



ACCESS

BUILDING BRIGHTER FUTURES

ETHICAL CODE OF CONDUCT

Revised 2022

TABLE OF CONTENTS

TABLE OF CONTENTS	1
INTRODUCTION	3
VISION, MISSION, PHILOSOPHY, AND CORE VALUES	4
PROFESSIONAL RESPONSIBILITIES	5
GOVERNANCE AUTHORITY	8
COMPANY OVERSIGHT	9
BUSINESS PRACTICES	10
SERVICE DELIVERY	11
ACCURACY AND STORAGE OF RECORDS	12
WASTE, FRAUD, AND ABUSE	13
ARKANSAS MEDICAID FRAUD LAWS	16
CONFLICTS OF INTEREST	20
CORPORATE COMPLIANCE COMMUNICATION AND REPORTING	21
CORPORATE COMPLIANCE OFFICER	22
CONFIDENTIALITY	24
PRIVACY OFFICER	27
ENVIRONMENTAL SAFETY FOR STAFF, CLIENTS, FAMILIES, AND VISITORS	29
USE OF SOCIAL MEDIA	32
GOVERNMENT INVESTIGATIONS	35

ACCESS® Group, Inc.
Ethical Code of Conduct

PERSONNEL COMPLIANCE GUIDELINES AND CORRECTIVE ACTION INITIATIVES	37
CONTRACTUAL RELATIONSHIPS	40
ENVIRONMENTAL CONCERNS AND STAKEHOLDER SAFETY	42
MARKETING AND ADVERTISING	43
ORGANIZATIONAL FUNDRAISING	44
ADVOCACY EFFORTS FOR PERSONS SERVED	47
CORPORATE CITIZENSHIP	48

ACCESS® Group, Inc.
Ethical Code of Conduct

INTRODUCTION

ACCESS® Group, Inc. is committed to the goal of providing services and support to clients, families, employees, and other stakeholders in an ethical, legal, and responsible manner. Additionally, ACCESS is committed to providing all services in full compliance with all applicable laws and regulations, while following our own policies, procedures, and guidelines.

ACCESS has adopted this Ethical Code of Conduct to help the organization meet its compliance goals in this highly regulated, professional environment. It is designed to provide general guidance to its employees, contractors, vendors, suppliers, consultants, agents, and other stakeholders. Failure to comply with these standards could result in severe damage to ACCESS' standing in the community, regulatory actions against the organization and involved parties, and corrective action for any involved party.

ACCESS' Board of Directors, Senior Management, employees, and contractors will receive training/education regarding the Ethical Codes of Conduct upon hire and annually thereafter. In addition, any stakeholder can obtain a copy on the company website or by contacting ACCESS' Director of Administration.

No single document can describe in detail the appropriate legal and ethical conduct required in every possible circumstance, but these standards provide general principles that should govern the performance of all services by, or on behalf of, ACCESS. If an employee has questions about these standards, he/she should first raise the questions with his/her direct supervisor. Supervisors have a duty to be available and provide answers to individuals when questions arise about adherence to this Code of Conduct. If the response received from the supervisor does not resolve the issue(s) or question(s) concerning the application of the standards, the employee may contact the Director of Administration, the Corporate Compliance Officer, or any member of Senior Management.

This Code of Ethics is a "living document" which will be updated periodically to respond to changing conditions. Therefore, ACCESS reserves the right to modify or amend the Code of Ethics at any time and without advance notice.

VISION, MISSION, PHILOSOPHY, AND CORE VALUES

Our Philosophy – Our Guiding Principle:

All persons have the potential to learn, the capacity for change, and the right to live a meaningful life in the community of his/her choice.

Our Vision – What We Aspire To Be:

Clients and families confidently choose ACCESS because we consistently understand and exceed expectations when helping people with disabilities and mental health conditions live a full and meaningful life.

Our Mission – Our Plan to Get There:

To expand individual potential through innovative instruction.

Core Values – The Principles That Guide Us:

People Matter

We seek out, recognize, and value everyone's knowledge, experience, and input, whether it be from our staff, clients and families, or community. We interact with everyone with a spirit of cooperation, a sense of humor, and the utmost respect.

Teamwork and Commitment

We are committed to working together towards one common goal and ensuring that our team members are valued, supported, and empowered. We keep our promises. Our team is our family, and by working as one, we can provide superior services and create exceptional experiences. Our commitment to our families is evident through our services, as demonstrated by the staff who go beyond what is necessary to deliver a happy, warm, and family-friendly atmosphere and a person-centered service delivery model.

Excellence and Innovation

We strive for extraordinary results and offer state-of-the-art, innovative services for the children and adults we serve. Continuing education and teamwork are vital to our comprehensive programs. We believe we can meet the high standards we have through continuous innovation and improvement. This will help us make a difference in quality of life, promote personal growth and independence, and foster hope for people with disabilities and mental health conditions.

Equity, Diversity, and Inclusion

We strive to have an organization that reflects the world we live in and embraces everyone in it.

Generosity

By sharing what we know, as freely and as broadly as possible, we will have a significant and lasting impact on more individuals.

Integrity and Transparency

We do what we say we will do. We tell the absolute truth about ourselves, and our work, reporting both failures and successes with equal discipline to accelerate the learning on how best to improve.

Speed and Agility

The pace of change in healthcare and education is accelerating. We anticipate changes in our own work and respond as quickly as necessary to support the transformation of healthcare while continuing to provide quality services to our clients and their families.

Caring, Celebration and Thankfulness

We put our heart into our work. We take time to look back, as well as forward; to thank each other; and to take pride in what we do. We do this to ensure a vibrant and joyful workforce.

PROFESSIONAL RESPONSIBILITIES

POLICY:

ACCESS Group, Inc. expects employees to conduct themselves in a professional and ethical manner with coworkers, clients and their families, and the public. Management staff are expected to model, promote, and advocate for a strong and visible culture of professionalism.

PROCEDURES:

1. ACCESS Group, Inc. is committed to high standards of professionalism in client care. Professionalism is integral to ACCESS' mission of expanding individual potential through innovative instruction. We believe our core values are essential components for professional conduct. Professionalism includes believing that people matter and demonstrating teamwork, commitment, excellence, innovation, and generosity in all endeavors. At ACCESS, we believe being a professional means acting with integrity and transparency; working with speed and agility; demonstrating caring, celebration, and thankfulness; and creating an environment supportive of diversity in ideas, perspectives, and experiences. All staff are responsible for creating an inclusive environment where every person is equally valued and honored.
2. Employees are expected to demonstrate high standards of professional behavior. Examples of such behavior include, but are not limited to, the following:
 - a. Honesty and integrity:
 - Adhere to ACCESS' Core Values.
 - Demonstrate high moral standards and integrity.
 - Tell the truth.
 - Act with honesty and truthfulness.
 - Respect others.
 - Maintain confidentiality.
 - b. Trustworthiness:
 - Demonstrate dependability to fulfill responsibilities.
 - Demonstrate punctuality.
 - Comply with deadlines.
 - Respond to requests in a timely manner.
 - c. Empathy and cultural diversity:
 - Differentiate interpersonal interactions with respect to culture, race, religion, ethnic origin, gender, and sexual orientation.
 - Demonstrate regard for differing values and abilities among coworkers, other professionals, and clients and families.
 - Demonstrate an ability to share someone else's feelings or experiences by imagining what it would be like to be in his/her situation.
 - d. Communication:
 - Communicate effectively with staff, clients and their families, and other professionals.
 - Demonstrate confidence in actions and communications.
 - Formulate written communications with professional conduct and tone.
 - Work to resolve conflicts in a professional and adult manner.
 - Ensure the confidentiality of communications that contain personal information.

ACCESS® Group, Inc.
Ethical Code of Conduct

- e. Professional behavior:
 - Display professional behavior toward staff, other professionals, and the public.
 - Show regard for persons in authority.
 - Conduct interactions with clients and their families in a professional manner.
 - Relate to clients and their families in a caring and compassionate manner.
 - Demonstrate an attitude of service.
 - Recognize instances when one's values and motivation conflict with those of the client and his/her family and proceed in a manner that is person-centered.
 - If there is a conflict of values or motivations that you think may involve something illegal, unethical, or unprofessional, seek guidance from your supervisor.
 - Identify any activity that is dangerous to the welfare of a client or coworker and report it to your supervisor.
 - Comply with federal, state, and company requirements regarding confidentiality of information.
 - Exhibit appropriate behavior when representing ACCESS when away from work.
 - f. Demonstrate professional competence:
 - Produce quality work within expected timeframes.
 - Take responsibility for your actions and your work.
 - Demonstrate continuous professional development by identifying opportunities for growth and learning.
 - Take responsibility for your own learning.
 - Display a positive attitude when receiving constructive criticism.
 - Demonstrate willingness to serve as a mentor for new team members.
 - g. Time management and decision making:
 - Utilize time efficiently.
 - Demonstrate initiative and self-direction.
 - Demonstrate accountability for decisions.
 - h. Appearance:
 - Maintain a professional appearance when representing ACCESS.
 - Maintain personal hygiene and grooming.
3. ACCESS does not condone or tolerate unprofessional behavior, and individuals who engage in such behavior may be subject to disciplinary action, up to and including termination of employment. Supervisors are expected to address unprofessional behaviors with their team members.
4. Disrespectful, retaliatory, or disruptive behaviors include behaviors that, in the view of reasonable people, have a negative impact on the care of clients and families, the ability of other employees to perform their duties in a professional and fulfilling manner, and/or the way ACCESS is perceived in the community. Some examples include:
- a. Physical assault or other uninvited or inappropriate physical contact;
 - b. Shouting at coworkers, clients, or others;
 - c. Profane or offensive language;
 - d. Degrading or demeaning comments;
 - e. Discriminatory or harassing behavior or language;

ACCESS® Group, Inc.
Ethical Code of Conduct

- f. Retaliation in response to a person raising concerns about a behavior that may violate laws or policies (such as discrimination) or present a threat to safety or security;
 - g. Threats or similar intimidating behavior, as reasonably perceived by the recipient;
 - h. Exploiting, neglecting, or overworking those in subordinate positions;
 - i. Unreasonable refusal to cooperate with others in carrying out assigned responsibilities;
 - j. Failure to respond to inquiries within a reasonable time frame; and
 - k. Obstruction of established operational goals, beyond what would be considered respectful dissent.
5. Any employee may raise concerns and/or ask for support. Avenues to raise concerns include, but are not limited to, the following:
- a. Informal one-on-one resolution with the other person;
 - b. Bringing the issue to a supervisor or the person with the next level of authority, if the concerns involve the supervisor; or
 - c. Following applicable grievance procedures.

