

Topic: Compliance investigations	Department: Entire agency
Original effective date: 5/17/11	Last revision date: 8/7/26
Owner: VP for Quality and Compliance (VPQC)	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): Federal sentencing guidelines 8.B.2.1(b)(7); NYS Social Security Law 363-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 (“The Arc”) that business, administrative and support functions promote personal and organizational outcomes.

Additional Information: This policy clarifies how compliance issues will be investigated. Compliance concerns must be evaluated and investigated consistently to ensure appropriate resolution and organizational accountability.

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.”

Employees are required to participate in compliance investigations.

Procedure	
	Responsible party:
General Guidelines:	
1. All compliance-related concerns should include a fact-finding stage to assess the seriousness of the concern and determine whether it can be addressed within the department or should be referred to the VPQC, consistent with the policy, “Management of Situations Reported to the Compliance Office.”	Managers; VPQC
2. Investigations may be conducted within programs or by the VPQC (or designee) according to the criteria above.	VPQC or designee; managers or designee
3. An investigation must be conducted by trained, uninvolved staff rather than program staff when: *The program director or their supervisor might be involved in the situation *The program director asks that it be done *At the direction of administration *At the discretion and direction of the VPQC *At the direction of legal counsel	VPQC or designee
4. An investigation may be done within the program if the above reasons do not apply.	Managers

5. All investigations should include the following components (individually or in summary): *Identify the basis for believing that compliance program requirements have not been met *Identify the scope of the issue *Identify and collect relevant facts and data *Summarize the collected information *Draw conclusions based on the information collected *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 six years	Managers
6. For situations that do not rise to the level of a formal compliance case, the VPQC may oversee and review investigations conducted within programs. They may also use information collected by program staff to prepare a formal investigative report and reach a determination. They may expand the investigation as appropriate.	VPQC
7. Formal compliance investigations will be documented on the attached Compliance Investigation Form.	VPQC
8. For formal compliance cases managed by the VPQC, investigative activities may be conducted by the VPQC or designee. Investigations will be initiated within three business days of the report being received by the VPQC 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 individuals to interview. Formal statements will be taken at the discretion of the VPQC 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 *Reach a determination based on the facts *Develop required responses or follow-up, if applicable *Develop recommendations, if applicable	VPQC or designee
9. 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 VPQC.	VPQC; Managers

10. Programs will be required to respond formally to the findings. For formal compliance case investigations managed by the VPQC, this means in writing.	Managers
11. If the investigation determines that confirmed or potential noncompliance occurred, the program must, at a minimum, 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 of systems, processes, and policies and procedures; and/or *Disciplinary actions If the investigation reveals an overpayment, this will be returned within 60 days via the appropriate governmental self-disclosure process. Please cross reference the policy, "Unsupported claims, repayment/financial adjustments and voluntary self-disclosure."	Managers; VPQC
12. When an investigation determines that a compliance program violation has occurred or may have occurred (for example, a determination of Confirmed or Inconclusive), a Risk Appetite Assessment will be completed. Please cross reference the policy, "Risk Appetite Assessment" for more information.	VPQC
13. Disciplinary actions related to formal compliance cases managed by the VPQC will be tracked for OMIG audit purposes.	VPQC
14. Formal compliance case investigations (those managed by the VPQC) 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.	VPQC; ICC Chairperson
15. The Compliance Committee may identify additional follow-up or recommendations upon review.	ICC
16. The Compliance Committee is responsible for final case review and is the only body authorized to close compliance cases.	ICC
17. Investigations completed within programs will be archived within the program for a period of six years from the date the investigation closed.	Managers
18. Formal compliance case investigations will become part of the full compliance case file.	VPQC
19. Compliance case files will be archived and maintained for a period of six years from the date the case is closed through the Compliance Committee.	ICC; VPQC

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 VPQC 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 for closing cases	ICC
9/25/25	9/25/25	Added clarifying language	ICC
8/7/26	9/29/26	Streamlined language; removed redundancies; removed discrete manager and VPQC sections	ICC