ADAPT
COMMUNITY NETWORK

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COMPLIANCE PROGRAM AND POLICIES

2026-2027 EDITION

[adaptcommunitynetwork.org]

ADAPT COMMUNITY NETWORK [we change]

A Message from Our Chief Compliance Officer



ADAPT Community Network embraces Compliance and we look to be the honest and fair company that follows rules, regulations, and policies. When it comes to Compliance, everyone here plays an important part in contributing to our agency's culture, making this a workplace that everyone can be proud of.

ADAPT plays an important part in the lives of people we serve and their families. We provide people all over New York City with a fun, safe and educational environment where they can grow and fullfill their dreams. ADAPT's Compliance Department works to support our staff, service recipients, families and partners by being a resource and a good source of information.

I encourage you to reach out to me with any Compliance related problems, questions or suggestions that you may have. With everyone's help and support we can continue to make ADAPT the provider of choice, employer of choice, and partner of choice.

Michael Matrone

Chief Compliance Officer

ADAPT COMMUNITY NETWORK [we change]

OUR COMPLIANCE PROGRAM

ADAPT COMMUNITY NETWORK [we change]

PURPOSE:

ADAPT Community Network (ADAPT) is committed to providing services of the highest quality to people supported and their families. In doing so, ADAPT strives to be in full compliance with all Federal, State, and local laws and regulations. ADAPT recognizes that a critical aspect of our Compliance Program and Code of Conduct involves fostering a culture that fully promotes responsible, honest conduct, and transparency in all business transactions. ADAPT strives to follow the laws and regulations of the government agencies that fund our work and promulgate standards of care. To achieve these important goals, ADAPT works to facilitate the prevention of improper, unethical, or illegal activities and to implement mechanisms to detect any violations. ADAPT takes prompt action to resolve instances of conduct that do not conform to federal, state, and private payer healthcare requirements, general legal standards, as well as ADAPT's Code of Conduct and business policies.

ADAPT is committed to protecting any Affected Individuals who in good faith report problems or concerns from any form of intimidation or retaliation. Affected Individuals include employees, the chief executive, senior administrators and managers, contractors, agents, subcontractors, independent contractors, the governing body, and corporate officers. A threat or act of intimidation or retaliation against any Affected Individual who has reported improper or illegal conduct can threaten the integrity of the agency's dedication to these standards. Affected Individuals are also protected from intimidation or retaliation regarding participation in investigations, reporting retaliation or intimidation, and reporting fraud to authorities. Any threat or act of intimidation or retaliation can deter the reporting of suspected misconduct and can limit ADAPT's ability to discover, monitor and resolve issues of compliance.

ADAPT's Compliance Program applies to all Affected Individuals. All Affected Individuals are expected to:

- Act in accordance with ADAPT's Code of Conduct
- Refuse to participate in any unethical or illegal conduct.
- Report any unethical or illegal activity to the Compliance Officer, Senior Vice President of Human Resources, or the department head or coordinator who oversees their program.

Compliance remains a high priority for ADAPT. We want to be the agency that is honest, follows the rules, does the right thing, and provides high quality services to our people supported. Compliance is a strong part of our agency's culture and is set by the tone from the top. This helps us provide a strong foundation for the way we do business and support our service recipients. Our goal is to be the provider of choice, the partner of choice and the employer of choice.

ADAPT's Compliance Program and Code of Conduct include the following key principles that guide our work:

1. We are committed to creating and maintaining a safe and professional workplace.
2. We provide services of the highest quality.
3. We comply with all government laws, regulations, and agency rules.
4. All information about the agency and people we support is kept confidential and released only when appropriate.
5. We only use ADAPT resources and supplies for the benefit of ADAPT and the people we support.
6. We do not alter, destroy, or change any agency records.
7. All billing and program documents are accurate and truthful.
8. We understand our job responsibilities and demonstrate appropriate and respectful behavior.
9. We do not engage in any form of discrimination, harassment, or abuse toward the people we support, our co-workers, or any other person we interact with at ADAPT.
10. We support and promote a work environment where staff and other Affected Individuals can raise ethical concerns. Any staff member or other Affected Individual who raises a concern about wrongdoing is supported.

ADAPT Community Network's Compliance Program contains the following elements:

1. Written Policies and Procedures and Standards of Conduct:

ADAPT has established written Policies and Procedures to help guide Affected Individuals regarding agency processes and the laws and regulations which govern our work. The agency's policies and procedures help convey the agency's mission and values in addition to enabling the execution of its strategy to maintain quality services for the people we support. ADAPT's Compliance Policies and Procedures and Code of Conduct provide guidance to Affected Individuals regarding the ethical and legal compliance requirements for their jobs or services provided to the agency.

ADAPT has established a policy for review and development of policies. ADAPT has established a process to review and update agency written policies and procedures through the agency's Policy Review Committee. Agency policies and procedures are reviewed by the Committee on an annual basis to ensure the policies remain current and effective, including the agency's Compliance policies and Code of Conduct.

Agency policies and procedures and Code of Conduct are maintained on the agency's Intranet to ensure this information is readily available to all employees including the chief executive, senior administrators, and managers. Compliance policies are also available to staff in the agency's time and attendance system, Paylocity.

Compliance policies and procedures are shared with other Affected Individuals who are not employees on an annual basis via email or direct mail including contractors, agents, subcontractors, independent contractors, governing body, and corporate officers.

ADAPT's Compliance Policies include guidance in the following areas:

- Articulate the agency's commitment to comply with all applicable federal and state standards, identifying the governing laws and regulations that are applicable to the agency's risk areas.
- Describe the function of the Compliance Program and responsibilities of all Affected Individuals in carrying out the functions of the Compliance Program.
- Assist Affected Individuals in identifying potential compliance issues, questions, and concerns, set forth expectations for reporting compliance issues and explain how to report such issues.
- Establish an expectation that all Affected Individuals will act in accordance with the standards of conduct and that they must report any unethical or illegal activity.
- Identify the methods and procedures for communicating compliance issues to the appropriate Compliance personnel.
- Include a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program including reporting, participation in investigations, self-evaluations, audits, remedial actions, reporting instances of intimidation or retaliation, and reporting potential issues to State or Federal entities.
- Disciplinary standards setting forth the provider's expectation regarding Affected Individuals who fail to comply with the agency's written policies and procedures, standards of conduct, or State and Federal laws, rules, and regulations.

2. Compliance Officer:

ADAPT has a Compliance Officer who is responsible for coordinating and monitoring compliance activities across the agency and the day-to-day operation of the Compliance Program.

The Compliance Officer's duties include:

- Overseeing and monitoring the adoption, implementation and maintenance of the Compliance Program and evaluating its effectiveness.
- Drafting and implementing a compliance work plan to outline ADAPT's strategies for meeting the requirements of 18 NYCRR Part 521.
- Reviewing and revising ADAPT's Compliance Program, written policies, standards of conduct based on ADAPT's organizational experience and any changes to Federal and State Laws, rules, regulations, policies, and standards.
- Reporting directly, no less frequently than quarterly, to ADAPT's governing body, chief executive, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program.
- Assisting in establishing methods to improve ADAPT's efficiency, quality of services and reducing ADAPT's vulnerability to fraud, waste, and abuse.

- Investigating and independently acting on matters related to ADAPT's Compliance Program, including coordinating internal investigations including reporting, coordinating, and pursuing any resulting corrective actions.

The Compliance Officer reports directly to the chief executive or other executive staff, while also having access to the chief executive and governing body. ADAPT will ensure that the Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program. ADAPT will ensure that the Compliance Officer and appropriate compliance staff have access to all records, documents, facilities and affected individuals that are relevant to carrying out their Compliance Program responsibilities.

3. Compliance Committee:

ADAPT's Compliance Committee is responsible for coordinating with the Compliance Officer to ensure the agency is conducting its business in an ethical and responsible manner consistent with its Compliance Program. The agency will outline the duties and responsibilities, membership, designation of a chair, and frequency of meetings in a Compliance Committee Charter.

The Compliance Committee's responsibilities include:

- Coordinating with the Compliance Officer to ensure the agency's written policies and procedures and standards of conduct are current, accurate and complete in addition to ensuring required training is completed timely.
- Coordinating with the Compliance Officer to ensure communication and cooperation by Affected Individuals on compliance related issues, internal and external audits, investigations, or any other compliance related functions.
- Advocating for the allocation of sufficient funding, resources, and staff for the Compliance Officer to fully perform their responsibilities.
- Ensuring the agency has effective systems and processes in place to identify compliance program risks, overpayments and other issues and effective policies and procedures for correcting and reporting such issues.
- Advocating for adoption and implementation of required modifications to the compliance program.

Membership in the committee will be comprised, at a minimum, of senior managers. The committee will meet no less than quarterly and no less frequently than annually to review and update the Compliance Committee Charter.

4. Training and Education:

ADAPT has established and implemented an effective compliance training program for its Compliance Officer and all Affected Individuals.

The agency's compliance training program includes:

- ADAPT's risk areas and organizational experience.

- ADAPT's written compliance related policies and procedures.
- The role of the Compliance Officer and Compliance Committee.
- How Affected Individuals can ask questions and report potential compliance related issues and concerns to the Compliance Officer and senior management, including the obligation of Affected Individuals to report suspected or illegal or improper conduct, the procedures for submitting such reports, and the protection from intimidation and retaliation for good faith participation in the Compliance Program.
- Disciplinary standards with an emphasis on the standards related to ADAPT's Compliance Program and the prevention of fraud, waste, and abuse.
- How ADAPT responds to compliance related issues.
- Requirements specific to ADAPT's category of service, billing requirements and best practices, and the claims submission process.

All Affected Individuals will complete training as part of their orientation with the agency and annually thereafter. Training will be provided in a form and format understandable to all Affected Individuals. ADAPT will maintain a training plan which outlines the subjects for training, the timing and frequency of training, which Affected Individuals are required to attend, how attendance is tracked, and how the effectiveness of training is evaluated.

5. Lines of Communication:

ADAPT has established effective lines of communication which will ensure the confidentiality of the agency's Affected Individuals. Lines of communication are accessible to all Affected Individuals and allow for questions regarding compliance issues to be asked and for compliance issues to be reported. ADAPT publicizes the lines of communication to the Compliance Officer and these lines of communication are available to all Affected Individuals and people supported by the agency. ADAPT has a method of anonymous reporting of potential fraud, waste and abuse, and other compliance issues to the Compliance Officer.

ADAPT will ensure the confidentiality of concerns of persons reporting compliance issues is maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by MFCU, OMIG, or law enforcement, or disclosure is required during a legal proceeding. Such persons are protected under ADAPT's policy for non-intimidation and non-retaliation.

Information is available on ADAPT's website concerning its Compliance Program, including contact information for the Compliance Officer and Code of Conduct.

Commitment to Compliance postings are present in all agency programs and office locations. These postings include the contact information listed below:

- Michael Matrone, Chief Compliance Officer, at (212) 683-6700 ext. 1137 or mmatrone@adaptcommunitynetwork.org
- ADAPT's Ethics Hotline at (212) 683-6700 ext. 1132
- Sr. Vice President of Human Resources at (212) 683-6700 ext. 1257

6. Disciplinary Standards:

ADAPT has established disciplinary standards and implements the enforcement of such standards to address potential violations and to encourage good faith participation in the compliance program by all Affected Individuals.

Disciplinary standards and the procedures for taking such actions are disseminated to all Affected Individuals and are incorporated into the agency's compliance training. ADAPT enforces its disciplinary standards fairly and the same level of disciplinary action applies to all levels of personnel.

7. Auditing and Monitoring:

ADAPT has systems in place for routine monitoring and identification of compliance risks including risks related to billings, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, and contractor/subcontractor/independent contractor oversight.

ADAPT monitors the results of internal and external audits and uses this information to identify risk areas that need to be updated regarding the Compliance Program or Compliance Work Plan. Audits or investigations conducted by state and governmental entities are not considered external audits for purposes of this compliance program. The design, implementation and results of internal and external audits are shared with the Compliance Committee and governing body.

Overpayments identified shall be reported, returned, and explained in accordance with Subpart 521-3: Self-Disclosure requiring that the provider shall report, return, and explain overpayments within 60 days of identification.

On an annual basis, ADAPT will conduct a review of our Compliance Program to ensure that the agency's Compliance Program in in compliance with the 18 NYCRR Part 521 regulations, to determine the effectiveness of the agency's Compliance Program, and to determine if any revision or corrective action is necessary. The results of this review will be shared with the chief executive, senior management, Compliance Committee, and governing body.

ADAPT will ensure that the exclusion status of Affected Individuals upon the start of their relationship with the agency and every 30 days thereafter utilizing the NY State Office of

the Medicaid Inspector General Exclusion List and the Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities. Results of exclusion checks will be shared with the Compliance Officer, Compliance Committee, the chief executive, and governing body.

ADAPT has established and implemented procedures for promptly responding to compliance issues as they are raised. Upon detection of potential compliance risk or compliance risk areas, whether through reports received or as the result of auditing and monitoring, the agency will take prompt action to investigate the conduct in question, determine what, if any corrective action is required, and implement such corrective actions. Investigations will be documented and include any alleged violations, a description of the investigative process, copies of notes and other supporting documentation to ensure that a thorough investigation was conducted. The agency will document any disciplinary action taken and corrective actions implemented as a result of an investigation. In cases where ADAPT believes that a State or Federal law, rule or regulation has been violated, the agency will promptly report such violation to the appropriate governmental entity where such reporting is required by law, rule, or regulation.

Attached is a summary of the federal and state laws relevant to the Compliance Program. This list has been derived from the website of the NYS Office of the Medicaid Inspector General and is made available for the information and use of all individuals affected by ADAPT's Compliance Program.

