

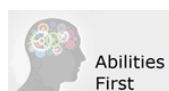


SUPPORT COORDINATOR HANDBOOK/PP MANUAL

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WELCOME

Welcome to the Abilities First, LLC family. You have been selected to be a part of our team because we believe you have the skills, right values, and desire to help us earn the trust of the people we serve and provide outstanding care.

Abilities First, LLC wants you to be successful, feel good about your job, and enjoy your work. That is why we have prepared this **Support Coordinator Manual**. This manual contains useful information and general rules for your use and is intended as a guide and is not an implied or expressed contract. The summarized policies and procedures outlined in this handbook are to help you understand what is expected of you.

Please read this **Support Coordinator Manual** thoroughly, keep it with you, and refer to it often to help you make decisions about your work here at Abilities First, LLC. If there is anything that is not clear to you, or you have doubts about what is in this guidebook, please contact your



supervisor. We will be happy to answer your questions and help you understand your role and responsibilities.

For us to best serve our consumers, there will be times when Abilities First, LLC will need to revise, change, add or eliminate policies and procedures as described in this **Support Coordinator Manual**. Abilities First, LLC retains the right, in its sole discretion, to make these decisions as needed and without providing you with prior notice of the changes. No oral statements or representations can alter or modify the provisions of this **Support Coordinator Manual**, and no officer, Support Coordinator or representative of Abilities First other than the Owner, is authorized to enter into any express or implied agreement. New versions of this manual will remain available online for staff.

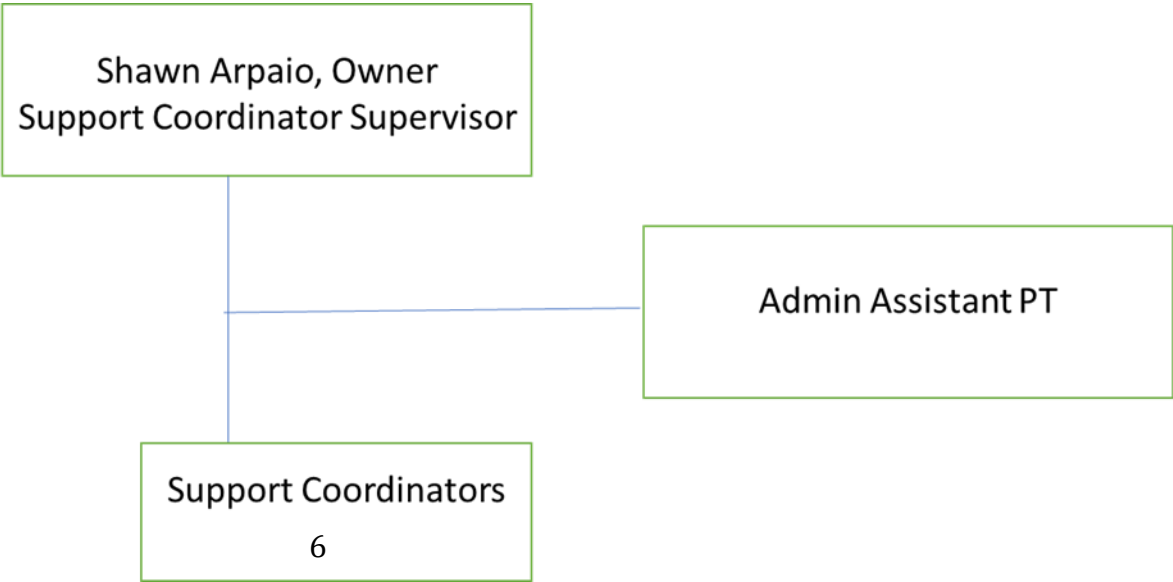
Abilities First, LLC

Abilities First, LLC

is committed to providing the individuals we serve with access to the necessary resources and tools to make a positive impact. Our experienced support coordinators assist participants in gaining access to needed programs and services such as educational programs, medical services and acceptable living and social environments. To us it's not enough to be an advocate, but to ultimately help those with developmental disabilities become their own advocates, giving them the freedom and independence to live fulfilling lives.



Organizational Chart



WHAT YOU NEED TO KNOW ABOUT ABILITIES FIRST, LLC

■ HARASSMENT

We want your work here at Abilities First, LLC to be free of any harassment. It is therefore the policy of Abilities First, LLC to encourage a productive work environment that promotes a professional atmosphere and prohibits discriminatory practices. Abilities First, LLC expects that all relationships among Support Coordinators in the workplace will be businesslike and free of discrimination and harassment, including harassing or offensive conduct or language based on race, color, national origin, religion, disability, pregnancy, age, military status or sex, verbal or physical conduct by any Support Coordinator, consumer or consumers family or other person that harasses, disrupts, or interferes with another's work performance or that creates an intimidating, offensive or hostile work environment.

