting to Field Operations Team Leader or Manager. Once regional and central staffs agree with the Risk Rating, document the date.

THIS RAT HAS BEEN REVIEWED

Submit the final RAT to all of the Team Leaders or Group Managers represented by the site review for signature and approval. If the RAT includes sanctions it must be signed by the Field Operations Manager.

WHAT TO DO WITH THE COMPLETED RAT

After the Team Leaders or Managers have signed the RAT, it is returned to the lead monitor and/or FO contact person who will copy the Word file to one of the S:\RAT directories, as reflected on page one. The lead monitor and/or FO contact person will route an electronic copy of the RAT to the assigned CMU contract manager and place the original signed RAT in the program monitoring file along with the program review report that it was prepared in conjunction with.

The Field Operations Consultant will inform the Team Leader of proposed types of reviews and the review schedule according to the Risk rating and sanction levels of each contract attachment. Proposed travel schedules are to be submitted to appropriate Team Leaders or Managers. The schedule need not be date specific, but should indicate what month and year each contractor will be visited.

REVISION

August 31, 2007

Revisions to this policy too substantial to list, therefore it is treated as a new document. The revised policy is effective immediately.

- 1 July 10, 2006
- 2 Revisions to this policy too substantial to list, therefore it is treated as a new document. Contractors are instructed to discard the
- 3 previous policy issued March 4, 2002. The revised policy is effective immediately.