Version number	***Summary of changes***	***Effective date***
1.0	*New Compliance Program*	*September 2023*
2.0	*Review by Compliance Com. (no changes)*	*February 2024*
3.0	*Review by Compliance Com. (contact info update)*	*February 2025*
4.0	*Review by Compliance Committee (no changes)*	*March 2026*

ADAPT COMMUNITY NETWORK [we change]

False Claims and Whistleblower Policy

COMPLIANCE

FALSE CLAIM & WHISTLEBLOWER 1.02

APPLICABILITY:

This policy applies to all Affected Individuals. Affected Individuals are all person's associated who are affected by ADAPT's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

POLICY:

In accordance with 18 NYCRR Part 521-1 and the Federal False Claims Act, it is the policy of ADAPT to detect and prevent fraud, waste and abuse. This policy also sets forth the procedures ADAPT has put into place to prevent any violations of federal or New York State laws regarding fraud or abuse in its heath care programs. (See APPENDIX A OVERVIEW OF RELEVANT LAWS)

ADAPT is committed to prompt, complete and accurate billing of all services provided to individuals. ADAPT and its Affected Individuals shall not make or submit any false or misleading entries on any claim forms. No employee, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager, which results in the submission of a false or misleading entry on claims forms or documentation of services which then results in the submission of a false claim.

IMPLEMENTATION:

1. ADAPT will provide training in this policy and procedure to all Affected Individuals. This training will be provided to all new employees as part of the new employee orientation as part of Compliance Training.

2. ADAPT will perform billing activities in a manner consistent with the regulations and requirements of third party payers, including Medicaid and Medicare.

3. ADAPT will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations.

4. Any Affected Individual who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice according to ADAPT's Reporting of Compliance Concerns and Non-Retaliation Policy and Procedure.

5. Any form of intimidation or retaliation against any Affected Individual who reports a perceived problem or concern in good faith is strictly prohibited.

6. Any Affected Individual who commits or condones any form of intimidation or retaliation will be subject to discipline up to, and including, termination.

7. The Compliance Officer will ensure that all Affected Individuals receive training related to the contents of this policy and the False Claims Act. The compliance

Officer will ensure that records are maintained to document the receipt of training.

8. The Compliance Officer will assure that this policy and procedure is attached to any contract with outside Affected Individuals including contractors, agents, subcontractors, independent contractors. Contracts for these Affected Individuals will include a termination provision for failure to adhere to ADAPT's Compliance Program requirements.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*July 2019*
2.0	*Update*	*August 2023*
3.0	*Update*	*February 2024*
4.0	*Update*	*February 2025*
5.0	*Update*	*April 2026*

APPENDIX A

FALSE CLAIMS & WHISTLEBLOWER

This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729-3733), the Administrative Remedies for False Claims (31 U.S.C Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194) and other New York State laws concerning false statements or claims and employee protections against retaliation.

OVERVIEW OF RELEVANT LAWS:

I. The False Claims Act (31 U.S.C. §§ 3729-3733)

The False claims Act is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who "knowingly" submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of over $11,000 for each false claim submitted. This amount is subject to a yearly increase.

The law was revised in 1986 to expand the definition of "knowingly" to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

Some examples include:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double-billing for items or services;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or "Qui Tam" Provisions:
In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a "Qui Tam" or whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claim Act. An individual citizen, referred to as a whistleblower or "Relator," who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

Employee Protections:
The False claims Act prohibits discrimination by ADAPT against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

II. Administrative Remedies for False Claims (31 USC Chapter 38. §§3801-3812).

This federal statute allows for administrative recoveries by federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information or omits material information. The ADAPT receiving the claim may impose a monetary penalty of up to $5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and imposition of fines and penalties is made by the administrative ADAPT, and not by prosecution in the federal court system.

III. New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194).

The New York State False Claims Act closely tracts the federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is over $11,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. This amount is subject to a yearly increase. In addition, the false claim filer may be responsible for the government's legal fees.

The Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit. The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to relief necessary to make the employee whole.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment of items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the

local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non- monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to $2,000 per violation. If repeat violations occur within five years, a penalty up to $7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

B. Criminal laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which he/she is legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

Penal Law Article 175 Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an ADAPT's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class A misdemeanor or a Class E felony.

Penal Law Article 176, Insurance Fraud

This Article applies to claims for insurance payment, including Medicaid or other health insurance. The six crimes in this Article involve intentionally filing a false insurance claim. Under this article, a person may be guilty of a felony for false claims in excess of $1,000.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly provides false information or omits material information for the purpose of requesting payment of a health care item or service and, as a result of the false information or omission, receives such a payment in an amount to which he/she is not entitled. Health Care Fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar ADAPT or public official.

This law offers protection to an employee who:

- discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions;
- provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by the employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. The law allows employees who are the subject of a retaliatory action to bring a suit in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorney's fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

New York Labor Law §741

Under this law, a health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If the employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorney's fees. If the employer is a health care provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of $10,000 on the employer.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*August 2007*
2.0	*Update*	*December 2013*
3.0	*Update*	*July 2019*
4.0	*Update*	*August 2023*
5.0	*Update*	*February 2024*
6.0	*Update*	*February 2025*
7.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Compliance, Ethical Responsibility, Reporting, and Investigation Policy

COMPLIANCE

COMPLIANCE, ETHICAL RESPONSIBILITY, REPORTING & INVESTIGATION 1.05

APPLICABILITY:

In accordance with 18 NYCRR Part 521-1, this policy applies to all Affected Individuals. Affected Individuals are defined as all persons who are affected by the provider's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

POLICY:

ADAPT Community Network ("ADAPT") recognizes that a critical aspect of its ethical standards involves fostering a culture that promotes responsible, honest conduct, as well as faithful compliance with the laws and regulations of governmental agencies that find our work and related legal requirements. In order to achieve these important goals, ADAPT will implement prevention strategies to curtail improper or illegal activities. ADAPT will also devise mechanisms to detect any violations and implement procedures to address any issues that arise.

The agency will take prompt action to resolve instances of conduct that do not conform to Federal, state, and private payer healthcare program requirements, general legal standards and ADAPT's internal ethical standards and business policies.

IMPLEMENTATION;

All Affected Individuals will act in accordance with ADAPT's Compliance Program and act in accordance with the standards of conduct. Affected Individuals must refuse to participate in unethical or illegal conduct, and they must report unethical or illegal conduct to the Compliance Officer.

REPORTING INCIDENTS AND CONCERNS

To promote a strong ethical culture, ADAPT has adopted practices to encourage Affected Individuals to report any instances of improper or illegal conduct, and the agency has implemented protocols for investigating and resolving these allegations.

All Affected Individuals must report actual or suspected misconduct which the individual, in good faith, believes is occurring. This includes failure to adhere to ADAPT's Compliance Program, actual or potential violations of laws, regulations, policies, procedures, or ADAPT's standards/code of conduct. Violations of this nature are required to be reported to the Compliance Officer.

Failure to report is also deemed misconduct and a violation of this requirement which may lead to disciplinary action, up to and including termination.

ADAPT's Compliance Officer is responsible to oversee and coordinate this important obligation. In addition, an "open door policy" will be maintained at all levels of management to encourage employees to report problems and concerns related to violations of the standards of honest and ethical conduct required by ADAPT.

Employees additionally may report violations or concerns to the Human Resources Department. If an employee believes that their problem or concern has not been resolved, the employee may take the report directly to the Compliance Officer or another Senior Administrator.

Affected Individuals including contractors, agents, subcontractors, and independent contractors are required to report any actual or suspected misconduct to the Compliance Officer. These entities are subject to ADAPT's Compliance Program to the extent the entity is affected by ADAPT's risk areas and only within the scope of the contracted authority and affected risk areas. Contracts will these Affected Individuals will include a termination provision for failure to adhere to ADAPT's Compliance Program requirements.

FREEDOM FROM INTIMIDATION AND RETALIATION

The agency is committed to protecting from intimidation and retaliation, its employees and other Affected Individuals who in good faith report problems and concerns. The agency recognizes that a threat or act of intimidation or retaliation against an employee or other Affected Individual who has reported improper or illegal conduct can threaten the integrity of the agency's dedication to these standards by deterring the reporting of suspected misconduct and can limit ADAPT's ability to monitor and resolve issues of compliance.

Any form of intimidation or retaliation against an employee or other Affected Individual who reports a perceived problem or concern in good faith is prohibited. This includes, but is not limited to, reporting potential compliance issues to appropriate personnel; participating in investigation of potential compliance issues; self-evaluations; audits; remedial actions; reporting instances of intimidation or retaliation; and reporting potential fraud, waste or abuse to appropriate State or Federal entities. The reporter cannot be subject to any adverse treatment, intimidation or retaliation as long as the report was made in good faith, regardless of the outcome of any subsequent investigation. An employee who commits, orders or condones any form of intimidation or retaliation, or attempts to deter reporting or investigation, will be subject to disciplinary action up to and including termination.

SELF-REPORTING

Employees who take responsibility and report their own misconduct regarding improper or illegal conduct can rely on the fact that ADAPT will take the self-reporting into account in determining the appropriate course of action, even though an employee who self-reports will remain subject to appropriate discipline.

ANONYMOUS REPORTING

No attempt will be made to identify an individual who requests anonymity. The identity of known reporters will be held in confidence to the extent feasible and as long as it is consistent with applicable laws. The Compliance Officer will communicate the matter deemed potentially unlawful to the CEO or designee of ADAPT and appropriate law enforcement officials.

INVESTIGATION

Reports of Compliance violations will be investigated by the Compliance Officer or designee. Subjects of Compliance investigations will be placed on administrative leave as warranted based upon the violation being investigated. The results of these investigations will be reviewed by the Compliance Committee and shared with the

CEO and Board of Directors. The Compliance Committee will monitor the status of any corrective actions made by the Investigator and formulate additional corrective actions as needed. The Compliance Committee will monitor the effectiveness of implemented plans of corrective action.

All employees are required to fully cooperate with investigations into Compliance violations. Failure to do so may result in disciplinary action up to and including termination.

Standards for escalating disciplinary action will be taken in response to non-compliance with ADAPT's Compliance Program, policies and procedures, standards of conduct, State and Federal laws, rules and regulations. Sanctions may include oral or written warnings, suspension and/or termination with intentional or reckless behavior being subject to more significant sanctions. Disciplinary action will be based upon the infraction and the person's position in the agency will have no bearing on the disciplinary sanctions administered.

SELF DISCLOSURE

ADAPT will adhere to the guidelines of its funding sources and governmental agencies. The Compliance Officer with feedback form the Compliance Committee will ensure disclosure to the appropriate funding sources and governmental agencies, including the NYS Department of Health and/or the NYS Office of the Medicaid Inspector General as appropriate. (See ADAPT's Compliance: Self Disclosure Policy 1.06.)

DUTIES OF THE COMPLIANCE OFFICER AND THIS POLICY

The Compliance Officer's general responsibilities in relationship to this policy include ensuring that all reports are addressed in an appropriate and timely manner and that all reports are handled in accordance with these and all related policies and procedures. Other responsibilities include the following:

a. Ensuring proper handling of reports of violations or misconduct
b. Establishing reporting and records maintenance procedures;
c. Conducting appropriate investigations and follow-up;
d. Referring matters when appropriate;
e. Providing feedback to those who report as feasible and appropriate;
f. Reporting incidents to the Board of Directors;
g. Maintaining security for the process and reports;
h. Investigating any reported retaliation against an employee who reports suspected misconduct; and
i. Reporting the results of an investigation into suspected intimidation or retaliation to the appropriate committee.
j. Ensuring Self-Disclosure to governmental agencies and/or law enforcement officials when deemed appropriate.

Version number	*Summary of changes*	*Effective date*
1.0	*Original*	*July 2008*
2.0	*Update*	*June 2011*
3.0	*Update*	*July 2019*
4.0	*Update*	*August 2023*
5.0	*Update*	*February 2024*
6.0	*Update*	*February 2025*
	Update	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Ethical Standards and Conflict of Interest Policy

COMPLIANCE

ETHICAL STANDARDS/ CONFLICT OF INTEREST 1.04

APPLICABILITY:

This policy applies to all ADAPT Community Network's ("ADAPT's") Affected Individuals. Affected Individuals are defined as person's affected by the provider's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

POLICY ON ETHICAL STANDARDS:

The Board Members, Officers, the CEO, Executive and Senior Management Staff are responsible for upholding the public trust.

Each person is called to a high standard of stewardship in order to meet the special privileges that ADAPT's tax-exempt status allows. Everyone's actions shall aim to meet or exceed these higher standards, rather than only minimally satisfying the requirements for tax-exempt status.

Areas of behavior to be avoided include: personal conflicts of interest, questionable investments, inappropriate treatment of individuals supported, improper use of funds raised (especially for personal gain), expensive and inefficient fundraising practices, dishonest or misleading marketing practices and failure to meet legal requirements and similar offenses.

IMPLEMENTATION

POTENTIAL CONFLICTS OF INTEREST

The Board of Directors of ADAPT has adopted and designed this policy to avoid any possible conflict between their personal interests and the interests of ADAPT.

The purpose of this policy is to ensure that decisions about ADAPT's operations and the use and disposition of ADAPT's assets are made solely in terms that bring benefit to ADAPT and are not influenced by any private profit or other personal benefit to the individuals affiliated with ADAPT who take part in the decision.

In addition to actual conflicts of interest, Board Members and Officers, the CEO, and the Executive and Senior Management Staff are obliged to avoid actions that could be perceived or interpreted as being in conflict with ADAPT's best interest.

Conflicts of interest may occur when ADAPT enters into transactions with not-for-profit organizations as well as those that are undertaken with profit making entities. For employees, conflicts of interest may occur when the employee becomes a private staff of a person supported by ADAPT in his/her home.

For contractors (including agents, subcontractors, and independent contractors) conflicts of interest may occur when the contractor directs a person supported by ADAPT to use the contractor's own agency rather than ADAPT's services.