Other sexually harassing or offensive conduct in the workplace, whether committed by supervisors, managers, nonsupervisory Support Coordinators, or consumers or their family is also prohibited. This prohibited conduct includes:

- Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, propositions or unwelcome leering;
- Verbal harassment of a sexual nature, such as lewd comments, sexual jokes or references, and other personally offensive behavior;
- Demeaning, insulting, intimidating or sexually suggestive or insulting comments about an individual;
- Sexual epithets, jokes or written or verbal references to sexual conduct, one's sex life, or to an individual's body, sexual activity or sexual deficiencies or prowess;
- Discussing or inquiring about one's sexual experiences, sexual activities;
- The display and/or distribution in the workplace of demeaning, insulting, intimidating, or sexually suggestive objects, pictures or photographs; and
- Demeaning, insulting, intimidating or sexually suggestive written, recorded or electronically transmitted messages (such as e-mail, instant messaging and Internet materials).

Any Support Coordinator who believes that a supervisor's, manager's, other persons or consumer's actions, words or conduct constitutes unwelcome harassment has a responsibility to

report or complain about the situation as soon as possible. The report or complaint should be made to the Owner of Abilities First, LLC.

Early reporting and intervention has proven to be the most effective method of resolving actual or perceived incidents of harassment. Therefore, while no fixed reporting period has been established, we strongly urge Support Coordinators to promptly report their complaints or concerns so that rapid and constructive action can be taken. Abilities First, LLC will make every effort to stop alleged harassment before it becomes severe or pervasive but can do so only with the cooperation of its Support Coordinators. Complaints of harassment will be investigated promptly and in as impartial and confidential a manner as possible. Support Coordinators are required to cooperate in any such investigation. A timely resolution of each complaint will be reached and communicated to the parties involved.

Abilities First, LLC prohibits any form of retaliation against any Support Coordinator for bringing a bona fide complaint, or for providing information or for otherwise cooperating in any investigation conducted under this policy. However, any Support Coordinator who raises a complaint under this policy in bad faith, or for the purpose of harassing another Support Coordinator, or who repeatedly raises meritless complaints hereunder, will be subject to disciplinary action, and such disciplinary action will not be deemed retaliation under this policy.

Any Support Coordinator who is found to have violated this policy will be subject to disciplinary action, up to and including discharge.

■ REPORTING HARASSMENT, WASTE, & FRAUD

A no reprisal system is developed for use by the staff in reporting suspected incidents including harassment, waste, fraud, abuse, and other questionable activities and practices. Written procedures for investigating allegations of wrongdoing are available for guidance. Staff are trained to use this system during their orientation period and annually thereafter.

To report a Complaint, Medicaid Waste, Fraud, or Abuse, staff and consumers may email shawn@abilitiesfirstnj.com or may call Shawn Arpaio, 908-875-0078



■ WHISTLEBLOWER PROTECTION

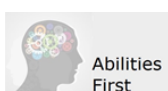
Because of the Abilities First, LLC commitment to assuring ethical and lawful conduct in its workplace, we strive to provide for open discussion of its business practices and encourages its Support Coordinators to immediately report any serious concerns they may have.

Abilities First, LLC will not tolerate and expressly prohibits disciplinary, retaliatory or other adverse employment actions taken against any Support Coordinators or others who, in good faith:

1. Disclose or threaten to disclose to a supervisor or public body an activity, policy or practice of Abilities First, LLC that they reasonably believe is in violation of the law, or rule or regulation promulgated pursuant to law;
2. Provide information to or testify before any public body conducting an investigation, hearing or inquiry into any violation of law, or rule or regulation promulgated pursuant to law, by Abilities First, LLC
3. Provide information to any public body involving deception of, or misrepresentation to, any shareholder, investor, consumer, customer, Support Coordinator, former Support Coordinator, retiree or pensioner of the employer;
4. Provide information to any public body regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the Support Coordinator reasonably believes may defraud the shareholder, investor, consumer, customer, Support Coordinator, former Support Coordinator, retiree or pensioner of the employer; or
5. Object to or refuse to participate in any activity, policy or practice that they reasonably believe to be in violation of law, or rule or regulation promulgated pursuant to law, to be fraudulent or criminal in nature, or incompatible with a clear mandate of public policy concerning the public health, safety or welfare. Any Support Coordinator who retaliates against someone who has reported a suspected violation in good faith is subject to disciplinary action up to and including termination of employment.

■ DRUG FREE WORKPLACE

ABILITIES FIRST, LLC is committed to providing and maintaining a healthy and safe workplace free from drug misuse and alcohol abuse. Therefore, you are prohibited from the use, sale,



dispensing, distribution, possession or manufacture of illegal drugs, controlled substances, narcotics or alcoholic beverages while on the ABILITIES FIRST, LLC premises, performing services in a consumer's home, during other assigned work on behalf of ABILITIES FIRST, LLC or reporting to work.

