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1. MISSION STATEMENT AND CODE OF ETHICS

Options for Community Living, Inc. (Options) provides services in a manner which conforms to the highest ethical and legal standards. The agency is fully committed to the effective implementation of a Corporate Compliance Program which prevents, detects and responds to any violations of law, regulation, or ethical standard by employees and other agents. All employees, students, volunteers, interns and members of the Board of Directors and Incident Review Committee are subject to all applicable provisions of the Code of Ethics and Corporate Compliance Plan.

AGENCY MISSION STATEMENT

Options for Community Living, Inc. is committed to assisting individuals and families in need to develop their fullest potential for independent living. Services prepare participants for the demands and responsibilities of community life and promote housing permanency, health, safety, and welfare. The organization's actions are guided by principles of integrity, openness, accountability, respect for the individual, and the highest quality of care.

CODE OF ETHICS

Options will maintain the highest ethical and legal standards in the delivery of service to individuals and families in need. It will be the responsibility of The Board of Directors, the Incident Review Committee, The Executive Director, all employees, students, volunteers, interns and consultants who represent the agency to conduct business in an honest and legal manner; to comply with all applicable state, federal, civil and criminal laws, including the Code of Conduct for Custodians of People with Special Needs and compliance guidelines of any Health Home with which Options is partnered, while performing responsibilities for Options; to comply with all agency Policies and Procedures; to uphold and advance the honor and dignity of all individuals and families served by the agency's programs; and to adhere to the principles set forth.

Honest and Impartial Relationships

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall remain honest and impartial in relationships with persons served, co-workers and the public.

Individual and Cultural Diversity

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall recognize individual and cultural diversity and shall respect and be responsive to those differences.

Harassment and Bullying

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall not engage in conduct that constitutes bullying, harassment or abuse of persons served, co-workers

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or associates. Harassment includes, without limitation, verbal harassment (derogatory statements, slurs, or innuendo), physical harassment (assault, physical interference with work or involvement), visual harassment (offensive posters, cartoons, drawings).

Bullying is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that is: Threatening, humiliating, or intimidating; Work interference or sabotage which prevents work from getting done; or verbal abuse.

Sexual harassment is a violation of state and federal law. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact, and other verbal or physical conduct or visual forms of harassment of a sexual nature, when submission to such conduct is either explicitly or implicitly made a term or condition of employment, is used as a basis for employment decisions, or when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

An individual cannot be forced to submit to such conduct as a basis for any employment decision. Options is committed to maintaining a workplace free of any conduct which creates an intimidating, hostile or offensive work environment.

If an individual feel that our policy has been violated, that individual must immediately report the matter to the Corporate Compliance Officer or to any supervisor or manager or the Executive Director. If reported to an individual other than the Corporate Compliance Officer, that individual must report it to the Corporate Compliance Officer immediately.

An investigation will then be conducted in a professional, comprehensive and objective manner with consideration of the rights and emotions of all parties involved. Options expressly prohibits any form of retaliatory action against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation. Violations of this policy will not be tolerated, and will result in disciplinary action, up to and including possible termination of employment.

Relations with Program Participants

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, peer support staff, students, volunteers, interns and consultants who represent the agency will maintain professional relations in working with and providing services to program participants always.

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, peer support staff, students, volunteers, interns and consultants who represent the agency shall respect the rights of persons served, support their recovery and empowerment, promote their right to choose and shall support the work of the agency in a positive manner.

The Board of Directors, members of the Incident Review Committee, the Executive Director, employees, peer support staff, students, volunteers, interns and consultants who represent the agency shall refrain from involving or informing program participants of internal operational issues, requesting or accepting any friend request on social media or sharing personal data such as personal phone numbers, email addresses or addresses. Such behavior is not conducive to a therapeutic relationship.

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The Board of Directors, members of the Incident Review Committee, the Executive Director, employees, peer support staff, students, volunteers, interns and consultants who represent the agency shall not engage in sexual relationships or activities, whether consensual or not, with any Options' program participant. Furthermore, all parties mentioned above shall maintain relationships in a manner which does not exploit program participants physically, emotionally, financially or socially. All parties mentioned above shall avoid relationships or activities that may interfere with professional judgment or objectivity.

Peer support staff may share personal experiences with peers to foster mutual relationships and strengthen the services provided to program participants. Peer support staff are expected to maintain professional boundaries with program participants which includes: refraining from engaging in romantic relationship with program participants; sharing personal contact information with program participants; avoid dual relationships with program participants; refraining from borrowing or loaning anything from program participants; and promote choice and independence of program participants.

Confidential Information

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall respect and protect the confidentiality, autonomy and privacy of information concerning treatment, business and/or personal affairs of persons served and co-workers. Employees of Options work with individuals with mental illness and chronic health conditions which include HIV/AIDS.

Options for Community Living, Inc. complies with all applicable federal and state laws relating to the privacy of program participant's protected health information. This right is protected by The Health Information Portability and Accountability Act (HIPAA), the Standards for the Privacy of Individually Identifiable Health Information, 45 CFR 160 and 164 and the privacy, security and security breach notification provisions applicable under Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH). In addition, the confidentiality of all Options' program participants and staff is protected under Section 33.13 of The Mental Hygiene Law as well as regulations relevant to individual program requirements. Issues of confidentiality specific to HIV are protected for all Options' program participants and staff under Article 27F of the New York State Public Health Law as well as N.Y. C.F.R. Part 505. Confidentiality of all information relating to alcohol or substance abuse is protected by Title 42 of the Code of Federal Regulations. In a case in which more than one law applies, the law which provides more privacy or access rights to the program participant is enforced. Employees, volunteers, students, interns, members of the Board of Directors and of the Incident Review Committee are bound by confidentiality laws and Options policy while at work or completing official agency business and during one's personal life.

No personal health information may be disclosed to anyone outside of the agency unless specifically provided for by written consent of the client. Confidential records may be accessed by staff only during their official duties and responsibilities. Client records are to be kept in locked files with the keys to those files secured. Records are not to be removed unless within the scope of assigned duties.

Information regarding clients including written information or photographs cannot be posted to any personally owned social media site.

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To dispose of documents containing personal health related information, materials will be placed into a shredding container that is provided throughout the agency or shredded by a shredder.

Electronic health records are maintained by all programs. Most of the electronic health records are third party web-based applications. All access is by password only.

Personal visitors of any type to sites where program participant lives is prohibited.

The agency's computer network is protected by a supervisory password which is known only to the agency's Executive Director, Controller and members of the QI Department.

Any unauthorized disclosures by a staff member, student, volunteer or intern that compromise the confidentiality of a client or of the agency, its employees, departments, management practices, business transactions or proprietary information is prohibited. This applies to individuals within the agency who do not have a business need to know such information as well as any third party outside the agency. Such disclosures will subject staff to disciplinary action, up to and including termination of employment.

Discrimination

The Board of Directors, members of the Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall take appropriate action to prevent and eliminate discrimination based on race, ethnicity, color, gender, gender-identity, religion, age, nation of origin, disability, or sexual orientation.

Credentials, Qualifications and Experience

Employees, students, volunteers and interns shall perform responsibilities consistent with policies, procedures and standards of practice recognized within Options. Employees, students, volunteers and interns shall protect program participants by ensuring that the duties which they perform or that they assign are commensurate with their qualifications and experience and comply with the agency's policy and procedures.

Employees and designated individuals are expected to maintain complete and accurate records as required. Progress notes must reflect the actual service provided. Records must reflect the actual service provided. Paper records to be appropriately altered must reflect the date of the alteration, the initials of the person altering the document, and the reason for the alteration if not apparent. Backdating and predating documents is unacceptable and can lead to disciplinary action up to and including termination of employment.

