

Topic: Corporate Compliance-related training (incl. HIPAA Privacy) and communication	Department: Quality Improvement/Corporate Compliance, HR, Foundation
Original effective date: 3/11/02	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 521.3 (c) (3)	
Related documents/Links: Corporate Compliance Training Plan	

Policy: It is the policy of The Arc of Monroe (“The Arc”) 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 members of 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.

VPQC stands for VP for Quality and Compliance.

Procedure	
Task:	Responsible party:
General Guidelines:	
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; VPQC; 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	VPQC (or designee)

ensure that they understand the material initially missed. This may include meeting with the 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, VPQC
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.	VPQC
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.	VPQC
Manager responsibilities:	
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
VP for Quality and Compliance:	
1. The VP for Quality and Compliance acts as the agency’s Compliance Officer as required in NYS law.	VPQC
2. Has primary responsibility for administering the agency’s compliance program, and related policies and procedures.	VPQC
3. Acts as a resource for agency staff, management, leadership and the Board for issues related to Corporate Compliance.	VPQC
4. Seeks out and participates in appropriate training opportunities for themselves related to compliance throughout the year.	VPQC
5. Compliance Officer training will be reviewed by the Corporate Compliance Committee. The Compliance Committee, COO and/or CEO will support and monitor these efforts as appropriate.	VPQC

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
2/19/26	2/19/26	Made some clarifying revisions	ICC

Corporate Compliance Training Plan The Arc of Monroe - 2026

Applicability:

Corporate Compliance training will be provided to the following agency-associated parties per this training plan:

- All employees (including managers, and senior and executive leadership)
- Contractors, subcontractors and independent contractors, and vendors whom the VP for Quality and Compliance determines are affected by our risk areas (please refer to our Vendor Policy).
- Students, interns and volunteers whom the VP for Quality and Compliance determines are affected by our risk areas
- All members of The Board of Directors
- Others as deemed necessary/appropriate by the VP for Quality and Compliance

Participation in Corporate Compliance training is mandatory and is a condition of continued employment or working with us. Affected parties on leave when annual compliance training is assigned will be expected to complete the training within 30 days of returning.

Key Content:

The Core Compliance Training curriculum includes the following topics, including those required by regulation:

- What Corporate Compliance is
- Why we have a corporate compliance plan
- The Arc of Monroe's risk areas and organizational experience
- General Medicaid requirements
- The role of the Compliance Officer and Compliance Committee
- The importance of accurate coding, billing and claims submission
- A list of our policies and procedures, and where to access them
- Documentation and corporate compliance
- How people can ask questions and report potential compliance-related issues to the Compliance Officer, including the obligation to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation or good faith participation in the compliance program
- Disciplinary standards
- How The Arc of Monroe responds to compliance issues and implements corrective action plans
- Requirements specific to the Medicaid program and The Arc of Monroe's categories of service
- Coding and billing requirements
- Claim development
- False Claims Acts
- Non-retaliation

Employees:

Curricula:

- Please note: all curricula are attached.
- All employees shall receive and review the Core Compliance Training curriculum.
- Add-on training curricula will also be assigned to the following affected parties in the following roles:
 - Licensed Clinical add-on training for roles requiring a clinical license
 - Management add-on training for people in management roles
 - Finance Office add-on training for people in a finance office role
 - Staff Action Plan add-on training for people responsible for writing Staff Action Plans
 - Medical Liaison add-on training for people whose role is to assist people on medical appointments

Initial Training:

- Employees will complete the Core Compliance training curriculum via Relias within the first 30 calendar days of their employment. Relias will track who completed the training, the date, their final test score, and their attestation. Results will be maintained for a minimum of 6 years from the date of completion of the training.
- Add-on training components will be assigned as described in the curricula section above.
- Employees will be required to complete a 10-question post-test and an attestation that they know where they can find all Corporate Compliance and HIPAA Policies and Procedures, and how to report a compliance concern including anonymously or confidentially.

