Topic: Compliance investigations	**Department:** Entire agency
Original effective date: 5/17/11	**Last revision date:** 9/25/24
Owner: VP for Quality and Compliance	**Frequency of reviews:** Annual
Internal/Regulatory Reference(s) (all that apply): Federal sentencing guidelines 8.B.2.1(b)(7); NYS Social Security Law 636-d(2)(g); 18 NYCRR 521-1.4(h)	
Related documents/Links: Compliance Investigation Form (attached); Please see other references within the document	

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

Additional Information: It is critical to approach and respond to compliance concerns in a consistent way. This policy clarifies how compliance issues will be investigated.

This policy applies to all persons who are affected by the agency's risk areas (to the degree that they are so affected) including our employees, the CEO and other senior management, managers, contractors, agents, subcontractors, independent contractors, students, interns, volunteers, vendors consistent with the "Vendor Management Policy," the Board of Directors and Board committees; hereafter referred to as "affected parties."

All compliance-related concerns should include a fact finding stage to determine its seriousness and whether it can be handled within the department or should be referred to the VP for Quality and Compliance consistent with the policy, "Management of situations reported to the compliance office" (please cross reference for additional information). Situations that are not required to be reported to the VP for Quality and Compliance may be investigated within individual departments. All investigations should include the following components (individually or in summary):

- Identify why it's believed that the compliance program requirements have not been met
- Identify the scope of the issue
- Identify and collect relevant facts and data
- Summarize the collected information
- From this information, draw conclusions
- Identify recommendations
- Document the investigative process into a summary document (including the above elements)
- Distribute the investigative summary to appropriate parties within the department
- Ensure that recommendations are addressed
- Archive all related information for a period of 6 years

Employees are required to participate in compliance investigations.

For formal compliance cases which are opened and managed by the VP for Quality and Compliance, investigations will be conducted by the VP for Quality and Compliance or their designee, will be initiated within 3 business days of it being reported, and will include the following steps:

- Confirm that the situation meets the criteria to be classified as a formal compliance case
- Evaluate and determine the nature and scope of the issue(s), in consultation with the program's management
- Document the investigative methodology that will be used to conduct the investigation
- Identify the relevant people to talk with or interview. Formal statements will be taken at the discretion of the VP for Quality and Compliance or designee, based on the nature and seriousness of the situation.
- Identify documents and other information to review as part of the investigation
- Conduct interviews as appropriate
- Identify relevant facts from the interviews and data received
- Draw conclusions and/or arrive at a determination
- Develop required responses or follow-up, if applicable
- Develop recommendations, if applicable

Investigations will be documented in a consistent format on the "Compliance Investigation Form" (see attached for reference; for a fillable/modifiable version, please contact the VP for Quality and Compliance).

Regardless of the determination or conclusions, the program will be required to respond to the findings, required responses and follow-up, and recommendations. Any overpayment must be returned within 60 days of determining the amount and the scope of the overpayments. This applies whether the situation is investigated and managed within the compliance office or within the program. Please see the policy, "Unsupported claims, repayment/financial adjustments and voluntary self-disclosure" for additional information.

Anytime it's determined through an investigation that a violation of the compliance program has occurred or may have occurred (such as determination of Confirmed or Inconclusive) – even if it's different than what was originally reported, a risk appetite assessment will be conducted. Please cross reference the policy, "Risk Appetite Assessment" for more information.

Procedure	
	Responsible party:
General Guidelines:	
1. Investigations may be conducted within programs or by the VP for Quality and Compliance per the criteria above.	VP for Quality and Compliance or designee; managers or designee
2. An investigation must be done by uninvolved trained staff (can't be done by program staff) if: *The program director or their supervisor might be involved in the situation *The program directors asks that it be done	VP for Quality and Compliance or designee

*At the direction of administration *At the discretion and direction of the VP for Quality and Compliance *At the direction of legal counsel	
3. An investigation may be done within the program if the above reasons don't apply.	Managers or designee
4. For situations that do not rise to the level of a formal compliance case, the VP for Quality and Compliance may oversee and review investigations conducted within programs. They may also take the information collected or obtained by program staff, formalize that into an investigative report and draw conclusions from it. They reserve the right to expand an investigation if/as they deem appropriate.	VP for Quality and Compliance
5. Investigations, whether completed within programs or by the VP for Quality and Compliance (or designee) must meet the content requirements listed above.	VP for Quality and Compliance; Managers
6. Compliance investigations completed by the Compliance Office will be documented on the attached "Compliance Investigation Form."	VP for Quality and Compliance
7. All completed investigations will be provided to the leadership of the program involved, including the Vice President, whether conducted within the program or by the VP for Quality and Compliance.	VP for Quality and Compliance; Managers
8. Programs will be required to respond formally to the findings. For formal compliance case investigations managed by the Compliance Office, this means in writing.	Managers
9. If the investigation shows that something happened that shouldn't have, minimally there are 2 expectations – that the program provide: 1. A response to the investigative findings and determination 2. Actions necessary to ensure that the situation does not recur. This should include, as applicable: *Revision to systems, processes, and policies and procedures; and/or *Disciplinary actions	VP for Quality and Compliance
10. Disciplinary actions related to formal compliance cases managed by the Compliance Office will be tracked for OMIG audit purposes.	VP for Quality and Compliance
11. Formal compliance case investigations (those managed by the Compliance Office) and any associated follow-up from the programs will be reviewed by the Compliance Committee. The committee reserves the right to see any supporting documentation.	VP for Quality and Compliance; ICC Chairperson
12. The Compliance Committee may identify additional follow-up or recommendations upon review.	ICC
13. The Compliance Committee has the responsibility for final case review and only it may close compliance cases.	ICC
14. Investigations completed within programs will be archived within the program for a period of 6 years from the date the investigation closed.	Managers
15. Formal compliance case investigations will become part of the full compliance case file.	VP for Quality and Compliance
16. Compliance case files will be archived and maintained for a period of 6 years from the date the case is closed through the Compliance Committee	ICC; VP for Quality and Compliance