Conflict of Interest Employees

A high level of trust and commitment is vital to our workplace environment. Conflicts of interest can prevent an individual from being impartial in carrying out his or her job or responsibilities and may occur when personal interests influence or appear to influence one's ability to make objective decisions during fulfilling one's responsibilities. All potential conflicts of interests must be brought to the immediate attention of the employee's supervisor, manager or to the Director of HR or the Corporate Compliance Officer.

A conflict of interest may exist if an employee:

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- Participates in decisions from which he or she can directly or indirectly benefit, even if they are of no harm to the Agency;
- Gains a personal benefit from an external company or organization conducting business with the Agency;
- Participates in a decision-making process within the Agency related to another company or organization in which the employee has ties or on which he or she has a substantial influence;
- Accepts gifts or services from individuals, companies or organization conducting business with the Agency whose value exceeds gifts or services appropriate in a normal business relationship;
- Uses assets belonging to the Agency for personal use, regardless of the amount;
- Uses the Agency's name, trademarks and any other Agency identification for commercial purposes or to endorse a product or service;
- Has professional or personal affiliations that are in competition with the Agency and could jeopardize the employee's job, position or relationship with the Agency;
- Biases his or her job position or relationship with the Agency to benefit the needs of an outside company or organization in which he or she has a direct or indirect business, whether financial or otherwise.
- Conducts the business of any outside employment during Options worktime or uses assets including email, voice mail, fax, computers, copiers, in furtherance of non-Agency business.
- Assessing an individual for services for whom they have financial interest or other existing relationships that could present a conflict of interest.

Employees may hold a job with another employer if they satisfactorily perform their job responsibilities with Options and if there is no conflict of interest with Options. Employees should consider the impact that outside employment may have on their health and physical endurance. All employees will be judged by the same performance standards and will be subject to Options' scheduling demands, regardless of any outside work requirements. Employees who hold employment outside of Options are asked to complete an outside employment form at the time of hire and at the time of their annual evaluations.

Outside employment will present a conflict of interest if the other employment competes in any way with Options or interferes with an employee's availability to perform. A violation of this rule may subject an employee to termination of employment. If an employee has any doubt or question as to whether specific outside employment presents a conflict of interest, the employee should immediately contact their supervisor, the Director of HR or the Corporate Compliance Officer. If Options determines that an employee's outside work interferes with performance or

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the ability to meet the requirements of the Agency as they are modified from time to time, the employee may be asked to terminate the outside employment if he/she wishes to remain with Options.

This list of conflicts of interest provided is non-exhaustive, and other scenarios not described above may also qualify as a conflict of interest. Questions arising under or about this Policy should be forwarded to the Corporate Compliance Officer for consideration and resolution.

Violations of this policy may lead to disciplinary action, up to and including termination of employment.

Fundraising and Marketing

Fundraising and marketing conducted by employees, students, volunteers, interns or members of the Board of Directors or Incident Review Committee may only be conducted under the direct guidance of the Development Director and/or Executive Director.

Anyone engaging in fundraising on behalf of the agency is prohibited from any direct or indirect personal gain from either monetary donations or gifts in kind and from making or appearing to make a pledge on behalf of the agency to support the donor in any way.

All marketing conducted on behalf of the agency must be undertaken with honesty, integrity and openness. Communication must always accurate and truthful and never purposefully misrepresent the agency, the agency's programs or services in any manner.

Contractual Relationships

Contractual relationships may be entered into by the Executive Director or by a Director who has the explicit permission of the Executive Director. All contracts which are signed by an Executive Director or Director are to be honored for the duration of the contract.

Conflict of Interest Related Parties

A conflict of interest arises when the interests of the Agency and a related party are in direct or indirect competition and/or in violation of applicable legal requirements. A related party is defined as someone who is currently or has in the past five years been a voting member of the Board of Directors or a key person or a relative of either of these parties. A key person is defined as someone other than an officer or director who has responsibilities or exercises powers over the nonprofit in a manner like those of an officer or director, or who manages the non-profit, or who manages a substantial portion of the activities, assets, income or expenses of the nonprofit, or who controls or determines a substantial portion of the nonprofit's expenditures or budget. A relative includes the following: spouse; domestic partner as defined in NY Public Health Law Section 2954-A, ancestors, siblings, children natural or adopted; grandchildren, great grandchildren; and spouses of siblings, children, grandchildren and great-grandchildren.

Conflicts of interest occur when, among other situations, a director, officer or key person:

- Participates in decisions from which he or she can directly or indirectly benefit, even if they are of no harm to the Agency;

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- Gains a personal benefit from an external company or organization conducting business with the Agency;
- Participates in a decision-making process within the Agency related to another company or organization in which the employee has ties or on which he or she has a substantial influence;
- Accepts gifts or services from individuals, companies or organization conducting business with the Agency whose value exceeds gifts or services appropriate in a normal business relationship;
- Uses assets belonging to the Agency for personal use, regardless of the amount;
- Uses the Agency's name, trademarks and any other Agency identification for commercial purposes or to endorse a product or service;
- Has professional or personal affiliations that are in competition with the Agency and could jeopardize the employee's job, position or relationship with the Agency;
- Biases his or her job position or relationship with the Agency to benefit the needs of an outside company or organization in which he or she has a direct or indirect business, whether financial or otherwise.

This list of conflicts of interest provided is non-exhaustive, and other scenarios not described above may also qualify as a conflict of interest. Questions arising under or about this Policy should be forwarded to the Corporate Compliance Officer for consideration and resolution.

A related party transaction applies if a party related to a member of a director, officer or a key person of the agency has a substantial financial interest in a transaction with the agency. It is the responsibility of the member of the director, officer or key person to notify the President of the Board of Directors when he or she becomes aware that a related party transaction is being considered. Related party transactions are generally prohibited unless Board of Directors determine that it is fair, reasonable, and in the agency's best interest. Self-dealing is strictly prohibited. Self-dealing is a type of improper related-party transaction that occurs when the employee or Board member takes advantage of his/her position and fails to act in the best interest of the Agency.

For purposes of this Policy "related party" means: (i) any trustee or key person of the trust or any affiliate of the trust; (ii) any relation of any trustee or key person of the trust or any affiliate of the trust; or (iii) an entity in which any individual described in clause (i) or (ii) of this section has a 35% or greater ownership or beneficial interest or, in the case of partnership or professional corporation, a direct ownership interest more than 5%.

If a conflict of interest should arise or if one is suspected or if any director, officer or key person has an interest in a related party transaction, the following courses of action must be taken:

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- The director, officers or key person must inform the Corporate Compliance Officer, who will in-turn disclose such conflict to the Audit Committee or if there is no such committee, to the Board including disclosure of any material facts;
- The director, officer or key person must remove him or herself from the situation by discontinuing participation in the actions generating the conflict of interest;
- The director, officer or key person with the actual or suspected conflict of interest may not be present at or participate in the Board or Committee deliberation or vote on the matter giving rise to such conflict.

The Agency will not enter into any related party transaction unless the transaction is determined by the Board to be fair, reasonable and in the Agency's best interest at the time of such determination. Prior to approving any related-party transaction the following must be met:

- Consider alternative transaction (prior to entering transaction)
- Approve transaction by no less than majority of vote of directors/trustees/committee members present at meeting.
- Contemporaneously document the basis for its approval
- Approval/rejection of related party transactions shall be documented in minutes of the meeting of the Board Directors.

The Audit Committee or the Board will evaluate the conflict of interest and take the necessary actions to solve the matter while preventing or minimizing any risks to the Agency. The director, officer or key person with the actual or suspected conflict of interest is prohibited from attempting to influence improperly the deliberation or voting on the matter giving rise to such conflict.

