

Topic: Annual Compliance Program Review	Department: Corporate Compliance
Original effective date: 3/28/23	Last revision date: 2/18/26
Owner: VP for Quality and Compliance	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): 18 NYCRR 521-1.4(g)(2)	
Related documents/Links: List of Compliance Program Review Interview Questions (attached)	

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

Additional Information: The Arc is committed to and has an obligation to comply with all applicable federal and state standards.

The Arc will conduct a review of its compliance program no less than annually, using the Office of the Medicaid Inspector General (OMIG) Compliance Program Review module, site visits, interviews with a sample of affected individuals, and review of agency records as appropriate. The VP for Quality and Compliance (VPQC) is responsible for initiating and conducting the annual compliance program review consistent with this policy and procedure.

As part of this review process, affected parties may be asked a sampling of questions from the list of Compliance Program Review Interview Questions (see attached).

For the purposes of this policy, “Affected Parties” includes but is not limited to contractors, students/interns, volunteers, Board members and Board committees.

In addition, the VPQC may conduct reviews or interviews with agency staff within other contexts as a means of assessing the effectiveness of the agency’s Compliance Program. For example, key members of a program’s leadership team may be interviewed to discuss organizational risks and the policies, systems and practices they have in place to mitigate them.

Procedure	
OMIG Compliance Program Review Module	
Task:	Responsible party:
1. Prior to beginning the annual Compliance Program Review, the NYS OMIG website will be checked to ensure we are using the most current version of the Program Review Module	VPQC
2. In the third quarter of each year, the VPQC will complete the Program Review Module, identifying the necessary supporting records as indicated by the module and noting if there are any areas where apparent gaps are believed to exist.	VPQC
Site Visits	
1. The VPQC will identify a sample of sites to visit throughout the course of the year. The purpose of these visits is to conduct an observation of the facility to identify if there are any compliance-related concerns noted.	VPQC

2. Site observations may include but are not limited to observing office operations, interactions between different staff or between staff and people we support, the provision of services, management of PHI (consistent with HIPAA), and the presence of a Compliance Hotline poster.	VPQC
3. Site visit observations results will be documented.	VPQC
Interviews with Affected Individuals	
1. The VPQC may identify a sample of affected individuals to interview. These may or may not coincide with a site visit.	
2. They will be asked a sample of questions from the list of Compliance Program Review Interview Questions.	VPQC
3. Responses will be documented, to include the date, time, location/method, name of person interviewed and title/role.	VPQC
4. Where appropriate, retraining or additional information will be provided to correct inaccurate information shared by the interviewee.	VPQC
5. Interview results will be summarized/aggregated. Trended results will be included as part of the final Annual Compliance Program Review report. Individual responses will not be shared except to the NYS OMIG upon request.	VPQC
6. As noted above, interviews with teams of people may also be scheduled around a specific programmatic or organizational area of focus.	VPQC
7. These more formal reviews will be documented, the results of which to be shared with the program and the Internal Compliance Committee	VPQC
8. Where there are findings and/or recommendations from such reviews, program leadership will be required to submit a formal response(s) which will also be presented to the Internal Compliance Committee	Program leadership; VPQC
Record Reviews:	
1. A review of internal and external audit results and trends, as well as of other documentation or information as appropriate will be conducted to identify any area(s) where additional focus might be needed in the compliance program	VPQC
Final Compliance Program Review Report	
1. The results of the Program Review Module, the interviews of affected people, the site visit observations, any formal review findings, and the record review will be consolidated into a single report.	VPQC
2. The final report will be submitted to the Internal Compliance Committee (ICC) for review and discussion.	VPQC
3. The ICC will review the complete final report and provide feedback to the VPQC and others with responsibility for the findings.	ICC
4. In response to findings for which the VPQC/Compliance Officer is directly responsible, the VPQC will submit a formal written response to the findings to the ICC.	VPQC
5. In response to findings for which others are responsible, the Senior Leader with responsibility for the area with findings will be responsible for submitting a formal written response to the ICC.	VPQC; VP

6. The ICC will review the responses, provide additional feedback if necessary. When responses are deemed acceptable, the ICC will accept both the full report and the agency's response to its findings.	ICC
7. All Compliance Program Reviews will be archived for a period of 6 years from date of final acceptance by the ICC.	VPQC
8. A summary of the Compliance Program Review findings will be included in annual Compliance Program Review presentation to the Board of Directors. Board members may request to see the full Compliance Program Review at any time.	VPQC; Board of Directors

Document revision record:

Revision Date	Release Date	Reason for change	Approver
	4/28/23	New policy – Written 3/15/23; Approved 4/28/23	ICC
9/13/23	9/13/23	Removed redundancies and stated formally that individual interview results will not be shared	ICC
8/23/24	9/25/24	Defined “Affected parties” for the purposes of this policy; added a clear statement regarding completing the self-assessment module; added individual bullets regarding site visits and interviews, and removed redundancy; clarified what happens with trended interview data and limitations on its release	ICC
7/3/25	9/25/25	Expanded the scope of interviews; separated out site visits and interviews into separate sections; added specific information on response to formal reviews; added clarifying language	ICC
2/18/26	2/18/26	Added a formal reference regarding our commitment to following federal and state standards	ICC