Support Coordinators must, as a condition of employment, abide by the terms of this Policy and in addition report any conviction under a criminal drug statute for violations, occurring on or off ABILITIES FIRST, LLC premises or while conducting ABILITIES FIRST, LLC business, to the office within five (5) days of its occurrence. Noncompliance of this policy may have legal consequences and will result in disciplinary action, up to and including termination of employment.

Any ABILITIES FIRST, LLC Support Coordinator, regardless of job position, who is reasonably suspected by management, in its sole discretion, of using alcohol or illegal drugs, of abusing controlled substances in the workplace, performing official duties, or reporting to work while under the influence of alcohol, illegal drugs or abused controlled substances, has consented to and may be required to undergo an alcohol and/or drug test. "Reasonable suspicion" exists when a Support Coordinator exhibits patterns of behavior that suggest impairment from drug or alcohol use or when job performance or safety is affected.

Support Coordinators are encouraged to voluntarily request counseling or rehabilitation before their substance abuse leads to disciplinary or other work-related problems. As a condition of continuing employment, ABILITIES FIRST, LLC, in its sole discretion, can recommend Support Coordinators enter a treatment program and abide by the recommendations and adhere to procedures and/or guidelines established by the treatment plan. Successful completion of the treatment program is a condition of continued employment and failure to do so, or any subsequent violation of this Policy by the Support Coordinator will result in immediate discharge. Participation in approved treatment programs shall be at the expense of the Support Coordinator.

■ CONDITIONS OF CONTRACTED SUPPORT COORDINATORS

To be an Abilities First, LLC Contracted Support Coordinator you must:

1. Complete a Written Application

The application you completed is an essential part of our contracting process. Intentional false or misleading statements made on this form will disqualify you from contracting with us or be



grounds for dismissal if you are contracted pending verification of other conditions of Support Coordination Contracting. Your completed application has become part of your personnel record.

2. Provide 2 Employment and 2 Personal References

Part of being conditionally contracted, ABILITIES FIRST, LLC has confirmed your previous employment references and inquires about the dates of employment, positions, and reason for any termination of employment. Personal references, which cannot include family members or friends, were also verified. These references have also become part of your personnel record.

Please note that under the N.J. Cullen Act ABILITIES FIRST, LLC is required to provide employment references and to report any substantiated improper patient care or other actions that negatively affect the health care professional's ability to treat consumers and we will do so when requested.

3. Complete an In-Person Interview- via Zoom

Before you were hired you attended a personal interview. ABILITIES FIRST, LLC has maintained documentation relating to the interview.

4. Be Legally Eligible to Work in the United States (Immigration Reform and Control Act of 1986)

As part of the ABILITIES FIRST, LLC application process you completed the federally mandated employment forms to determine if you are eligible to work in the United States. Intentional false or misleading statements will disqualify you from employment or be grounds for dismissal if you are employed pending verification of other conditions of employment.

5. Pass a Criminal Background Check

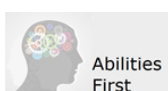
ABILITIES FIRST, LLC requires a criminal background check on all Support Coordinators and will perform one on anyone who is not certified or licensed.

■ COMPENSATION AND PAY

Personnel Records

Abilities First, LLC will maintain a confidential, personnel folder on you while you are employed by ABILITIES FIRST, LL . It includes your employment application, resume, license or certification, work and personal references, tax forms, written performance evaluations, notices of commendation, corrective actions, employment history, training, and other pertinent documents relating to your employment and performance.

Your personnel file or other Support Coordinator records are the property of Abilities First, LLC and may not be removed from ABILITIES FIRST, LLC 's premises. Upon a request and when time



permits, you may review your personnel files by scheduling an appointment to do so with the office. Reviewing your personnel files must be done in the presence of a member of the office staff, and you are strictly prohibited from removing documents from your personnel files, copying the contents of such files, or otherwise marking or editing documents contained in such files. You may have a copy of your personnel file by requesting the copy in writing and paying for the cost of the copy. If you believe that any information contained in your file is incomplete or in error, you may submit a written request for correction of the information or may submit a separate, written statement of disagreement for placement in your personnel file.

ABILITIES FIRST, LLC reserves the right to prohibit Support Coordinators from accessing documents maintained by ABILITIES FIRST, LLC related to the investigation of criminal offenses, letters of reference, documents developed or prepared for use in civil, criminal or grievance procedures, materials used by ABILITIES FIRST, LLC to plan for future operations and/or such other information or records as permitted or required by law.

Any request from outside ABILITIES FIRST, LLC for your personnel information must be referred to the office and will not be released without your written consent.

Job Description

A Job Description has been prepared for your position, which you can find in the back of this manual. It contains the job title, general position description, qualifications, essential functions and responsibilities, other duties, working conditions, and supervision. It is meant to be a guide and not a detailed description of the duties and responsibilities of the job.

