### Policy
It is the policy of The Arc of Monroe that business, administrative and support functions promote personal and organizational outcomes, and sound fiscal practices.

### Additional Information
In order to be most effective, the agency’s compliance plan and approach needs to be responsive to current risks, needs, procedures and activities. To accomplish this, all corporate compliance and HIPAA policies will be reviewed formally and updated as required at least once each calendar year (or more frequently if/as necessary) by both the VP for Quality and Compliance, and the agency’s compliance committee (who has the responsibility to formally approve them). In addition, the agency engages in an annual preventive risk assessment each 4th quarter to assess emergent risks from which a following year’s compliance work plan is developed. Please cross reference that policy for further details.

### Procedure

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Guidelines:</strong></td>
<td></td>
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<tr>
<td>1. The VP for Quality and Compliance is responsible for oversight of agency compliance activities and related policies and procedures. At least once each calendar year, he/she/they will conduct a preliminary review of all compliance and HIPAA policies and procedures and submit draft revisions to the compliance committee for final review, additional revision (if necessary) and approval.</td>
<td>VP for Quality and Compliance; Compliance Committee</td>
</tr>
<tr>
<td>2. In addition, both he/she/they and the compliance committee will monitor the compliance work plan for updates, as well as any needed revisions, deletions or additions.</td>
<td>VP for Quality and Compliance; Compliance Committee</td>
</tr>
<tr>
<td>3. Revisions or updates will be communicated to agency staff and other constituents, as appropriate.</td>
<td>VP for Quality and Compliance</td>
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</tbody>
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| Compliance Committee: | |
| 1. Will hold the VP for Quality and Compliance accountable for ensuring that the agency’s compliance plan is accurate and reflective of current activities; that it and related policies are updated as necessary; and that the annual work plan is implemented and revised as appropriate. | Compliance Committee |
| 2. Will assist with the review, revision and approval of all compliance and HIPAA policies and procedures. | Compliance Committee |
**Document revision record:**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Release Date</th>
<th>Reason for change</th>
<th>Approver</th>
</tr>
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<tbody>
<tr>
<td>New</td>
<td>10/1/01</td>
<td>Approved by the corporate compliance committee</td>
<td>ICC</td>
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<tr>
<td>10/27/05</td>
<td>10/27/05</td>
<td>Reasons for changes not documented</td>
<td>P Dancer</td>
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<td>5/20/08</td>
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</tr>
<tr>
<td>10/21/11</td>
<td>10/21/11</td>
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<tr>
<td>10/17/12</td>
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<td>10/24/14</td>
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<tr>
<td>6/5/17</td>
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<tr>
<td>11/26/19</td>
<td>11/26/19</td>
<td>Transitioned to new procedural format</td>
<td>P Dancer</td>
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<tr>
<td>9/29/21</td>
<td>10/8/21</td>
<td>Fleshed out content and added a discrete section for compliance committee; added inclusive pronouns</td>
<td>ICC</td>
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