The best way to deal with these problems is a full disclosure of all personal and business relationships with organizations that do business with ADAPT and to refrain from participation in decisions affecting transactions between ADAPT and those organizations. Such relationships do not necessarily restrict transactions as long as the relationship is clearly divulged. Any actual or potential conflicts of interest must be shared with the Compliance Officer.

BOARD OF DIRECTORS: DISCLOSURES

Each ADAPT Board Member and Officer will annually complete a questionnaire regarding possible conflicts of interest. The purpose of the questionnaire is to ensure that areas of potential conflict are known and acknowledged proactively.

Any Board Member who may be involved in any ADAPT business transaction in which there is a possible conflict of interest will promptly notify the President of the Board. The Board Member will refrain from voting on any such transaction, participating in deliberations concerning it, and/or using personal influence in any way in the matter. The Board Member's presence may not be counted in determining the quorum for any vote with respect to the ADAPT business transaction in which he or she has a possible conflict of interest. Furthermore, the Board Member, or in his or her absence, the President of the Board, will disclose a possible conflict of interest to other members of the Board before any vote on the ADAPT business transaction; and such disclosure will be recorded in the minutes of the Board meeting at which it is made.

Any ADAPT business transaction which involves a possible conflict of interest with a Board Member will have terms which are at least as fair and reasonable to ADAPT as those which would otherwise be available to ADAPT if it were dealing with an unrelated party.

The Board President, after receiving information about a possible conflict of interest, will take such action as is necessary to assure that the transaction is completed in the best interest of ADAPT without the substantive involvement of the person who has the possible conflict of interest. (This does not mean that the purchase or other transaction must necessarily be diverted, but simply that persons other than the one with the possible conflict will make the judgments involved and will control the transaction.)

A written record of any report of possible conflict of interest and of any adjustments made to avoid possible conflicts of interest will be recorded in the Board minutes.

CEO, EXECUTIVE AND SENIOR

MANAGEMENT STAFF: DISCLOSURES

The CEO and each Executive and Senior Management Staff will complete a questionnaire regarding possible conflicts of interest on an annual basis. The CEO or Executive and Senior Management Staff who may be involved in any ADAPT business transaction in which there is a possible conflict of interest will promptly notify his or her immediate supervisor; the CEO would notify the Board President. The questionnaires are reviewed by the Compliance Officer and Chief Administrative Officer and if necessary appropriate actions are taken. Any significant concerns regarding the Conflict-of-Interest Questionnaires will be brought to the attention of the Compliance Committee, CEO and President of the Board of Directors.

The CEO and Executive and Senior Management Staff will refrain from participating in deliberations concerning any potential conflict of interest or using personal influence in any way in the matter. Any ADAPT business transaction which involves a possible conflict of interest will have terms which are at least as fair and reasonable to ADAPT as those which would otherwise be available to ADAPT if it were dealing with an unrelated party.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*2008*
2.0	*Update*	*2011*
3.0	*Update*	*2014*
4.0	*Update*	*August 2019*
5.0	*Update*	*August 2023*
6.0	*Update*	*February 2024*
7.0	*Update*	*February 2025*
	Update	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Code of Conduct and Ethics

COMPLIANCE

CODE OF CONDUCT AND ETHICS 7.10

APPLICABILITY

This policy applies to all Affected Individuals. Affected Individuals are defined as all persons affected by ADAPT Community Network's (ADAPT's) risk areas. These persons include employees, the chief executive officer and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

POLICY

ADAPT provides a wide range of services and supports for individuals with developmental disabilities. It is incumbent upon each Affected Individual to always act in a professional manner and demonstrate patience and understanding in every situation.

IMPLEMENTATION

The agency expects all Affected Individuals to adhere to the high standards of professional behavior set by ADAPT and its Compliance Plan and New York State Justice Center (The Justice Center). Upon hire or initial engagement, all staff, volunteers, contract clinicians, consultants and members of the Board of Directors are required to read, sign and comply with **ADAPT'S CODE OF CONDUCT AND ETHICS** which is attached as Appendix A**.** Upon hire or engagement and annually thereafter, all staff, volunteers, contract clinicians and consultants are required to read, sign and comply with **The Justice Center's CODE OF CONDUCT** which is attached as APPENDIX B. Original signed acknowledgements will be held at the employee's job site and copies will be forwarded and held in the employee's file in the Human Resources Department.

All Affected Individuals must act in accordance with the standards of conduct and applicable laws and regulations, must refuse to participate in unethical or illegal conduct, and must report any unethical or illegal conduct to the Compliance Officer, Sr. VP of Human Resources, or their supervisor.

Any Affected Individual who violates or knowingly fails to report any violation of this Code of Conduct, any applicable law or regulation, or ADAPT policy, procedure, or practice is subject to appropriate disciplinary action. Appropriate disciplinary action may range from a warning to suspension or discharge. The specific disciplinary action imposed will depend on the nature of the incident and the relevant surrounding circumstances. Disciplinary action will be consistent for all levels of staff and the person's position in the agency will have no bearing on the disciplinary action taken.

Affected Individuals who are not employed by the agency who do not comply with ADAPT's standards of conduct and/or compliance program will be subject to the termination of the relationship between Adapt and that entity. This includes vendors, independent contractors,

subcontractors and board members.

Version number	*Summary of changes*	*Effective date*
1.0	*Original*	*October 2013*
2.0	*Update*	
3.0	*Update Rebrand*	*2019*
4.0	*Update*	*August 2023*
5.0	*Update*	*February 2024*
6.0	*Update*	*February 2025*
	Update	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Self-Reporting and Self-Disclosure Policy

1. Purpose:

Adapt Community Network (referred to as "Agency" or "the Agency") has established a process to identify and address potential violations of law and compliance issues and to self-disclose to appropriate governmental agencies any events or issues that require the return of prior payments made by government agencies, such as Medicaid or Medicare, and other events or compliance issues listed in Section 4.3.1 of this Policy ("Reportable Events").

2. Policy:

The Agency will report to appropriate governmental agencies any potential compliance issues and violations of law or regulation, such as the improper submission of claims for reimbursement, unacceptable practices, fraud, abuse or mistake, that require the return of prior payments made to the Agency ("Overpayments"), and the Agency will make any refunds that are necessary. Furthermore, the Agency will report to the appropriate governmental agencies any Reportable Events that have occurred.

If there is an indication that the Agency received an Overpayment or if the Agency learns of a Reportable Event, the Compliance Officer or designee will investigate the allegations or underlying facts, quantify the amount of funds the Agency was otherwise not due, and ensure that any errors are corrected and refunds are made to governmental agencies in the appropriate timeframes. The Compliance Officer, with advice of the Compliance Committee and CEO, may determine that it is necessary to communicate Overpayments or Reportable Events directly to the New York State Office of the Medicaid Inspector General ("OMIG"), the New York State Office for People with Developmental Disabilities ("OPWDD"), the Department of Justice, the Department of Health and Human Services Office of Inspector General, and/or other appropriate state or federal governmental agencies.

3. Scope:

This Policy applies to all Agency Affected Individuals who encounter billing or reimbursement issues that may require the return of Overpayments or who may encounter one or more Reportable Events. Affected Individuals include all persons associated with the Agency's risk areas and include employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

4. Procedures:

4.1. The Compliance Officer must be informed of any potential Overpayments or Reportable Events (employees can report directly to the Compliance Officer, their supervisor or other management staff or, alternatively, use the hotline) in accordance with the Code of Conduct

and the Policy on Billing Incident Review. Failure to report a potential Overpayment or Reportable Event will subject that Affected Individual to discipline up to, and including, termination in accordance with the Agency's Policies on Reporting Compliance Concerns (Compliance, Ethical Responsibility, Reporting and Investigation Policy #1.05).

4.2. The Compliance Officer or his/her designee is responsible for ensuring that the Agency properly discloses all Overpayments and makes any reports and refunds that are necessary within the timeframes listed in Section 4.2.3 of this Policy.

4.2.1. Once learning of a potential Overpayment, the Compliance Officer in conjunction with the Billing Incident Review Committee, if appropriate, will investigate the underlying facts and cause.

4.2.2. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether an Overpayment has occurred.

4.2.3. Once identifying that an Overpayment has occurred, the Compliance Officer has sixty (60) days to quantify the amount that must be refunded. If the Compliance Officer, with help of outside legal counsel, auditors, or other consultants, as needed, is unable to quantify the amount to be refunded within sixty (60) from the date on which the Overpayment was identified, then the Compliance Officer will notify the appropriate governmental agency that the Agency has learned of a potential Overpayment and that the Agency is currently undertaking efforts to quantify the amount of the Overpayment to be refunded. In the communication with the governmental agency, the Compliance Officer will provide the governmental agency with an estimate of when such work will be completed.

4.2.4. Once quantified, the Agency will refund the Overpayment to the appropriate governmental agency in accordance with any guidance, protocols or procedures issued by the governmental agency to which the refund will be made.

4.2.5. The Compliance Officer shall maintain a log of all Overpayments that have been disclosed to governmental authorities pursuant to this Policy. The log shall include the following information:

4.2.5.1. The date that the Overpayment was disclosed and/or refunded;

4.2.5.2. The cause of the Overpayment;

4.2.5.3. The amount of the Overpayment; and

4.2.5.4. An explanation of the corrective action taken to prevent the Overpayment from recurring.

4.2.6. The Compliance Officer is responsible for taking all necessary actions to ensure that corrective action is taken by the Agency to prevent the same or similar Overpayments from occurring in the future.

4.2.7. A report of Overpayments will be recorded on the compliance log and reported to the Compliance Committee on a quarterly basis, and at least annually to the Board of Directors.

4.3. The Compliance Officer is responsible for ensuring that the Agency properly discloses all Reportable Events to the OMIG and/or other applicable governmental agencies, even if such Reportable Events do not also constitute Overpayments.

4.3.1. The following are Reportable Events:

4.3.1.1. Any conduct by Affected Individuals of the Agency that constitutes an "unacceptable practice" as defined in New York Medicaid regulations (18 N.Y.C.R.R. § 515.2);

4.3.1.2. Any conduct by the Agency that would constitute a probable violation of criminal, civil, or administrative laws that are applicable to the Agency;

4.3.2. Once learning of a potential Reportable Event, the Compliance Officer will investigate the underlying facts and cause, if necessary.

4.3.3. The Compliance Officer may engage outside legal counsel, auditors, or other consultants to help determine whether a Reportable Event has occurred.

4.3.4. Once identifying that a Reportable Event has occurred, the Compliance Officer will notify the applicable governmental agencies, in writing.

4.3.5. The Compliance Officer is responsible for taking all necessary actions to ensure that corrective action is taken by the Agency to prevent the same or similar Reportable Events from occurring in the future, when applicable.

Version number	*Summary of changes*	*Effective date*
1.0	*Original*	*August 2019*
2.0	*Update*	*August 2023*
3.0	*Update*	*February 2024*
4.0	*Update*	*February 2025*
5.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Exclusion Check Policy

COMPLIANCE

EXCLUSION CHECKS 1.07

PURPOSE

The purpose of this policy is to ensure that ADAPT Community Network (ADAPT) screens and does not employ or conduct business with Affected Individuals or entities who are restricted, terminated or excluded from the Medicaid program. Affected Individuals is defined as persons who are affected by the provider's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

POLICY

ADAPT will conduct preemployment and monthly exclusion checks utilizing the exclusion check resources recommended by the Office of the Medicaid Inspector General. The databases utilized to conduct these checks are:

- The U.S. Department of Health and Human Services (HSS)
- The Office of Inspector General (OIG)
- The U.S. General Services Administration (SAM)
- The New York State Office of the Medicaid Inspector general (OMIG)

ADAPT's Workforce Development Department will ensure that all prospective employees are checked against the Medicaid Exclusion List prior to beginning employment with the agency. Any prospective employees found to be restricted, terminated or excluded from participation in the Medicaid program will not be hired by the agency.

ADAPTs Finance Department will ensure that the Compliance Department checks all prospective vendors, including contractors, agents, subcontractors and independent contractors against the Medicaid Exclusion List prior to entering into a business relationship with the agency. Any prospective entities found to be restricted, terminated, or excluded from participation in the Medicaid program will not be utilized by the agency.

On a monthly basis, ADAPT's Human Resources and Compliance Staff will check all Affected Individuals including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing body and corporate officers against the HSS, OIG, SAM and OMIG Exclusion Databases. Any matches involving individuals or entities who are noted to be restricted, terminated or excluded from the Medicaid program will be referred to the Compliance Officer.

The Compliance Officer with input from the Compliance Committee and Sr. Vice President of Human Resources will ensure that no excluded individual or entity shall perform any procedure, provide or order services and/or serve as a Board Member of ADAPT.

It is the responsibility of all Affected Individuals to inform the Compliance Officer of any change in status which may cause an individual or entity to become restricted, terminated or excluded from participation in the Medicaid program.

PROCEDURES

1. Human Resources Staff: Check all prospective employees against the HSS, OIG, SAM, and OMIG databases to ensure

prospective employees are not restricted, terminated or excluded individuals.

2. IT Department Staff: On a monthly basis on or about the 1st of every month runs exclusion check reports for Human Resources, Compliance Staff and the Compliance Officer.

3. Human Resources Staff: Compares exclusion check results provided by the IT Department to current staff employed by the agency to ensure that employees (including the chief executive and other senior administrators and managers) are not restricted, terminated or excluded from the Medicaid program. Results of this check are shared with the Compliance Officer no later than the end of the month in which the exclusion check was generated.

4. Compliance Department Staff: Compares exclusion check results provided by the IT Department to independent contractors and vendors to ensure that these individuals and entities are not restricted, terminated or excluded from participation in the Medicaid program. Results of the check are shared with the Compliance Officer no later than the end of the month in which the exclusion check was generated.

5. Compliance Officer: Compares the exclusion check results provided by the IT Department with the governing body to ensure that none of the governing bodies are restricted, terminated or excluded from the Medicaid program.