ABILITIES FIRST, LLC retains the right, in its sole discretion, to make changes in the Job Description as needed and without providing you prior notice of the changes.

Hours Worked

Our service is available 7 days a week, 24 hours a day.

Recording Hours Worked

Support Coordinators receive an invoice sheet that details their cases completed for the month with their paychecks (monthly deliverables). Support Coordinators are paid monthly by case.



Overtime Pay

There is no overtime for Support Coordinators

Paydays and Paychecks

There are 12 paydays a year. That means you will be paid monthly.

Every effort is made to avoid errors in your paycheck. If you believe an error has been made, please notify the office immediately. We will take the necessary steps to research the problem and to ensure that any necessary correction is made properly and promptly.

■ GUIDANCE, TRAINING and IN-SERVICE

As a new team member, you are provided with more intense guidance that will last for the first three months of commencement of contract. This is designed to give you the experience you need to function effectively. It is also a time for you to become familiar with the policies and procedures here at Abilities First, LLC, understand what is expected of you, for you to determine if this is the right kind of work for you, and for ABILITIES FIRST, LLC to assess your skills, abilities and fit.

GENERAL EMPLOYMENT RESPONSIBILITIES WE ALL SHARE

As a Support Coordinator at Abilities First, LLC, we all share the following responsibilities.

■ CONSUMER CONFIDENTIALITY/HIPAA

Based on the services that we provide and the law governing the protection of consumer information, you must maintain confidentiality and protection of personal and medical information of the consumers in our care by adhering to the guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA is federal law that applies to health plans and health care providers like ABILITIES FIRST, LLC. The HIPAA legislation is complex and has many components. The areas of legislation that are a major focus for ABILITIES FIRST, LLC include:

- Privacy- Provides rules in regard to how an individual's health information may be used and disclosed; and



- Security- requires specific security measures to be in place to protect an individual's health information that is sent or stored electronically.

ABILITIES FIRST, LLC will provide you with an overview of HIPAA during new Support Coordinator hire. **Violations of HIPAA are extremely serious and will result in disciplinary action up to and including termination.**

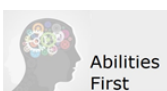
What does this mean for you? You are not to disclose a Consumer's name, address (street, city, state, zip), telephone number or fax number, email address, Social Security number, medical or health history, diagnosis, the reason for service, and photographic images or speak with anyone about the consumer who does not have authorization under HIPAA to know this information. Please do not talk about one consumer to another consumer or talk about consumers in public.

ABILITIES FIRST, LLC may discuss the consumer's service needs with you and other Support Coordinators and DDD approved providers who provide services or have a need to know. The office staff will give the health information you need to provide the best service to your consumers. In some cases, you may learn about additional health conditions while a consumer is in your care. Contact the office if you discover a new condition or a consumer's condition has changed for the better or worse.

You may use or disclose consumer information in the event of a medical emergency when the release of confidential information will benefit professionals providing service or care, or when situations of abuse, neglect and domestic violence are identified, and are required by law to be reported.

■ PROTECTING COMPANY INFORMATION

As a Support Coordinator of ABILITIES FIRST, LLC, you may, from time to time, be placed in a position of trust and confidence with regard to ABILITIES FIRST, LLC 's confidential and proprietary business information. This confidential information includes, but is not limited to business, financial, marketing, legal and accounting methods, policies, plans, procedures, strategies and techniques, contacts, computer records, computer software, mailing, telephone and consumers, and all information concerning finances, markets, sales, pricing, and personnel information.



■ ELDER ABUSE REPORTING

The New Jersey Adult Protective Services law provides for the reporting of elder abuse. As a Support Coordinator, you are responsible for reporting elder abuse. If you have directly obtained information in the course of your visit to the home of consumers or have reasonable cause to suspect or believe that an elderly person is being or has been abused or exploited, you shall immediately report such information to the ABILITIES FIRST, LLC office. The report you make is confidential and your name will not be shared with anyone.

Elder abuse is defined as 1) *intentionally* inflicting “physical pain, injury or mental anguish” to the elderly person; 2) *intentionally* withholding services necessary to ensure the elder person’s mental and physical health; or 3) unreasonably confining the elderly person. For the first two categories above, the actions must be intentional, not accidental. Exploitation is “the act or process of using a person’s resources for another person’s profit or advantage without legal entitlement to do so.

■ CHILD ABUSE REPORTING

In New Jersey, if you have reasonable cause to believe that a child has been subjected to abuse, neglect or abandonment you are required by law to immediately report this information to the State Central Registry (SCR) at **1-877 NJ ABUSE (1-877-652-2873)**. The report you make will be anonymous. If the child is in immediate danger, call 911 then the SCR number above. Once you have made the report, call Abilities First, LLC and speak with the Support Coordinator Supervisor. Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person.