With respect to any related party transaction involving a charitable corporation and in which a related party has a substantial financial interest, the Board or an authorized Committee thereof will:

- Prior to entering into the transaction, consider alternative transactions to the extent available;
- Approve the transaction by not less than a majority vote of the director or committee members present at the meeting; and
- Contemporaneously document in writing the basis for the Board or authorized Committee's approval, including its consideration of any alternative transactions.

The existence and resolution of the conflict and/or related party transaction will be documented in the Agency's records, including in the minutes of any meeting at which the conflict was discussed or voted upon.

Prior to the initial election of any director, and annually thereafter, such director must complete, sign and submit to the Secretary of the Agency a written statement identifying, to the best of the director's knowledge, any entity of which such director is an officer, director, trustee, member or owner (whether as a sole proprietor or a partner), or employee and with which Options has a relationship, and any transaction in which Options is a participant and in which the director might have a conflicting interest. Each director must annually resubmit such written statement. The

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Secretary of the Agency will provide a copy of all completed statements to the Chair of the Audit Committee or, if there is no Audit Committee, to the Chair of the Board.

All related parties shall complete, sign and submit a written statement annually which attests that to their knowledge, any entity of which such director is an officer, director, trustee, member, owner, or employee, and with which the Corporation has a relationship, and whether there is a conflict of interest.

Any key party who sits on the Board of Directors may not take part in any Board or committee deliberations or votes concerning the administration of Options' whistleblower policy or vote on the matter resulting in the complaint. Such an employee may, however, present background information or answer questions prior to the commencement of deliberations.

Gifts and Business Courtesies

Members of the Board of Directors and Incident Review Committee, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency shall neither accept nor offer gifts, cash or cash equivalents, such as gift certificates, or other considerations with obligatory conditions attached or which might give an appearance of affecting professional judgment from Options program participants, family members, vendors or business associates. Perishable or consumable gifts given to a program or a group are exempt.

Business courtesies may sometimes be permitted if they are of a nominal value and do not have any obligatory conditions attached and which do give an appearance of affecting professional judgment from Options program participants, family members, vendors or business associates. In all such circumstances, the employee must notify their supervisor or the Corporate Compliance Officer of the business courtesy immediately. Each case will be decided on a case by case basis. This does not apply to raffle prizes or door prizes which are awarded on a random basis usually in response to the purchase of a ticket of chance.

The administrative office shall be notified upon receipt of any gifts or contributions. Gift certificates for clients will be secured and distributed and documented as per policy. This section does not pertain to actions among Options colleagues themselves.

Options may offer inexpensive incentives, gifts or inducements to individuals for enrolling them in our services. Examples include stationary items and promotional items that do not exceed a value of \$10 per item or \$50 per recipient per calendar year. All such incentives must be approved by a member of the management team and if involving the CCC Health Home must also be approved in writing by CCC prior to its implementation.

Political Contributions

Members of the Board of Directors, Incident Review Committee, the Executive Director, employees, students, volunteers, interns and consultants who represent the agency are prohibited from making any political contributions, whether directly or indirectly, using agency funds, property, time or other resources. Any expenses that could be considered a political contribution should not be included in any expense reports or in any disbursement or request for disbursement of agency funds.

Cost Reports

Options management will ensure that systems, procedures, and record-keeping are designed

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and implemented to assure that all cost reports and billings to government and private payers reflect truth and accuracy and conform to all pertinent federal, state and local laws and regulations and to all agency policies and procedures. The agency prohibits any representative or agent of Options from presenting or causing to be presented claims for payment or approval which are false, fictitious or fraudulent. Systems and procedures will be implemented to prevent inadvertent errors.

Electronic Mail, Voice Mail, Texting, Software and Social Network Policy

Internet access and email are available at all work locations. Access is provided for agency business purposes and should be used for authorized purposes only. Brief and occasional personal use of the Internet and email system is acceptable if it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense to the agency. Use is defined as excessive if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities.

All electronic mail messages sent from the Options email system must meet the same standards for distribution or display as if they were tangible hard copy documents. All Options email users are expected to communicate with courtesy and restraint with both internal and external recipients. Electronic mail should reflect professionalism and never include language that could be construed as profane, discriminatory, obscene, sexually harassing, threatening, or retaliatory.

Using agency computers to create, view, transmit, or receive racist, sexist, threatening, or otherwise objectionable or illegal material is strictly prohibited. "Material" is defined as any visual, textual, or auditory entity. Options electronic mail system may not be used to knowingly violate the laws and regulations of the United States or any other nation or any state, city, province, or other local jurisdiction in any way. Use of agency resources for illegal activity can lead to disciplinary action, up to and including termination and criminal prosecution.

Users of Options email system must be aware that the electronic mail messages sent and received using agency equipment are not private and are subject to viewing, downloading, inspection, release, and archiving by Options always.

Options reserves the right to access and review all information on agency computer systems, telephones or cell phones. This also includes any personal electronic devices that either use the agency computer system or are used for agency business such as personal cell phones and/or tablets.

Employees, students, volunteers and interns are prohibited from using instant messaging, Blogs and Social Networking sites to divulge proprietary information or disclose information that could subject Options to liability or cause reputational harm to the agency, its clients or employees. Communications that result in creating a hostile work environment or discrimination are also prohibited.

Drugs and Alcoholic Beverages

To help ensure a safe, healthy, and productive work environment for our employees and others, the agency has adopted a policy of maintaining a workplace free of drugs and alcohol abuse.

Individuals under the influence of drugs and alcohol on the job pose serious safety and health risks to themselves, as well as those who surround or encounter the user. Therefore, the use, consumption, illegal possession, purchase, distribution, manufacture, dispensing, or the sale of

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drugs, alcohol or controlled substances by an employee is prohibited. Employees having alcohol, illegal drugs, prescription medication, or controlled substances in his or her system without medical authorization during work hours, on agency premises or while on duty, will be subject to disciplinary action up to and including possible termination. Should an employee have medical authorization to take prescription medication while at work, he/she is expected to be able to perform regular job responsibilities without impairment. Additionally, such medication should be kept in a secure location along with other personal belongings. Students, volunteers, interns, contractors or other associates, agency and/or representatives of Options believed to be under the influence of alcohol or drugs while engaged in activities for Options, may be asked to terminate the relationship.

As a condition of employment with Options all employees agree to:

1. Abide by the terms of the above statement; and
2. Notify the Corporate Compliance Officer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Options will notify HUD in writing, within ten calendar days after receiving notice under paragraph (2) from an employee or receipt of actual notice of such conviction. Notice will include position title and the identification number(s) of each affected grant to every grant officer or their designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices.

Within thirty calendar days of receiving notice under paragraph (2) with respect to any employee who is so convicted, one of the following actions will be taken:

1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or by any other appropriate agency.

Inquiries from Attorneys, Public Officials, and Media

All legal initiatives, including subpoenas, search warrants and other investigations will be brought to the immediate attention of the Corporate Compliance Officer. All communication with attorneys and law enforcement agencies related to the above will be coordinated through the Corporate Compliance Officer or the Executive Director.

All inquiries from media must be brought to the immediate attention of the Executive Director or Corporate Compliance Officer. If an employee, student, volunteer or intern is unsure if an individual making an inquiry is a member of the media, he/she must be cautious and not provide any information but instead relay the request for information to the Executive Director or Corporate Compliance Officer.

All communication with the media, including social media must be through the Executive

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Director or Corporate Compliance Officer.

II. CORPORATE COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE

Corporate Compliance Officer

By formal resolution, the Board of Directors has delegated the overall responsibility for the corporate compliance program to the Executive Director. The Executive Director has designated the Director of Compliance and Quality to serve as Corporate Compliance Officer. The Corporate Compliance Officer has direct access to the Executive Director and the Board of Directors.