6. Compliance Officer: Reviews the results of the exclusion checks provided by Human Resources and Compliance Department staff.

7. Compliance Officer: Ensures the Compliance Committee is aware of any exclusion check matches involving any Affected Individuals and takes appropriate action to ensure that the agency terminates its relationship with any individuals or entities who are restricted, terminated or excluded from the Medicaid program.

Version number	*Summary of changes*	*Effective date*
1.0	*Original*	*July 2019*
2.0	*Update*	*August 2023*
3.0	*Update*	*February 2024*
4.0	*Update*	*February 2025*
5.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Organization Non-Discrimination Policy

COMPLIANCE

ORGANIZATION
NON-DISCRIMINATION 1.03

POLICY:

General Principles

ADAPT Community Network ("ADAPT") is committed to the principle that all persons shall have equal access to programs, facilities, services and employment without regard to personal characteristics not related to ability, performance or qualifications by ADAPT policy and/or applicable laws.

ADAPT prohibits discrimination, harassment, bullying, intimidation and retaliation against any person because of age, culture, language spoken, ancestry, color, disability, national origin, race, religion, spiritual beliefs, gender, sexual or affectional orientations, gender identity, appearance, matriculation, political affiliation, marital status, veteran status, socioeconomic status, or any other characteristics protected by law. ADAPT requires that its employees, volunteers, members, consultants, contractors, and other constituents of ADAPT, when and wherever those individuals are conducting ADAPT business or participating in ADAPT events or activities, shall maintain an environment free of discrimination, including harassment, bullying, intimidation or retaliation.

Applicability

This policy applies to all Affected Individuals. Affected Individuals are all persons affected by ADAPT's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

Definitions

Discrimination – treating people differently, either preferentially or with adverse impact, because they have similar characteristics or because they are from specific groups, unless differential treatment is reasonable, essential and directly related to conducting ADAPT business.

Harassment – one form of discrimination. Harassment is defined as conduct that has the purpose or effect of unreasonably interfering with an individual's participation in ADAPT activities or creating an intimidation, hostile or offensive environment. (Also see ADAPT's Sexual Harassment Policy)

Bullying – one form of harassment. Bullying consists of waging an ongoing and systematic campaign of interpersonal destruction against an individual or group of individuals that a reasonable person would find hostile and offensive. It tends to be an accumulation of many incidences over a long period of time, including treatment which persistently provokes pressures, frightens, intimidates or otherwise discomforts another person.

Intimidation – actions or verbalizations directed toward an individual or group of individuals for exercising their employee rights with the intention of making the individual or group of individuals timid or fearful in an effort to deter that individual or group's actions or behavior.

Retaliation – punitive actions taken against persons for exercising their employee or other rights under the laws in good faith, reporting violations of the laws to the proper authorities (i.e., "whistle blowing") and/or participating in administrative or legal proceedings as a plaintiff, complainant or witness.

IMPLEMENTATIONS

Mediation and Enforcement

For the people supported by the agency, allegations of discrimination, harassment and bullying are managed according to the incident reporting policy and procedure (See ADAPT 4.16 Incident Reporting).

For Affected Individuals, ADAPT's Human Resources Department shall have the primary responsibility for oversight of this policy including resolving complaints of discrimination, harassment, bullying, intimidation and retaliation. Any person who believes that he or she has been the victim of illegal discrimination or harassment should contact ADAPT's Vice President of Human Resources at (212) 683-6700 extension 1257.

An investigation shall be conducted to reach a determination on the merits of allegations. Such an investigation may be conducted by ADAPT staff, legal counsel or other individuals deemed qualified to do so. If there is evidence of discrimination, harassment, bullying, intimidation and/or retaliation, ADAPT shall make every reasonable effort to ensure the discrimination, harassment, bullying, intimidation or retaliation immediately stops and does not recur. The complainant shall be informed of the corrective measures taken. Disciplinary sanctions for violation of policy, which may range from disciplinary warning to termination or expulsion from ADAPT, will be imposed in accordance with applicable ADAPT policies. Disciplinary sanctions will be consistent across all levels of staff, including senior management staff. ADAPT's Chief Executive Officer (CEO) shall be informed of all allegations. If the complaint is against the ADAPT CEO, ADAPT's Compliance Officer and Board of Directors shall be informed.

ADAPT prohibits intimidation and retaliation and any behavior that might be perceived as intimidating or retaliatory in nature. Intimidation and retaliation shall constitute separate violations and may result in a sanction independent of the outcome of a complaint.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*July 2010*
2.0	*Update*	*July 2012*
3.0	*Update*	*April 2011*
4.0	*Update*	*July 2019*
5.0	*Update)*	*August 2023*
6.0	*Update*	*February 2024*
7.0	*Update*	*February 2025*
8.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Compliance Training Policy

COMPLIANCE

COMPLIANCE TRAINING 1.08

PURPOSE:

The purpose of this policy is to ensure all Affected Individuals receive the necessary training to comply with ADAPT Community Network's (ADAPT's) Compliance Program in accordance with the 18 NYCRR Part 521-1 and 42 USC 1396a(a)(68). Affected Individuals is defined as all person's who are affected by ADAPT's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers. This training includes utilization of ADAPT's compliance reporting procedures to report suspected fraud, theft, misuse of resources and/or ethical misconduct.

POLICY:

ADAPT will provide training on its Compliance Program including Compliance reporting requirements to all staff during Pre-service orientation for all new employees. Post-testing will occur to ensure all new employees have a clear understanding of ADAPT's Compliance Program and Compliance reporting requirements.

On an annual basis, all Affected Individuals will receive training on ADAPT's Compliance Program and reporting requirements. This includes employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers. Training will include a post-test to ensure a clear understanding of the Compliance Program and reporting requirements.

Within their first three months of employment, new Directors will receive a train-the-trainer Compliance Training by the Compliance Officer to ensure Directors have the necessary tools and skills to provide Compliance training to their respective staff, independent contractors, volunteers and interns.

On an annual basis, ADAPT contractors, subcontractors and or other vendors who are affected by ADAPT's risk areas will be provided an educational mailing which includes ADAPT's Compliance Plan, Incident Reporting Policy, pertinent Compliance related policies and basic education on ADAPT's Compliance reporting requirements. Included with this mailing will be the contact information for the Compliance Officer to ensure that these Affected Individuals have the opportunity to ask questions regarding ADAPT's Compliance Program and have the means to report any Compliance related concerns.

PROCEDURES:

The Compliance Officer is responsible for developing the Compliance Program training. On an annual basis, the Compliance Officer will develop a Compliance Training Plan to ensure that Compliance Training reaches all Affected Individuals. This training plan will be reviewed and approved by the Compliance Committee Annually.

The Compliance Officer will track and ensure all Affected Individuals receive training on an annual basis.

The Compliance Officer will ensure that all Affected Individuals outside the organization receive an educational mailing annually.

Directors will track and ensure all employees, managers, contractors, agents, subcontractors and independent contractors associated with their programs receive compliance training on an annual basis.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*July 2019*
2.0	*Update*	*August 2023*
3.0	*Update*	*February 2024*
4.0	*Update*	*February 2025*
	Update	*April 2026*

Version number	Summary of changes	Effective date
1.0	*HIPAA Privacy Officer Description*	*March 10, 2003*
2.0	*Update Job Description an added designation*	*September 9, 2013*

ADAPT COMMUNITY NETWORK [we change]

Standards of Discipline Policy

Standards of Discipline

Compliance

PHILOSOPHY:
ADAPT Community Network (ADAPT) is committed to fostering a coaching culture to develop and train employees.

APPLICABILITY:

This policy applies to all ADAPT employees, including the senior administrators, managers, contractors, agents, subcontractors, independent contractors, and corporate offices. For this policy, the above-mentioned group will be referred to as "affected individuals".

POLICY:
As required, ADAPT has established disciplinary standards and implemented procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the Compliance Program by all affected individuals. These standards require that all affected individuals adhere to the organization's written policies, procedures, and standards of conduct.

Additionally, affected individuals must follow all state and federal laws, rules, and regulations. Failure to adhere to those requirements will result in disciplinary sanctions including oral or written warnings, suspension, revocation of a business partnership or termination.

Implementation

In developing and enforcing its disciplinary standards, ADAPT will disseminate the written policies and the Code of Conduct establishing these standards to all affected individuals on an annual basis or upon revision to the program's requirements. ADAPT will also incorporate review of the disciplinary standards into all training conducted with affected individuals annually.

ADAPT will enforce its disciplinary standards fairly and consistently, and the same disciplinary action will apply to all levels of personnel, regardless of titles or seniority.

In cases where the affected individual is not an employee of the agency and is not subject to disciplinary action, the agency may suspend or revoke its business relationship with that affected individual.

PROCEDURE:
Any disciplinary action requires the involvement of Program Administration and Human Resources following ADAPT's Employee and Labor Relation (ELR) Disciplinary Process. Draft disciplinary warnings should be written by an appropriate supervisor and sent to ELR personnel for review, evaluation and validation before issuance. A written Disciplinary warning can be issued to an employee only when it has been approved by an appropriate ELR personnel and the employee's Program/Department head.

Version Number	Summary of Changes	Effective Date
1	Original	February 2024
2	Update	February 2025
3	Update	April 2026

ADAPT COMMUNITY NETWORK [we change]

Criminal Action Policy

COMPLIANCE

CRIMINAL ACTION 1.09

POLICY

It is the policy of ADAPT Community Network (ADAPT) to recognize, stop and report, to the appropriate authorities, any criminal activity on agency premises or under the auspices of the agency if involving people supported or employed by the agency.

IMPLEMENTATION

In any case of suspected criminal activity, staff shall follow established emergency protocols and then immediately notify their Senior Administrator who in turn ensure the Chief Operating Officer is notified of the incident. For incidents which do not involve immediate danger, the Senior Administrator of the department or designee will contact the appropriate authorities.

If there is imminent danger to people or property, 911 shall immediately be called by the staff member present. If imminent danger exists, staff shall ensure that others in the building or in the area are moved to a secure location and that their needs are addressed to minimize any additional impact of the crime.

If requested by law enforcement, staff will secure the area and not tamper with a crime scene or allow anyone else to tamper with the crime scene until authorized.

The responsible Senior Administrator will ensure full cooperation with the law enforcement with any investigation. The Senior Administrator will also act as the central contact person for ADAPT to ensure that appropriate and recommended corrective actions are taken by the agency following any external and/or internal investigation.

If the perpetrator or victim of a crime is a person supported by ADAPT, the agency incident reporting procedures are also followed to ensure compliance with oversight agency requirements.

Version number	*Summary of changes*	*Effective date*
1.0	*Original*	*Sept 1997*
2.0	*Update*	*June 2011*
3.0	*Update*	*July 2019*
4.0	*Update (Annual)*	*August 2023*
5.0	*Update*	*February 2025*
	Update	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Security and Subpoenas Policy

COMPLIANCE

SECURITY & SUBPOENAS 1.10

POLICY:

ADAPT Community Network ("ADAPT") will ensure and provide for a secure and safe environment for the people we support, staff and visitors. All staff and security personnel are responsible for protecting the security of the people we support and the protection of one another, ensuring our building sites and premises are safe and secure, ensuring agency equipment is in proper working order, and addressing any related security measures.

IMPLEMENTATION:

Every site shall implement security practices that are designed to ensure that security and safety are maintained for everyone.

All staff are responsible to ensure security. If security issues arise (such as broken locks, lighting issues, problems in the storage of valuables, etc.), staff are required to inform their supervisor or other responsible parties immediately to ensure that problems are resolved quickly.

ID BADGES:

Every employee of ADAPT shall be issued a picture identification badge. Staff are required to carry their agency identification (I.D.) and show it when requested upon entering any ADAPT building.

Visitors will be required to sign in and out and to communicate the nature of their business and who they are meeting with. The Program Director or designee will ensure the logbooks/sheets are available, utilized, maintained and filed appropriately. As appropriate, visitors may be provided with a temporary identification badge which shall be displayed on their person.

Staff shall alert someone in authority or security personnel if they see someone they feel should not be in the building or if they see something that makes them concerned that security may be compromised. Employees who observe the presence of strangers or unaccompanied visitors should escort that person to their destination, or when necessary, escort the person from the building. Should a person we support make staff aware of an unusual or unauthorized presence, the above procedures should be followed.

BREACHES IN SECURITY:

All people supported, staff and visitors will be alerted to breaches in security and ensure that everyone is moved to a safe location away from harm or problems whenever possible. If a problem arises that involves a major security issue, staff shall follow the directions of the New York City Police Department or other authorities present regarding what to do, how to proceed, and how to ensure everyone's safety.

If the security problems pose immediate danger, the Onsite Manager/Supervisor will immediately alert local police, fire, or security personnel and ensure that all people have been moved to a safe and secure location. Staff and people supported are not to intervene in security matters. Trained personnel and local

police will address issues and resolve security matters.

SEARCH WARRANTS/SUBPOENAS:

No subpoenas are to be accepted by any agency staff at any location other than 80 Maiden Lane, NY, NY 10038. Process servers who attempt to serve subpoenas at any other locations should be directed to 80 Maiden Lane. When at 80 Maiden Lane, only members of the ADAPT Executive staff may accept a subpoena.

Under no circumstances should any staff, including staff at 80 Maiden Lane, accept a subpoena which does not name the agency as the intended recipient. Process servers who attempt to serve personal subpoenas against a person supported or agency employee should be instructed that the agency policy does not provide for this action. Instead, they should be advised to serve the subpoena to the individual at another venue. If the process server ignores this direction and leaves a subpoena, the recipient should forward the unopened subpoena to the Chief Administrative Officer (CAO) at 80 Maiden Lane for Executive Staff follow up.