Annual Retraining:

- Employees will be assigned compliance training annually in June of each calendar year via Relias (to be completed by the end of that month).
- All employees will be assigned the Core Training curriculum. Add-on training components will be assigned as described in the section above.
- Verifications of training, and related post-tests and attestations, will be maintained in Relias for a minimum of 6 years from the date of training completion.
- Employees will be required to complete a 10-question post-test and an attestation that they know where they can find all Corporate Compliance and HIPAA Policies and Procedures, and how to report a compliance concern including anonymously or confidentially.

Students, Interns and Volunteers:

Curricula:

- All students, interns and volunteers shall receive and review the Core Compliance Training curriculum and HIPAA Privacy Summary.
- Add-on training curricula will also be received and reviewed by any students, interns or volunteers in the following roles (as applicable):
 - Licensed Clinical add-on training for roles requiring a clinical license
 - Management add-on training for people in management roles

- Finance Office add-on training for people in a finance office role
- Staff Action Plan add-on training for people responsible for writing Staff Action Plans
- Medical Liaison add-on training for people whose role is to assist people on medical appointments

Initial training:

- Students, interns and volunteers will be provided a hard-copy version of the Core Compliance training curriculum (and any add-ons as applicable) and the HIPAA Privacy Summary for their review prior to them officially starting with us.
- They will sign an attestation that they have reviewed the training curricula, know where they can find all Corporate Compliance and HIPAA Policies and Procedures, and how to report a compliance concern including anonymously or confidentially. Once we have received their signed attestation, they can begin working with us.
- These attestations will be maintained by the Compliance Office for a minimum of 6 years from the date of signature.

Annual Retraining:

- Students, interns and volunteers who are still with us in September of each calendar year (having started before that and participated in the initial training) will be provided a hard copy of the Core Compliance training curriculum and HIPAA Privacy Summary for their review. Note: any who start with us in July or August will be waived from participation in the scheduled June retraining, as they will have just received it.
- As part of the annual training, they will sign an attestation that they know where they can find all Corporate Compliance and HIPAA Policies and Procedures, and how to report a compliance concern including anonymously or confidentially.
- These attestations will be maintained by the Compliance Office for a minimum of 6 years from the date of signature.

Subject Vendors:

Curriculum:

- All subject vendors as defined in the “Vendor Management” policy shall receive and review the Core Compliance Training curriculum.

Initial Training:

- The Core Compliance training curriculum will be mailed certified mail or emailed to them along with information required under the policy, “Deficit Reduction Act,” accompanied by a cover letter within 30 days of the agency’s determination that they are a subject vendor (consistent with that policy). A copy of the cover letter will be maintained along with the certified mail return receipt/copy of email sent as evidence of the provision of training materials to them. This evidence will be maintained by the Compliance office for a minimum of 6 years from the date of the cover letter.

Annual Retraining:

- The Core Compliance training curriculum will be mailed certified mail or emailed to them each year no later than June. A copy of the cover letter or sent email will be maintained along with the certified mail return receipt (where applicable) as evidence of the provision of training materials to them. This evidence will be maintained by the Compliance office for a minimum of 6 years from the date of the cover letter.

Contractors, subcontractors, and agents affected by our risk areas who do not meet the criteria as a subject vendor (hereafter, "Contractors et al."):

Curriculum:

- All contractors et al. shall receive and review the Core Compliance Training curriculum as indicated in this training plan

Initial Training:

- The Core Compliance training curriculum will be mailed certified mail or emailed to them within 30 days of the contract or subcontract being complete and enacted. A copy of the cover letter or sent email will be maintained along with the certified mail return receipt as evidence of the provision of training materials to them. This evidence will be maintained by the Compliance office for a minimum of 6 years from the date of the cover letter.

Annual Retraining:

- The Core Compliance training curriculum will be mailed certified mail or emailed to them each year no later than June 30. A copy of the cover letter or sent email will be maintained along with the certified mail return receipt (where applicable) as evidence of the provision of training materials to them. This evidence will be maintained by the Compliance office for a minimum of 6 years from the date of the cover letter

Board of Directors:

Curricula:

New board members will be provided initial training within 90 days of officially joining the board. NOTE: the majority of new board members join with a July 1 start date and there is no board meeting in August. Consequently, the 90-days (by the end of September) is deemed reasonable.