The Corporate Compliance Officer is responsible for the following:

1. Overseeing and monitoring the implementation of the compliance program.
2. Reporting on a regular basis to the Board of Directors, Executive Director, and conducting Corporate Compliance Committee meetings quarterly or as needed. Reports and investigations of a serious nature will be communicated to the Corporate Compliance Committee and to The Board of Directors. The Corporate Compliance Officer may meet in Executive Session with the Board of Directors if necessary.
3. Periodically conducts compliance related risk assessments and revises the program considering changes in the agency's needs, and in the law and regulations or governmental and third-party payers.
4. Coordinating personnel issues related to the compliance program with the Human Resources Department.
5. Developing, coordinating, and participating in educational and training programs that focus on the elements of the compliance program by training committee participation and direct oversight. Provide training to personnel informing them of the role of the Corporate Compliance Officer, Options' procedures for allegations of fraud, waste, abuse and other wrongdoing and internal auditing procedures.
6. Establishing audit controls to ensure compliance with billing procedures, record keeping, and other requirements as deemed necessary.
7. As applicable, consulting with an attorney to determine the need to perform a self-disclosure which is the voluntary disclosure to the New York State Office of the Medicaid Inspector General of an overpayment. The Corporate Compliance Officer is responsible for working with the Controller to ensure that self-disclosures are reported within sixty days after claims are identified and quantified using the self-disclosure protocol as outlined on the New York State Office of the Medicaid Inspector General's website.
8. Ensuring independent contractors and agents (patient care, vendors, billing service, etc.) are aware of the requirements of the agency's compliance program.
9. Ensuring that employees who provide Medicaid services and medical professionals who authorize services for Mental Health Congregate Treatment and Apartment Treatment

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Program residents are not excluded from participating in the Medicaid system. This is accomplished by subscribing to an online database that combines the information of the two Federal exclusionary lists and the New York State exclusionary list. The procedures to accomplish these checks appear as an appendix to this plan.

10. Conducting and or directing investigations and acting on matters related to compliance, including the design and coordination of internal investigations and any resulting corrective action.
11. Ensuring that compliance certifications including but not necessarily limited to that required by The New York State Office of the Medicaid Inspector General are completed and forwarded to the appropriate entity in a timely fashion.
12. Ensuring that all certifications required by the Health Homes are completed and forwarded to the appropriate entity in a timely fashion.
13. Developing policies and programs that encourage managers and employees to report suspected non-compliance without fear of retaliation or intimidation.
14. Ensuring that a member of the Corporate Compliance Committee participates in webinars and other educational outreach efforts conducted by The New York State Office of the Medicaid Inspector General.
15. Working with the Board of Directors to ensure to the extent possible that all employees, students, volunteers, interns and Members of the Board of Directors adhere to all aspects of the Corporate Compliance Plan and Code of Ethics and that any violation thereof is subject to disciplinary policies as indicated in this plan.
16. Ensuring that the Corporate Compliance Officer of the CCC Health Home is made aware of the contact information for Options' Corporate Compliance Officer
17. Reviewing the annual management letter issued by the CPA firm which directs the agency's annual audit

Corporate Compliance Committee

A Corporate Compliance Committee has been established to advise and assist the Corporate Compliance Officer with the implementation of the compliance program. The committee is chaired by the Corporate Compliance Officer and its other members consist of the Executive Director, the Controller, the Program Directors of The Access to Care and Mental Health Programs. The Human Resources Director and the Quality Improvement Coordinator.

The committee's responsibilities are to analyze specific risk areas and develop systems of control for possible incorporation into the compliance program; to monitor internal and external audits for identifying potential non-compliant issues, to implement corrective and preventive actions; to review the results of investigations and any resulting corrective actions that pertain to complaints or problems concerning compliance matters. The committee shall meet at least quarterly and as needed to review compliance matters.

III. TRAINING AND EDUCATION

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Both annual and new hire training in Confidentiality, HIPAA, the Code of Ethics and Options' Corporate Compliance Plan is provided to all employees, students, volunteers and interns and members of the IRC and Board of Directors.

Employees

All new employees attend an in-person New Hire Orientation which includes information about HIPAA, Confidentiality, the Code of Ethics and Corporate Compliance. Supervisors are responsible for assuring that employees receive additional on-site training about applicable Federal, State and Local regulations and guidelines, issues related to NYS Medicaid reimbursement standards and contract requirements. Training checklists ensure that all such prescribed training is delivered.

Annual training is provided via the agency's online learning system as well as in person at an annual All Staff Day. Supervisors also review these policies with all employees during their annual performance review.

As applicable training includes requirements specific to the Health Home under which a program participant is receiving services.

Training attestations which include attestations required by the CCC Health Home for new hire and annual training are signed by all employees.

Students, Volunteers and Interns

Students, volunteers and interns receive a copy of Options Corporate Compliance Plan and Code of Ethics and information about HIPAA and confidentiality upon assignment. Students, volunteers and interns who are with the agency for one year or more also participate in an annual review of the above subjects.

Business Associates

All business associates who perform work for or on behalf of Options are required to sign a Business Associate Agreement in which the Business Associate agrees to abide by the rules and regulations set forth by HIPAA and Options' Privacy and Security Policies. The Corporate Compliance Officer has a list of business associates which is updated annually and as needed. All members of the Corporate Compliance Committee are responsible for notifying the Corporate Compliance Officer of new Business Associates.

Affiliates of the agency including Business Associates and consultants, care providers and contractors are directed to the agency's web site on which the Corporate Compliance Plan is posted.

Program Participants

Information about the Corporate Compliance Plan is also included in the Program Participant Handbook which is given to all program participants upon admission and communicated to the emergency contacts and collaterals of program participants. The summary of HIPAA Privacy Practices that is given to all clients upon intake is included at the end of this document.

Policies and Procedures

The Personnel Orientation provides information on agency policies and procedures. Supervisors are responsible for assuring that all new staff receive additional training including on-site training in all aspects of agency policy and procedure. In-service sessions on a variety of topics are

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regularly scheduled throughout the year and staff are provided the opportunity or required to attend relevant training sessions. Periodic updates about Corporate Compliance issues are included in the agency's annual training calendar and information is disseminated through the agency's monthly newsletter.

IV. VIOLATIONS OF THE CORPORATE COMPLIANCE PROGRAM

All employees, students, volunteers, interns and Members of the Board of Directors are bound to abide to all aspects of the Code of Ethics and Corporate Compliance Plan.

Violations of the Code of Ethics and Corporate Compliance Program will not be tolerated, and violators will be subject to disciplinary action. The precise discipline will depend on the nature, severity, and frequency of the violation and may result in any of the following actions: verbal warning, written warning, written reprimand, probation, suspension, restitution or discharge from position. Cases involving serious misconduct, such as a major breach of policy or violation of law, or behavior which poses a serious threat to the agency or residents, may require immediate termination of employment.

Violators who break any law can be held criminally liable for their action, resulting in personal fines, attorney's fees, and jail sentences.

What Constitutes Reportable Violations

Any violation of the code of ethics; HIPAA Privacy and Security policies; or the Federal and State Codes, Rules and Regulations pertaining to the agency's programs constitutes a violation to be reported to the Corporate Compliance Officer. Violations include an observation or suspicion of illegal or unethical behavior concerning the agency's accounting and billing practices; internal controls or auditing matters; false claims; Medicare/Medicaid fraud; waste or abuse; any breach of confidentiality; any unethical relationship with vendors or contractors; unethical/inappropriate care of program participants or equipment; taking bribes or kickbacks; or any other violation pertaining to the Corporate Compliance Plan.

Personal Obligation to Report Violations

Options is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Agency policies and procedures and training detail the agency expectations and management oversight is done to ensure that employees, students, volunteers or interns conduct is consistent with expectations. Employees, students, volunteers and interns have an individual responsibility to report any illegal activity or unethical behavior or suspicion of any illegal activity or unethical behavior by a co-worker, supervisor, subordinate, service provider, vendor or other agent that appears to violate applicable laws, rules, regulations, agency policies or procedures. The personal obligation to report violation also includes the need to disclose additional information if it becomes available.

