



The Arc Mid-Hudson  
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### **POLICY STATEMENT**

Topic: Corporate Compliance Risk Assessment Date Effective: 7/1/2019

Revised  New Section: Corporate Compliance Number: 10.19

Date: 2/17/2023 Approved by: *Jemme*

### **SCOPE OF POLICY**

This policy applies to the risk assessment activities of the Corporate Compliance staff at The Arc Mid-Hudson, The Arc of New York Inc.

### **STATEMENT OF POLICY**

It is the policy of The Arc Mid-Hudson (“Arc Mid-Hudson”) to periodically identify compliance risk areas in order that such risk areas are assessed and any needed corrective action taken. Risk areas to be assessed include, but are not limited to:

- Billings
- Payments
- Ordered services
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing (applicable to staff, contractors and registered providers)
- Contractor, subcontractor, agent or independent contract oversight
- Other risk areas identified by The Arc Mid-Hudson

## Procedure

### **1. Review CMS, HHS, the Justice Center, OIG, OMIG, and OPWDD information sources to identify areas of compliance plan focus for next 12 months.**

*The Corporate Compliance Officer (CCO) identifies potential compliance risks by consulting a variety of information sources. These sources include, but are not limited to:*

- The annual report and annual work plan of the Office of the Inspector General (OIG);
- The annual report and annual work plan of the New York State Office of the Medicaid Inspector General (OMIG);
- The annual work plan of the Centers for Medicare and Medicaid Inspector General (CMS);
- The Office for People with Developmental Disabilities (OPWDD) website;
- Justice Center for the Protection of Special Needs website and annual report;
- The Department of Health and Human Services website for information on HIPAA and HITECH;
- Applicable state and federal regulations and administrative rules, industry guidance such as the monthly “Medicaid Update”; and
- Other sources of information related to Medicaid and developmental disabilities services.

### **2. Consult with other Accounting/Legal/Consultants/Provider Associations to ascertain compliance risk areas.**

*The CCO identifies potential compliance risks by consulting with other professionals, providers and Provider Associations.*

### **3. Consult with key operational and administrative staff. Such staff includes senior leadership and directors from each operational area.**

*Staff of the Corporate Compliance Department periodically consult with all other Arc Mid-Hudson administrative staff in order to identify potential compliance risk areas specific to Arc Mid-Hudson operations. Operational areas include, but are not limited to, Executive, Finance, Information Technology (IT), Facilities Management, Transportation, Human Resources and key department staff of all programs or services offered by Arc Mid-Hudson.*

#### **Discussion topics:**

- *Are there any new programs or services?*
- *What regulatory changes has the department, program or service encountered?*
- *How have these regulatory changes been addressed?*

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- *How does the department, program or service become aware of regulatory changes?*
- *Have there been any changes in operations?*
- *Have there been any changes in key staff?*
- *Have there been any internal or external audit findings?*
- *How does the department audit for non-compliance?*
- *How results of audits are (both internal and external) addressed, documented and communicated to necessary parties?*

#### **4. Consult with key governance members.**

*Staff of the Corporate Compliance Department s consult with key governance members of Arc Mid-Hudson. These members include the Board President, Vice President, Treasurer and Secretary. Additionally, any Board members who chair critical/key committees for Arc Mid-Hudson should be interviewed (e.g., compliance, finance, audit, HR, programming).*

#### **Discussion topics:**

- Are you aware of any new programs or services at Arc Mid-Hudson?
- How does the Board become aware of regulatory changes?
- What regulatory changes has Board been made aware of?
- Are you aware of how these regulatory changes been addressed?
- Are you aware of any changes in operations?
- Are you aware of any changes in key staff?
- Are you aware of internal or external audit findings?
- Are the results of audits (both internal and external) shared with the Board?
- Does the Board conduct visits to programs and services on a periodic basis?
- Are the results of these visits reported to the full Board and key operation staff of Arc Mid-Hudson?
- What training have you received in the last 12 months?

#### **5. Internal Audit Findings: Review results of internal audits to identify areas where problems have been identified**

*The Corporate Compliance Department monitors trends in self-survey and internal auditing in order to identify areas which continue to present compliance risks.*

#### **6. Self-Disclosures or Claim Voids**

*The Corporate Compliance Department reviews the circumstances of each self-disclosure and voided claim, and which programs were impacted by those events in order to identify areas which continue to present compliance risks.*

**7. External Audit Findings & Enforcement Activities**

*The Corporate Compliance Department monitors trends in external audits (OPWDD, MFCU, OMIG, OIG, HHS OCR, OIG, IRS, DOL, Justice Center, and DOT) in order to identify areas which continue to present compliance risks.*

**8. Annual Compliance Effectiveness Review**

*On an annual basis Corporate Compliance Department will complete a Compliance Program Effectiveness Review. The purpose of this review is to determine the effectiveness of the compliance program and whether any revision or corrective action is required.*

*The results of these reviews will be shared with the Executive Team, Compliance Committee Members and Board Members.*

**Documentation:**

The Arc Mid-Hudson assesses and identifies risks and then documents those risks using a formal risk assessment. Risks are prioritized and are used by the CCO to develop the Arc Mid-Hudson’s annual corporate compliance work plan and audit plan. Such plans must be reviewed and approved by the Chapter management compliance and Board compliance committees.

Although an annual work plan is developed and implemented, changes in regulations, rules and oversight agency focus are used to modify the work plan as needed throughout the year.

**Format and Record Retention**

The Arc New York does not prescribe a specific format for the risk assessment but it must be documented. Format options include The Arc New York model risk assessment, a spreadsheet, matrix, narrative report or other format that fulfills the procedures of the policy. The objective is to clearly document assessed risk areas, which are used to establish the comprehensive corporate compliance work plan for the next 12 months. The full assessment packet is maintained in the CCO’s records along with the confirmation of annual OMIG compliance program certifications. Records shall be maintained for 10 years, in accordance with The Arc Mid-Hudson’s document retention policies.