"Abused child" means a child under the age of 18 years whose parent, guardian, or other person having his custody and control:

- Inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss



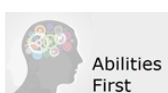
or impairment of the function of any bodily organ;

- Creates or allows to be created a substantial or ongoing risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted loss or impairment of the function of any bodily organ; or
- Commits or allows to be committed an act of sexual abuse against the child;
 - Or a child whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his parent or guardian, or such other person having his custody and control, to exercise a minimum degree of care (1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care though financially able to do so or though offered financial or other reasonable means to do so, or (2) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or substantial risk thereof, including the infliction of excessive corporal punishment or using excessive physical restraint under circumstances which do not indicate that the child's behavior is harmful to himself, others or property; or by any act of a similarly serious nature requiring the aid of the court;
 - Or a child who has been willfully abandoned by his parent or guardian, or such other person having his custody and control;

FRAUD AND BUSINESS ETHICS

Abilities First, LLC is commitment to the highest level of integrity and ethical standards in relation to business practices and direct service to the people and communities we serve. Therefore, it is the policy of ABILITIES FIRST, LLC to deliver service and conduct its business in compliance with all applicable laws, regulations, ethical standards and sound business principles, and have established mechanisms to prevent and detect fraud, ensure conformity with laws, regulations, program requirements and guidelines, and ethical business practices by its Support Coordinators.

Should you at any time observe another staff member doing anything illegal, fraudulent or be asked by a consumer or another staff member to do something you believe to be fraudulent, contrary to the law or be unethical, please call the office and ask to speak with the Owner, Shawn Arpaio.



For purposes of this policy, misconduct and dishonesty include but are not limited to:

- Theft or other misappropriation of assets, including assets of ABILITIES FIRST, LLC, our customers, suppliers or others with whom we have a business relationship
- Misstatements and other irregularities in Company records, including the intentional misstatement of the results of operations and reporting time worked
- Wrongdoing
- Forgery or other alteration of documents
- Fraud and other unlawful acts including signing false records
- Any similar acts

ABILITIES FIRST, LLC specifically prohibits these and any other illegal and inappropriate activities in the actions of all its Support Coordinators.

It is your responsibility to immediately report suspected misconduct or dishonesty to your supervisor. Managers, when made aware of such potential acts by subordinates, must immediately report such acts to the Owner. Any reprisal against any Support Coordinator or other reporting individual because that individual, in good faith, reported a violation is strictly forbidden.

PERFORMANCE GUIDELINES AND STANDARDS OF CONDUCT

The following guidelines and standards are things we have learned over the years to help make your experience at Abilities First, LLC trouble free and successful. These are common sense rules and easy to follow. Please read through each one. If there is anything that is not clear to you, or you have doubts about what is expected of you, please contact your supervisor or the office. We will be happy to answer your questions and help you understand your role and responsibilities.

■ CONFLICT OF INTEREST

Because the ABILITIES FIRST, LLC mission is important to the trust of the consumer, you are not to receive compensation, or derive any financial profit or gain directly or indirectly, through outside relationships, that present such a conflict of interest and would call in to question the objectivity, loyalty of the consumer or the reputation of ABILITIES FIRST, LLC . This means you are not to solicit work on a private basis from ABILITIES FIRST, LLC consumers. To do so puts your contract with ABILITIES FIRST, LLC in jeopardy.



■ SAFETY and EMERGENCY PROCEDURES

Life Threatening Emergency in the home

In accordance with Danielle’s Law, you are to call 911 in life threatening emergencies. As defined in the law, “life-threatening emergency means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services or to protect the lives of other persons in the home from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.” Failure to call 911 in a life-threatening emergency includes monetary fines and even revocation of your certification or professional license. (See Danielle’s Law in the back of this manual). Make sure you call the office after you call 911 to let us know what is going on in the home.

Personal Safety

Your personal safety is also our concern. Make sure you continually use your seatbelt and drive your car responsibly, always obeying the law. Be particularly careful while driving and walking during bad weather. If you are taking public transportation, be careful getting on and off buses. While waiting look around and be aware of your surroundings and wait with other people if possible.

Inclement Weather & Emergency Closures

Due to the nature of our business, it is imperative that you make every reasonable effort to work your scheduled visits in the event of inclement weather.

That being said, please understand that ABILITIES FIRST, LLC does not expect you to take unnecessary risks. If the weather is severe enough to prevent you from working, please notify any consumers and reschedule any appointments as needed. Also, make sure that ABILITIES FIRST, LLC always has your up-to-date personal contact information.