Staff who receive an inquiry from an external source (i.e., governmental agency or attorney) regarding ADAPT shall immediately notify their Supervisor who in turn should contact the CAO who will immediately evaluate any inquiry received and initiate appropriate follow up action.

In the case of a subpoena seeking ADAPT records in a matter related to the business of ADAPT, the CAO will report the matter to the Chief Executive Officer (CEO). The The CEO will notify the Board of Directors as necessary. Staff should not discuss ADAPT business with any individual unless authorized to do so. ADAPT reserves the right to charge copy fees for staff records and other organizational files.

Regarding matters that center on Protected Health Information, refer to ADAPT's HIPAA Policy: Use and Disclosures Requiring Authorization HP-2.0 in ADAPT's HIPAA Policy and Procedure Manual.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*1992*
2.0	*Update*	*June 2011*
3.0	*Update*	*June 2014*
4.0	*Update*	*August 2019*
5.0	*Update*	*August 2023*
6.0	*Update*	*February 2024*
7.0	*Update*	*February 2025*
8.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Development and Approval of Policies Policy

DEVELOPMENT AND APPROVAL OF POLICIES & PROCDURES (ADMIN – 1.0)

ADMINISTRATION

Purpose

ADAPT Community Network's (ADAPT's) policies and procedures help convey the agency's mission and values in addition to enabling the execution of its strategy to maintain high quality services for the people we support.

Policy

ADAPT's approved policies and procedures adhere to and are consistent with all regulations and laws of associated city, state and federal agencies which oversee and fund the agency.

ADAPT's agency-wide policy and procedure manual is available for review by staff, Board Members, and persons supported. The agency welcomes input from our staff, persons supported, Board Members, parents, guardians, correspondents, advocates and other interested people who suggest new policies or revisions to existing ones.

All program administrators are expected to be familiar with the agency's policies and procedures. Administrators or designees are responsible for the implementation of all approved policies and procedures, and for the training of their subordinate staff. Each staff member is responsible for knowing and executing those policies and procedures which are related to his or her position and program.

ADAPT's policies and procedures are maintained and organized on the Policy and Procedure Manual found on the agency's Intranet site.

ADAPT's Board of Directors are appraised of significant changes to the Policy Manual.

In addition, an annual review of the manual ensures that agency policies and procedures remain dynamic and current to enable the continued provision of quality services which meet the changing needs of agency and the people we support.

In accordance with 18 NYCRR Part 521-1, Compliance Policies will be reviewed annually by the Policy Review Committee. Compliance Policies will be made available to Affected Individuals. Affected Individuals include all persons who are affected by the provider's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.

Implementation

ADAPT's Policy Review Committee (PRC) is led by the Director of Compliance and Quality Improvement and is comprised of a cross section of leadership throughout the agency. The PRC acts as a sub-committee of the agency's Quality Improvement Committee. The PRC is responsible to review the ADAPT Policy and Procedure Manual on an ongoing basis and annually, at minimum. The PRC reviews all new policies and procedures in addition to any revisions to existing policies and procedures currently in place. The PRC ensures that all current policies and procedures remain current with all applicable laws, regulations and changes in the method in which agency operations are executed.

ADAPT's policies and procedures will be written in the format/template agreed upon by the PRC to ensure a uniform presentation of the agency's Policy and Procedure Manual.

ADAPT's PRC's chairperson is responsible for coordinating and executing all functions associated with the PRC. The PRC generally meets on a monthly basis to review and provide feedback on the policies and procedures submitted for PRC approval.

Procedure

- Written policies and procedures are submitted to PRC chairperson for compiling and organizing prior to the scheduled Policy Review Committee Meeting.

- The author or designee of the submitted policy and procedure presents written policy or procedure at the PRC meeting.

- The PRC unanimously approves or disapproves presented policies or procedures. Any policies and procedures which were not approved based on needed revisions will be re-reviewed at a future PRC meeting. The PRC chairperson documents all meeting proceedings and discussions. Meeting minutes are issued to all PRC members and Executive Leadership following each meeting.

- Approved policies and procedures are formatted into the standardized agency policy or procedure format. Approved and formatted policies and procedures are uploaded to the agency's Intranet Policy and Procedure Manual by the PRC Chairperson. All Senior Staff receive an email informing them of the newly approved policies and procedures.

- The PRC Chairperson and Chief Compliance Officer will ensure that Compliance Policies are shared with Affected Individuals via the agency's email, intranet, website and through the annual vendor education mailing to ensure that all Affected Individuals have access to these policies.

Version number	***Summary of changes***	***Effective date***
1.0	*Original*	*June 2010*
2.0	*Update*	*January 2020*
3.0	*Update (Compliance Regulations)*	*August 2023*
4.0	*Update*	*April 2026*

ADAPT COMMUNITY NETWORK [we change]

Incident Reporting Policy

INCIDENT REPORTING PROGRAM

OBJECTIVE:

This policy is applicable to all agency staff including all employees, interns, volunteers, consultants, and contractors.

SCOPE AND PURPOSE:

ADAPT Community Network considers Incident Reporting, tracking and reviewing a vital agency process for mitigating and preventing future occurrences of incidents. It is the responsibility of all staff to make every effort to prevent incidents from occurring. When an incident does occur, the immediate priorities are to avoid further injury and provide necessary treatment. Following these steps, all incidents are reported, investigated, and reviewed.

ADAPT Community Network complies with the incident reporting regulations and guidelines of its oversight agencies based on program type, including the NYS Justice Center (The Justice Center), the NYS Office of People with Developmental Disabilities (OPWDD), NYS Department of Health (DOH), and the NYS Education Department (SED).

PROCEDURE:

IMPLEMENTATION:

The Incident Management process is overseen and supported by the Compliance Department. The department is composed of trained investigators and quality staff who ensure that all activities related to incident management are conducted within the parameters of State Oversight Agency (SOA) and the agency's practices.

The Director of Compliance, or an appointed representative, reviews the Justice Center Venerable Person Central Registry (VPCR) daily to confirm that staff obligated to report specific incidents have completed their duty.

Every person supported, where necessary, and their advocates receive detailed written materials upon admission and on an annual basis which include OPWDD's Part 624 regulations and ADAPT's policies on Incident Reporting, thereby informing them of their rights and about the processes for reporting incidents.

Upon Admission and annually thereafter, all applicable staff are trained in Incident Reporting. Trained staff are given a copy of the Incident Reporting curriculum at the end of training.

Training Curriculum link:
https://learning.adaptcommunitynetwork.org/#/curricula/d1fc579b-53ca-4d59-8e51-a031c82456be

INCIDENT OWNERSHIP:

When the person supported who was involved in the incident is enrolled in more than one agency program, the program in which the incident occurred is responsible for reporting and managing the incident and submitting it to the Incident Review Committee for review. If another program serving the person supported first learned of the incident, this program is responsible for ensuring the person supported safety and immediately contacting the program in which it occurred.

All affected programs are responsible for communicating with each other to ensure that classification, reporting, investigation, reviewing, and follow-up occurs. In the event of a question concerning the handling of an incident, the respective Senior Vice President resolves the questions. The ADAPT Community Network program at which the incident occurred is responsible for sending the documentation to all other ADAPT Community Network programs that support the person supported.

ADAPT Community Network strives to achieve communication and mutual responsibility with the programs of other service providers. If the ADAPT Community Network program is the "program of occurrence", when investigation and review are complete, the program informs the other agency of its conclusion and any subsequent actions taken. The ADAPT Community Network director requests from other program adequate documentation to ensure that appropriate classification, reporting, investigation, review, and follow-up occurred. If necessary, the ADAPT Community Network program conducts an investigation and reports the incident internally and externally.

Agency employees, interns, volunteers, consultants and contractors are informed of the incident reporting policies and procedures with orientation training varying by position. All staff are provided with training regarding ADAPT Community Network's Incident Reporting Policy and Abuse & Neglect Prevention annually. ADAPT Community Network also notifies the persons supported, their parents, guardians, or correspondents by giving them a written overview at the time of admission.

No employee, intern, volunteer, consultant or contractor may work with persons supported in an unsupervised capacity until they have received incident reporting training.

INCIDENT DEFINITION AND CLASSIFICATION

(Per OPWDD 624 handbook https://opwdd.ny.gov/node/780) Incidents are situations that cause harm or are likely to cause harm (physical, emotional or other) to persons supported.

Custodian- A party that meets one of the following criteria:

1. A director, operator, employee, or volunteer of an agency; or
2. A consultant or an employee or a volunteer of a corporation, partnership, organization, or governmental entity that provides goods or services to an agency pursuant to contract or other arrangement that permits such party to have regular and substantial contact with persons supported receiving services; or
3. A family care provider; or
4. A family care respite/substitute provider

Alerts:

Alerts are the agency's internal incidents which are reported and reviewed, but do not require investigation with the exception of Injuries of Unknown Origin Requiring Examination or Minor First Aid. Alerts must be reported to the Program Director but are not considered incidents under the auspices of OPWDD. The purpose of reporting Alerts is to ensure that quality care is maintained at all times. Reporting requires notification to supervisory staff, at an early stage, of

situations that may eventually result in the need for intervention or attention. These are situations that are reported in writing to the Vice President and/or Coordinator of Operations. Asterisked *categories 7-10 below are reviewed by the Incident Review Committees within 90 days. Alerts include the following:

1. Vehicle accidents

2. Injuries to a person supported which results in the need for examination and/or the provision of minor first aid.

3. Indications of the need to monitor a person supported for health or safety issues (e.g., personal intervention techniques were used without a behavior plan or disruptive behaviors which may lead to a behavior plan)

4. Exposure to significant risk of infectious disease. These situations require notification to the Vice President of Nursing or designee to ensure proper infection control measures are implemented.
5. All falls and slips with or without injury.
6. Any skin impairment e.g. redness swelling, warmth, blisters, ulcers or drainage.

7. * Urgent care center visits

8. * Hospital emergency room visits

    a. threats of suicide of persons supported also warrant assessment in the hospital emergency room to ensure the person supported is not a danger to themselves or others.

9. * Unplanned hospital admissions

10. * Injuries of unknown origin requiring minor first aid. These situations require investigation to attempt to establish the cause of the injury.

<u>Minor Notable Occurrences:</u>

These are situations under the auspices of ADAPT Community Network that are reported in writing to the Senior Vice President or designee and reviewed by the Incident Review Committees within 30 days. Minor Notable Occurrences include the following:

1. Injury – Any harm, hurt, or damage to a person supported caused by an act of that person supported or another resulting in medical or dental treatment from a physician, dentist, physician's assistant, or nurse practitioner (more than first aid) in which the cause of the injury can be identified.

2. Injury of Unknown Origin - Any harm, hurt, or damage to a person supported caused by an act of that person supported or another resulting in medical or dental treatment from a physician, dentist, physician's assistant, or nurse practitioner (more than first aid) in which the cause of the injury cannot be readily identified. These situations require investigation to

attempt to establish the cause of the injury.

3. Theft or Financial Exploitation – Any suspected theft of a person's supported personal property (including personal funds or belongings) or financial exploitation involving values of more than $15.00 and less than or equal to $100.00 that does not involve a credit, debit, or public benefit card and that is an isolated event.

4. Sensitive Situations of Interest to ADAPT Community Network Administration – Situations related to persons supported and not described above, which may be of a delicate nature to the agency, are reported to the division administration to ensure awareness of the circumstances.(Examples- injury to a person on agency property that is not supported or employed by the agency, the theft of agency property such as an agency vehicle, or situations which could pose potential harm to person supported or staff such as a gas leak)

<u>Serious Notable Occurrences:</u>

These are situations under the auspices of ADAPT Community Network that are reported in writing to the Senior Vice President or designee and reviewed by the Incident Review Committees within 30 days. Serious Notable Occurrences include the following:

1. Death – The death of any person supported regardless of the cause of death who is under the auspices of ADAPT Community Network including persons supported who have been discharged from services and have died within 30 days of discharge. Deaths under the auspices of ADAPT Community Network's programs certified by OPWDD also require reporting the death to the Justice Center's Death Hotline.

2. Sensitive Situation of Interest to the New York State Office for People With Developmental Disabilities (OPWDD) – Any situation which, in the judgment of the Compliance Officer or designee, needs to be brought to the attention of OPWDD as expeditiously as possible.

    a) Sensitive Situations of Interest to OPWDD include "near miss" situations or situations which increase the potential safety concerns (for example, a fire alarm system not being operational). Biohazardous accidents, disruptions of essential services, or other sentinel events will also be reported as a Sensitive Situations of Interest to OPWDD, as will criminal acts committed by persons supported. In situations in

which it is unclear if an event is a Sensitive Situation to ADAPT Community Network or a Sensitive Situation to OPWDD, a conversation will be held with OPWDD's Incident Management Unit staff to decide.

Reportable Incidents:

Reportable Incidents: Significant Events are categorized as follows:

1. Conduct Between Persons Supported Receiving Services – Conduct between persons supported which would be considered abuse if committed by a custodian, except sexual activity involving persons supported who are adults capable of consenting to the activity, must be reported when the interaction between the persons supported has been deemed as intentional and results in medical treatment above first aid. This is regardless of whether a person's supported behavior support plan addresses targeted behaviors between persons supported.

2. Seclusion – Placement of a person supported in a room or area in which he or she cannot leave at will or in which the person supported perceives they cannot leave at will.

3. Unauthorized Use of Time Out – Use of a procedure in which a person supported is removed from regular programming and isolated in a room or area for the convenience of a custodian or as a substitute for programming.

4. Medication Error with Adverse Effects – Administration of a medication (prescription or over the counter) which is inconsistent with a prescription order in which a person supported experiences adverse effects or the whose health or welfare is in jeopardy due to:

    a. The administration of medication in an incorrect dosage, an incorrect specified form, an incorrect route of administration, or which has not been prescribed or ordered.
    b. Administration of medication to the wrong person
    c. Failure to administer a prescribed medication as ordered

5. Inappropriate Use of Restraints – Use of restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with a person's plan of service. This includes the use of manual, pharmacological, or mechanical measures or devices to immobilize or limit the ability of a person supported to freely move his or her arms, legs or body.