GOVERNANCE AUTHORITY

POLICY:

ACCESS Group, Inc.'s Governance Authority is defined as The Board of Directors, which assumes final authority over, and responsibility for, the organization's accountability and compliance with all applicable legal and regulatory requirements. The Board has designated ACCESS' Executive Director as the person charged with operational oversight. Additionally, each program has a Director who manages the daily operations of her respective program with support from the Executive Director.

PROCEDURES:

1. The Board of Directors creates and maintains the core values and missions of this organization. It strives to be representative of the specific cultures and populations served. The Executive Director also strives to extend this by recruiting Directors who are equally representative. The Board collaborates with them frequently to ensure a high level of quality care is being provided.
2. Administrative and Employee policies and procedures are established and maintained by the Board of Directors and Senior Management. These policies and procedures are accessible to any employee or contractor who provides services to ACCESS' clients. Copies may be obtained by contacting the Director of Administration and requesting access to these documents.
3. Employees will receive a copy of the Employee Policies and Procedures and the Ethical Code of Conduct at the time of hire, and they are able to obtain replacement copies by contacting their direct supervisor. Employees can also access these documents via the employee portal on ACCESS' website at www.accessgroupinc.org. An employee's loss of his/her copy of these materials does not in any way exempt or excuse him/her from the responsibility of following all of ACCESS' policies, procedures, and other requirements or regulations required for proper provision of services.
4. ACCESS' Ethical Code of Conduct and policies and procedures are reviewed periodically. Updates are implemented and distributed, as needed.

COMPANY OVERSIGHT

POLICY:

The Board of Directors has designated the person in charge of Company Oversight as the Executive Director. The Executive Director is bound by all applicable state and federal guidelines and will have direct access to the Board of Directors, as necessary. The duties of this position shall include:

1. Communication with the Corporate Compliance Officer regarding development, implementation, and ongoing monitoring of all policies and procedures to ensure conformance with generally accepted operational and administrative practices regarding corporate compliance.
2. Company oversight of:
 - a. Day-to-day functions of administration;
 - b. Service delivery and ensuring that staff is focused on clients and families;
 - c. Program and personnel management;
 - d. Overall health and safety issues; and
 - e. Information management systems including:
 - i. Management of outcomes information;
 - ii. General flow of information to appropriate parties, including distribution of performance information to stakeholders; and
 - iii. Collection and organization of input from clients/families.
3. Collaboration with the Board of Directors and Senior Management as necessary to ensure items listed above.

BUSINESS PRACTICES

POLICY:

ACCESS Group, Inc. will conduct its business honestly and ethically in all areas of operation. We will constantly improve the quality of our services and operations and will create a reputation for honesty, fairness, respect, responsibility, integrity, trust, and sound business judgment. No illegal or unethical conduct on the part of officers, directors, employees, or contractors is in the company's best interest. ACCESS will not compromise its principles for short-term advantage. The ethical performance of this company is the sum of the people who work here. Thus, all employees and independent contractors are expected to adhere to high standards of personal integrity.

SERVICE DELIVERY

POLICY:

ACCESS Group, Inc. maintains a commitment to providing the best possible quality of care to every client. Services will be rendered based on the boundaries of the provider's/employee's competence and educational training.

PROCEDURES:

1. Employees shall ensure that the organization's person-centered philosophy is evident in the service delivery process.
2. The improvement of each client's level of functioning and quality of life is ACCESS' primary goal as providers of excellent client care.
3. Each client, and his or her family and caregivers, will be treated with respect and professionalism. All services will be rendered in a caring and courteous manner.
4. Only qualified employees or independent contractors who have the authority and responsibility to conduct assessments and treatments will provide these services. Assessment, treatment, and other services will be provided in a manner that is understandable.
5. Each client's individual rights will be respected in every action.
6. Employees must ensure that all barriers to accessibility are assessed and addressed.
7. Employees will not become involved in relationships with clients, former clients, or clients' family members whereby the relationship is used for personal gain or emotional need fulfillment at the expense of the client's welfare.
8. Employees will not become emotionally or physically involved with any client in such a way as to transcend the bounds of a professional relationship.
9. Employees are prohibited from soliciting or accepting money, gifts, or gratuities from clients or families, present or past, which exceed consideration as tokens of appreciation.
10. Employees shall not conduct or engage in personal fundraising activities that are not sanctioned and approved by the Director of Development as permissible fundraising activities. Examples of fundraising activities that would not be under the domain of the organization include an employee soliciting funds on behalf of a personal cause, having persons served selling items on behalf of the organization, and/or allowing persons served to raise funds by appeals to personnel or other persons served.
10. Employees shall respect and safeguard the personal property owned by the persons served, visitors, personnel, and the organization.
11. Employees shall not act as a witness to documents such as Power of Attorney, guardianship, advance directives, and/or agency contracts without the expressed written approval of the Executive Director or Corporate Compliance Officer.
12. All applicable laws, regulations, or standards relative to the treatment of clients will be strictly adhered to at all times.

ACCURACY AND STORAGE OF RECORDS

POLICY:

Medical and business records should be complete, accurate, and reliable. All records, books, documents, computer records, electronic media, data, and files are to be prepared properly and completely.

PROCEDURES:

1. Employees will receive training on appropriate, complete, and accurate documentation in client records. Staff members who believe they need additional training or information should address this issue with their immediate supervisor or Program Director.
2. Records will be maintained for the duration of the time specified by federal or state laws and regulations or for the time specified by organizational policy, whichever is longer.
3. Client financial records will be maintained for a period of at least five years.
4. Client medical records should be kept in permanent storage for the periods prescribed by the Arkansas Medical Society, which ranges from 19 years to the life of the client. Disposal of records should be properly researched, documented, and authorized.
5. All organizational records are considered confidential. This is particularly applicable to client protected health information (PHI) which is to be maintained in complete confidence in accordance with Medicaid, DHS, AMA, HIPAA, CMS, and other regulatory guidelines.
6. Employees are responsible for providing accurate and timely documentation. No false or misleading information should be entered into client or business records. All information should be verified for accuracy and reliability and authorized by a supervisor, if required.
7. Paper records will be maintained in proper storage facilities so that they can be locked and secured as required. Electronic records are only accessible to authorized users with a unique ID and password.
8. Working files may be maintained by employees, but they must be stored in an area that can be locked to ensure confidentiality. These files are considered secondary and should only contain copies; they should in no way be substituted for the primary charts.
9. All records are the property of ACCESS and are not to be removed from the premises without express consent has been given by the employee's immediate supervisor. If removed, the supervisor assumes responsibility for ensuring that the date of removal, return, and reason for removal is documented.

WASTE, FRAUD, AND ABUSE

POLICY:

ACCESS Group, Inc. strives to maintain compliance with all government laws and regulations and provides a mechanism where any suspected improper, unethical, or illegal conduct or activities may be reported. It is the responsibility of all ACCESS employees and contractors to adhere to all applicable government laws and regulations, as well as to ACCESS' Ethical Code of Conduct. ACCESS' guests, clients, families, and other stakeholders or interested parties are also encouraged to report any suspected violations.

PROCEDURES:

1. The following terms and definitions are essential to the comprehension of this policy:
 - a. *Abuse*: any action that may directly or indirectly result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs; improper payment for services; payment for services that fail to meet professionally recognized standards of care; and services that are medically unnecessary. Abuse cannot always be easily identified because what is "abuse" versus "fraud" depends on specific facts, circumstances, intent, prior knowledge, and available evidence, among other factors.
 - b. *False claims*: the knowing and intentional use of false or fraudulent claims, records, or statements for obtaining payment from the government.
 - c. *Fraud*: the knowing and intentional use of false or fraudulent claims, records, or statements for obtaining payment from the government.
 - d. *Waste*: the overutilization of services or other practices that directly or indirectly result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs. It is not typically considered to be caused by criminally negligent actions, but by the misuse of resources.
 - e. *Whistleblower*: a reporter/relator that utilizes the *qui tam* provision and one of the unique aspects of the Federal False Claims Act that allows a private person with the knowledge of a false claim to bring a civil action on behalf of the United States Government.
2. The Federal False Claims Act and similar state laws assist the federal and state governments in combatting fraud and abuse and recovering losses resulting from fraud in government programs, purchases, and contracts.
3. Suspected violations of laws may encompass Federal and State False Claims Acts, which provide for actions to be brought by the government, or by a whistleblower on behalf of the government, when an individual or entity has allegedly defrauded the government.
4. Both federal and state laws provide a way for whistleblowers to sue companies and individuals with allegations of defrauding the government on the government's behalf.
5. If an individual is found to have violated the Federal False Claims Act, an individual or entity could be liable to the United States government for a civil penalty of no less than \$5,000.00 and not more than \$10,000 per false claim;

ACCESS® Group, Inc.
Ethical Code of Conduct

plus, up to three times the amount of damages that the government sustained because of the act of the individual (Federal False Claims Act 31 U.S. Code § 3729).

