



**NOTICE OF PRIVACY PRACTICES**  
**Effective: April 14, 2003**

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

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "health information."

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

**How We May Use and Disclose Health Information About You**

We use and disclose health information about you for a number of different purposes; each of those purposes is described below.

**For Treatment:** We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, qualified mental retardation professionals (QMRPs), psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry out your individual service plan. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization (for example, another provider or a state/local agency) to obtain new services for you.

**For Payment:** We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party pay or, such as Medicaid or other state agency (for example, the state's Office of Mental Retardation), or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

**For Health Care Operations:** We may use and disclose health information about you for

our own operations. These are necessary for us to operate ABILITY BEYOND and to maintain quality for our consumers. For example, we may use health information about you to review the services we provide and the performance of our employees supporting you. We may disclose health information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

**How We Will Contact You:** Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 11 of this Notice.

**Appointment Reminders:** We may use and disclose health information about you to contact you to remind you of an appointment for treatment or services.

**Treatment and Service Alternatives:** We may use and disclose health information about you to contact you about treatment and service alternatives that may be of interest to you.

**Health Related Benefits and Services:** We may use and disclose health information about you to contact you about health-related benefits and services that may be of interest to you.

**Fundraising:** We may use and disclose health information about you to raise funds for ABILITY BEYOND. We may disclose health information to a business associate of ABILITY BEYOND or a foundation related to ABILITY BEYOND so that a business associate or foundation may contact you to raise money for the benefit of ABILITY BEYOND. We will only release demographic information, such as your name and address, and the dates you received treatment or services from ABILITY BEYOND. If you do not want ABILITY BEYOND to contact you for fundraising, you must notify us in writing.

**Disclosures to Family and Others:** We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person’s involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, your general condition, or your death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify or tell our staff member who is providing care to you.

**Disaster Relief:** We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**Required by Law:** We may use or disclose health information about you when we are required to do so by law.

**Public Health Activities:** We may disclose health information about you for public health

activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

**Judicial and Administrative Proceedings:** We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Disclosures for Law Enforcement Purposes:** We may disclose health information about you to law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

**Coroners and Medical Examiners:** We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

**Funeral Directors:** We may disclose health information about you to funeral directors as

necessary for them to carry out their duties.

**Organ, Eye or Tissue Donation:** To facilitate organ, eye or tissue donation and transplantation, we may disclose health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**Research:** Under certain circumstances, we may use or disclose health information about you for research. Before we disclose health information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your health information. We may, however, disclose health information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no health information will leave ABILITY BEYOND during that person's review of the information.

**To Avert Serious Threat to Health or Safety:** We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**Military:** If you are a member of the Armed Forces, we may use and disclose health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign parties.

To request a restriction, you may do so at any time. If you request a restriction, you should do so in writing, and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom, you want the limits to apply (for example, disclosures to your spouse).

*We are not required to agree to any requested restriction.* However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

**Right to Receive Confidential Communications:** You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, if necessary, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

**Right to Inspect and Copy:** With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of health information about you.

To inspect or copy health information about you, you must submit your request in writing. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy health information if the health information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

**Right to Amend:** You have the right to ask us to amend health information about you. You have this right for so long as the health information is maintained by us.

To request an amendment, you must submit your request in writing. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the health information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for

amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved.

You also will have the right to complain about our denial of your request.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your health information made to you;
- c. Disclosures that are incidental to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If

there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

**Right to Copy of this Notice:** You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

### Our Duties

**Generally:** We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

**Our Right to Change Notice of Privacy Practices:** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

**Availability of Notice of Privacy Practices:** You may obtain a copy of the current "Notice of Privacy Practices" by contacting our Information and Referral representative.

**Effective Date of Notice:** The effective date of the notice will be stated on the first page of the notice.

**Complaints:** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact Lori Pasqualini, Vice President Chief Financial and Administrative Officer. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

**Questions and Information:** If you have any questions or want more information concerning this Notice of Privacy Practices; please contact your Resource and Service Coordinator, Residential Coordinator or Service Coordinator.