■ DRESS CODE

Consumers tell us your appearance is important by giving them confidence in your ability to care for them. Please remember you represent Abilities First, LLC. We therefore expect you to maintain a neat, professional appearance at all times and to dress in attire appropriate to your position and job duties. Overly tight or provocative attire, recreational clothing, shirts with advertising, logos, slogans, or inappropriate graphics, torn clothing or similar wear is not considered appropriate for work and is prohibited. Consumers may have a sensitivity to perfumes, colognes and other scented products, so please use such products sparingly. Wear comfortable shoe that give you a good foundation. Slippers or loose-fitting shoes present a safety hazard.

To the extent that you have a bona fide religious, medical or other substantial need for relaxation or exception to approved appearance standards, you should address the matter with a supervisor.

■ PERSONAL PROPERTY

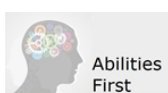
Abilities First, LLC is not responsible for the loss or damage to your personal property or vehicles. This means your valuable personal items, such as purses, jewelry, excessive money and all other valuables should be left at home or locked in the trunk of your car and not taken into a consumer's home. Please keep your cell phone on you while in the home.

■ SCHEDULING AND AVAILABILITY

Our consumers depend and rely on us to provide the care they have asked for. It is your responsibility to tell Abilities First, LLC about your availability to work. The Support Coordinator Supervisor should be notified one week in advance of any Support Coordinators plan to be on vacation and or out of the office and unable to take any calls for longer than 24 hours. This does not include weekends. This allows time for the Supervisor to plan for appropriate coverage as needed.

■ WORK ASSIGNMENTS

ABILITIES FIRST, LLC reserves the right to assign you to a consumer based on availability, reliability, competency and compatibility. ABILITIES FIRST, LLC goes to great efforts to properly



match the Support Coordinator to the consumer based upon these characteristics. When serving any consumer, the assignment is considered temporary. Situations may arise that result in discharge of a consumer or a change in your schedule.

■ VISITOR POLICY

It is a violation of the consumer's confidentiality and Company policy to bring, invite or permit your children, family members, friends, any other person or pets to enter a consumer's home or residence. Violation of this policy is grounds for termination of your contract.

■ PERFORMANCE REVIEW

Assessing your overall job performance is important to assuring that Abilities First, LLC provides the best possible service to our consumers and enables us to help you to be successful in your employment with ABILITIES FIRST, LLC. Performance review is an ongoing process and performance issues are dealt with when they occur. But at least once a year, ABILITIES FIRST, LLC will complete a written performance review to be shared with you. We take many things into account in assessing your overall performance including attendance, punctuality, dependability, attitude, interaction with co-workers, judgment, job knowledge and compliance with ABILITIES FIRST, LLC's policies and procedures.

■ STANDARDS OF CONDUCT

It is your responsibility to be reliable, dependable, caring, and to comply with ABILITIES FIRST, LLC's standards of conduct and performance. Support Coordinators are expected at all times to conduct themselves in a professional and responsible manner that promotes the best image and interests of ABILITIES FIRST, LLC and does not interfere with operations and the delivery of service, discredits ABILITIES FIRST, LLC, or is offensive to consumers or coworkers. Every Support Coordinator has an obligation to observe and follow ABILITIES FIRST, LLC's policy guidelines and to maintain proper standards of conduct at all times. Support Coordinator conduct that is not in the best interest of ABILITIES FIRST, LLC; discredits the service we provide or willfully disregards the established standards, rules and guidelines of ABILITIES FIRST, LLC will

not be tolerated. Following are some simple rules that will help guide you conduct as an Support Coordinator of Abilities First, LLC. They are good common sense and easy to follow.

- You must report or disclose to ABILITIES FIRST, LLC within one (1) business day if you are arrested, indicted or convicted of any crime;
- Treat all consumers, visitors and coworkers with respect and courtesy;
- Do not give personal information to the consumer or their family;
- Refrain from behavior or conduct that is offensive or undesirable, or which is contrary to ABILITIES FIRST, LLC 's best interests;
- Do not accept money, loans or gifts from consumers or their family members. If the consumer wishes to give you a gift. You must report this situation to the office;
- Do not discuss your religious or political beliefs with consumers;
- Report to your supervisor suspicious, unethical or illegal conduct by coworkers, consumers or vendors;
- Report immediately to your supervisor any threatening or potentially violent behavior by consumers and their family and coworkers or unsafe situation or condition;
- Comply with all of ABILITIES FIRST, LLC 's safety, security and confidentiality requirements;
- Wear appropriate clothing;
- Perform assigned tasks safely and efficiently and in accord with established quality standards;
- Report to scheduled meetings and home visits punctually;
- Keep accurate records and submit them on time;
- Give proper advance notice whenever you are unable to work;
- Maintain personal cleanliness and good hygiene.

