

<b>Topic:</b> Corporate Compliance-related training (incl. HIPAA Privacy) and communication	<b>Department:</b> Quality Improvement/Corporate Compliance, HR, Foundation
<b>Original effective date:</b> 3/11/02	<b>Last revision date:</b> 2/18/26
<b>Owner:</b> VP for Quality and Compliance	<b>Frequency of reviews:</b> Annual
<b>Internal/Regulatory Reference(s) (all that apply):</b> 18 NYCRR 521.3 (c) (3)	
<b>Related documents/Links:</b> Corporate Compliance Training Plan	

**Policy:** It is the policy of The Arc of Monroe to implement an ongoing staff development program.

**Additional Information:** The Arc is committed to and has an obligation to comply with all applicable federal and state standards. Compliance training is essential to ensure that staff and all other affected individuals understand requirements, expectations and their roles in each. While everyone will receive core basic training, different roles may receive additional or enhanced training specific to their roles. Training may occur via online resources, through in-person training, or a combination of both. With any training, there may be a post-test to see how much the person retained from the training. Please note that HIPAA Privacy ("HIPAA") is considered a subset of corporate compliance. HIPAA-related training requirements are covered by this policy.

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" and the "Deficit Reduction Act Policy", the Board of Directors, and Board committees; hereafter referred to as "affected parties."

Participation in Corporate Compliance training is mandatory and is a condition of continued employment or doing business with us.

Please refer to our Corporate Compliance Training Plan for detailed information.

<b>Procedure</b>	
<b>Task:</b>	<b>Responsible party:</b>
<b>General Guidelines:</b>	
1. All affected parties are required to participate in corporate compliance training. This includes full-time, part-time, per diem staff and executive staff. HIPAA privacy training will cover requirements under that law and staff requirements. Training will occur consistent with the attached Corporate Compliance Training Plan and once each calendar year thereafter.	Affected parties; VP for Quality and Compliance; HR
2. If an affected party doesn't do well on a post-test or other post-training assessment of their knowledge, follow-up may occur as appropriate to ensure that they understand the material initially missed. This may include meeting with the VP for Quality and Compliance or designee.	VP for Quality and Compliance (or designee)

3. Training records will be made available to the VP for Quality and Compliance, the Compliance Committee, Agency Administration, and the Board of Directors as necessary and appropriate upon request.	HR, VP for Quality and Compliance
4. Compliance-related information, updates, or reminders – including HIPAA – may also be shared periodically through things like newsletters, emails and articles to help staff remain current with compliance.	VP for Quality and Compliance
5. The VP for Quality and Compliance acting as the Compliance Officer is also responsible for obtaining appropriate training each year. Please refer to the attached Corporate Compliance Training Plan for information on their training.	VP for Quality and Compliance
<b>Manager responsibilities:</b>	
1. Managers have a responsibility to act as role models and establish the tone and expectation within their programs and teams for compliance with laws, rules and regulations.	Managers
2. Managers have a responsibility to assist and support the agency by ensuring that their team members participate in required compliance training as outlined in this policy.	Managers
3. If managers have any questions or concerns about their own knowledge or that of any member of their team specific to Corporate Compliance or HIPAA, they should reach out to the VP for Quality and Compliance for support or guidance.	Managers
<b>VP for Quality and Compliance:</b>	
1. The VP for Quality and Compliance acts as the agency's Compliance Officer as required in NYS law.	VP for Quality and Compliance
2. Has primary responsibility for administering the agency's compliance program, and related policies and procedures.	VP for Quality and Compliance
3. Acts as a resource for agency staff, management, leadership and the Board for issues related to Corporate Compliance.	VP for Quality and Compliance
4. Seeks out and participates in appropriate training opportunities for themselves related to compliance throughout the year.	VP for Quality and Compliance
5. Compliance Officer training will be reviewed regularly by the Corporate Compliance Committee. The Compliance Committee, COO and/or CEO will support and monitor these efforts as appropriate.	VP for Quality and Compliance

#### Document revision record:

Revision Date	Release Date	Reason for change	Approver
1/28/05	1/28/05	Reason for changes not documented	P Dancer
10/27/05	10/27/05	Reason for changes not documented	P Dancer
10/20/06	10/20/06	Reason for changes not documented	P Dancer
5/15/08	5/15/08	Reason for changes not documented	P Dancer
6/24/09	6/24/09	Reason for changes not documented	P Dancer
10/20/11	10/20/11	Reason for changes not documented	P Dancer

5/22/12	5/22/12	Added that volunteers who remain in place from one year to the next will get annual training	P Dancer
3/20/13	3/20/13	Added formal policy statement at the top ; added that a signed attestation from each manager would be obtained	P Dancer
10/24/14	10/24/14	Corrected some typos and accidental omissions	P Dancer
7/28/15	7/28/15	Revised from compliance office to quality improvement office d/t departmental reorganization	P Dancer
4/25/17	4/25/17	Simplified language	P Dancer
10/15/19	10/15/19	Transitioned to the new procedural format	P Dancer
12/30/20	12/30/20	Clarified explicitly that HIPAA is a subset of corporate compliance and that this procedure applies to HIPAA as well	P Dancer
4/21/21	4/30/21	Fleshed out responsibilities and added discrete sections for management and VPQC responsibilities	ICC
3/29/22	4/6/22	Corrected formatting issues and added that both the COO and/or CEO will support and monitor training opportunities for the VPQC as appropriate	ICC
4/25/23	4/28/23	Specifically included whom is affected by this policy; aligned this policy with the Corporate Compliance Training Plan. Clarified response if employee doesn't do well on post test.	ICC
3/21/24	4/25/24	Clearly stated that compliance training is essential for all affected parties; added that any affected party may receive follow-up if they don't do well on a post test or other post-training assessment; added the VPQC as a party responsible for providing training records	ICC
9/25/24	9/25/24	Added Board committees to affected parties	ICC
4/17/25	4/17/25	Added clarifying language	ICC
2/18/26	2/18/26	Added clear statement regarding our commitment to complying with federal and state standards	ICC