6. Criminal penalties and exclusion from participation in Medicare, Medicaid and other federal healthcare programs may also result from violations of the Federal False Claims Act.
7. Some states have additional fines and damages for claims against Medicaid programs. The whistleblower may be entitled to a portion of the recovery.
8. Any suspected violation of laws, regulations, ACCESS' Ethical Code of Conduct, or any act of client abuse may be reported to any of the following:
 - a. The employee's direct supervisor or any member of Senior Management; the person receiving the report will promptly report it to ACCESS' Corporate Compliance Officer;
 - b. Directly to ACCESS' Corporate Compliance Officer in person via appointment, by phone at (501) 217-8600, through use of the confidential, secure suggestion boxes located at each facility, through secure email at corporatecompliance@accessgroupinc.org; and/or
 - c. Directly to the Office of the Inspector General (OMIG) Hotline at (800) HHS-TIPS (1-800-447-8477).
9. All allegations of potential client abuse (e.g., physical, emotional, or sexual) are to be reported immediately to the employee's supervisor or a member of Senior Management.
10. Reports of suspected violations or acts of patient abuse will be handled confidentially to the extent the law allows.
11. ACCESS will not tolerate retaliation for any report which is made in good faith. However, an individual who makes a report of a suspected violation or act of client abuse without a good faith belief that the reported actions are inappropriate or illegal may be subject to disciplinary action.
12. Employees who bring forth allegations under either Federal or State False Claims Acts are afforded protection from discrimination as a whistleblower.
13. The Federal False Claims Act provides that courts may award relief to an employee who is a whistleblower. Such relief may consist of reinstatement of employment, back pay, and/or compensation for any special damages, including litigation costs and reasonable attorneys' fees.
14. At ACCESS, various people, departments, and committees participate in monitoring and auditing for compliance with laws and regulations to detect and correct any noncompliance and prevent improper practices. These include, but are not limited to:
 - a. Corporate Compliance Officer;
 - b. Quality Information Coordinator/Risk Manager;
 - c. Human Resources Department;
 - d. Performance Improvement/Quality Assurance Committee; and
 - e. Client Documentation Review Committee.
15. If problems are identified, actions are taken to correct the process and to correct any resulting errors in reimbursement.
16. It is the responsibility of each employee to cooperate with any internal investigation he/she is asked to participate in.

ACCESS® Group, Inc.
Ethical Code of Conduct

17. All employees and direct care contractors are required to complete training on fraud, waste, and abuse upon hire and annually thereafter. This training will include a competency assessment.
18. ACCESS employees are required to familiarize themselves with this policy and ACCESS' entire Ethical Code of Conduct, as well as all other policies pertaining to fraud, waste, and abuse.
19. An employee's failure to report a suspected violation is grounds for disciplinary action, up to and including termination of employment.

ARKANSAS MEDICAID FRAUD LAWS

POLICY:

ACCESS Group, Inc. provides services in the state of Arkansas and strives to maintain compliance with all state laws and regulations. It is the responsibility of all ACCESS employees and contractors to be familiar with and adhere to all applicable Arkansas laws and regulations including Arkansas's Medicaid Fraud Laws which are outlined below.

PROCEDURES:

1. Under the Arkansas Medicaid Fraud False Claims Act, a person commits Medicaid fraud when he or she:
 - a. Purposely makes, or causes to be made, any omission or false statement or representation of a material fact in any claim, request for payment, or application for any benefit or payment under the Arkansas Medicaid Program.
 - b. At any time, purposely makes, or causes to be made, any omission or false statement or representation of a material fact for use in determining rights to a benefit or payment under the Arkansas Medicaid Program.
 - c. Has knowledge of the occurrence of any event affecting:
 - i. His or her initial or continued right to any benefit or payment under the Arkansas Medicaid Program; **OR**
 - ii. The initial or continued right to any benefit or payment under the Arkansas Medicaid Program of any other individual in whose behalf he or she has applied or is receiving the benefit or payment under the Arkansas Medicaid Program; **AND**
 - iii. Purposely conceals or fails to disclose the event with an intent to fraudulently secure the benefit or payment under the Arkansas Medicaid Program, either in a greater amount or quantity than is due, or when no benefit or payment under the Arkansas Medicaid Program is authorized.
 - d. Has made or submitted a claim, request for payment, or application to receive any benefit or payment under the Arkansas Medicaid Program for the use and benefit of another person, and having received it, purposefully converts the benefit or payment under the Arkansas Medicaid Program, or any part of the benefit or payment under the Arkansas Medicaid Program, to a use other than for the use and benefit of the other person.
 - e. Purposefully presents, or causes to be presented, a claim for a physician's service for which payment may be made under a program under the Arkansas Medicaid Program while knowing that the individual who furnished the service was not licensed as a physician.
 - f. Purposely solicits or receives any remuneration, including any kickback, bribe, or rebate; directly or indirectly; overtly or covertly; in cash or in kind:
 - i. In return for referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or

ACCESS® Group, Inc.
Ethical Code of Conduct

- service for which payment may be made in whole or in part under the Arkansas Medicaid Program; or
- ii. In return for purchasing, leasing, ordering, or arranging for, or recommending purchasing, leasing, or ordering, any good, facility, service, or item for which payment may be made in whole or in part under the Arkansas Medicaid Program.
- g. Purposely offers or pays any remuneration, including any kickback, bribe, or rebate; directly or indirectly; overtly or covertly; in cash or in kind; to any person to:
- i. Refer an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment may be made in whole or in part under the Arkansas Medicaid Program; or
 - ii. Purchase, lease, order; or arrange for, or recommend purchasing, leasing, or ordering, any good, facility, service, or item for which payment may be made in whole or in part under the Arkansas Medicaid Program.
- h. Items (g)(i) and (g)(ii) do not apply to:
- i. A discount or other reduction in price obtained by a provider of services or other entity under the Arkansas Medicaid Program if the reduction in price is properly disclosed, and appropriately reflected, in the costs claimed, or charges made, by the provider or entity under the Arkansas Medicaid Program;
 - ii. Any amount paid by an employer to an employee who has a bona fide employment relationship with the employer for employment in the provision of covered items or services;
 - iii. Any amount paid by a vendor of goods or services to a person authorized to act as a purchasing agent for a group of individuals or entities who are furnishing services reimbursed under the Arkansas Medicaid Program if:
 - (1.) The person has a written contract with each individual or entity that specifies the amount to be paid to the person. The amount may be a fixed amount or a fixed percentage of the value of the purchases made by each individual or entity under the contract; and
 - (2.) In the case of an entity that is a provider of services as defined in § 20-9-101, the person discloses in such form and manner as the Director of the Department of Human Services requires to the entity and, upon request, to the Director, the amount received from each vendor with respect to purchases made by, or on behalf of the entity; or
 - iv. Any payment practice specified by the Director promulgated pursuant to applicable federal or state law.
- i. Purposefully makes, causes to be made, induces, or seeks to induce any omission or false statement or representation of a material fact with respect to the conditions or operation of any institution, facility, or Medicaid provider in order that the institution, facility, or Medicaid provider may qualify to obtain, or maintain, any licensure or

ACCESS® Group, Inc.
Ethical Code of Conduct

certification when that licensure or certification is required to be enrolled, or eligible, to deliver any healthcare goods or services to Medicaid recipients by state law, federal law, or the rules of the Arkansas Medicaid Program.

- j. Purposely:
 - i. Charges, for any service provided to a patient under the Arkansas Medicaid Program, money or other consideration at a rate in excess of the rates established by the state; or
 - ii. Charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under the Arkansas Medicaid Program, any gift, money, donation, or other consideration other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient:
 - (1.) As a precondition of admitting a patient to a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities; or
 - (2.) As a requirement for the patient's continued stay in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities when the cost of the services provided in the hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities to the patient is paid for in whole or in part under the Arkansas Medicaid Program.
- k. Purposefully makes, or causes to be made, any false statement or representation of a material fact in any application for a benefit or payment in violation of the rules, regulations, and provider agreements issued by the Arkansas Medicaid Program or its fiscal agents.
- l. Knowingly submits false documentation; or makes, causes to be made, induces, or seeks to induce any material false statement to the Office of Medicaid Inspector General or the Medicaid Fraud Control Unit within the office of the Attorney General during an audit, or in response to a request for information or a subpoena.
- m. Purposefully forges the signature of a doctor, nurse, or other medical professional on a prescription, referral for healthcare goods or services, or finding of medical necessity.
- n. Knowingly submits a forged prescription, referral for healthcare goods or services, or finding of medical necessity for:
 - i. Payment under the Arkansas Medicaid Program or
 - ii. An audit or in response to a request for information or a subpoena to the Office of Medicaid Inspector General or the Medicaid Fraud Control Unit within the office of the Attorney General.
- o. Purposely places a false entry in a medical chart, medical record, or any record of services required to be made to the Arkansas Medicaid Program that indicates that healthcare goods or services have been provided to a Medicaid recipient knowing that the healthcare goods or services were not provided.

ACCESS® Group, Inc.
Ethical Code of Conduct

2. The court is authorized to pay a person sums, not exceeding ten percent of the aggregate penalty recovered, as it may deem just, for information the person may have provided which led to the detecting, and bringing to trial and punishment, persons guilty of violating the Medicaid fraud laws.
3. Upon disposition of any civil action relating to violations of this subchapter in which a penalty is recovered, the Attorney General may petition the court on behalf of a person who may have provided information that led to the detecting, and bringing to trial and punishment, persons guilty of Medicaid fraud in order to reward the person in an amount commensurate with the quality of information deemed by the court to have been provided, in accordance with the requirements of this subchapter.
4. If the Attorney General elects not to petition the court on behalf of the person, the person may petition the court on his or her own behalf. Neither the state, nor any defendant within the action, shall be liable for expenses that a person incurs in bringing an action under this section.
5. An employee or fiscal agent charged with the duty of referring or investigating cases of Medicaid fraud who is employed by, or who contracts with, any governmental entity shall not be eligible to receive a reward under this section.

References: A.C.A §§5-55-111, *et seq.*; A.C.A. §§20-77-911, *et seq.*

CONFLICTS OF INTEREST

POLICY:

Employees should not directly or indirectly engage in any employment activity or enterprise which is inconsistent, incompatible, or in conflict with his/her duties as an ACCESS employee or with the duties, functions, and responsibilities of the program in which he/she is employed.