Manager Responsibility:	
1. Managers have a responsibility to understand the requirements of this policy and their role in it.	Managers
2. Managers are required to do their due diligence in investigating (where appropriate) and responding to situations discovered in their program areas regardless as to who conducts the investigation. For those that will be handled within their department, this includes developing plans to prevent recurrence, the payback of any necessary funds within the 60-day requirement, and following the required documentation and distribution requirements as outlined in this policy.	Managers
3. Managers will support both the compliance function and HR with members of their team around the requirement to participate in investigations.	Managers
VP for Quality and Compliance:	
1. The VP for Quality and Compliance acts as the agency's Compliance Officer, as required by NYS law.	VP for Quality and Compliance
2. The VP for Quality and Compliance has primary responsibility for administering the agency's compliance program, and related policies and procedures.	VP for Quality and Compliance
3. The VP for Quality and Compliance acts as a resource for agency staff, managers, and leadership, providing support around investigative approaches or strategies.	VP for Quality and Compliance
4. The VP for Quality and Compliance will oversee investigations as appropriate and reserves the right to expand investigations or to assume investigative responsibility at their discretion.	VP for Quality and Compliance
5. The VP for Quality and Compliance will ensure that all formal compliance cases are documented in the same form and format.	VP for Quality and Compliance
6. The VP for Quality and Compliance has primary responsibility for ensuring that the executive management team is notified and kept informed of formal compliance cases	VP for Quality and Compliance

Document revision record:

Revision Date	**Release Date**	**Reason for change**	**Approver**
New	6/1/11	Approved by the internal compliance committee on 5/23/11	ICC
6/6/12	6/6/12	Reasons for changes not documented	P Dancer
10/24/14	10/24/14	Reasons for changes not documented	P Dancer
7/29/15	7/29/15	Reasons for changes not documented	P Dancer
9/2/16	9/2/16	Reasons for changes not documented	P Dancer
4/28/17	4/28/17	Reasons for changes not documented	P Dancer
11/9/18	11/9/18	Reasons for changes not documented	P Dancer
11/26/19	11/26/19	Transitioned to new procedural format	P Dancer

12/30/20	12/30/20	Took out references to non-reportable cases. Clarified investigative procedures when it's clear something happened.	P Dancer
1/29/21	1/29/21	Stated clearly that this policy applies to HIPAA as well	P Dancer
8/18/21	9/8/21	Fleshed out some details, reformatted the procedure, and added discrete sections for managers and the VPQC; added that all paybacks must be reported to the VPQC	ICC
7/18/22	7/18/22	Specified that the VPQC may direct that programs cannot investigate a situation; Typos corrected	ICC
7/21/22	8/8/22	Defined "staff" for the purposes of this policy	ICC
3/15/23	3/15/23	Formerly combine with policy on classification of situations; pulled out as a separate policy	ICC
3/24/23	4/28/23	Added specific follow-up expected in response to investigations; added that disciplinary action in response to formal compliance cases is tracked	ICC
6/16/23	6/19/23	Added a timeframe within which investigations conducted by the Compliance Office will be initiated	ICC
9/13/23	9/13/23	Clarified that conclusions and/or determinations may be arrived at; clarified requirement to respond to findings and when risk appetite scoring applies; clarified that managers must distribute investigations consistent with the policy	ICC
9/25/24	9/25/24	Added clarifying language; specifically stated in the procedure that the ICC is responsible closing cases	ICC

Compliance Investigation Form

Date reported: ___________________ Reported by (name/title): ______________________________

Case number: ___________________ Program(s): ____

Policy(s) believed to have been violated: ____

Risk appetite score: _________________ ☐ Within our risk appetite ☐ Exceeds our risk appetite

Is there a payback? ☐ Yes ☐ No Is this a formal self-disclosure: ☐ Yes ☐ No

Estimated payback: ____________________________

Investigative methodology:

Enter information here

People to interview:

- Names

Documents or other information requested:

- Information Requested
- Person(s) contacted for information:
- Date requested: _________________ Due date to receive: ____________________
- How info requested (email, phone, FTF, other):

Interviews:

Person	Date	Time	Phone, Teams or FTF

Facts:

- List facts here

Conclusions:

- List conclusions here

Required responses/follow-up:

- List required responses/follow-up here

Recommendations:

- List recommendations here

[Signature]