Topic: Agency-wide preventive risk assessment and compliance work plan development	**Department:** Corporate Compliance
Original effective date: 3/1/08	**Last revision date:** 7/21/26
Owner: VP for Quality and Compliance	**Frequency of reviews:** Annual
Internal/Regulatory Reference(s) (all that apply): 18 NYCRR 521.3(a) & (c)(6); NYS SSL 363-d(2)(f)	
Related documents/Links: Preventive Risk Assessment Matrix	

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

Additional Information: Routine monitoring and assessment of compliance risk is an essential part of an effective compliance program. It helps us to ensure that we are focusing on the things that could impact the agency in a negative way. Formal risk assessment occurs during the 4th quarter of each calendar year, as described in this procedure. From this, a compliance work plan is developed.

"Organizational experience" as referred to below is defined as The Arc of Monroe's:

- Knowledge, skill, practice and understanding in operating our compliance program;
- Identification of any issues or risk areas in the course of our internal monitoring and auditing activities, or in the normal course of agency business;
- Experience, knowledge, skill, practice and understanding of our participation in the Medicaid program and the results of any audits, investigations, or reviews we have been the subject of; or
- Awareness of any issues as we fulfill our mission.

Procedure	
Task:	**Responsible party:**
General Guidelines:	
1. The VP for Quality and Compliance will talk with representatives from key parts of the agency to see what risks might be emerging in the upcoming year. Minimally, they will talk with the CEO, COO, CFO, CHRO, VPs who oversee any agency program or service, the VP for IT, and the Internal Compliance Committee.	VP for Quality and Compliance
2. In addition, they will review information from relevant agency, state and federal sources to identify anything suggesting a risk to The Arc in the upcoming year. These sources may include but not be limited to: *Our organizational experience, as defined above *Internal audit data and audit trend reports *The Arc NY *OPWDD *NYS Office of Medicaid Inspector General (OMIG) *NYS Department of Health (DOH) *NYS Attorney General (AG) *Centers for Medicare and Medicaid Services (CMS)	VP for Quality and Compliance

*Office for Civil Rights (OCR) *Other local, state or federal sources of risk information	
3. Risks will be placed on a matrix, ranked by likelihood and impact. This matrix will be reviewed by the Internal Compliance Committee (ICC).	VP for Quality and Compliance; ICC
4. From this matrix, a final compliance work plan will be developed. The ICC will assist with and approve the final work plan. The compliance work plan will be shared with the ICC (including the CEO), which will approve it. Once approved by the ICC, it will be shared with the Board of Directors.	VP for Quality and Compliance; ICC
5. At least quarterly, the work plan will be reviewed by the ICC.	ICC
6. The compliance work plan is updated each calendar year, based on the results of the risk assessment activities described above.	VP for Quality and Compliance
7. The compliance work plan is a guide for compliance activities. Items on the plan may be prioritized, revised, deleted or new ones added throughout the course of the year, based on changes to the field or our organizational experience that were unforeseen at the time of its development. The plan is often more robust than can be accomplished in a given year.	VP for Quality and Compliance; ICC
Internal Compliance Committee (ICC):	
1. Responsible for providing assistance to the VP for Quality and Compliance in conducting the risk assessment, assigning and finalizing risks to the matrix, and with the development and monitoring of the compliance work plan.	ICC
VP for Quality and Compliance:	
1. Has primary responsibility for ensuring that annual risk assessment occurs consistent with this policy and that a compliance work plan is developed as a result	VP for Quality and Compliance
2. Is responsible for keeping the ICC apprised of the status of the work plan, and in suggesting revisions, deletions or additions as appropriate based on new or emerging information.	VP for Quality and Compliance
3.	

Document revision record:

Revision Date	Release Date	Reason for change	Approver
5/25/12	5/25/12	Reasons for changes not captured.	P Dancer
10/24/14	10/24/14	Reasons for changes not captured.	P Dancer
4/28/17	4/28/17	Reasons for changes not captured.	P Dancer
11/9/18	11/9/18	Reasons for changes not captured.	P Dancer
10/24/19	10/24/19	Transitioned to new procedural format.	P Dancer
12/30/20	12/30/20	Added VP for IT to the list of people to consult with.	P Dancer
3/3/21	6/23/21	Fleshed out details, included more info re: the work plan, and added discrete sections for ICC and VPQC	ICC

6/30/22	6/30/22	Corrected pronouns, added OPWDD under #2 general guidelines, and added sharing work plan with the executive committee	ICC
2/22/23	3/15/23	Added references to and a definition of organizational experience	ICC
7/18/24	7/18/24	Clarified compliance program vs. plan; corrected typos	ICC
7/23/25	7/23/25	Added clarifying language and included that the Board receives the Compliance Work Plan	ICC
7/21/26	7/21/26	Added clarifying language; combined two bullets	ICC