PROCEDURES:

1. Employees shall be alert to, and avoid, conflicts of interest that interfere with the exercise of professional discretion and impartial judgment.
2. Employees shall not conduct or engage in personal fundraising activities that are not sanctioned and approved by the Director of Development as permissible fundraising activities. Examples of fundraising activities that would not be under the domain of the organization include an employee soliciting funds on behalf of a personal cause, having persons served selling items on behalf of the organization, and/or allowing persons served to raise funds by appeals to personnel or other persons served.
3. The receipt of payments, discounts, or gifts that may be considered "remuneration" for referral of clients is strictly prohibited. The payment, or receipt, of such "remuneration" is barred by law for the purchase, lease, ordering, or recommending of any goods, facilities, services, or items.
4. Any payment, or receipt of payment, that can be considered a "kickback" for the use or recommendation of supplies, services, goods, facilities, or items is prohibited. This includes knowingly or willfully offering, paying, asking, or receiving money or other benefits, directly or indirectly, in return for favorable terms or treatment.
5. The offer or delivery of loans, rebates, services, or payments of any kind, in any way connected to client referrals, is prohibited.
6. Business dealings may include shared meals or similar social occasions that may be proper business expenses or activities. More extensive entertainment will only rarely be consistent with clinical policy and should be reviewed and approved by the Executive Director and/or legal counsel.
7. Employees of the organization may not receive any gift under circumstances that could be considered an attempt to influence decisions or actions. Gifts received in a manner that construes an attempt to influence should be returned, and the incident should be reported to the Corporate Compliance Officer.
8. ACCESS is in the business of providing the delivery of appropriate healthcare services. Clients served by our organization may be referred to other providers as is medically necessary for the treatment of their condition. With guidance from his or her physician, the client and/or legal guardian should make the choice as to which providers are qualified and medically appropriate. Referral to, or from, ACCESS by providers who have a financial relationship with our organization may only be made if specific provisions of law (The Stark Act and Safe Harbor Provisions) are met. Any referral or pattern of referral that is questionable should be brought to the attention of the Corporate Compliance Officer, who is obligated to review that action with the advice of the organization's legal counsel.

CORPORATE COMPLIANCE COMMUNICATION AND REPORTING

POLICY:

ACCESS Group, Inc. strives to maintain compliance with all government laws and regulations and provides a mechanism where any suspected improper, unethical, or illegal conduct or activities may be reported. All employees and independent contractors will have free and unrestrained access to the Corporate Compliance Officer for the reporting of legitimate and appropriate concerns with regard to compliance and integrity in the organization. ACCESS' guests, clients, families, and other stakeholders or interested parties are also encouraged to report any suspected violations.

PROCEDURES:

1. The identity of those reporting compliance and integrity issues or concerns will be kept confidential within the organization. Senior Management, the Board of Directors, and legal counsel shall have access to the identity of those reporting compliance issues.
2. An employee reporting compliance issues will be informed that, regardless of the organization's internal policy of protecting identities, his/her identity must be released to any federal or state agencies conducting investigations. The employee will also be notified that his/her identity may become public in the process of those investigations from federal or state sources.
3. Staff members reporting compliance issues are entitled to be informed regarding the correction or investigation of the issues they report and may be so informed by the Corporate Compliance Officer, Executive Director (or other members of Senior Management if the Executive Director requests such) in a confidential meeting for this purpose.
4. Staff members wishing to report compliance issues should do so in writing and should provide the following information:
 - a. Name (see above regarding anonymous reports);
 - b. Address or other method of contact (phone number, email, etc.);
 - c. Name of subject allegedly committing the act;
 - d. Subject's address or method of contacting him/her (if available); and
 - e. A brief summary of the allegation.
5. Compliance reports can be delivered to the Corporate Compliance Officer:
 - a. In person, by appointment;
 - b. Through interoffice confidential mail;
 - c. Through use of secure, confidential suggestion boxes located on both campuses; or
 - d. Through use of direct email to corporatecompliance@accessgroupinc.org.
6. Members of Senior Management receiving complaints from staff should forward those to the Corporate Compliance Officer immediately and maintain anonymity of the employee. Action will be taken on the complaint **within five business days of receiving the complaint**. The length of time for answering complaints may vary depending upon the seriousness and complexity of the situation and federal and state laws.
7. A file shall be maintained by the Corporate Compliance Officer that includes the following:
 - a. A copy of all complaints;
 - b. A summary of the nature of the complaint;
 - c. Date and time received; and
 - d. Actions taken.

CORPORATE COMPLIANCE OFFICER

POLICY:

The Corporate Compliance Officer ensures that ACCESS' Board of Directors, Senior Management, employees, and independent contractors maintain compliance with the rules and regulations of regulatory and accrediting agencies, follow company policies and procedures, and conduct themselves in accordance with the company's Ethical Code of Conduct.

PROCEDURES:

1. The Corporate Compliance Program exists:
 - a. As a channel of communication to receive and direct compliance issues to appropriate resources for investigation and resolution; and
 - b. As a final internal resource with which concerned parties may communicate after other formal channels and resources have been exhausted.
2. The Corporate Compliance Officer (CCO) monitors and reports results of the compliance/ethics efforts of the organization and provides guidance for the Board and Senior Management on matters relating to compliance. The CCO is authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program.
3. The Board of Directors has designated Melissa Thomas, who currently serves as the Director of Clinical Operations, to serve as ACCESS' Corporate Compliance Officer. In the performance of these duties, she is bound by all applicable state and federal guidelines and will have direct and unimpeded access to the Executive Director, Board of Directors, and legal counsel, as necessary, for matters pertaining to corporate compliance. The duties of the CCO shall include:
 - a. Serving as the organization's primary point of contact for all corporate compliance issues.
 - b. Scheduling reviews of risk areas by competent persons external to the organization, as necessary. These reviews are to ensure ongoing conformance with billing, accounting, and collection regulations imposed by the federal government and other "third party" funding sources.
 - c. General strategic planning and collaboration with the Board of Directors and Senior Management.
 - d. Responsibility for development, implementation, and ongoing monitoring and updating of all policies and procedures to ensure conformance with generally accepted operational and administrative practices regarding corporate compliance.
 - e. Development, implementation, and ongoing monitoring and updating of ACCESS' Ethical Code of Conduct to ensure that it continues to remain current and relevant in providing guidance to management and employees.
 - f. Collaboration with other departments (e.g., Risk Management, Internal Audit, Human Resources) to direct compliance issues to appropriate existing channels for investigation and resolution. Consulting with the organization's corporate attorney as needed to resolve difficult legal compliance issues.
 - g. Responding to alleged violations of rules, regulations, policies, procedures, and Ethical Code of Conduct by evaluating and

ACCESS® Group, Inc.
Ethical Code of Conduct

- recommending the initiation of investigative procedures. Developing and overseeing a system for uniform handling of such violations.
- h. Serving as an independent reviewer and evaluator to ensure that compliance issues/concerns within the organization are being appropriately evaluated, investigated, and resolved.
- i. Monitoring, and as necessary, coordinating compliance activities of other departments to remain abreast of the status of all compliance activities and to identify trends.
- j. Implementing and maintaining an effective compliance communication program for the organization, including promoting:
 - (1) The use of the organization's confidential suggestion boxes and the established corporate compliance email account;
 - (2) Increased awareness of ACCESS' Ethical Code of Conduct; and
 - (3) Understanding of new and existing compliance issues and related policies and procedures.
- k. Collaborating with the Human Resources Department, and others as appropriate, to develop an effective compliance training program, including appropriate orientation for new employees and ongoing training, thereafter.
- l. Submitting a quarterly summary of all allegations, investigations, or complaints processed in conjunction with the corporate compliance program. This report will also include a complete description of all recommended corrective action(s), identified areas of potential compliance vulnerability and risk; and any recommendations for changes to the organization's policies and procedures.
- m. Ensuring proper reporting of violations or potential violations to duly authorized enforcement agencies, as appropriate and/or required.
- n. Monitoring the performance of the Corporate Compliance Program and taking appropriate steps to improve its effectiveness, as needed.

CONFIDENTIALITY

POLICY:

Confidential information at ACCESS Group, Inc. is defined as either a client's protected health information (PHI) or other information which is proprietary to ACCESS. Employees are required to maintain confidential information in a manner which ensures its privacy and safety.

PROCEDURES:

1. During the course of employment, staff members may have access to confidential information. This information should be used solely for the purposes of performing job responsibilities and no other purpose.
2. All employees will sign a confidentiality agreement at the time of hire.
3. Employees and direct care contractors will receive training on confidentiality as part of new employee orientation and annually thereafter.
4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that establishes a basic level of privacy rights for all clients, regardless of the state in which they live. States have the right to give additional privacy protections to clients beyond what the federal law provides. HIPAA regulates how healthcare providers and health plans can use and share client information.
5. The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Both HIPAA and HITECH have provisions on how sensitive information can be shared and distributed.
6. Protected Health Information (PHI) is any data about a client that could be used to identify a client and associate that client with receiving a certain type of care, having a diagnosis, or seeing a specific doctor. This data includes, but is not limited to, a name, address, date of birth, social security number, email addresses, license plate numbers, insurance card numbers, client photos, and other data unique to a specific person. Identity thieves routinely try to steal names, addresses, dates of birth, and social security numbers, so the law requires safeguarding of all PHI, regardless of whether there is a client name associated with it.
7. Client information will be maintained in a locked area at all times when it is unsupervised by an employee. This information includes all information, whether written or electronic, and includes all external devices and drives.
8. PHI in any form (including written, electronic, and verbal) regarding past, present, or future diagnosis, treatment, or physical or mental health or condition of a client may not be released without specific authorization from the client or the client's legal guardian. According to Arkansas law, legal consent for clients who are in the foster care system may be obtained from the child's foster parent or his/her assigned DHS caseworker.
9. Specific authorization includes a written consent to release PHI for medical records transfer from one professional to another, and release of PHI to a family member who is not the client's legal guardian. Psychotherapy notes may not be released at any time.
10. If an ACCESS employee or contractor receives a subpoena that is related to, or involves ACCESS in any way, including past or present students or clients, the employee or contractor **must** immediately notify his or her Director or another member of Senior Management. *(Additional information regarding subpoenas may be found in the Ethical Code of Conduct: Government Investigations and*

ACCESS® Group, Inc.
Ethical Code of Conduct

in Employee Policies and Procedures: Investigations, Search Warrants, Subpoenas, and Court Orders.)