Illegal or unethical behavior includes but is not limited to concerns about the agency's accounting practices, internal controls or auditing matters, or any knowledge of any false claim or Medicare/Medicaid fraud, waste or abuse.

How to Report Violations or Suspicion of Violation

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Staff may call the Third Party Corporate Compliance Helpline with which the agency has contracted. Lighthouse Services Inc. is available to provide all Options employees and staff with access to a 24/7 ethics and compliance helpline. The third-party helpline is monitored 24/7. Reports can be made anonymously and without fear of retribution. Reports can also be submitted over the telephone or via a secure web submission. The toll-free phone number is 844-490-0002. The web site on which to submit online reports is <https://www.lighthouse-services.com/optionscl>. If you make a report to the Helpline you will also have the option of including documentation with your report. Documentation would be faxed to 215-689-3885 after an initial report is made (either by phone or online) and would always be required to identify the agency name as Options for Community Living, Inc.

There is also an open-door policy between staff and all members of the management team including the Corporate Compliance Officer. Reports of any illegal or unethical activity or suspicion of any illegal or unethical activity may be made directly to the Corporate Compliance Officer or to any member of the management team.

Matters regarding provision of services to clients enrolled in the Community Health Care Collaborative Health Home (CCC) may also be reported to the CCC hotline which can be reached at 877-874-8416.

Good Faith Reporting

Anyone reporting any illegal or unethical activity or suspicion of any illegal or unethical activity must act in good faith and have reasonable grounds for believing the information disclosed may indicate a violation of the Code of Ethics or Corporate Compliance Program. Any allegations that prove not be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Anonymity of Persons Involved

All staff who report illegal activity or unethical behavior or suspicion of any illegal activity or unethical behavior are assured of anonymity to the extent possible, consistent with the need to conduct an adequate investigation.

Whistleblower Policy - No Retaliation or Intimidation

There will be no retaliation or intimidation including harassment or adverse employment consequence for reporting any illegal activity or unethical behavior or suspicion of any illegal activity or unethical behavior. An employee who retaliates or intimidates against someone who has reported any violation in good faith is subject to discipline up to and including termination of employment.

Any allegation of any retaliation or intimidations that might result from the reporting of any illegal activity or unethical behavior or suspicion of any illegal activity or unethical behavior will be immediately and fully investigated by the Corporate Compliance Officer.

Any employee that takes part in Board of Director or Committee deliberations or votes concerning the administration of the whistle blower policy

These policies are not a vehicle for reporting violations of our agency's applicable human resource policies, problems with co-workers or supervisors, or for reporting issues related to alleged employment discrimination or sexual or any other form of unlawful harassment, all of

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which should be dealt with in accordance with the EEO policies of this agency.

Federal and State False Claims Acts

An individual may sue his/her employer if he is discharged, demoted, suspended, threatened, harassed, or in any other matter discriminated against in the terms and conditions of employment or because of actions taken by the individual in furtherance of an investigation into potential False Claims Act violations. Options supports the purposes of the False Claims Act and has adopted the following special procedures to protect our employees should they file a complaint alleging misappropriation of funds.

The False Claims Acts assess liability to any person who:

1. Knowingly presents or causes to be presented to an officer or employee of the United States government a false or fraudulent claim for payment or approval; or
2. Knowingly makes, uses or causes to be made a false record or statement to get a false and fraudulent claim paid or approved by the government; or
3. Conspires to defraud the government by getting a false and fraudulent claim allowed to be paid; or
4. Has possession, custody or control of property or money used, or to be used, by the government, and intending to defraud the government or willfully to conceal the property, delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt; or
5. Authorized to make or deliver a document certifying receipt of properly used, or to be used, by the government and intending to defraud the government, makes or delivers the receipt without completely knowing that the information on the receipt is true, or
6. Knowingly buys or receives as a pledge of an obligation or debt, public property from an officer or employee of the government who lawfully might sell or pledge the property; or
7. Knowingly makes uses or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.

Investigation

After learning of a potential violation, the Corporate Compliance Officer will complete a preliminary investigation and determine whether a formal or external investigation is needed. The preliminary investigation is completed as soon as possible but always within five (5) days of the receipt of the information.

The Corporate Compliance Officer initiates and directs the activities of the investigation and ensures that it is completed as expediently as possible. During an investigation, the Corporate Compliance Officer may consult with the Executive Director, the Corporate Compliance Committee, the Incident Review Committee and any other parties that are deemed appropriate to the investigation. If law enforcement or another entity engages in an investigation, the Corporate Compliance Officer may suspend internal investigation activities. The Corporate Compliance Officer will also determine whether counsel or auditor's external to the agency are needed to assist in the investigation.

Investigations are to be completed within thirty (30) days of the initial receipt of the information unless extenuating circumstances exist. The results of all investigations are shared with the Board of Directors and the Corporate Compliance Committee and if related to client care is also reviewed by members of the Incident Review Committee. If the investigation involved a program

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participant who is a member of the CCC Health Home, the investigation report is also to be shared with the Corporate Compliance Officer of the CCC Health Home within five days after its completion. All documentation created as part of such an investigation is retained by the Corporate Compliance Officer.

Corrective Action Plan

After an investigation, the Corporate Compliance Officer will develop a corrective action plan which identifies the problem, training and education issues regarding the violation, plans to rectify the situation (including billing and documentation issues) and reports to any applicable parties including but not limited to the Board of Directors, the Corporate Compliance Committee, the government and/or a referral to law enforcement authorities. The program(s) to which the corrective actions are directed is required to document completion of all corrective actions within thirty (30) days of the close of the investigation. All such documentation is forwarded to the Corporate Compliance Officer.

Reports to Government Agencies and Court Actions

If appropriate action is not taken by Options within a reasonable period of time, the employee can file a complaint with the Office of the Medicaid Inspector General, 800 North Pearl Street, Albany NY 12204, telephone number 518-473-3782, or with the Attorney General of the United States in Washington, 202-514-2001 or the Inspector General of the Department of Health and Human Services at 26 Federal Plaza, New York, New York 10278, 212-264-4600, or the Complaint Bureau of the New York City Department of Investigations located at 80 Maiden Lane, New York, New York 10038, 212-825-5900.

In addition, employees or others objecting to such false claims may file a civil action in federal court for a violation of section 3729, the False Claims Act statute, on behalf of the United States government against the offending party. The Department of Justice has an opportunity to investigate the allegations and it may intervene and take over the prosecution of the action. If the department of Justice chooses not to intervene, the complainant has the right to conduct the action. In general, with respect to recoveries of federal damages and penalties in cases in which the Department of Justice has intervened, the complainant is entitled to between 15 and 25 percent of the recovery depending upon the extent to which the complainant substantially contributed to the case.

In general, the complainant is entitled to between 25 and 30 percent of any recoveries of federal damages and penalties if the Department of Justice does not intervene in the case.

Employees or others objecting to such false claims may also be entitled to file a civil action in state court.

Requests for Further Information

Any requests for further information about this plan or about rights under the False Claims Act should be directed to the Corporate Compliance Officer.

V. REGULATORY AND CONTRACTUAL COMPLIANCE

Systems are developed to ensure that the agency complies with all applicable federal, state, local, civil and criminal laws and regulations and contractual requirements while conducting its business. Healthcare and behavioral healthcare laws and regulations may include subjects such as certificates, licenses, authorization of service, and access to treatment, record-keeping,

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access to records, confidentiality, and Medicaid regulations. The Board of Directors, The Executive Director, employees, students, volunteers, interns and consultants who represent the agency are expected to cooperate and all employees are required to cooperate with all applicable federal, state and local authorities in the event of an audit or investigation.

