

**RISK ASSESSMENT TOOL
(RAT) COVER PAGE
HIV/STD HEALTH RESOURCES DIVISION**

MLP# ASSIGNED:	
Que Date:	
RISK RATING:	
SANCTION LEVEL:	
RAT Rating Effective Date: (must be the last date of the most recent review)	

File Name:	Review Type (FORMAL, TA, FOLLOW-UP, DESKTOP):		
Contractor:			
Contractor Address:			
Scope of Work Reviewed:			
Contract Amount:	Document Number:		
Planning Area:	Region(s):		
Regional Coordinator(s):			
Monitors	Name	Date Visit was Completed	Date of Next Visit
* Indicate Lead Monitor with an asterisk			
Clinical Services Division			
Data Evaluation			
Field Operations			
Planning			
Other			

Contractor Contact Information	
Agency Director/Title	
Phone Number	
Email address	
Program Contact/Title	
Phone Number	
Email address	

NOTE: Risk Ratings and Sanction Levels are subject to change. Contact the Lead Monitor for more current information before basing important decisions on information contained in this document.

RAT Completed By: _____ **Date:** ____ / ____ / ____

RISK ASSESSMENT TOOL
Specific to Scope of Work (SOW)

STANDARDS		YES	NO	N/A
1.	The contractor has previously been monitored for this or other grants.			
2.	The contractor has received an on-site review and/or technical assistance in accordance with DSHS program guidelines.			
3.	The contractor submitted a corrective action plan by the due date if required by the previous site visit report.			
4.	The contractor submits program reports and data by the due date.			
5.	The contractor's program reports and data are complete and accurate.			
6.	The contractor meets performance measures as required by the contract.			
7.	The contractor complies with contractual requirements as reflected in site visit tools, policies and procedures.			
8.	The contractor performs required oversight activities for staff and subcontractors.			
9.	The contractor has implemented mechanisms for external feedback from stakeholders, including measures of satisfaction and suggestions for contractor improvement.			
10.	The contractor is free from validated complaints within the last 24 months.			
11.	The contractor meets the minimum standards for quality management as contractually required (for Administrative Agencies).			
CRITICAL STANDARDS		YES	NO	N/A
12.	The contractor implemented its Plan of Action according to the documented 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.			
13.	The contractor has been free from DSHS and other known state or federal sanctions for the last 24 months.			
14.	The contractor is on target in implementing the work plan.			
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.			
CRITICAL CLINICAL STANDARDS		YES	NO	N/A
16.	The contractor assures that subcontractors meet the minimum standards for clinical services as contractually required.			
17.	The contractor assures that all subcontractors meet minimum standards for case management as contractually required.			
18.	The contractor assures a resource for HIV related primary care is available and accessible for all eligible clients.			
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.			

SCORING RISK RATINGS

Priority I - Must be monitored within the next twelve (12) months:

- Contractors who are starting a new scope of work, OR
- Contractors who have three (3) or more No answers to Standards (1-11) above, OR
- Contractors who have two (1) or more No answers to Critical Standards (12-15) above, OR
- Contractors who have one (1) or more No answers to Critical Clinical Standards (16-19) above

Priority II - Must be monitored within the next eighteen (18) months:

- Contractors who have two (2) No answers to Standards (1-11) above

Priority III - Must be monitored within the next twenty-four (24) months:

- Contractors with zero or one (0 or 1) No answers to Standards (1-11) above

Team Member	Justification for Risk Rating Explain at minimum all No answers on the standards 1-19
Field Operations	
Planning	
Data Evaluation	
Clinical	
Other	

YES	NO	Staff member(s) conducting assessment agrees with Risk Rating.
		If NO, staff member(s) conducting assessment recommends adjusting contractor rating from Risk Rating _____ to Risk Rating _____ based on comments/concerns noted below.

Justification for change to the Risk Rating:

Signature of staff member(s) Manager or Team Leader

SANCTIONS - (refer to HIV/STD Policy No. 540.001)			
Reviewers recommend sanctions for this contractor?	YES		NO
Justification for Sanctions:			
Date Applied:		Indicate the Level of Sanctions Recommended:	

LEVEL I SANCTIONS

- accelerated monitoring
- requiring the provider to accept technical/management assistance or training
- disallowing claims for payment or reimbursement on expenditures and expenditures for which prior approval was required but not obtained
- requiring additional, more detailed, programmatic reports
- requiring additional prior approvals for expenditure of funds, and/or
- referral to the DSHS Grants Management Division or Internal Audit for monitoring

LEVEL II SANCTIONS

- probation for a time period specified by the Bureau
- temporarily withholding portion of funds
- other actions the DSHS deems to be appropriate

LEVEL III SANCTIONS

- termination of all or part of the contract
- suspension of all or part of the DSHS contract
- denial of contract renewal or future contract award for a period not to exceed five years
- reduction of contract funding amounts if the Contractor is not:
 - ✘ achieving or maintaining the proposed level of service, or
 - ✘ spending funds appropriately or at a rate which will make full use of the award, or
 - ✘ providing services as set out in the contract
- contract amendments resulting from noncompliance
- final notice of permanently withholding cash payments

Additional staff comments and concerns regarding this contractor (e.g., high staff turnover, other DSHS divisions that consider contractor to be high priority).	
Comments:	
Initials of Commenter:	Date:

Regional Staff Knowledge	Date
Regional staff has been notified of and agrees to this risk rating	

This RAT has been reviewed by:

Field Operations Team Leader	Date
Program Improvement Group for Data (PIG) Group Manager	Date
Clinical Program Manager	Date
Other	Date