11. Internal release of a client's PHI is on a "need to know" basis. Employees should only share client information with coworkers if the coworker requesting the information has a legitimate interest in the client's current regimen of care. Additionally, employees should not access client information from medical records unless that information is required to complete their job responsibilities. Accessing information out of care or concern for the client's well-being does not justify access.
12. All ACCESS communication systems, including computers, electronic mail, Internet access, telephones, and voicemail are the property of ACCESS and should be used primarily for business practices. To ensure security of client electronic data, identifiable PHI should not be downloaded to external media (i.e., jump drives) for use outside the work environment unless it is password protected. Users of ACCESS computer and telephone systems have no expectation of privacy. ACCESS reserves the right to monitor and access content on all ACCESS-owned communication systems.
13. Each employee has a duty to safeguard PHI by:
 - a. Using strong passwords on computers and other electronic devices which contain confidential information;
 - b. Not sharing passwords with anyone else;
 - c. Logging off or locking devices when you are finished working or need to step away;
 - d. Refraining from discussing clients in hallways or other open areas; and
 - e. Discarding documentation that contains PHI in shred boxes instead of trashcans.
14. All ACCESS employees have an obligation to report unintended or improper uses and disclosures of PHI immediately to his/her supervisor or the ACCESS Privacy Officer. The types of uses or disclosures that need to be reported may include, but are not limited to, the following:
 - a. Faxing client information to the wrong location;
 - b. Forwarding client test results to the wrong physician;
 - c. Coworkers accessing a client's record without a need or right to know;
 - d. Posting client information or pictures on personal Facebook accounts or other forms of social media;
 - e. Coworkers sharing passwords;
 - f. Taking a picture of a coworker with client(s) in the background;
 - g. Providing client PHI to anyone other than a legal guardian without written consent;
 - h. Documentation on the wrong client record which is unable to be corrected or deleted;
 - i. Communicating PHI to a client or legal guardian while family members, friends, or others are present without first obtaining permission from the legal guardian; or
 - j. Any other access, use, or disclosure of client information that compromises the confidentiality or integrity of the client information or violates ACCESS policy.
15. Business information should not be released to competitors, suppliers, or outside contractors without approval from the Executive Director. This includes, but is not limited to, computer data or files, financial information or reports, or descriptions of organizational policies, procedures, planning, or operations.

ACCESS® Group, Inc.
Ethical Code of Conduct

16. Computer software and intellectual property should not be released without proper written authorization. Unauthorized copies of computer programs or reports made from company computers or used on company computers is prohibited and may be a violation of copyright laws.
17. Introduction of computer programs, software, or files into the company's computer system is prohibited without appropriate authorization. The introduction of data from outside sources may introduce computer viruses or other damage into the company's computer systems and should be conducted, even after authorization, only when effective anti-virus software is in place.
18. Only organization management may release employee information, and laws regarding employee confidentiality strictly govern that release. Any request for information regarding an employee or his or her employment should be forwarded to the Director of Administration.
19. Other information that relates to the organization or company operations should be maintained in confidence. This applies to the privacy of fellow employees. Employees should not engage in gossip or discuss information relative to other employees unless they have specific authorization and business to do so.
20. Employees who fail to properly protect client PHI may be subject to disciplinary action, up to and including termination of employment. Additionally, employees could potentially be subject to civil liability, fines, and/or criminal charges if he/she attempts to personally benefit from a misuse or disclosure of PHI. Improper use of PHI for personal gain is a particularly egregious violation of client trust. In such cases, ACCESS may work with law enforcement authorities to pursue prosecution of the employees involved in the violation. Penalties can range up to \$1.5 million and/or up to ten years in prison for an individual who improperly uses or accesses a client's information. Clients and/or their legal guardian(s) will be notified if their information has been improperly accessed, used, or disclosed.

PRIVACY OFFICER

POLICY:

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), every healthcare organization must designate a privacy officer. ACCESS' Privacy Officer shall oversee all ongoing activities related to the development, implementation, and maintenance of ACCESS' privacy policies in accordance with applicable federal and state laws.

PROCEDURES:

1. The Board of Directors has designated Shalene Caple, who currently serves as the Director of Administrative Operations, as ACCESS' Privacy Officer. In the performance of these duties, she is bound by all applicable state and federal guidelines. The duties of ACCESS' Privacy Officer shall include:
 - a. Assisting in the identification, implementation, and maintenance of ACCESS' privacy policies and procedures in coordination with the Board of Directors, Senior Management, the Corporate Compliance Officer, and legal counsel.
 - b. Performing ongoing compliance monitoring activities.
 - c. Collaborating with legal counsel to ensure that ACCESS has developed, and maintains, appropriate privacy and confidentiality consent and authorization forms, information notices, and materials reflecting current organization and legal practices and requirements.
 - d. Overseeing directing, and delivering, or ensuring delivery of, privacy training and orientation to all employees, volunteers, and contractors.
 - e. Participating in the development, implementation, and ongoing compliance monitoring of all business associate agreements to ensure that all privacy concerns, requirements, and responsibilities are addressed.
 - f. Establishing and maintaining a mechanism to track access to protected health information (PHI) within the purview of ACCESS, and as required by law, to allow qualified individuals to review or receive a report on such activity.
 - g. Establishing and administering a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning ACCESS' privacy policies and procedures in coordination and collaboration with other similar functions and, when necessary, legal counsel.
 - h. Ensuring compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all employees, contractors, and business associates, in cooperation with Human Resources, Corporate Compliance, and legal counsel, as applicable.
 - i. Initiating, facilitating, and promoting activities to foster PHI privacy awareness within the organization and related entities.
 - j. Serving as the information privacy liaison for users of clinical and administrative systems.
 - k. Reviewing all system-related information security plans throughout ACCESS' network to ensure alignment between security and privacy practices and acting as a liaison to the Information Technology department, if applicable.
 - l. Working with personnel involved with any aspect of release of protected health information to ensure full coordination and

ACCESS® Group, Inc.
Ethical Code of Conduct

cooperation under ACCESS' policies and procedures and legal requirements.

- m. Maintaining current knowledge of applicable federal and state privacy laws and accreditation standards and monitoring advancements in information privacy technologies to ensure organizational adaptation and compliance.
- n. Cooperating with the U.S. Department of Health and Human Services Office of Civil Rights, other legal entities, and organization officers in any compliance reviews or investigations.

ENVIRONMENTAL SAFETY FOR STAFF, CLIENTS, FAMILIES, AND VISITORS

POLICY:

ACCESS Group, Inc. is committing to creating and fostering a positive and productive environment for all team members, clients, families, and visitors.

PROCEDURES:

1. ACCESS has a strict policy against sexual harassment and other forms of harassment based on an individual's race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law. Simply put, sexual harassment or any other form of workplace harassment will not be tolerated, regardless of whether the harasser is an employee, supervisor, contractor, student, physician, customer, visitor, client, family member, vendor, service provider, etc.
2. Sexual harassment is unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - b. Submission to, or rejection of, such conduct is used as the basis for making employment decisions; or
 - c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile, intimidating, or offensive work environment.
 - d. While it is not possible to list all the circumstances that may constitute other forms of sexual harassment, the following are some examples of conduct that may constitute sexual harassment:
 - i. Unwelcomed sexual advances, whether they involve physical touching or not;
 - ii. Sexual epithets, jokes, written or verbal references to sexual conduct, and gossip regarding sexual topics;
 - iii. Displaying in the workplace sexually suggestive objects, pictures, or cartoons or disseminating in the workplace sexually explicit voicemails, emails, graphics, or downloaded material on websites; and
 - iv. Unwelcome conduct, gestures, or conversations of a sexual nature.
3. Another prohibited type of harassment is written, verbal, or physical conduct that insults or shows hostility or aversion towards individuals because of their race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual, or mental), creed, marital status, veteran status, genetic information, or any other category protected under federal or state law and that:
 - a. Contributes to, or has the effect of, creating an intimidating, hostile, or offensive working environment;
 - b. Unreasonably interferes with an individual's work performance; or
 - c. Otherwise adversely affects an individual's employment opportunities.
 - d. It is not possible to list all the circumstances that may constitute other forms of harassment; however, the following are some examples of conduct that may constitute workplace harassment:
 - i. The use of disparaging or abusive words or phrases, slurs, negative stereotyping or threatening, intimidating, or hostile acts that relate to race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual, or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law.

ACCESS® Group, Inc.
Ethical Code of Conduct

- ii. Written or graphic material that insults, stereotypes, or shows aversion or hostility toward an individual or group because of the individual's race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual, or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law that is placed on walls, bulletin boards, email, voicemail, or elsewhere on ACCESS property or is circulated in the workplace.
 - iii. The display of symbols, slogans, or items associated with hate or intolerance toward any select group.
4. ACCESS strongly encourages all individuals who have experienced, witnessed, or have knowledge of any form of harassment or discrimination by anyone, including employees, supervisors, contractors, students, physicians, customers, visitors, clients, vendors, service providers, etc., to report such harassment or discrimination immediately to his/her immediate supervisor or a member of the management team.
5. Once an individual reports an alleged violation, whether it is reported to a team member's immediate supervisor or another member of management, Human Resources, Risk Management, and appropriate Program Directors are responsible for conducting a prompt, thorough internal investigation. The investigation will be fair and impartial to all parties involved.
6. Any harassment or discrimination complaint should specifically state the details of the offending behavior. During the investigation, an individual who has made a harassment or discrimination complaint may be asked to document in writing specific details relating to the complaint. Harassment and discrimination complaints will be handled with as much confidentiality as reasonably attainable. ACCESS will seek to limit disclosure to the extent necessary to conduct a complete and thorough investigation or as may be reasonably necessary to take appropriate corrective action. In reporting an alleged violation, it is important that individuals are both truthful and factual in their written and verbal communications about the claim of discrimination or harassment.
7. ACCESS will not tolerate retaliation against any individual who reports a claim of harassment or discrimination in good faith or who provides information as a witness to the harassment or discrimination.
8. If an investigation confirms that a violation of policy has occurred, ACCESS will take corrective action to effectively end the harassment or discrimination.
9. In all cases, ACCESS will follow up as reasonably necessary to ensure no retaliation has occurred for making a complaint or cooperating with an investigation.
10. ACCESS is committed to promoting a culture of safety and quality, open communication, and collaboration. ACCESS prohibits any bullying, or overt or passive conduct that is harassing, disruptive, intimidating, or physically/verbally abusive or violent. All individuals are encouraged to report any alleged disruptive, inappropriate and/or intimidating conduct, regardless of the source of the complaint (i.e., a staff member, supervisor, student, therapist, teacher, physician, nurse, client or family member/guardian, vendor, service provider, etc.), even if he/she has not personally witnessed the incident. In reporting an alleged violation, it is important that individuals are both truthful and factual in their written and verbal communications about a claim of discrimination or harassment.
11. ACCESS is committed to the health and well-being of its clients, family members, guests, and employees and maintains a tobacco and nicotine-free environment. Use of tobacco and nicotine products, including, but not limited to, cigarettes, cigars, chewing tobacco, snuff, e-cigarettes or cigars, and/or pipe tobacco is strictly prohibited on ACCESS property. This includes parking lots, within vehicles on ACCESS property, and all surrounding areas. This policy applies equally to employees, clients,