## ABILITY BEYOND

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**SECTION:** ETHICS

**EFFECTIVE DATE:** 11/96

**SUBJECT:** CODE OF ETHICS

**REVISED:** 02/14

**POLICY NUMBER:** 250

**REVIEWED:** 04/14

PAGE 1 of 2

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### **POLICY:**

In accordance with State and Federal regulations, industry best practice and accreditation standards, Ability Beyond employees will adhere to and maintain a code of ethics derived from the mission, guiding principles, and the values of the organization.

### **Ethics**

Ethics are the rules of conduct and/or moral principles that are recognized in respect to Ability Beyond.

We will:

- adhere to standards of fairness, integrity, and honesty in the conduct of all business, financial and programmatic operations at all levels of the organization.
- represent agency service capabilities and expectations accurately and professionally to prospective, current, and former individuals served.
- maintain fair business dealings and transparency with individuals served, their families, and payers and with other customers and vendors who relate to the agency.
- promote a culture reflecting a strong organizational commitment of adherence to applicable laws and funder expectations.
- strive for absolute accuracy in all documentation and billing practices.
- prioritize individual rights and needs when making decisions for admission, treatment, care, transfer, and discharge.
- maintain safe, clean, and healthy environments.
- conduct operations efficiently, effectively, and safely, focused on improving outcomes for individuals served.
- seek and maintain qualified staff committed to professional excellence, service to individuals, and commitment to the agency's mission, guiding principles, values, and code of ethics.

### **ADMINISTRATION:**

The President delegates to the Chief Operating Officer and/or Chief Financial Officer, responsibility for compliance. The Leadership Team is responsible for the implementation.

This policy applies to all staff of Ability Beyond and its subsidiaries.



**IMPLEMENTATION:**

1. The Code of Ethics policy shall be shared with all members of the Board of Directors and all employees at the time of their orientation.
2. Performance evaluations will include the agency's code of ethics as a performance expectation.
3. No later than at time of admission, a copy of the code of ethics will be provided to the individuals served, and families, referral sources, and programs as appropriate.
4. The Program Review Committee is available for ethics consultation regarding consumer care issues.

## ABILITY BEYOND

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**SECTION:** ETHICS

**EFFECTIVE DATE:** 4/23/98

**SUBJECT:** OPEN DOOR/NO RETALIATION  
COMPLIANCE PROGRAM

**DATE REVISED:** 03/14

**POLICY #:** 251

**DATE REVIEWED:** 03/14

Page 1 of 4

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### **POLICY:**

Consistent with regulatory and accreditation standards as well as industry best practices, Ability Beyond's employees will:

- Maintain honest and fair business dealings with persons served, their families and payers and with other customers and vendors who relate to the Agency.
- Promote a culture reflecting a strong organizational commitment to adherence to applicable laws, including Federal, State and private payer program requirements.
- Strive for absolute accuracy in all record keeping and billing practices with each and every funding source.

### **ADMINISTRATION:**

The Board of Directors delegates to the Chief Operating Officer/Chief Financial and Administrative Officer the responsibility of the agency's Compliance Officer(s) and directs him/her to administer a Compliance Program to include training and internal controls for billing staff, and training and internal controls for staff documentation of services delivered. The Compliance Officer(s) shall report progress to the Board along with recommendations for additional compliance program components.

This policy applies to Ability Beyond and its subsidiaries.

### **IMPLEMENTATION:**

1. Employees are expected to bring any alleged unlawful activity, or practice to the attention of the Compliance Officer(s) and provide management with a reasonable opportunity to investigate and correct the alleged unlawful activity.
2. Employees may report their compliance concerns confidentially to the Compliance Officer(s) through the use of the Compliments, Complaints and Corporate Compliance Hotline (203) 826-3055 or the Compliments, Complaints and Corporate Compliance e-mail group or a written complaint may be filed by the employee with the Compliance Officer(s) or the Board President.
3. The "open-door policy" will be maintained at all levels of management to encourage employees to report problems and concerns.

4. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
5. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
6. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

#### Procedures that apply to all employees

1. Knowledge of misconduct, including actual or potential violations of laws, regulations, policies, procedures, or the organization's Code of Conduct, must be immediately reported to management, Director of Human Resources, the Compliance Officer(s), or Compliments, Complaints and Corporate Compliance e-mail group or the Compliment, Complaint and Corporate Compliance Hotline (203) 826-3055.
2. Confidentiality will be maintained to the extent that is practical and allowable by law. Employees should be aware that Ability Beyond is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
3. If the caller wishes to make the report anonymously to the Compliment, Complaint and Corporate Compliance Hotline, no attempt will be made to trace the source of the call or identify the person making the call.
4. The Compliment, Complaint and Corporate Compliance Hotline number will be published and visibly posted in a manner consistent with employee notification in locations frequented by Agency employees.
5. Ability Beyond will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith regarding a practice that the employee believes may violate the Agency's Compliance Plan, Code of Conduct, its Compliance Policies and Procedures, or any of the laws, rules, or regulations by which the Agency is governed. "Good faith" means that the employee believes that the potential violation actually occurred as he or she is actually reporting.
6. Ability Beyond strictly prohibits its employees from engaging in any act, conduct, or behavior which results in, or is intended to result in, retaliation against any employee for reporting his or her concerns relating to a possible violation of the Agency's Compliance Plan, Code of Conduct, its Compliance Policies and Procedures, or any of the laws, rules, or regulations by which the Agency is governed.

7. If an employee believes in good faith that he has been retaliated against for reporting a compliance complaint or concern or for participating in any investigation of such a report or complaint, the employee should immediately report the retaliation to the Compliance Officer(s) or the Compliments, Complaints and Corporate Compliance e-mail group or the Compliment, Complaint and Corporate Compliance Hotline. The report should include a thorough account of the incident(s) including names, dates, and any specifics that would assist in investigating the event (s) (. i.e.; the names of any witnesses, the location or name of any document that supports the alleged retaliation.)
8. Any knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer(s) or the Compliments, Complaints and Corporate Compliance e-mail group or the Compliment, Complaint and Corporate Compliance Hotline.

#### Procedures that apply to management

1. Any member of management who receives a report of a violation or suspected violation will immediately notify the Compliance Officer(s).
2. Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:
  - Train all new employees on this policy during initial orientation and
  - Periodically meet with department staff and discuss the main points within this policy and the [Overview of Relevant Laws](#) including but not limited to the False Claims Act.

#### Procedures that apply to the Compliance Officer(s)

1. The Compliance Officer(s) will ensure that all reports of violations or suspected violations are recorded.
2. The Compliance Officer(s) will determine the scope of the reported issue and make a determination regarding the course of action, including the investigation process and notifications to be made. The Compliance Officer(s) will ensure that:
  - a. There is an initial acknowledgement of receipt of the report to the reporter (when known) within 5 business days
  - b. An initial investigation is conducted within 15 business days to determine the course of action
  - c. Notification to proper authorities as deemed appropriate during the course of the initial investigation (including NYS/OMIG for NYS Medicaid compliance issues)

3. The Compliance Officer(s) will be responsible for the investigation and follow-up of any reported retaliation against an employee for reporting a compliance concern or participating in the investigation of a compliance concern.
4. The Compliance Officer(s) will be responsible for oversight of the Agency's internal auditing system and is authorized to delegate auditing duties to other Agency personnel, accountants, consultants, and attorneys, as necessary and appropriate. Results of audits will be reviewed with the Compliance Committee and audit trend reports will be reviewed with appropriate Board Committees as outlined in the organizational compliance and governance plan.
5. The Compliance Officer(s) will report the results of an investigation into suspected retaliation to the governing entity deemed appropriate, such as the Compliance Committee or the Board of Directors.