6. Mistreatment – Conduct on the part of a custodian that is inconsistent with a person's supported plan of services which impairs or creates potential to impair the health, safety and welfare of the person supported receiving services.

7. Missing Person – The unexpected absence of a person supported based on a person's

history or current conditions exposes the person supported to risk of injury or harm.

   a. Formal search procedures must be initiated immediately upon discovery of the absence of a person whose absence constitutes a danger to the possible well-being of themselves or others

8. Choking with Known Risk – The partial or complete blockage of the airway by an inhaled or swallowed foreign body, including food that leads to a partial or complete inability to breathe involving a person supported with a known risk of choking and a written directive addressing that risk.

9. Choking with No Known Risk – Any blockage of the airway of a person supported by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe for the person supported in which a prior choking risk has not been established.

10. Self-Abusive Behavior with Injury – A self-inflicted injury to a person supported that requires medical care beyond first aid.

11. Unauthorized Absence – The unexpected or unauthorized absence of a person after formal search procedures have been initiated.

12. Hospitalization Due to Injury – Any suspected harm, hurt, or damage to a person supported receiving services caused by the act of that person supported or another which results in admission to a hospital for treatment in which the cause of the injury can be identified.

13. Hospitalization Due to an Injury of Unknown Origin - Any suspected harm, hurt, or damage to a person supported receiving services caused by the act of that person supported or another which results in admission to a hospital for treatment in which the cause of the injury cannot be readily identified. These situations require investigation to attempt to establish the cause of the injury.

14. Theft or Financial Exploitation – Any suspected theft of a person's supported personal property (including personal funds or belongings) or financial exploitation involving values of more than $100.00, theft of a person's supported credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more persons supported receiving services.

15. Other Significant Incident – An incident which occurs under the auspices of an agency, but does not involve conduct on the part of a custodian, and because of its severity or sensitivity of the situation may result in or has the potential to result in harm to the health, safety, or welfare of a person receiving services.

Reportable Incidents: Abuse and Neglect are categorized as follows:

Abuse – The maltreatment or mishandling of a person supported that would endanger his or her physical or emotional wellbeing through the action or inaction on the part of an employee, volunteer, consultant,

contractor, visitor, or other persons, whether or not the person supported appears to be injured or harmed. The failure to intervene on behalf of a person supported also constitutes abuse. Abuse is categorized as follows:

1. Physical Abuse – Any physical contact by a custodian intentionally or recklessly causing physical injury or a serious physical, mental, or emotional condition of the person supported receiving services.

    a. Such conduct includes, but is not limited to slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting or use of corporal punishment toward a person supported receiving services. Physical contact which is not necessary for the safety of a person supported and causes discomfort to him or her may be considered to be physical abuse, as may the handling of a person with more force than is necessary.

    b. Reports of alleged physical abuse will be reported to the police department.

2. Sexual Abuse – Any sexual contact between persons supported receiving services and a custodian whether or not the sexual contact would constitute a crime. A person with a disability who is or was receiving services and is also an employee or volunteer shall not be considered a custodian if the person has contact with another person supported receiving services who is a consenting adult who has consented to sexual contact.

    a. Conduct by a custodian that subjects a person supported to incest, rape, prostitution or encourages a person supported to engage in prostitution or sexual performance by a child is also considered sexual abuse. (Section 255.25, 25.26, 255.27, 230, and 263 of the penal law)

    b. Reports of alleged sexual abuse will be reported to the police department.

3. Psychological Abuse – Verbal or nonverbal conduct that may cause significant emotional distress to a person supported receiving services.

    a. This includes, but is not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could be perceived by a person supported as a means for infliction of pain or injury in a manner which constitutes a threat of physical pain or injury.
    b. Substantiation of psychological abuse after it is reported will include clinical assessment by physician, psychologist, psychiatric nurse practitioner, licensed clinical or mater social worker or licensed mental health counselor to establish

that the conduct intentionally or recklessly caused or likely caused a substantial diminution of the emotional, social or behavioral condition of the person supported.

4. Deliberate Inappropriate Use of Restraints – Use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restrain is used is deliberately inconsistent with an person's supported plan of services, behavior support plan or generally accepted treatment practices, except when the restraint is used for an emergency intervention to prevent risk of harm to a person supported or other party.

    a. Restraint includes the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move their arms, legs or body.

5. Use of Aversive Conditioning - Application of physical stimulus that is intended to induce discomfort or pain in order to modify or change the behavior of a person supported.

6. Obstruction of Reports of Reportable Incidents – Conduct by a custodian that impedes the discovery, reporting or investigation of the treatment of a person supported by

    a. Falsification of records

    b. Actively persuading a custodian or other mandated reporter from making a report of a reportable incident to the Justice Center Statewide Vulnerable Persons' Central Register (VCPR) or OPWDD

    c. Intentionally making a false statement or intentionally withholding information during an investigation into a reportable incident

    d. Intentional failure of a supervisor to act upon a report of a reportable incident, or

    e. The failure of a custodian to report a reportable incident upon discovery.

7. Unlawful Use or Administration of a Controlled Substance – Any administration of a controlled substance by a custodian to a person supported without a prescription or other medication not approved for use by the federal Food and Drug Administration.

    a. This includes the unlawful use or distribution of a controlled substance at the workplace by a custodian while on duty.

8. Neglect – Any action, inaction, or lack of attention that breaches a custodian's duty that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a person supported. Neglect includes, but is not limited to:

a. Failure to provide proper supervision, including lack of proper supervision that results in conduct between persons supported that would constitute abuse if committed by a custodian.

b. Failure to provide adequate food, clothing, shelter, or medical, dental, optometric or surgical care provided that necessary consents have been obtained from the appropriate parties.

c. Failure to provide access to educational instruction by a custodian with a duty to ensure such instruction in accordance with the person's supported Individualized Education Program.

Article 28 Incidents Under the Certification of the New York State Department of Health

ADAPT Community Network will, at minimum, meet the following regulatory requirements for the NYS Department of Health. Wherever possible, ADAPT Community Network seeks to standardize procedures and will defer to the more stringent of agency practices

These are reported only in those programs which are included in the agency's clinic license and in which the particular occurrence had the direct involvement of clinic staff. An Article 28 complaints process is also in place to investigate complaints about service delivery.

1. Deaths or transfers of person supported to a hospital – This is limited to deaths that can be traced to events occurring in the facility. The death must have resulted from circumstances other than those related to the natural course of illness, disease or proper treatment in accordance with generally accepted medical standards. Examples of reportable death include but are not limited to those resulting from misdiagnosis; improper medical follow-up; medication errors; falls resulting in fractures; rapes; molestations or assaults.

2. Fires in the center or other occurrences which disrupt the provision of services or cause harm to persons supported or staff. This refers to a fire which causes relocation, evacuation, or harm to person supported or staff. It includes a fire which disrupts the provision of services for more than one hour. Other occurrences that disrupt services or cause injury bomb threats leading to evacuation, internal explosions, crowd demonstrations, fights, and floods.

3. Equipment malfunction during treatment or diagnosis of a person supported which adversely affects him or her or center staff. This involves harm to a person supported or failure to provide needed services on a timely basis because of equipment malfunction. Types of equipment which might malfunction and adversely affect people are: the electric suction machine, oxygen tank, X-ray, and nitrous oxide equipment, and dental hand pieces (drills)

4. Termination of any services vital to the continued safe operation of the center or the health and safety of persons supported and staff, including but not limited to the anticipated or actual termination of electric gas, fuel, water, or heat. Such unscheduled

terminations require reporting when other arrangements to maintain services or to re-initiate services promptly cannot be established.

5. Strikes by center staff – This includes strikes by all staff associated with the center. These incidents should be reported at the time of receipt of the ten-day strike notice or at the start of unannounced strike.

Education Services Incidents

ADAPT Community Network will, at minimum; meet the following regulatory requirements for the NYS Education Department. Wherever possible, ADAPT Community Network seeks to standardize procedures and will defer to the more stringent agency practices.

These are reported only in those programs which are included in the agency's education programs and in which the particular occurrence had the direct involvement of education staff. An Education Services complaints process is also in place to investigate complaints about service delivery.

1. Deaths– This is limited to deaths that can be traced to events occurring in the facility. The death must have resulted from circumstances other than those related to the natural course of illness, disease or proper treatment in accordance with generally accepted medical standards. Examples of reportable death include but are not limited to those resulting from injuries; rapes; molestations or assaults.

2. Fires in the center or other occurrences which disrupt the provision of services or cause harm to persons supported or staff. This refers to a fire which causes relocation, evacuation, or harm to persons supported or staff. It includes a fire which disrupts the provision of services for more than one hour. Other occurrences that disrupt services or cause injury bomb threats leading to evacuation, internal explosions, crowd demonstrations, fights, and floods.

3. Termination of any services vital to the continued safe operation of the center or the health and safety of persons supported and staff, including but not limited to the anticipated or actual termination of electric gas, fuel, water, or heat. Such unscheduled terminations require reporting when other arrangements to maintain services or to re-initiate services promptly cannot be established.

REPORTING:

All agency employees, interns, volunteers, consultants, contractors and family care providers are required to report any event or situation which meets the criteria of a reportable incident or notable occurrence.

All staff are trained on the incident reporting policy, code of conduct and abuse prevention as part of New Staff Orientation and annually thereafter. Documentation of annual trainings on incident reporting, code of conduct and abuse prevention are maintained by the Director.

All ADAPT Community Network staff are required to review and sign the NYS Justice Center Code of Conduct as part of New Staff Orientation and annually thereafter which outlines mandated reporter responsibility to the NYS Justice Center for OPWDD certified programs.
Custodians (employees, volunteers, Directors and operators of OPWDD covered facilities and programs, and external staff who have regular contact with persons supported) and Human Service Professionals are Mandated Reporters and are required to immediately report allegations of abuse involving custodians in OPWDD certified programs to the Vulnerable Persons Central Registry (VCPR) of the NYS Justice Center unless the person knows that the report has already been made by another employee or that he or she has been named in the report as a person with knowledge of the incident. Staff and clinicians who witness abuse for person supported who are under 18 years of age are required to report the abuse to the Statewide Central Register of Child Abuse and Maltreatment.

The Director of Compliance and Quality Improvement at ADAPT, or their designee, checks the Justice Center VPCR every day for reportable incidents concerning individuals served by the agency.

All alerts, incidents and allegations of abuse are reported verbally and on a standardized form to prevent their reoccurrence, to inform relevant staff, to take corrective measures and to determine if further investigation, corrective, preventative and/or disciplinary action is necessary. Alerts and incidents may be reported by staff, persons supported, parents or other interested persons. Failure of a staff member, consultant, or contractor to report an alert or incident is considered grounds for disciplinary action and possible termination of employment. All ADAPT Community Network programs utilize the OPWDD incident reporting standards that govern the Adult Services Programs, although Education
Programs, parts of the Supported Employment Program, and Article 28 clinics are not governed by OPWDD regulations. For incidents occurring in OPWDD certified programs, management staff or a designee approved by Operations staff will complete the required OPWDD 147 incident reporting form for all Notable Occurrences and Reportable Incidents.

Incident reports include a description of the occurrence, why it happened, what action was taken and steps necessary to prevent a future occurrence. Staff directly involved in the situation report what happened. Clinical and/or professional staff explains why it happened and administrative staff describes actions to be taken to prevent its recurrence.

Certain alerts, all notable occurrences and all reportable incidents including allegations of abuse must be submitted to the Incident Review Committee. Certain situations may have to be reported to persons or agencies external to ADAPT Community Network. Depending on the nature and severity of an incident and the certification/licensure of the program, it may have to be reported to one or more governmental agencies including the police department and/or District Attorney's Office. Allegations of physical or sexual abuse are

reported to the police department. Vendor transportation incidents must be immediately reported to the ADAPT Community Network transportation coordinator. All ADAPT Community Network Adult Programs, Education Programs, Article 16 Clinics, and Article 28 Clinics follow the OPWDD standards for incident reporting and complete appropriate notifications based on their program type and certification.

Incidents for persons supported by ADAPT Community Network in OPWDD certified programs which do not occur under the auspices of ADAPT Community Network are reported on the OPWDD 150 incident reporting form.

All reports are kept in a confidential file in the program in which they occurred.

All notable occurrences and reportable incidents involving persons supported in OPWDD certified programs are entered into OPWDD's Incident Review and Management Application (IRMA) database as required by OPWDD and the NYS Justice Center.

INVESTIGATION:

All Reportable Incidents and Notable Occurrences as well as Alerts for Injuries of Unknown Origin must be investigated to examine the circumstances surrounding the event, collect information, to evaluate and establish the facts. All investigations will be conducted by a certified investigator who has completed investigator certification training with OPWDD or a certification entity recognized by OPWDD. The Compliance Officer or designee will delegate investigation assignments. Program Directors are permitted to investigate Minor Notable Occurrences, Out of Auspice incidents and Alerts in the program they supervise. No party in the line of supervision of staff who are directly involved in a Serious Notable Occurrence, Reportable Incident or allegation of Abuse may conduct the investigation of such an incident, except for the CEO. Failure of a staff member, consultant, or contractor to cooperate with an investigation is grounds for disciplinary action. Failure of a staff member, consultant, or contractor to report or cooperate in the investigation of an allegation of abuse, or falsification of any information regarding an allegation of abuse in OPWDD certified programs will be reported to the NYS Justice Center as obstruction. No person may conduct an investigation of any incident in which he or she was directly involved or in which his or her testimony is incorporated or in which his or her spouse, domestic partner or other immediate family member was directly involved.