ACCESS® Group, Inc.
Ethical Code of Conduct

- families, and visitors.
12. Prescription drugs and controlled substances are governed and monitored by regulatory agencies and must be administered only by order of a physician or an advanced practice practitioner, as authorized by medical staff. In addition, expired, adulterated, or misbranded medicines must not be distributed, diverted, or administered to clients. To avoid harm to clients and employees, prescription and controlled medications and supplies must be handled only by authorized staff and in accordance with strict regulations. Any employee at ACCESS who becomes aware of inappropriate handling, dispensing, or distributing of prescription drugs or controlled substances is expected to immediately make a report to his/hersupervisor.
 13. In the interest of protecting its employees, clients, and the public at large, as well as maintaining safety and quality in the services provided by the organization, ACCESS is committed to a drug and alcohol-free workplace. In keeping with this commitment, ACCESS has an extensive *Drug and Alcohol-Free Workplace* policy which includes testing employees for drug and alcohol use under certain circumstances and which prohibits numerous types of conduct involving drugs and alcohol. This policy is part of the Employee Handbook. All team members are expected to be familiar with, and adhere to, all provisions of the *Drug and Alcohol-Free Workplace* policy.
 14. To ensure that ACCESS provides an environment which is safe and free of violence and/or intimidation, the possession or use of weapons is strictly prohibited. This policy applies equally to all employees, contractors, students, families, volunteers, and visitors.

USE OF SOCIAL MEDIA

POLICY:

It is the policy of ACCESS to support and carry out appropriate external communication in the form of social media within the constraints of applicable laws and regulations. ACCESS encourages employees to be champions on behalf of the company by spreading the word about the company's services and work. This policy provides guidance for employee use of social media which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

PROCEDURES:

1. The following procedures apply to professional use of social media on behalf of ACCESS, as well as personal use of social media when referencing ACCESS:
 - a. Employees need to know and adhere to the ACCESS' Ethical Code of Conduct, Employee Handbook, and other company policies when using social media in reference to ACCESS.
 - b. Maintenance of the official Internet presence of ACCESS is the responsibility of identified staff members only. ACCESS' Internet presence may include public email, website posts, Facebook posts, Tweets, Blogs, Instagram posts, and other forms of Internet communication. Only identified staff will be granted the access and ability to post, publish, and share through ACCESS' official social media outlets.
 - c. ACCESS discourages staff from initiating "friend" requests with clients and/or their caregivers. Using discretion and professional judgement, staff may accept requests if the staff member does not believe it will negatively impact the work relationship.
 - d. Staff in supervisory roles at ACCESS are discouraged from initiating "friend" requests with employees they supervise. Supervisors may accept friend requests initiated by the employee if the supervisor does not believe it will negatively impact the work relationship.
 - e. Employees should be aware of the effect their social media actions may have on their images, as well as on ACCESS' image. The information that employees post or publish to the Internet may be public information for a long time.
 - f. Employees should be aware that ACCESS may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate, nor harmful to ACCESS, its employees, or its clients. Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, or that can create a hostile work environment.
 - g. Employees are not to publish, post or release any information or photos that are considered confidential. If there are questions about what is considered confidential, employees should reference the ACCESS confidentiality

ACCESS® Group, Inc.
Ethical Code of Conduct

statement, Ethical Code of Conduct, and HIPPA compliance standards or check with their supervisor or with ACCESS' Privacy Officer.

- h. Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to their supervisor or to the Director of Administration.

ACCESS® Group, Inc.
Ethical Code of Conduct

- i. If employees encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of their supervisor.
 - j. Employees should respect copyright laws, public record laws, and privacy protection laws when using social media. Plagiarism is applicable to online communications as well.
 - k. Personal social media use shouldn't interfere with employees' responsibilities or performance at ACCESS. Use of social media networks or personal blogging of online content when using ACCESS' computer systems is discouraged and could result in disciplinary action.
 - l. Subject to applicable law, after-hours online activity that violates ACCESS' Ethical Code of Conduct or any other company policy may subject an employee to disciplinary action or termination. Examples of such activities include promoting or engaging in illegal acts, offering kickbacks for services and/or referrals, giving special treatment to family members, and/or treating people in a discourteous manner.
 - m. If employees publish content after-hours that involves work or subjects associated with ACCESS, a disclaimer should be used that indicates that the opinion shared is his or her opinion and may not represent ACCESS' positions, strategies or opinions.
 - n. It is highly recommended that employees keep ACCESS-related social media accounts separate from personal accounts, if practical.
2. Any social media conduct that adversely affects or interferes with the employee's performance; the performance of fellow employees or individuals in the company's care; or otherwise adversely affects ACCESS, its staff, affiliates, clients, or the legitimate business interests of ACCESS may result in disciplinary action.
 3. It is the responsibility of every employee to immediately report suspected policy violations to their supervisor.
 4. Violations of this policy will result in employee discipline in accordance with ACCESS' Personnel Compliance Guidelines. Policy infractions may incur disciplinary actions, up to and including termination of employment.

GOVERNMENT INVESTIGATIONS

POLICY:

ACCESS Group, Inc. recognizes that governmental investigations of healthcare operations and billing practices are common. ACCESS welcomes the reviews of operations and billing practices and utilizes such reviews as opportunities to improve performance.

PROCEDURES:

1. Any employee or contractor approached by, or interacting with, those identifying themselves as governmental investigators should respond politely and professionally and do the following:
 - a. Ask for appropriate identification;
 - b. Immediately notify his/her direct supervisor; and
 - c. Ask for the involvement of the appropriate Program Director, Corporate Compliance Officer, Executive Director, Board of Directors, and/or legal counsel.
2. Staff approached by those identifying themselves as government investigators away from the workplace are entitled to consult with legal counsel. ACCESS requests that staff immediately report any such contact to their immediate supervisor, appropriate Program Director, the Corporate Compliance Officer, Quality Information Coordinator/Risk Manager, and/or the Executive Director.
3. Government investigators seeking to take possession of documents, computers, records, or reports should first present a subpoena or a civil investigative demand letter giving them the legal authority to remove materials. Additionally, investigators seeking to execute a search warrant should present proper identification and paperwork. Employees receiving such documents should **NOT** immediately allow release of information and/or access, but instead should follow the procedures listed below:
 - a. The employee will immediately notify his/her Program Director, the Corporate Compliance Officer, or the Executive Director.
 - b. Upon notification, the Executive Director will notify legal counsel.
 - c. The Program Director and Corporate Compliance Officer (or designee) will review the requested records and recommend whether or not to release the records or equipment.
 - d. Legal counsel will review the subpoena or civil investigative demand letter.
 - e. If approved by the Executive Director and legal counsel, information and/or equipment will be released as requested.
 - f. If not approved by above, legal counsel will contact the requesting party or its representative to negotiate release.
 - i. If an agreement is reached between legal counsel and the requesting party or its representative, information and/or equipment will be released.
 - ii. If no agreement is reached between legal counsel and the requesting party or its representative, the subpoena will be appealed to court for decision.
 - g. ACCESS will comply with the request based on the recommendation of legal counsel.
4. ACCESS staff are prohibited from:
 - a. Destroying, altering, or concealing records, documents, files, or information in anticipation of a request from a government investigation, court, or government agency or when requested by an investigator, court, or government agency;
 - b. Lying or making false or misleading statements to any government

ACCESS® Group, Inc.
Ethical Code of Conduct

- investigator;
- c. Attempting to persuade other employees or persons to provide false or misleading information to a government investigator; and/or
 - d. Failing to cooperate with a government investigation.
5. Staff should refrain from making public statements regarding government investigations to the extent that those statements may violate the organization's responsibility to protect client confidentiality or privacy.

PERSONNEL COMPLIANCE GUIDELINES AND CORRECTIVE ACTION INITIATIVES

POLICY:

ACCESS Group, Inc. will initiate disciplinary action and corrective action initiatives with personnel who engage in wrongdoing that has the potential to impair the organization's status as a reliable, honest, and trustworthy healthcare provider and/or fail to comply with the organization's Ethical Code of Conduct, policies and procedures, or federal and state laws and regulations.

PROCEDURES:

1. This policy will apply equally to the Board of Directors, Senior Management, employees, independent contractors, and, as applicable, volunteers, students, or any other individuals who provide a service or benefit to the organization or its clients.
2. Upon application for employment, or as a condition of continued employment, comprehensive background checks will be completed to determine whether the applicant or employee has been debarred from participation in government programs, convicted of a felony or felonies and/or disallowed misdemeanor(s), and/or found guilty of child or adult abuse or maltreatment. The application will also require the applicant to disclose any criminal conviction as defined by 42 U.S.C. 1320a-7(i). At a minimum, the following background checks will be completed:
 - a. Verification of references prior to hire;
 - b. A current valid license or application for licensure, as required;
 - c. Verification of licensure; as required;
 - d. Child Maltreatment Registry checks conducted prior to hire and every two years thereafter;
 - e. Adult Maltreatment Registry checks prior to hire and every two years thereafter;
 - f. Criminal Records checks conducted prior to hire and every five years thereafter;
 - g. Office of Inspector General's list of Excluded Individuals and Entities (LEIE) checks conducted prior to hire and at least annually thereafter; and
 - h. Sex Offender Registry checks conducted prior to hire and at least annually thereafter.
3. Employment is prohibited for any individual convicted of a criminal offense related to child abuse/maltreatment and/or healthcare, an individual who is listed as debarred, excluded, or otherwise ineligible for participation in federal healthcare programs as defined by 42 U.S.C. 1320a-7b(f), or an individual whose required credentials cannot be verified through its primary source. Perspective employees and current employees who fall into one of these categories will not be hired or will be immediately terminated, respectively. If an individual is pending action for criminal charges in these areas, he or she shall not be hired until the results of the pending action(s) is received. Current employees discovered to have pending criminal charges in these areas will be suspended without pay until the results of the pending action(s) is received.
4. If credible evidence is discovered which causes reason to believe an employee or contractor has engaged in wrongdoing that has the potential to impair the organization's status as a reliable, honest, and trustworthy healthcare provider and/or failed to comply with the organization's Ethical Code of Conduct, policies and procedures, or federal and state laws and regulations, disciplinary action will be initiated. Disciplinary action may include, but will not be limited to:
 - a. Oral warnings documented in personnel files;
 - b. Written warnings retained in personnel files;
 - c. Investigation of misconduct and/or inappropriate, negligent, or reckless acts;