Contractors performing major residential rehabilitation must be licensed by the County. All contractors licensed by either Nassau or Suffolk County are required to have liability insurance. Administrative staff will ensure, through contact with The Suffolk and Nassau County Departments of Consumer Affairs that such contractors are licensed.

Options Mental Health Congregate Treatment and Apartment Treatment Programs abides by all applicable sections of the Mental Hygiene Law including 14 N.Y.C.F.R. Part 595 which outlines specific rules and regulations regarding the operation of congregate treatment and apartment programs, Part 524 which outlines rules and regulations regarding incident management and reporting and Part 593 which establishes the standards for reimbursement under the medical assistance program for community rehabilitation services. Staff are also required to abide by standards set forth in The Congregate Treatment Uniform Case Record Instruction booklet issued by The New York State Office of Mental Health which provides information regarding case records.

Components of Options Mental Health Supportive Scattered Site Housing Program operate under the auspices of The United States Department of Housing and Urban Development and is subject to the laws, rules and regulations set forth by 24 C.F.R. Part 891 and HUD Handbooks 4350.3 and 4571.4.

Options Access to Care Health Home Care Coordination Program abides by the rules and regulations set forth by The New York State Department of Health Sponsorship Agreement. The agreement requires Options 'to perform all case management functions and to file claims for reimbursement as found at Title 18 NYCRR, Section 505.16, New York State Regulations.' Staff are also required to abide by The New York State Department of Health AIDS Institute Access To Care Program Standards and NYCRR Part 505.16 Comprehensive Medicaid Case Management Regulations which provide specific requirements governing established standards of case management and Medicaid reimbursement.

The Access to Care Housing Program sponsored by HUD McKinney is required to abide by the rules and regulations regarding Supportive Housing Programs as set forth by 24 C.F.R. Part 583. The HOPWA housing program abides by the rules of 24 C.F.R. Part 574 and the HHAP housing program operates under Social Services Law NYCRR Part 800 and Article 2-A, Title I, Sect. 41-44. HOME funds are administered by regulations set forth in 14 C.F.R. Part 92. The AIDS Institute Housing and Support Services Program operates under guidelines determined by the NYS Department of Health, AIDS Institute.

Options is also subject to numerous other regulations, including HIPAA and other regulations pertaining to labor issues and property management.

VI. AUDITING AND MONITORING

Billing

Options is committed to ensure that all billings reflect truth and accuracy and conform to all pertinent federal, state and local laws and regulations. All staff and agents of Options are

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prohibited from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious or fraudulent.

Options operates oversight systems which are designed to verify that claims are submitted only for services provided and that services are billed as provided. Supervisors check case notes documenting service provision with billing logs to ensure accuracy. The accounting supervisor checks data for accuracy prior to billing.

Accounting Department

The Accounting Department has established systems whereby billing is double checked and or reviewed by the Controller, Accounting Supervisor, Program Directors and/or Program Managers. In addition, independent auditors review a sampling of all billing on an annual basis for accuracy and completeness. Individual program standards are presented as the appendix of this report.

The Controller oversees an internal audit of the agency's financial records on an annual basis. The Accounting Manual provides a guide for procedures and internal checks and balances.

Agency Books and Financial Records

The agency's books are maintained according to the strictest ethical standards and established accounting and auditing rules.

1. Documented dates of service provision must always coincide with billed episodes of care.
2. All transactions must be fully and accurately recorded.
3. All records that are maintained must accurately and fully reflect the financial affairs of Options.
4. All disbursements and receipt of funds must be properly and promptly recorded.
5. Services for which Options bills must accurately reflect the services provided.
6. No undisclosed or unrecorded asset shall be established for any purpose.
7. No false entries are to be made in the books for any reason, and no employee shall engage in any arrangement that results in a prohibited act.
8. No payments are to be approved or made with the intention that any part is to be used for any purpose other than described in the supporting documents.

Compliance Program Review and Assessment

Options' Compliance Program is reviewed annually. An annual Compliance Work Plan which outlines the compliance related activities that will take place during the following year is prepared during the fourth quarter of each year and reviewed at a minimum annually. The work plan would be provided to the CCC Health Home upon their request.

An example of topics that may be referenced in the work plan include billing for visits not provided, billing for progressive outreach not done, failure to provide adequate documentation, kickbacks for referrals and client confidentiality issues.

The Corporate Compliance Officer along with the Corporate Compliance Committee will review the Office of the Medicaid Inspector General's Compliance Program Assessment form at least annually. The Corporate Compliance Officer is responsible for ensuring that the most recent form is used, and that information is reported accurately.

Internal Audits and Reviews

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Record audits are routinely completed by members of the agency's Professional Record Review Committee as well as by the QI Department. The Professional Record Review Committee consists of the following members: Program Directors; Director of Compliance and Quality; Senior Quality Improvement Specialist; Quality Improvement Assistant; Program Managers and supervisory staff. The Committee is chaired by the Program Director of each respective program.

Record audits are completed using either an agency developed tool, or a tool developed by and required by a Health Home. Results are reported to the Health Home as required.

Record audits may consist of a review of client records, time sheets, supervisory review forms and/or other related documentation. All record audits review documentation for accuracy, completeness and adherence to all federal, state and local laws and regulations and result in the completion of a formal audit form which details compliance issues and billing accuracy. The record audit process is a continual and dynamic process which is active as all times.

The Professional Record Review Committee meets quarterly to review and analyze the results of all audits and to discuss plans to implement corrective actions. Implementation of corrective actions takes place on a continual basis and are closely monitored by management and supervisory staff. Committee meeting minutes including corrective actions are distributed and reviewed with appropriate staff. Minutes are distributed to the Executive Director, members of Corporate Compliance Committee and The Board of Directors.

In addition, each program has established standards whereby supervisors are responsible for reviewing components of case records.

The Director of Compliance and Quality is also responsible for directing other internal reviews including but not limited to the following: comparison of time at which services provided and work times; review of service attestations; comparison of billable notes to actual Medicaid billing; review of e-signatures; and the quality review of service plan linked notes. These results are shared with the Corporate Compliance Committee and the Board of Directors.

External Record Audits

All external audits or investigations that may be conducted by an accounting firm, Federal or State agency or other authority including any correspondence that is received regarding any such audits or investigations must be brought to the immediate attention of the Corporate Compliance Officer and Executive Director. This information is also shared with members of the Corporate Compliance Committee and Board of Directors and documented in the electronic Corporate Compliance Log.

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SUMMARY OF PRIVACY PRACTICES

THIS SUMMARY DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Options for Community Living, Inc. (Options) is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our staff.

Your rights as outlined in the privacy notice(s) are given to you by HIPAA, The Health Care Accountability Act of 1996 (HIPAA). By signing this consent, you are authorizing Options to use and disclose your protected health information to carry out:

- treatment, including direct or indirect treatment by other healthcare providers involved in your treatment;
- obtaining payment from third party payers; and
- day to day healthcare operations of Options.

You have the right to request restrictions on how your protected health information is used and disclosed to carry out treatment, payment and health care operations. However, Options is not required to agree to these requested restrictions. If Options does agree, then we will be bound to comply with these restrictions.

You also have the right to review and secure a complete copy of Options' Notice(s) of Privacy Practices, which contains a more complete description of the uses and disclosures of your protected health information, and your rights under HIPAA. A copy of Options' current privacy notice(s) is always posted in our administrative offices and congregate treatment sites. You or your personal representative may also obtain a copy of any of the current privacy notices by requesting it from staff. Options reserves the right to change the terms of the privacy notices(s) from time to time and you may contact Options at any time to obtain the most current copy of these notice(s).

If you have any questions about this summary notice or would like further information, please contact the Privacy Officer/Director of Compliance and Quality at 631-361-9020 extension 1207.