All reportable incidents, including allegations of abuse and neglect, will be investigated. NYS Justice Center and OPWDD's Incident Management Unit will delegate investigation responsibility for allegations of abuse occurring involving custodians in OPWDD certified programs for investigation to the NYS Justice Center, OPWDD's Incident Management Unit, or to ADAPT Community Network. Investigations delegated to and conducted by ADAPT Community Network will be conducted and completed within 30 days of delegation to the agency and the investigation will be shared with the NYS Justice Center and OPWDD for review as required. Investigators will target 5 working

days for the completion of investigations, with notification occurring to the Senior Vice President of the division in any cases where an investigation is not completed within 5 working days.

The Investigator will examine and collect all relevant evidence in addition to speaking to all witnesses. The Investigator will complete a report in the format specified by O.P.W.D.D. which establishes the facts and draws conclusions based upon the facts gathered. The Investigator will determine what corrective actions or other interventions are needed based upon the scope and severity of the situation in addition to the facts and conclusions drawn from the investigation. The Director of the program in which the incident occurred will be responsible for implementation of all corrective measures recommended by the Investigator.

Employees are required to cooperate with investigations being conducted. If an employee leaves employment prior to the conclusion of a pending investigation, the investigation shall continue until it is completed and (for abuse and neglect allegations) a finding is made of substantiated or unsubstantiated.

REVIEWS

All Notable Occurrences and Reportable Incidents are reviewed by the Senior Vice President or designee and are reviewed by the Incident Review Committee (IRC). These reviews are to assure that all necessary corrective action was taken in the person supported situation and to prevent its recurrence or the occurrence of similar situations.

No committee member may participate in the review of any Notable Occurrence or Reportable Incident including alleged abuse in which he or she was directly involved, the committee member's family, spouse or domestic partner was involved, or which the committee member participated in the investigation. In addition, no committee member may participate in a review of a Reportable Incident including allegations of abuse if the committee member is the immediate supervisor of staff directly involved in the incident. Such members may however, participate in the committee's deliberation regarding appropriate corrective or preventative action.

All alerts are reviewed by the Program Director. Those alerts involving urgent care center visits, emergency room service, unplanned hospital admission, injuries of unknown origin requiring minor first aid, or exposure to risk of infectious disease are also reviewed by the Senior Vice President/Designee and the IRC. Any situations involving exposure to significant risk of infectious disease are also reported to the Operations Staff's RN Case Manager and reviewed by the Infection Control Committee.

The IRC's are divisional committees. The Adult Services Committees meet at least every 90 days and within 30 days of all serious reportable incidents and notable occurrences. The Education Committee meets on at least a quarterly basis. The IRC includes at least two professional staff and other staff who is representative of all the programs within the division and all key staff positions within the division including direct care staff, a person supported, and a member of an advocacy

organization. A member of the Board of Directors is also invited to serve on the Incident Review
Committee. A physician, physician's assistant, or nurse practitioner is available to the committee for consultation as needed.

Meeting minutes are written for each Incident Review Committee Meeting which includes causes, corrective actions taken for improvement and to prevent recurrence, and disciplinary action taken. IRC meeting minutes are reviewed by the CEO or designee. IRC Meeting Minutes are maintained by the Director in a secure location with limited access.

An incident database is also maintained by the Compliance Officer or designee. The incident reports in the database are viewable by the Director of the location the incident took place, corresponding Operations Staff, the C.E.O., Chief Operating Officer, and Senior Vice President. Documentation for all alerts, reportable incidents, and serious reportable incidents is maintained by the Director in secure location in the program with limited access.

Annually, the Compliance Officer prepares a report describing the functioning of the Incident Review Committee and general trends in incidents and reportable alerts. This report is sent to the C.E.O., Chief Operating Officer, Senior Vice President, Vice Presidents, the Board of Directors, and the appropriate oversight agencies. The Chief Operating Officer also reviews the incident trend report with an incident review sub-committee of the Board of Directors on at least an annual basis.

Access to Records Law for OPWDD Certified Programs:

It is the policy of ADAPT Community Network to comply with all laws, rules and regulations governing the way in which certain notifications are made and how information is shared about incidents and all allegations of abuse in mental hygiene facilities certified by OPWDD. This policy has been adopted to comply with the New York Mental Hygiene laws and OPWDD's regulations addressing Part 624 incident notification and reporting requirements. For all categories of notable occurrences and reportable incidents falling under the Access to Records Law, the qualified person of the person supported, a correspondent or the consumer advisory board representative is offered a follow-up meeting to discuss the incident, offered a copy of the incident report upon written request, and is provided with a report on actions taken by the agency. Once a written request from a qualified person of a person supported has been received by the agency, the agency must redact the names of employees that appear in the investigation, names of other persons supported who appear in the investigation and any information tending to identify an employee or a person supported. The agency will provide the redacted records no later than 21 days after closure of the incident, if the written request was received prior to the closure of the incident. If the written request was received after the closure of the incident, the agency must provide the requested records no later than 21 days after the request was made. A

qualified person of a person supported who can make a request for access to records and in turn receive a redacted investigative report are defined as the following: a parent, legal guardian, spouse, adult child, adult sibling or the person supported, themself if they are a capable adult. Compliance staff will document Access to Records notifications and requests via the Special Notifications Tab in IRMA as required.

Person Responsible
Staff present at incident

Procedure
1. Take immediate action to provide the necessary care and safeguards and calls for additional help as needed.
2. For allegations of abuse involving custodians in certified facilities, immediately report incident to the Vulnerable Persons Central Registry (VPCR)
3. Verbally report alert or incident to appropriate staff (immediate supervisor and/or nurse.)
4. Documents alert or incident on ADAPT Community Network forms.
5. Forwards documents to supervisor and/or pertinent staff (nurse, teacher, director, etc.)

Person Responsible
Nurse, Supervisory Staff and/or Social Worker

Procedure
6. Evaluates situation, documents situation and provides care and assistance as necessary (see ADAPT 4.3)
7. Notifies program director immediately of all reportable and serious reportable incidents.
8. Completes appropriate section of ADAPT Community Network form and forwards it to program director.
9. At Director's guidance, notifies parent/guardian/complementary programs of situation and action taken.

Person Responsible
Program Director/Clinic Administrator

Procedure
10. Assures that all procedures are followed, all necessary actions taken, and all unsafe conditions are corrected.
11. Completes and reviews alerts/incidents to confirm that they are properly classified (i.e. reportable alert, reportable incident, notable occurrence).
12. Ensures notification of parent/guardian, care manager, complementary program that the participant may attend. If incident occurred at other program, provides information and cooperation to director of program at which incident occurred.

Person Responsible
Program Director

Procedure
13. Files alerts except those involving emergency room visits, unplanned hospital admissions, significant risk of infectious disease, or injuries of unknown origin requiring minor first aid in alert binder.
14. Immediately notifies clinic coordinator of Article 28 incidents and other incidents involving clinical staff.
15. Immediately notifies Senior Vice President or designee of all urgent care or emergency

room visits, hospital admissions, infectious diseases contracted, notable occurrences, and reportable incidents.

16. Conducts investigations pertaining to Alerts and Minor Notable Occurrences, or facilitates investigations of Serious Notable Occurrences or Reportable Incidents conducted by an investigator who is not in the chain of supervision of the program.
17. Consults with Senior Vice President or designee and may suspend, reassign, or remove a staff person pending outcome of investigation.
18. Upon completion of appropriate sections, forwards to Coordinator of Operations original copies of alerts involving urgent care center visits, emergency room visits, unplanned hospital admissions, significant risk of infectious disease, and injuries of unknown origin requiring minor first aid within 48 hours.
19. Files copy of above reports in alert/incident binder.
20. Prior to end of workday in which incident occurred and as soon as possible, ensures phone report of reportable incidents/allegations of abuse/sudden or suspicious deaths to the following agencies as applicable:
    a. NYS Justice Center Vulnerable Persons' Central Register (VPC R) for reportable incidents in OPWDD Certified Facilities 1-855-373-2122
    b. NYS Justice Center Death Reporting Hotline 1-855-3732124 for persons supported by OPWDD
    c. Office of Health Service Management (OHSM) if death is directly related to events occurring in clinic.
    d. NY State Central Registry of Child Abuse and Maltreatment – 1-800-342-3720 if child is 18 years or under.
    e. Police to report crimes
    f. OPWDD Incident Management Unit for incidents involving OPWDD persons supported

21. Ensures the completion and submission of the following forms: a) Reportable Incident
    a. OPWDD 147 – if program is OPWDD certified entry of 147 into IRMA by the end of the following business day.
    b. If the person supported is under 18 years old LDSS2221A within 48 hours of making a verbal report to the state central registry. Mandated reporters must send the completed form to the field office in the borough were the subject of the report resides.
    c. DOH 2242 – if clinic related (Article 28) to Department of Health within 5 days.

    b) Allegations of Abuse & Deaths
    a. OPWDD 147 if program is OPWDD certified to. Entry of 147 into IRMA by the end of the following business day.
    b. If abused person supported resides in OPWDD-certified Facility, send 147 to Mental Hygiene Legal Services

    c) All Deaths:
    a. For OPWDD – certified program FORM 147 within <u>24</u> hours of discovery.
    b. OPWDD Form 162 Report of

Death Form: entered into IRMA database within 5 working days of discovery of death.

c. Mental Hygiene Legal Services

22. Documents all of the above along with results of investigation
23. For OPWDD-certified programs, reports monthly to OPWDD via IRMA concerning ongoing investigations of serious reportable incidents or allegations of abuse.
24. Takes action recommended by reviewers and files reports in alert/incident book.
25. Notifies any internal or external program that participant attends of alert /incident and forwards pertinent documentation to them upon completion and review of investigation.
26. If incident/suspected abuse occurred at an external program
    a. Requests information on reporting, investigation, review and follow-up from the agency in which it occurred and documents in files.
    b. Reviews information and determines if it was properly investigated and reported.
    c. If there are questions about that agency's handling of incident, consults with Senior Vice President and if necessary to the extent possible and reports it to OPWDD.
27. If person involved in incident/suspected abuse is enrolled in more than one ADAPT Community Network program:
    a. Director of program at which incident is reported (but did not occur) is responsible for contacting director of program at which it occurred, interview of participant and involved staff at program, calling OPWDD or Justice Center (if relevant), and calling supervisor.
    b. Director of program at which incident occurred (but not reported) is responsible for managing the incident.

Person Responsible

Vice President of Clinical Services

Procedure

28. Consults with program director and jointly investigate all Article 28 incidents and incidents involving clinical staff, and takes action to prevent their recurrence.
29. Consults with Senior Vice President/Vice President and reports and Article 28 incidents to OHSM or OHSM hotline.
30. Completes and submits DOH 2242 to OHSM within 5 days.
31. Submits final report of investigation of any Article 28 incident to OHSM within 45 days of receipt of notification letter from OHSM, on Investigation Report Transmission Form.

Person Responsible

Compliance Officer or Designee

Procedure

32. Reviews all Reportable Alerts, Notable Occurrences, Reportable Incidents and Article 28 incidents.
33. Ensures that all forms and reports are completed and sent to the appropriate agencies within the specified time limits.
34. Ensures monthly reports of ongoing investigations in OPWDD certified

programs are sent to the OPWDD Incident Management Unit via OPWDD's IRMA database.

35. Ensures updating of OPWDD's IRMA database for all notable occurrences and reportable incidents.
36. Ensures reportable incidents in OPWDD programs are uploaded to the VCPR
37. Ensures that Investigation Report Transmission Forms are completed and sent to OHSM within 45 days.
38. Implements recommendations and returns the original alerts and incident reports to program director.
39. Annually prepares an incident trend report describing Incident Review Committee (IRC) functioning, general trends in incidents, corrective and disciplinary actions taken, and submits it to the CEO.
40. Resolves questions between programs concerning handling of an incident.
41. Attends Incident Review Committee meetings.

Person Responsible
Chairperson, Incident Review Committee

Procedure
42. Convenes meetings at least quarterly and within 30 days of a reportable incident including allegations of abuse.
43. With IRC members, reviews all reportable alerts, notable occurrences and reportable incidents.
44. Takes minutes including the participant's name, a summary of the incident, actions taken and recommendations.
45. Assures that minutes are kept confidential and are distributed to committee members, Program Director, Senior Vice President, Chief Operating Officer, and C.E.O.

Person Responsible
Senior Vice President

Procedure
46. Based upon recommendations and questions of IRC, recommends corrective actions to program director.

Person Responsible
Program Director

Procedure
47. Implements recommended corrective action, reads minutes, responds to questions and recommendations of IRC for serious reportable incidents and allegations of abuse. The opportunity to review the outcome of the investigation is offered to the person supported.

Person Responsible
Incident Review Committee

Procedure
48. Reviews follow-up information from Program Directors and asks further questions or closes the review.

Person Responsible
C.E.O. or designee

Procedure
49. Reviews IRC Minutes and corrective actions. Approves annual incident trend report and authorizes its distribution to Program Directors, and the Board of Directors.

Person Responsible
Board of Directors

Procedure
50. Reviews Annual Incident Trend Report and provides feedback to administration as appropriate.

Version number	*Summary of changes*	*Effective date*
1.0	Update	August 2023
2.0	Update	August 2024
3.0	Update	October 2025
4.0	Update	April 2026

ADAPT COMMUNITY NETWORK [we change]

APPENDIX A: ADAPT Code of Conduct

ADAPT
COMMUNITY NETWORK

[we change]






CODE OF CONDUCT

[adaptcommunitynetwork.org]

Message from the CEO



On behalf of the individuals we support and their families, I am honored to welcome you to the ADAPT community. You are joining an organization deeply committed to creating meaningful opportunities and improving quality of life for children and adults with disabilities and their families.

ADAPT Community Network is a diverse and dynamic organization, offering more than one hundred programs that span early childhood education, residential services, day programs, and more. Our mission is simple yet powerful: empowering people through innovative solutions, one person at a time. We are grateful to have you as a part of our team and look forward to seeing how your perspective and experience adds to the culture of this organization. Your dedication and contributions play an essential role in the well-being and success of the people we support.