ACCESS® Group, Inc.
Ethical Code of Conduct

- d. Presentation of results, if investigated, to any or all the following, as appropriate based on the nature and scope of the infraction(s):
 - i. Human Resources;
 - ii. ACCESS' Corporate Compliance Officer;
 - iii. Senior Management;
 - iv. Legal counsel; and/or
 - v. The Board of Directors.
 - e. Termination, financial sanction, or suspension or revocation of privileges, as appropriate.
5. Disciplinary action may be appropriate when an employee's failure to detect a violation in his or her areas of responsibility can be identified as negligence or reckless conduct.
 6. Disciplinary action will typically be progressive in nature but will depend upon the severity of the offense and the number of occurrences. There are certain types of offenses that are serious enough to warrant termination of employment without going through the usual progression of disciplinary steps, but these situations will not be common.
 7. Disciplinary action will be conducted in an *appropriate* or consistent manner. All staff shall be subject to the same disciplinary action for the commission of similar offenses, at all personnel levels in the organization.
 8. All contractors, providers, and other agents are held to the same standards of conduct as employees, as are clinical students, volunteers, consultants, and other persons having direct contact with clients, records, billing, or other confidential materials.
 9. If credible evidence is discovered that an individual has violated criminal, civil, or administrative law as a part of their association with ACCESS, appropriate authorities will be notified of the misconduct within 30 days of receipt of information leading to allegations of misconduct. Actions may include, but will not be limited to:
 - a. Immediate termination of employment or severance of contract with the individual;
 - b. Protective storage of documents, files, or materials relevant to the investigation;
 - c. Referral to criminal and/or civil law enforcement authorities, in consultation with legal counsel;
 - d. Reporting to the Office of the Inspector General's Voluntary Disclosure Program;
 - e. Reimbursement of overpayments or payments for inaccurate billing to the appropriate payor(s);
 - f. Reporting of suspected misconduct to the individual's licensure board(s), if applicable; and
 - g. Reporting to other legal or regulatory bodies, as appropriate and/or required.
 10. ACCESS has an open door policy for any employee who has a work-related problem or concern. He/she is expected to pursue timely resolution through his/her immediate supervisor. If the employee is not satisfied with this step or uncomfortable talking with his/her supervisor, then he/she is encouraged to proceed to the next level in the chain of command and discuss the concern with Human Resources.
 11. ACCESS is committed to ensuring that every employee, regardless of position, be treated with respect and in a fair and just manner at all times. Regular employees (full- or part-time) who disagree with a discharge may initiate the formal Grievance Procedure, providing they have completed their initial 60-day Probationary Period. In such cases, if an employee elects to pursue the Grievance Procedure, he/she must do so by contacting the Director of Administration no later than seven consecutive calendar days. This process includes steps culminating with a review by the Executive Director or designee.

ACCESS® Group, Inc.
Ethical Code of Conduct

12. If violations meet the following criteria, they shall be reported to governmental authorities immediately and simultaneously with internal investigation:
 - a. The incident(s) is a clear violation of criminal law;
 - b. There is a significant adverse effect on the quality of care provided to clients; and/or
 - c. There is evidence of a systematic failure to comply with applicable laws, corporate integrity agreements, or other standards of conduct.
13. When making a report to the government, ACCESS shall provide all evidence relative to the alleged violation of applicable federal or state law and a statement of potential cost impact.
14. If ACCESS' Executive Director is requested by authorities to conduct an internal investigation, she shall do so with the assistance of qualified legal counsel and with guidance from the governmental authorities. The Executive Director shall then provide a report to governmental authorities and the Board of Directors that includes the following information:
 - a. Outcome(s) of the investigation and
 - b. Description of the impact of the alleged violation on the operation of affected programs and the clients treated by those programs, including the financial impact on the program.

CONTRACTUAL RELATIONSHIPS

POLICY:

ACCESS Group, Inc. will always employ the highest ethical standards of business practices, both as a vendor and when selecting vendors and contractors; this includes negotiation, determination of contract awards, and the administration of all purchasing activities.

PROCEDURES:

1. ACCESS may contract with another entity to perform specific tasks at an hourly rate or contract cost. When ACCESS is the chosen vendor for an outside entity, it will follow all reporting, administrative, and accounting processes, as negotiated by the contract and as required by regulatory agencies.
2. ACCESS' selection of contractors, suppliers, and vendors will be made based on objective criteria, including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Purchasing decisions will be made on the contractor's or supplier's ability to meet ACCESS' needs; not on personal relationships and friendships.
3. ACCESS may contract with an individual or firm to perform specific tasks at an hourly rate or project cost.
4. Individuals under contract are not considered employees of ACCESS.
5. Vendors that furnish healthcare items and contractors who are healthcare providers or are involved in the monitoring of healthcare provided by ACCESS shall receive and adhere to ACCESS' Ethical Code of Conduct. Such contractors include, but are not limited to, billers and coders, therapists, physicians, nurses, and medical supply vendors.
6. ACCESS contractors, suppliers, and vendors should promptly report any compliance concerns to the Corporate Compliance Officer in person by appointment, by phone at (501)217-8600, through use of confidential, secure suggestion boxes at both facilities, or through use of secure email at Corporate.Compliance@AccessGroupInc.org.
7. Records will be maintained for all independent contractors who work on behalf of ACCESS. These records will minimally include the following:
 - a. An initial résumé;
 - b. Verification of references;
 - c. A current valid license or application for licensure, as required;
 - d. Verification of licensure; as required;
 - e. Proof of individual malpractice insurance, if required;
 - f. Signed job description;
 - g. All applicable tax forms;
 - h. All signed acknowledgements; and
 - i. Documentation of the following background checks initiated within ten days of hire and periodically thereafter, if specified:
 - i. Child Maltreatment Registry checks conducted every two years;
 - ii. Adult Maltreatment Registry checks conducted every two years;
 - iii. Criminal Records checks conducted every five years;
 - iv. Office of Inspector General's list of Excluded Individuals and Entities (LEIE) checks conducted at least annually; and
 - v. Sex Offender Registry checks conducted at least annually.
8. If the contractor is utilized from a contracting agency, the agency may be responsible for maintaining the required records on those employees. ACCESS will obtain written verification of these records.

ACCESS® Group, Inc.
Ethical Code of Conduct

9. Contractors will not be allowed to work until proper documentation has been verified.
10. Contractors will be required to complete the same trainings required for employees in equivalent positions. These required trainings will be completed according to the same time schedule required for employees in equivalent positions.
11. Independent contractors should submit invoices for services rendered to the appropriate supervisor for approval. Once the invoice for services has been reviewed and approved by the designated supervisor, it will be submitted for payment. Payment will be mailed or direct deposited to the provider unless prior arrangements have been made.

ENVIRONMENTAL CONCERNS AND STAKEHOLDER SAFETY

POLICY:

ACCESS Group, Inc. is committed to providing a safe and healthy environment for clients, employees, and other stakeholders. ACCESS strives to meet the standards, laws, and regulations that apply to healthcare facilities and occupational safety.

PROCEDURE:

1. Regular and routine maintenance, preventative maintenance, and equipment repair, and replacement will occur as needed to ensure a safe and healthy environment.
2. Employees who notice unsafe conditions or improper operations of equipment will report these to the Buildings and Grounds department using the email address building.grounds@accessgroupinc.org. If there is a serious safety concern, the employee should contact his or her supervisor immediately to report the problem.
3. Hazardous materials, including sharps, fluids, chemicals, or radionuclides, should be handled in the manner appropriate to the specific material and in accordance with all applicable regulations and laws governing the use, disposal, transfer, and storage of hazardous materials and/or infectious materials.
4. The company maintains a hazardous material protocol which should be referred to when any question arises as to the proper use, disposal, or storage of hazardous material and/or infectious materials.
5. The use, disposal, transfer, or storage of hazardous materials and/or infectious materials will be documented in accordance with all applicable laws and regulations.
6. Safety Data Sheets (SDS) will be maintained for each item of dangerous or hazardous material or chemicals at a central location at each facility and will be immediately accessible in the event of an emergency or hazardous materials spill. These are maintained in the administrative file room at each facility.
7. ACCESS will conduct its business in an ethically and environmentally sound manner, seeking to eliminate or limit the negative impact of our operations on the environment in every way possible.
8. An Accident/Incident Report form should be completed anytime an employee witnesses an accident that resulted in injury or an incident that could have resulted in injury. If an employee is injured, he/she should immediately notify his or her supervisor so that an Accident/Incident Report form and appropriate Worker's Compensation forms can be completed. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefits procedures.

MARKETING AND ADVERTISING

POLICY:

ACCESS Group, Inc. may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of the services that ACCESS provides, and recruit team members.

PROCEDURES:

1. ACCESS' Development department coordinates all marketing and advertising activities for the organization. Research and strategy is used to establish standards for ACCESS' visual, graphic, and verbal expressions.
2. ACCESS uses the following modalities to tell its story:
 - a. ACCESS' website and blog;
 - b. Company-sponsored social media;
 - c. Print ads;
 - d. Paid digital media;
 - e. Email marketing;
 - f. Direct mail;
 - g. Referral source visits;
 - h. Tradeshow and conferences; and
 - i. Earned media and PR.
3. Photography and videos will only be used with corresponding permissions for release.
4. Marketing and advertising activities will only present truthful information.
5. ACCESS employees and stakeholders should abide by the following with regard to marketing and advertising:
 - a. Any contact with the news media, whether proactive or reactive, must be coordinated through ACCESS' Development department.
 - b. A representative of the Development department will accompany members of the news media at all times while they are on ACCESS property or covering an ACCESS story.
 - c. Any use of hidden devices to audiotape, videotape, video-image, and/or photograph on ACCESS property is expressly forbidden.
 - d. Marketing information that is produced by external vendors must be reviewed and approved by the Development department before it is published.
 - e. All internal and external marketing of ACCESS or any representative of ACCESS must follow the most current version of the ACCESS branding guidelines.