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ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the Options and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the Options and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information.

Signature of Program Participant or Personal Representative Date

Print Name of Program Participant or Personal Representative Description of Personal Representative's Authority

By signing below, I consent to the use and disclosure of my health information to seek and receive payment for services given to me, and for the business operations of Options, its staff, and the facilities listed at the beginning of this notice.

Signature of Program Participant or Personal Representative Date

Print Name of Program Participant or Personal Representative Description of Personal Representative's Authority



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Annual HIPAA and Confidentiality Attestation

I have reviewed Options for Community Living, Inc. policies on confidentiality and understand that the program clients are protected by law.

I understand the need to protect access to personal health related information, and that confidential records may be accessed only during official duties and responsibilities.

I understand that if I have authorization to access personal health related information:

I shall not:

1. Examine documents or computer data relating to personal health related information unless required during official duties and responsibilities.
2. Remove from designated location or copy such documents or computer data unless acting within the scope of assigned duties.
3. Discuss the content of such documents or computer data with any person unless that person had authorized access and the need to know the information discussed.
4. Illegally discriminate, abuse or harass a person to whom personal health related information applies.

I understand that having a personal visitor at a site where an Options program participant lives is prohibited and a violation of the agency HIPAA policies.

I attest to acknowledging that I understand this training on Confidentiality and am aware that any violation of confidentiality statutes and rules may lead to disciplinary action, including suspension or dismissal from employment and criminal prosecution.

Employee Name (please print)

Employee Signature

Date

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Annual Code of Ethics and Corporate Compliance Attestation

Please read and place a check mark next to each statement below:

- I attest to the fact that I have reviewed Options for Community Living, Inc.'s Corporate Compliance Plan and Code of Ethics and understand it is the responsibility of all employees, students, volunteers and interns of the agency to adhere to the ethical principles set forth and to uphold and advance the honor and dignity of all individuals and families served by the agency's programs.
- I am aware that billing of care coordination and restorative services to a government agency and the completion of all claims for payment, mileage and documentation of time worked must be based on accurate and truthful delivery of services and supported by documentation.
- I understand that violations of the Code of Ethics Policy may lead to disciplinary action, including suspension or dismissal from employment or assignment as well as the possibility of criminal prosecution.
- I understand that it is my responsibility to report any violation of the Code of Ethic including the appearance of a conflict of interest and/or unethical or fraudulent behavior I witness on the part of others and that I am protected and shall not suffer retaliation for doing so. I understand that failure to report is a violation of the Code of Ethics and is subject to disciplinary action up to and including suspension or dismissal from employment or assignment.
- I understand that a potential for conflict of interest may exist when Options employees, students, volunteers and interns are involved in other employment or activities that involve contact with Options' program participants.
- I will report all outside paid employment to my supervisor. I will also report any unpaid or volunteer work or any other potential conflict of interest as it may arise.
- I understand that if I witness a violation of the Code of Ethics Policy or have reason to believe a violation has occurred, I have an obligation to immediately report the matter. I can contact the Corporate Compliance Helpline by telephone 844-490-0002 or by submitting a web-based report at <https://www.lighthouse-services.com/optionscl>. I may also contact my supervisor, the Human Resources Director, the Corporate Compliance Officer or the Executive Director. I understand that any individual who reports a violation should take care not to discuss the violation with an individual who they believe may be involved in the matter giving rise to the violation.

Name (Please print)

Signature

Date

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Annual Conflict of Interest Attestation Board of Directors and Key Employees

I have read and understand the following policies:

A conflict of interest arises when the interests of the Agency and a related party are in direct or indirect competition and/or in violation of applicable legal requirements. A related party is defined as someone who is currently or has in the past five years been a voting member of the Board of Directors or a key person or a relative of either of these parties. A key person is defined as someone other than an officer or director who has responsibilities or exercises powers over the nonprofit in a manner like those of an officer or director, or who manages the non-profit, or who manages a substantial portion of the activities, assets, income or expenses of the nonprofit, or who controls or determines a substantial portion of the nonprofit's expenditures or budget. A relative includes the following: spouse; domestic partner as defined in NY Public Health Law Section 2954-A, ancestors, siblings, children natural or adopted; grandchildren, great grandchildren; and spouses of siblings, children, grandchildren and great-grandchildren.

Conflicts of interest occur when, among other situations, a director, officer or key person:

- Participates in decisions from which he or she can directly or indirectly benefit, even if they are of no harm to the Agency;
- Gains a personal benefit from an external company or organization conducting business with the Agency;
- Participates in a decision-making process within the Agency related to another company or organization in which the employee has ties or on which he or she has a substantial influence;
- Accepts gifts or services from individuals, companies or organization conducting business with the Agency whose value exceeds gifts or services appropriate in a normal business relationship;
- Uses assets belonging to the Agency for personal use, regardless of the amount;
- Uses the Agency's name, trademarks and any other Agency identification for commercial purposes or to endorse a product or service;
- Has professional or personal affiliations that are in competition with the Agency and could jeopardize the employee's job, position or relationship with the Agency;
- Biases his or her job position or relationship with the Agency to benefit the needs of an outside company or organization in which he or she has a direct or indirect business, whether financial or otherwise.

This list of conflicts of interest provided is non-exhaustive, and other scenarios not described above may also qualify as a conflict of interest. Questions arising under or about this Policy should be forwarded to the Corporate Compliance Officer for consideration and resolution.

A related party transaction applies if a party related to a member of a director, officer or a key person of the agency has a substantial financial interest in a transaction with the agency. It is the responsibility of the member of the director, officer or key person to notify the President of the Board of Directors when he or she becomes aware that a related party transaction is being considered. Related party transactions are generally prohibited unless Board of Directors determine that it is fair, reasonable, and in the agency's best interest. Self-dealing is strictly prohibited. Self-dealing is a type of improper related-party transaction that occurs when the employee or Board member takes advantage of his/her position and fails to act in the best interest of the Agency.

For purposes of this Policy "related party" means: (i) any trustee or key person of the trust or any affiliate of the trust; (ii) any relation of any trustee or key person of the trust or any affiliate of the trust; or (iii) an entity in which any individual described in clause (i) or (ii) of this section has a 35% or greater ownership

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or beneficial interest or, in the case of partnership or professional corporation, a direct ownership interest more than 5%.

If a conflict of interest should arise or if one is suspected or if any director, officer or key person has an interest in a related party transaction, the following courses of action must be taken:

- The director, officers or key person must inform the Corporate Compliance Officer, who will in-turn disclose such conflict to the Audit Committee or if there is no such committee, to the Board including disclosure of any material facts;
- The director, officer or key person must remove him or herself from the situation by discontinuing participation in the actions generating the conflict of interest;
- The director, officer or key person with the actual or suspected conflict of interest may not be present at or participate in the Board or Committee deliberation or vote on the matter giving rise to such conflict.

The Agency will not enter into any related party transaction unless the transaction is determined by the Board to be fair, reasonable and in the Agency's best interest at the time of such determination. Prior to approving any related-party transaction the following must be met:

- Consider alternative transaction (prior to entering transaction)
- Approve transaction by no less than majority of vote of directors/trustees/committee members present at meeting.
- Contemporaneously document the basis for its approval
- Approval/rejection of related party transactions shall be documented in minutes of the meeting of the Board Directors.

The Audit Committee or the Board will evaluate the conflict of interest and take the necessary actions to solve the matter while preventing or minimizing any risks to the Agency. The director, officer or key person with the actual or suspected conflict of interest is prohibited from attempting to influence improperly the deliberation or voting on the matter giving rise to such conflict.