This training will consist of viewing The ArcNY Corporate Compliance video (link: <https://www.youtube.com/watch?v=zNQcT2uiuXM>) and receiving an in-person training by the VP for Quality and Compliance to discuss Corporate Compliance at The Arc of Monroe and a copy of the Core Compliance curriculum. Upon completion of their training, they will attest to the following in writing:

- I have watched The Arc of New York video on corporate compliance for board members
- I have received and reviewed the agency's Core Compliance curriculum
- I have received a copy of the following policies and related information:
 - Corporate Compliance Plan

- Corporate Compliance Policy and Procedure – Affected Parties
- Board resolution regarding Corporate Compliance
- Responsibilities of the board of directors regarding corporate compliance
- Communication of compliance activities to the board of directors
- False claims Acts
- Internal monitoring and auditing
- Non-compliance response and detection
- Whistleblower, Non-intimidation and Non-retaliation policy
- I am aware that the full listing of Corporate Compliance and HIPAA Policies and Procedures can be found at <https://arcmonroe.org/hipaa-privacy-policy-and-corporate-compliance/>
- I understand that I am required to report if I believe something illegal or unethical is occurring within The Arc of Monroe
- I know how to report a compliance concern, including anonymously or confidentially
- I have had an opportunity to ask questions about the information provided and have received satisfactory answers to them.
- I have an understanding as to my role as a Board Member within the Corporate Compliance Program.
- This attestation should be signed within the 90-day window of starting with the board.
- Original Board member attestations will be maintained by the agency’s CEO. A copy of all signed attestations will be sent to the VP for Quality and Compliance. Attestations will be kept for a minimum of 6 years from the date of signature on the attestation

Annual Retraining:

- The full Board of Directors will receive formal, in-person board-focused compliance training once each calendar year by the VP for Quality and Compliance. In addition, they will receive a copy of the core compliance training curriculum. Board minutes documenting annual compliance training will be maintained for a period of at least 6 years from the date of training

VP for Quality and Compliance (as the Compliance Officer):

Internal Curricula and Training:

- The VP for Quality and Compliance will review and revise as appropriate the Core Compliance Curriculum and each of the add-ons annually to ensure content remains appropriate and up-to-date.
- The VP for Quality and Compliance will provide compliance- or HIPAA-related training as required, requested or appropriate based on emergent trends, investigatory findings or industry standards.
- These trainings may be broad or narrow in scope, depending on the circumstances.

Regular Training for the VP for Quality and Compliance

- The VP for Quality and Compliance will participate in Corporate Compliance-related training at least four times each year for their own continuing education. Such training will be documented and shared with the Internal Compliance Committee.

- Acceptable topics will be those related to corporate compliance, regulatory compliance, HIPAA privacy, or other similar topics.
- This training may be in the form of webinars, conferences, seminars, or presentations. When available, the VP for Quality and Compliance will request and receive Continuing Education credits for compliance-related training.

Evaluation of training effectiveness:

- In addition to the post-test for employees, a sample of all affected parties will be interviewed and asked compliance-related questions throughout the course of the year as part of the Annual Compliance Program Review process. This may be done via individual interviews or through meetings with group of staff members. This also provides an opportunity to employees to ask questions and/or seek guidance.
- Additional training will be provided as appropriate during and after this process.

Language Accommodation:

- Upon request from anyone required to participate in Corporate Compliance Training, we will translate the appropriate curriculum(a) into their preferred language.

Review history:

- Written: 3/27/23 by VP for Quality and Compliance
- Reviewed: 3/21/24 by VP for Quality and Compliance
- Reviewed and approved: 4/25/24 by the Internal Compliance Committee
- Revised: 8/16/24
- Reviewed and approved: 8/21/24 by the Internal Compliance Committee
- Revised and approved: 4/17/25 by the Internal Compliance Committee
- Revised: 2/19/26
- Revised and approved by the Internal Compliance Committee: 4/16/26