ORGANIZATIONAL FUNDRAISING

POLICY:

ACCESS Group, Inc. is a registered 501(c)(3) non-profit organization that provides educational and healthcare services to children and young adults with developmental disabilities. ACCESS depends on private and public support to further its mission and provide the highest quality of care to its clients.

PROCEDURES:

1. ACCESS is grateful to be the beneficiary of financial support resulting from the generous gifts made by individuals, corporations, foundations, organizations, events, and government sources. All donations solicited on behalf of ACCESS Group, Inc. shall be used to further its mission and improve access to, and/or quality of, client care.
2. The Director of Development provides oversight of, and has the authority and responsibility for, ACCESS' fundraising activities.
3. Fundraising efforts to benefit ACCESS should be coordinated through the Director of Development. Individuals that are engaged with soliciting funds include the ACCESS Board of Directors, staff members, families, and community volunteers. Such individuals receive training on best practices for soliciting funds to ensure that solicitations are in keeping with ACCESS' fundraising policies.
4. ACCESS adheres to the Association of Fundraising Professionals (AFP) Code of Ethics and the AFP Donor Bill of Rights, in addition to the guidelines outlined in this policy. ACCESS abides by generally accepted accounting principles when accounting for all funds, including those obtained through philanthropic means.
5. Any individual requesting funds on behalf of ACCESS will do so in a respectful manner that does not impose any pressure or discomfort on the person or entity being solicited. If the request is made in writing, the individual must gain approval from the Director of Development to confirm that the message and means are an appropriate method of soliciting that individual or group. If the solicitor chooses to communicate via phone or in person, that meeting, and the content of the conversation to be had, should be approved by the Director of Development.
6. If the individual being asked declines the opportunity to give, the solicitor should respect the decision while also thanking them for their support and continued interest in ACCESS' mission.
7. Any gift received by ACCESS will be counted toward the Annual Fund unless otherwise stated by the donor in writing. In the case that a donor chooses to place restrictions on their contribution, or give to a specific fund or program, those designations will be honored, and the Finance Department will be notified. If ACCESS is unable to honor the donor's request, a representative will contact the donor to discuss alternative designations for the contribution. Any individual interested in creating an endowment fund must gain approval from the Director of Development to ensure that the fund and its purpose are in line with the mission of ACCESS and ensure that ACCESS has the capacity to manage the fund.
8. As a result of the complex nature of a "planned gift" or bequest, any individual choosing to leave part of their estate to ACCESS will be encouraged to seek his or her own outside legal and tax advice before its execution. Individuals who have included ACCESS in their estate plans will be included in the Legacy Society.
9. ACCESS will make every effort to maintain the wishes of any donor indicating that they chose to give their gift anonymously. In such an instance, the donor's listing will be adjusted in the database to indicate such, and the individual will be listed as "Anonymous" in any printed materials made available to the public.
10. As a 501 (c)(3), all donations to ACCESS are tax deductible to the fullest extent of the law. If the donor receives anything in exchange for their contribution, such as a

ACCESS® Group, Inc.
Ethical Code of Conduct

- dinner or tickets to a performance, the tax receipt shall clearly state what portion of the donation is tax deductible. Written tax receipts shall be issued for all donations from the Development department in a timely fashion. Donors are encouraged to review their donations and deductions with a tax consultant or financial advisor.
11. When a donor makes a pledge, the pledge amount, date, payment schedule and purpose will be noted in the donor database and finance systems. If the pledge is not fulfilled, reminder notices and phone calls will be made to the donor. After 12 months, if the pledge is not fulfilled, the pledge will be written off.
 12. Board members are asked to make a pledge to ACCESS' Annual Fund at the beginning of each fiscal year.
 13. ACCESS regularly plans events to raise funds and to broaden its base of donors, partners, and contacts, in addition to bringing greater awareness to the organization's mission. Items donated for events will be considered in-kind gifts unless a cash donation is made. Events benefitting ACCESS may take place off ACCESS' property in collaboration with the host and an ACCESS representative, with approval from the Board of Directors.
 14. All ticket sales and donations will be handled by ACCESS' Development department unless otherwise agree upon by the Director of Development.
 15. In recognition of its obligation to respect and protect the privacy of its donors, ACCESS pledges to manage information about donations with respect and confidentiality. Donors will be informed of ACCESS' mission and the way it intends to use contributed resources. Contributions to ACCESS will be used for the purposes for which they are restricted.
 16. ACCESS may collect personal information, such as names, company names, titles, addresses, telephone numbers, fax numbers, email addresses, and payment information from donors. By submitting personal information to ACCESS, the donor acknowledges that he/she has read this privacy policy, understands it, agrees to its terms, and authorizes ACCESS to collect, use, and disclose personal information pursuant to the terms of this policy.
 17. ACCESS uses personal information collected from donors to respond to donor inquiries, to issue donation receipts, to help in deciding who receives future fundraising appeals, to help organize fundraising events, and to inform donors of new programs and services. Donor information is also used to determine the appropriate level of recognition for each donor listed in printed material and event invitations.
 18. ACCESS will never sell donor information to third parties. ACCESS will never share telephone numbers, email addresses, or any financial information collected from donors.
 19. Donors may request not to be contacted by ACCESS in connection with any of its programs, updates, or fundraising appeals. Requests not to be contacted by ACCESS can be sent in writing to ACCESS Department of Development, 10618 Breckenridge Drive, Little Rock, AR 72211; by calling 501-217-8600; or by sending an email to kellie@accessgroupinc.org.
 20. Notwithstanding other provisions of this privacy policy, ACCESS may disclose personal information in special cases when we find it necessary to identify, contact, or bring legal action against someone who may be violating this agreement or may be causing injury to, or interference with, ACCESS Group, Inc., its clients or other stakeholders, or anyone else that could be harmed by such activities. ACCESS reserves the right to disclose any information to law enforcement or other parties that ACCESS, in its sole discretion, believes is required or appropriate in order to comply with the law.
 21. ACCESS' Donor Privacy Policy may be changed or updated from time to time. If donors have questions about this policy, questions can be sent in writing to ACCESS Department of Development, 10618 Breckenridge Drive, Little Rock, AR 72211; by calling 501-217-8600; or by sending an email to kellie@accessgroupinc.org.

ACCESS® Group, Inc.
Ethical Code of Conduct

22. ACCESS acknowledges every contribution with a letter signed by the Executive Director or identified designee within seven days of receipt. Copies of the acknowledgement letters will be stored in the Development department files for up to three years, and an electronic version of all other gifts will be kept on network storage to reference each donor's giving history.
23. ACCESS provides training on fundraising activities, including ACCESS' specific policies and practices, to the following groups:
 - a. ACCESS' Board of Directors;
 - b. Members of ACCESS' Development department;
 - c. Senior Management; and
 - d. Other personnel or volunteers, as appropriate.
24. ACCESS' Board members will receive training on fundraising policies and practices at new member orientation and on an ongoing basis anytime there are changes in the following:
 - a. ACCESS' fundraising policies, procedures or practices;
 - b. The scope of ACCESS' fundraising efforts; and/or
 - c. Legal or regulatory requirements related to fundraising.
25. ACCESS Development staff, Senior Management staff, and other designated personnel will receive training on fundraising policies and practices upon hire or promotion into an identified position and on an ongoing basis anytime there are changes in the following:
 - a. ACCESS' fundraising policies, procedures or practices;
 - b. The scope of ACCESS' fundraising efforts;
 - c. Legal or regulatory requirements related to fundraising.

ADVOCACY EFFORTS FOR PERSONS SERVED

POLICY:

ACCESS Group Inc. engages in advocacy activities or active support for public policy issues, causes, ideas, or policies that support the mission of the organization.

PROCEDURES:

1. ACCESS may take positions on public policy issues if those issues affect the following:
 - a. ACCESS' ability to work toward its mission;
 - b. ACCESS' clients or other stakeholders; and
 - c. ACCESS' status or its operations.
2. Advocacy positions on specific issues will be determined on a case-by-case basis by consensus of the Board of Directors.
3. In ACCESS' work with coalitions and associations, ACCESS may take part in the advocacy work of a group, provided the work is not in conflict with ACCESS' mission.
4. Clients, families, and other ACCESS stakeholders represent a broad cross-section of the political spectrum. ACCESS does not support one candidate over another candidate, and it does not support any political party. ACCESS works with all political parties in legislative efforts. If ACCESS asks one candidate running for office to speak at events or conferences, an invitation will also be extended to any opposing candidate(s).

CORPORATE CITIZENSHIP

POLICY:

ACCESS' corporate citizenship policy refers to its responsibility as part of a bigger system of people, values, other organizations, and nature. The social responsibility of a business is to give back to the world, just as it gives to us.

PROCEDURES:

1. ACCESS' social responsibility falls under two categories:
 - a. Compliance refers to ACCESS' commitment to legality and willingness to observe community values.
 - b. Proactiveness refers to every initiative to promote human rights, help communities, and protect our natural environment.
2. As part of its commitment to compliance, ACCESS will:
 - a. Respect the law;
 - b. Honor internal policies;
 - c. Ensure that all its business operations are legitimate;
 - d. Keep every partnership and collaboration open and transparent;
 - e. Conduct business with integrity and respect to human rights;
 - f. Promote safety and fair dealings, respect toward clients and families; and anti-bribery and anti-corruption practices;
 - g. Protect the natural environment by following best practices when disposing of garbage and using chemical substances;
 - h. Minimize risk for the health and safety of our employees and community;
 - i. Support diversity and inclusion; and
 - j. Abide by all fair labor practices.
3. ACCESS will demonstrate its proactiveness by:
 - a. Encouraging employees to volunteer through programs organized internally or externally;
 - b. Protecting the environment by recycling and conserving energy;
 - c. Providing employment opportunities for persons with developmental disabilities;
 - d. Providing reasonable accommodations to promote equal opportunities for participation throughout all levels of the organization; and
 - e. Initiating and supporting community investment and educational programs.