With respect to any related party transaction involving a charitable corporation and in which a related party has a substantial financial interest, the Board or an authorized Committee thereof will:

- Prior to entering into the transaction, consider alternative transactions to the extent available;
- Approve the transaction by not less than a majority vote of the director or committee members present at the meeting; and
- Contemporaneously document in writing the basis for the Board or authorized Committee's approval, including its consideration of any alternative transactions.

The existence and resolution of the conflict and/or related party transaction will be documented in the Agency's records, including in the minutes of any meeting at which the conflict was discussed or voted upon.

Prior to the initial election of any director, and annually thereafter, such director must complete, sign and submit to the Secretary of the Agency a written statement identifying, to the best of the director's knowledge, any entity of which such director is an officer, director, trustee, member or owner (whether as a sole proprietor or a partner), or employee and with which Options has a relationship, and any transaction in which Options is a participant and in which the director might have a conflicting interest. Each director must annually resubmit such written statement. The Secretary of the Agency will provide a copy of all completed statements to the Chair of the Audit Committee or, if there is no Audit Committee, to the Chair of the Board.

All related parties shall complete, sign and submit a written statement annually which attests that to their knowledge, any entity of which such director is an officer, director, trustee, member, owner, or

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employee, and with which the Corporation has a relationship, and whether there is a conflict of interest.

Please read the statements below and check the box which applies to you.

I attest to the fact that no actual, apparent or perceived conflict of interest exists regarding my personal financial or material interests and my duties and responsibilities as a member of Options Board of Directors or as a key employee and that no relative as defined in the policy above has an interest in any business entity which transacts business with the organization. I understand that all actual, perceived or potential conflicts of interests must be disclosed to the President of the Board of Directors or to the Corporate Compliance Officer as soon as I become aware of the actual, perceived or potential conflict of interest.

I have the following potential conflicts of interest to report (Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Options for Community Living and your personal interests, financial or otherwise. Please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member as defined in the section above are an officer or director, or a majority shareholder, and any businesses you or a family member own):

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

I understand that a potential for conflict of interest exists when the demands of outside activities or personal interests influence or appear to influence the ability of a member of the Board of Directors to make objective decisions in the course of fulfilling one's responsibilities; the demands of outside activities or personal interests hinder or distract a member of the Board of Directors from the performance of his/her responsibilities; the demands of outside activities or personal interests cause the member of the Board of Directors to use Options' resources for anything other than agency related purposes; or if any other outside or personal interest may be perceived to conflict with the best interest of the agency.

I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Options for Community Living, Inc.

Signature: _____ Date: _____

Printed Name: _____

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Procedure Medicaid Exclusionary Checks

Options subscribes to an online database, EPStaff check that combines the information of the following exclusionary lists:

OIG - Office of the Inspector General - List of Excluded Individuals and Entities
OIG Office of Inspector General – Most Wanted Fugitives
SAM System for Award Management: Excluded Parties
SDN Office of Foreign Assets Control – Specially Designated Nationals
NY Medicaid New York Medicaid Exclusion List [OMIG]
EPStaff Check Licensure Batch File Report

The service can be accessed at: www.zebucompliance.com. To use the database our agency's user name (OFCLny) and the password (same for all users and known to users) must be entered.

Exact log on procedures are as follows: open the web site, enter the user name and password on the top right and then click login. You will be redirected to a new screen. Click EPStaff check.

Who Responsible

The Administrative Assistant under the direction of the Contract Coordinator and Intake Supervisor in the Mental Health Program are responsible for checking the status of authorizing providers.

The HR Generalist and HR Specialist are responsible for checking the status of employees, volunteers, students and interns.

Types of Checks

Options utilizes the EPStaff check system for two different types of individuals; providers that sign authorizations for residents in the Mental Health Congregate Treatment and Apartment Treatment Programs and for staff. A total of five staff people are assigned roles in the system. There is a primary and secondary reviewer for both the Mental Health Congregate and Apartment Treatment Programs and for the Human Resources Department. In addition, the Director of Compliance and Quality is a system administrator.

The system consists of both initial and ongoing checks.

1. Initial Manual Checks: The primary or secondary reviewer in each department checks staff prior to employment and providers upon their first authorization for an Options resident.
2. Ongoing Auto Checks: Batch files that contain the names of all current staff members and providers are automatically checked on the 25th of each month by the EPStaff check system. Options batch files were created upon initial set up to include names of current staff and authorizing providers. The batch files are edited by the reviewers to include new staff and provider names. In addition, the staff batch file is also edited to remove the names of former staff members. The results of the automatic checking of the batch files are emailed to the reviewers.

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3. Out of State Manual Checks: If a new staff member is known to have worked out of state, the primary or secondary reviewer in the Human Resources Department is responsible for conducting an on-line search to determine whether that state has an exclusionary database (most but not all states maintain this type of list). If an exclusionary list is found, that list must be used to check the new staff person.

Procedures

Initial Checks: For new authorizing providers and staff persons

1. Run the initial exclusion search by tabbing onto the exclusion search tab (see illustration below) and then entering the provider's full name and NPI or the staff person's full name and date of birth.
2. Before hitting the search button, make sure to click the box listed beneath the search area to add to the batch file, which automatically enters this provider's/staff person's name to the batch file for the automatic monthly checks.
3. If a name is shown on the results page and the user is sure that it is not the same provider/staff person, click the result and add to cleared results. This will ensure that this result will not appear again when the automatic EPStaff check is run on the 25th of each month.
4. **If the user suspects that the results found correspond to an Options staff member or provider who authorizes services for an Options resident, a supervisor must be notified immediately.**
5. All results are printed and filed. Provider results are filed in the "psychiatric check" folder listed in the file room and staff results are filed in the personnel record.
6. If a new staff member is known to have worked out of state, the primary or secondary reviewer in the Human Resources Department will conduct an on-line search to determine whether that state has an exclusionary database (most but not all states maintain this type of list). If an exclusionary list is found, that list will be used to check the new staff person. These results will be printed and filed in the personnel record.

Auto-checks

1. On the 25th of every month, EPStaff Check runs an automatic check of each provider listed in the given batch files.
2. Results of the search are emailed to the reviewers. If a spreadsheet is attached to the email that signifies that a result has been found. In those cases, the spreadsheet is printed.
3. The reviewer opens the EPStaff check system, tabs onto the exclusion batch files page (see illustration below) and searches for the name that was listed in the results.
4. If the reviewer is sure that the name does not correspond to our provider or staff member, then the result is clicked and added to cleared results. This will ensure that this result will not appear again when a check is run.
5. **If the user suspects that the results found correspond to an Options staff member or provider who authorizes services for an Options resident, a supervisor must be notified immediately.**
6. All results are printed and filed. Provider results are filed in the "psychiatric check" and license check folders listed in the file room and staff results are filed in the personnel records.

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Procedures

Initial Licensure Checks: for new staff persons and authorizing providers

1. Run the initial exclusion search by tabbing onto the licensure search tab and then entering the staff person's full name (last name first name), license number and selected profession.
2. Before hitting the search button, make sure to click the box listed beneath the search area to add to the batch file, which automatically enters this staff person's name to the "Staff List" batch file for the automatic monthly checks.
3. All results are printed and filed. Staff results are filed in the personnel record.
4. **If a licensed staff member's licensure information is invalid and/or has expired, contact a supervisor. If an authorizing providers' licensure information is invalid and/or has expired, contact a supervisor.**

Auto-checks

1. On the 25th of every month, EPStaff Check runs an automatic check of each licensed staff member listed in the Staff List batch files.
2. Results of the search are emailed to the reviewers.
3. The reviewer opens the EPStaff check system, tabs onto the exclusion batch files page and searches for the name that was listed in the results.
5. **If the user suspects that a licensed staff member has an invalid and/or expired license, contact a supervisor. If an authorizing providers' licensure information is invalid and/or has expired, contact a supervisor.**
4. All results are printed and filed. Staff results are filed in the personnel records.

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