## ABILITY BEYOND

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**SECTION:** ETHICS

**EFFECTIVE DATE:** 08/98

**SUBJECT:** STATEMENT OF ETHICAL STANDARDS **REVISED:** 03/03/14

**POLICY NUMBER:** 256

**REVIEWED:** 03/14

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### **POLICY:**

Ability Beyond recognizes and appreciates that each staff member may choose to pursue professional and personal interests apart from assigned agency responsibilities and that conflicts of interest may occasionally arise. Therefore, it is the policy of Ability Beyond that each staff member use judgement in the identification of potential conflicts of interest and resolve them appropriately.

Examples of activities that may be defined as a "conflict of interest" are:

- Initiating referral to one's own private business or private practice while on agency time.
- Conducting business related to one's own private practice while on agency time.
- Supervising a relative
- Participating in *Incident Review Committee* deliberations when the investigation involves an employee with whom the committee member is personally involved.

### **ADMINISTRATION:**

The President delegates to the Director, Human Resources as well as every employee responsibility for compliance with this policy.

### **IMPLEMENTATION:**

1. Any employee who believes, or has concerns, that he/she is involved in any personal or professional activities that may represent a conflict of interest should discuss the matter with his/her supervisor or any member of the management team.
2. Consultation regarding resolution may be addressed with any member of the management team.
3. A supervisor or manager who has concerns that an employee is involved in any activity which may represent a conflict of interest, should speak with that employee and consult with any member of the management team if necessary.
4. Any employee involved in activities that continue to represent a conflict of interest may be subject to disciplinary action, including termination.

## ABILITY BEYOND

**SECTION: HUMAN RIGHTS**

**EFFECTIVE DATE: 07/92**

**SUBJECT: INDIVIDUAL SERVED APPEAL**

**REVISED: 10/07**

**POLICY NUMBER: 389**

**REVIEWED: 02/14**

**Page 1 of 2**

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### **POLICY:**

Consistent with all regulatory and accreditation standards as well as industry best practices, each individual served by Ability Beyond shall have the opportunity to appeal any decision without fear of reprisal, coercion, discrimination or restraint. Ability Beyond is committed to resolving all issues in a cooperative way.

### **ADMINISTRATION:**

Each Director of Programs and Services is responsible for the administration of this policy.

### **IMPLEMENTATION:**

Individuals may use this formal appeal process and/or any funder required process for any action or recommendation, which is perceived as a violation of the individual's legal or civil rights. This process should be used only when issues cannot be resolved within the Team process. The grievance and appeal process shall be reviewed with the individual served and/or guardian upon admission and annually thereafter.

1. The individual, or their legal guardian/conservator, or designee must send a written description of the issue and must discuss the matter with their assigned Coordinator or Manager. The assigned representative will present a response or plan of action to the individual or his/her representative verbally and in writing within five working days. The assigned Coordinator will inform the individual served in writing of his/her option to continue the appeal process to the next administrative level if dissatisfied. If the individual served is satisfied with the response (at this step or in any succeeding step) and/or chooses to discontinue the appeal process, the assigned Coordinator will document that information and the formal appeal process ends.
2. If the individual is still dissatisfied, the assigned Coordinator will provide the individual served with the name and mailing address of the Service Manager who will present a response to the individual verbally and in writing within five working days.

3. If the individual is still dissatisfied, then the Services Manager will forward the matter to the Services Director, who will document the grievance and present a response to the individual verbally and in writing within five working days.
4. If the individual is still dissatisfied, then the Services Manager will forward the matter to the director who will document the grievance and present a response to the individual verbally and in writing within five working days.
5. If the individual is still dissatisfied, then the Director, will forward the matter to the COO in conjunction with the CEO of Ability Beyond, who will document the grievance and present a response to the individual verbally and in writing within five working days. The decision of the CEO the final agency review of the matter.

All timelines are guidelines and may be extended if circumstances warrant additional time in order to make a decision on the matter. If an extension is needed, the person handling the matter will inform the individual. Family members, guardians, and advocates may participate in this process at the request of the individual.

The role of the Agency's Individual served Advocate's Office (CAO):

Each individual served will be informed of their option to obtain the services of the CAO to assist in the facilitation of the appeal process. The CAO may serve to monitor the process and facilitate communication between the individual served and the administration. The CAO may also serve to inform individual serveds of their option to use this appeal process.