Our Employee Code of Conduct is designed to provide guidance and support as you begin and grow in your career at ADAPT. I encourage you to read it carefully, save it, and use it as a resource. Adhering to our Employee Code of Conduct is key to your success within the agency as well as helping to foster a culture of safety and respect.

Thank you for choosing ADAPT Community Network as your employer! We hope your experience here is both fulfilling and meaningful.

Work Hard! Have Fun! Make a Difference!

With appreciation,

Jenna Mandel-Ricci

Jenna Mandel-Ricci

Chief Executive Officer

Our Mission

Empowering people through innovative solutions, one person at a time.

Our values are connected to our mission and reflect a commitment to:

- The **provision of services of the highest quality** to people of all ages with developmental disabilities and their families
- Adherence to the highest ethical, business, and legal standards
- The avoidance of even the appearance of dishonesty and wrongdoing
- The adherence to ADAPT's Compliance Program as an integral part of our mission and operations

Work Environment

ADAPT is committed to creating and maintaining a **safe and professional workplace**. It is ADAPT's policy to treat everyone with respect. Business integrity, teamwork, trust, and respect are ADAPT's most important values. Unlawful discrimination or harassment of any sort violates these values.

Our Compliance Program

ADAPT promotes **responsible, honest conduct and transparency** in all business transactions and adherence to the laws and regulations of the government agencies that fund our work and promulgate standards of care. In order to achieve these important goals, ADAPT has developed a comprehensive **Compliance Program** which facilitates the prevention of improper or illegal activities and provides mechanisms to detect and report any violations.

What We Ask of You

- Comply with this Code of Conduct and all agency policies and procedures
- Obey all laws and regulations that govern our work
- Report any alleged violations or allegations of wrongdoing immediately to one of the following:
    - Your immediate supervisor
    - A Manager
    - The Compliance Officer
    - The Senior VP of Human Resources

The agency maintains a telephone hotline to allow employees and others to report problems and concerns either anonymously or in confidence. This telephone number is posted in all programs.

- Assist management and compliance personnel in investigations of wrongdoing.

Freedom from Retaliation and Intimidation

The agency is committed to **protecting from retaliation and intimidation**, its employees, and others who in good faith report problems and concerns.

Providing Quality Care

Our goal is to provide services of the highest quality using the most innovative techniques. We strive to be responsive to the concerns of the people we support and to provide an environment sensitive to the rights and dignity of all.

Protecting Information

During your relationship with ADAPT you may acquire confidential information about the people we support, ADAPT employees, and the agency's finances, operations, and programs. You must keep this information confidential. The agency has developed a comprehensive program to comply with the **Health Care Information Portability and Accountability Act (HIPAA)**. You must follow these policies and procedures to ensure that health care information is kept confidential.

No one may copy, remove, or disclose confidential information from ADAPT property without permission from a supervisor or administrator with proper authority over the information. Ask your supervisor if you are not sure whether certain information is confidential.

Compliance with Law

Much of ADAPT's financial support comes from government. Therefore, we are subject to laws designed to combat fraud, waste, and abuse. **ADAPT is committed to compliance with all Federal, state, and local laws and regulations,** including requirements of New York's Medicaid program and all Federal health care programs that govern the programs it administers.

Guidelines

- **Kickbacks**

You may not offer or accept any kickback or rebates in any form for any reason. This means that you cannot give or receive anything of value in return for a referral of business.

- **Gifts, Gratuities and Entertainment**

You may not solicit or accept money or other gifts from providers, contractors, producers, accounts, people supported, or their families.
We understand that some families may wish to express their gratitude to staff through the presentation of small gifts. You are permitted to accept gifts of nominal value. However, there can be no personal financial transactions between our staff and the families of the people we support.

ADAPT employees and contractors may not offer gifts of even nominal value to any government official.

Conflict of Interest

Conflicts of interest are situations in which personal considerations may affect or appear to affect, our loyalty and ability to fulfill our responsibilities to ADAPT and the people we support. You must not allow any outside financial interest, or competing personal interest, to influence the **decisions or actions** that you make on behalf of ADAPT. You must avoid both the existence and the appearance of any conflict of interest between your personal interests and those of the agency.

There are many types of situations where potential conflicts may arise. ADAPT requires you to **report promptly any actual or potential conflict of interest** to either your immediate supervisor or to the Compliance Officer.

Creating a Positive Work Environment

Guidelines

- You must support ADAPT's commitment to a **safe and professional work environment.**
- You must demonstrate **appropriate behavior** in the workplace.
- You may not make jokes or speak or communicate in a **derogatory manner** about anyone's race, sex, age, religion, national origin, color, marital status, disability, or other protected characteristics.
- You **may not consider** anyone's race, color, religion, sex, national origin, age, disability, culture, ancestry, gender identity, sexual orientation, appearance, political affiliations, or other protected characteristic when making decisions about the work environment, including hiring and retention, placement, assignment of duties, training and promotion, termination, compensation and benefits.
- **ADAPT prohibits sexual harassment of any kind.** Sexual harassment includes:
  - any form of unwelcome sexual advance
  - request for sexual favors
  - other verbal or physical conduct of a sexual or sex-based nature.
- You must treat all people served by the agency, co-workers and visitors with **respect, courtesy, and cooperation.**
- You are a representative of ADAPT in your everyday life. You must represent the agency positively in the community.
- You are urged to care for your own health. Therefore, you must never possess, distribute, sell, purchase, or use controlled substances or alcohol while you are working and/or are on agency premises. You must not come to work and/or to agency premises if your ability to perform your job is impaired by alcohol, an illegal substance, or a prescribed medication.
- You must never bring weapons to work and/or agency premises.
- You must immediately report any allegation of possible abuse of people supported.
- You must **never leave people supported unsupervised** or in an inadequately supervised setting.

Social Media

We are committed to cultivating a positive reputation in the community. To further support our mission, we engage in social media and networking for marketing and communication purposes. ADAPT requires that employees **respect the rights and privacy of the persons we support** and the reputation of ADAPT when engaging in social media.

- Do not post any pictures or comments involving ADAPT or other employees that could be construed as inappropriate.
- Do not post any pictures or videos of the person we support that have not been officially posted to the agency's official site. Only pictures officially posted will have proper releases and permissions for use.

Use of Agency Funds and Resources

Use of ADAPT's assets are strictly for the benefit of ADAPT and the people ADAPT serves. These assets include physical property like funds, equipment, furniture, office supplies and vehicles. ADAPT's assets also include intellectual property like financial information, computers, computer software, email, and business information.

You may not conduct outside activities during work time, unless approved by your supervisor. Such activities interfere with your regular duties and negatively affect your work.

Ineligible Persons or Entities

ADAPT does not contract with, employ, retain, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal or state healthcare programs. ADAPT checks the eligibility status of all employees and independent contractors as a part of the hiring/retention process. After hiring, ADAPT routinely checks the eligibility status of all employees and independent contractors. If you become ineligible or excluded from participation at any time, report this immediately to the ADAPT Compliance Officer. If you become aware that any other person or entity with whom ADAPT has a business relationship has become ineligible or excluded, also report this immediately to the ADAPT Compliance Officer.

Record and Report Information Accurately

Many of ADAPT's forms are legal documents. These documents verify the provision of a service, constitute a bill for a service to a person supported, record a job task, record specific occurrences, or cover other matters. All such documentation completed or compiled by you must be prepared **fully, accurately, and honestly**. In addition, you must only document the services that you provided or events in which you were involved.

Documentation

- We handle claims for payment of services with integrity to avoid fraud, waste, and abuse in healthcare.
- All ADAPT personnel are expected to comply with Federal healthcare program requirements, including, but not limited to, Medicare / Medicaid rules and Federal and state False Claims Acts.
- We bill only for medically necessary services rendered by eligible providers and properly documented and coded.
- We correct any billing errors of which we have knowledge and refund payments received in error.

If you see problems with claims that are not being corrected, contact the Compliance Officer or Compliance Hotline.

Information Security

- You must only use information produced by or stored on ADAPT's computer systems—whether in electronic form or hard copy—for legitimate ADAPT purposes.
- Use computers, Internet access, email, or other office communications systems for business-related purposes only. Do not use them in a disruptive, offensive, harassing, or harmful manner, or for any personal purposes.
- Do not share your system username or password with anyone.
- Do not allow anyone to access any ADAPT computer or network with your password.
- ADAPT requires you to comply with its Acceptable Use Policy. If you have any questions concerning information security, contact your supervisor, the Compliance Officer, Chief Information Officer or Security Officer.
- Any document produced or provided by you as an ADAPT employee, independent contractor, volunteer, or officer is the sole property of ADAPT. You may not destroy it or use it for any other purpose.

Political Activities and Contributions

ADAPT is a non-profit organization. Under the law, non-profit organizations may not engage in any political campaign activities. You must **never represent your personal activities, opinions or interests as those of the agency** (e.g. by unauthorized use of agency letterhead stationery, unauthorized remarks in public, etc.).

Sleeping

ADAPT has a zero tolerance policy for sleeping. Employees are not permitted to sleep during work hours. Employees found sleeping will be subject to disciplinary action, up to and including termination of employment.

Corrective Action and/or Discipline

As a condition of employment or retention, you must comply with the Code of Conduct, ADAPT's policies and procedures, all applicable laws or regulations, and report potential compliance violations.

Any ADAPT employee, independent contractor, volunteer, or officer who violates or knowingly fails to report any violation of this Code of Conduct, any applicable law or regulation, or ADAPT policy, procedure, or practice is subject to appropriate disciplinary action ranging from a documented verbal warning to termination. The specific disciplinary action imposed will depend on the nature of the incident and the relevant surrounding circumstances.

The following are grounds for discipline, up to and including termination, if not corrected:

- Not performing all duties listed on your job description, as assigned by your supervisor.
- Frequent lateness, excessive, unexcused absences and/or unauthorized leaving of work site or shift.
- Absences or lateness without notifying your supervisor within the required timeframe.
- Not calling or showing for a scheduled shift.
- Not signing in and out of the program or not accurately signing in or out of the program.
- Failure to attend required trainings or medication courses.
- Failing to report an allegation of abuse.
- Refusing to participate in an agency investigation.
- Lying in an investigation.
- Smoking on agency premises.
- Violating safety and/or security rules and regulations.
- Leaving participants unsupervised or in an inadequately supervised setting.
- Not completing required paperwork.
- Signing in and/or out for another employee.
- Not properly caring for the property of people supported and the agency.
- Producing insufficient or unacceptable work.
- Not administering medication to persons supported as prescribed and/or in accordance with established schedule.

The following are serious infractions of agency policies and procedures which will subject an employee to disciplinary action, including discharge:

- Abusive behavior: physical, verbal, psychological or sexual to people supported, volunteers or co-workers.
- Being under the influence of intoxicants while on the job. This includes marijuana, drugs, and all forms of alcohol.
- Insubordination
- Sleeping on duty
- Stealing from the agency, its employees or people supported.
- Engaging in destructive acts, such as tampering with or destroying property of the agency, its employees and people supported.
- Falsifying agency records or reports, including obtaining employment based on false or incomplete information.
- Unauthorized use of an agency vehicle.
- Committing an illegal act on agency premises.
- Failing to cooperate in an agency or governmental investigation.

Your Responsibilities

- You are expected to perform the duties listed in your job description.
- You are expected to assist other staff as needed and when requested.
- You are expected to perform all tasks as assigned by your supervisor.
- You are expected to treat the people supported, staff and visitors with courtesy, respect and cooperation.
- You are to always support and maintain the good reputation and the integrity of the Agency.
- You are expected to report all incidents of physical, verbal or psychological abuse, by staff to people supported or by people supported to staff.
- You are to abide by agency policies and procedures.
- You are to complete all required paperwork.
- You are not to engage in the private sale or distribution of unauthorized literature or goods while on duty as an ADAPT employee or on ADAPT premises.
- You are to provide the required notice to management when reporting late or calling out.
- You are not permitted to smoke in any agency facility or vehicle.
- You are expected to attend in-service trainings, participate in fire drills and emergency evacuation procedures, and abide by the safety and security procedures of your program.
- You are expected to maintain regular attendance; report to work punctually and be free from the impairment of drugs or alcohol.
- You are required to not leave a work site or not be at an assigned location without prior authorization from the supervisor or Program Director.

- You are expected to attend all required Compliance trainings and read and understand the following:
    - ADAPT's Compliance Plan
    - Compliance Policies and Procedures
    - Code of Conduct.
- Promptly report any issues, concerns, violations, or suspected violations to
    - your supervisor
    - other management staff
    - the Senior VP of Human Resources
    - the ADAPT Compliance Officer

Version Number	Summary of Changes	Effective Date
1.0	Initial Version	
2.0	Updated Message from the CEO	October 2025
3.0	Updated Message from the CEO	October 2026

ADAPT COMMUNITY NETWORK [we change]

Acknowledgement

I acknowledge that I have received, read and understand the Code of Conduct of ADAPT Community Network.

I agree to abide by the policies in the Code of Conduct and all federal, state, and local laws, rules and regulations in connection with my work with ADAPT Community Network.

I am aware that violations of the Code of Conduct could result in disciplinary actions.

_____

Signature

_____

Printed Name

_____

Date

ADAPT COMMUNITY NETWORK [we change]

APPENDIX B: Justice Center Code of Conduct

Code of Conduct for Custodians of People with Special Needs

Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the Justice Center Act must sign that they have read and understand the Code of Conduct.

The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition, disability, or any other protected class under the law.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under Social Services Law § 491, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

Code of Conduct[1] Acknowledgement for Custodians of People with Special Needs

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

_____	_____	_____
Signature	Print Name	Date

Program: _____

Department: _____

Facility/Provider Organization: _____

[1]No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the Taylor Law.