The following conduct is prohibited and is not intended to be all-inclusive. Any Support Coordinator engaged in this conduct will be subject to corrective action, up to and including discharge:

1. Engaging in or threatening acts of workplace violence, including possession of firearms or other weapons, fighting or assaulting a coworker or consumer, or threatening or intimidating a coworker or consumer;
2. Engaging in any form of sexual or other harassment;
3. Reporting to work under the influence of alcohol or illegal drugs or narcotics, or using, selling dispensing or possessing illegal drugs, alcohol or narcotics;
4. Disclosing consumer or Company confidential information;
5. Falsifying or altering any Company record or report, such as an employment application, medical reports, time records, daily activity sheets, or expense reports;

6. Stealing, destroying, defacing or misusing Company property or the property of a coworker or consumer;
7. Solicit money, gifts or loans from a consumer, their family and/or vendors or receive such money or gifts;
8. Misusing ABILITIES FIRST, LLC 's electronic communication systems, including e-mail, computers, internet access and telephones.
9. Refusing to follow instructions or being insubordinate;
Using profanity, threatening or abusive language towards consumers, their family and other coworkers;
10. Excessive tardiness or absenteeism;
11. Any act of misconduct by the Support Coordinator including, but not limited to, any act of dishonesty or moral turpitude, which is deemed, in the sole discretion of ABILITIES FIRST, LLC, not to be in ABILITIES FIRST, LLC 's best interests, and/or which reflects poorly upon the integrity and business reputation of Abilities First, LLC.

At Abilities First, LLC 's discretion, any violation of ABILITIES FIRST, LLC 's policies or any conduct considered inappropriate or unsatisfactory would subject the Support Coordinator to corrective action. ABILITIES FIRST, LLC retains the right to administer corrective action in any manner that it sees fit.

■ CORRECTIVE ACTION POLICY

The goal of ABILITIES FIRST, LLC 's corrective actions is to provide Support Coordinators with notice of any deficiencies in behavior and/or performance when the incident occurs, thus giving the Support Coordinator an opportunity to improve immediately. ABILITIES FIRST, LLC endorses a non-progressive corrective action procedure. This means that any of the following actions can be taken independently of the other as the behavior warrants, giving ABILITIES FIRST, LLC the right to administer corrective action in any manner that it deems appropriate under the circumstances.

The actions that can be taken in response to insubordination, not meeting deliverables in a timely way, fraudulent or illegal behavior, inappropriate or poor performance are as follows:

- **VERBAL WARNING.** The supervisor will meet with the Support Coordinator and discuss the nature of the problem and the necessary corrective action needed to resolve the issue. The supervisor will place a written note in the Support Coordinator's personnel record as to the time and date of the meeting and the participants;

- **WRITTEN WARNING.** The supervisor and Support Coordinator will meet and discuss the performance issue. A written reprimand that specifies the violation of ABILITIES FIRST, LLC 's standards of behavior or performance, identifies the action necessary to correct the issue and warns the Support Coordinator that any future infraction can result in immediate termination. A copy of the written warning will be placed in the Support Coordinator's personnel folder;
- **TERMINATION.** A written notice that specifies the violation(s) of ABILITIES FIRST, LLC 's standards of behavior or performance, severity of the occurrences, summarization the actions taken and the justification for the discharge will be placed in the Support Coordinator's personnel record. Immediate discharge will be justified, but not limited to an Support Coordinator who repeatedly fails to not notify ABILITIES FIRST, LLC about a work assignment he or she fails to show-up for after accepting the assignment, abandonment of an assignment, thief, fraud, any behavior that is harmful to or jeopardizes the safety of the consumer or coworkers, or misconduct outlined in Standards of Conduct that is not in the best interest of ABILITIES FIRST, LLC , or discredits the service we provide or willfully disregards the established standards, rules and guidelines of ABILITIES FIRST, LLC .

■ **SUPPORT COORDINATOR GRIEVANCE PROCEDURE**

Notify the Chief Executive Officer of ABILITIES FIRST, LLC to help with any grievance situation. You must first write your complaint down and forward it to ABILITIES FIRST, LLC 's Chief Executive Officer. They will contact you within five (5) business days to speak with you about your complaint. The Chief Executive will have ten (10) business days to respond, in writing, to your grievance. The Chief Executive's decision is final.

You may also contact if you believe that there is fraud, waste or abuse in Medicaid, Medicare or other health care program receiving federal funds, or in any health care program involving just state funds, you can do one of the following in addition to the current procedures that you follow:

1. You may report directly to the DDD Compliance Officer, Division of Developmental Disabilities, P.O. Box 726, Trenton, NJ 08625, Phone: 800-626-6077 or report your concerns to your supervisor. Your supervisor will then report this up the chain of

command to be forwarded to the DDD Compliance Officer for review and appropriate action. Your supervisor(s) will keep your name confidential if you wish.

2. Call the toll-free NJ Fraud and Abuse Hotline at 1-888-9FRAUD5 (1-888-937-2835) and report any information about fraud, waste or abuse in Medicaid, DDD Community Care Waiver, NJ Family Care, General Assistance or any other program for which the Division of Medical Assistance and Health Services (DMAHS) is responsible in whole or in part. You can either speak to the hotline operator, or leave a message if the operator does not answer. You do not have to give your name if you do not want to. You might also receive a reward if your call leads to a recovery.
3. Call the toll-free hotline established by the federal Office of Inspector General in the U.S. Department of Health and Human Services to report any fraud, waste or abuse involving Medicare or any other health care program involving only federal funds. That hotline number is 1-800-HHS-TIPS (1-800-447-8477). For more information about this hotline and about other ways to contact the Office of Inspector General, you can go to <http://oig.hhs.gov/hotline.html>.

■ SEPARATION OF THE CONTRACT

Abilities First, LLC hopes that our relationship with you will be long-term and mutually rewarding. Should you decide to leave our agency we request that you provide us with two (2) weeks' written notice of your intent to resign. This written notice is necessary to provide us with enough time to find a replacement for your position, to remain in good standing with Abilities First, LLC and be eligible for re- contracting by ABILITIES FIRST, LLC.

APPENDIX

Job Description

Performance Review form

Confidentiality Statement

Business Ethics and Compliance Notice

Danielle's Law

Consumer's Bill of Rights and Responsibilities

Notice of Privacy Practice



Position Description: Support Coordinator Supervisor

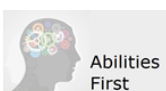
Responsibilities and Duties:

1. Assigning Support Coordinators to individuals who have been assigned to the Support Coordination Agency;
2. Ensuring that caseloads are at the proper capacity to meet all deliverables
3. Reviewing and approving all Individualized Service Plans (ISP), utilizing the ISP
4. Quality Review Checklist, and obtaining approval for the ISP from the Division where necessary
5. Ensuring that resources other than those funded by the Division have been explored and are either not available or not sufficient to meet the documented need
6. Ensuring that services are provided in accordance with the service definitions and parameters outlined in Division policy;
7. Reviewing and signing, as appropriate, the Support Coordination Monitoring Tool. At a minimum the tool must be reviewed and signed during the following circumstances: First 60 days of any new Support Coordinator;
8. When performance issues with a Support Coordinator are identified;
9. Involved/difficult cases.
10. Conducting internal monitoring and oversight of Support Coordination Agency documentation and practices;
11. Acting as the liaison with designated Division personnel;
12. Ensuring compliance with all qualifications, standards, and policies related to Support Coordination as explained in this guide;
13. Remaining up-to-date and in compliance with policy changes and updates posted on the Support Coordination Resource Page.

Support Coordination services are services that assist participants in gaining access to the needed program and State plan services, as well as needed medical, social, educational and other services. The SC is responsible for developing and maintaining the Individualized Service Plan with the participant, their family (if applicable), and other team members designated by the participant. The SC is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan. The SC writes the Individual Service Plan based on assessed needs and the person-centered planning process with the individual and the planning team. The SC links the individual to needed services and supports and assists the individual in identifying service providers as needed. The SC also ensures that the services and supports remain within the allotted budget and monitor the delivery of services. The SCs role can be divided into the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring.

Staff Qualifications:

- Bachelor's Degree or higher in any field - and-



- 1 year of experience working with an adult (18 or older) individuals with developmental disabilities.
 - The experience must be the equivalent of a year of full-time documented experience working with adults (18 or older) with intellectual/developmental disabilities;
 - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an adult with a developmental disability;
 - If you have previously provided care coordination to a different population and some percentage of the individuals you served had developmental disabilities, you may be able to demonstrate the equivalence of a year of experience working with adults with developmental disabilities (a waiver request along with the resume detailing experience and a justification for hiring the potential SC may be submitted to the Division's Assistant Director to demonstrate the experience requirement has been met); -
- State, Federal Criminal Background checks and Central Registry check at the time of hire; - and-
- Successfully complete trainings required by the Division before rendering services.

Responsibilities and Duties:

- Using and coordinating community resources and other programs/agencies to ensure that waiver services funded by the Division will be considered only when the following conditions are met:
 - Other resources and supports are insufficient or unavailable;
 - Other services do not meet the needs of the individual; and
 - Services are attributable to the person's disability
- Accessing these community resources and other programs/agencies by:
 - Utilizing resources and supports available through natural supports within the individual's neighborhood or other State agencies;
 - Developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
 - Ensuring these resources are used and making referrals as appropriate; and
 - Coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.
- Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of the SP & CCP Manual.
- Interviewing the individual and ensuring he/she is at the center of the planning process and in determining the outcomes, services, supports, etc. that he/she desires. Also interviewing, if appropriate, the family or other involved individuals/agency staff; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.

- Scheduling and facilitating planning team meetings in collaboration with the individual; informing the individual and parent/guardian that the service provider(s) can be part of the planning team, asking the individual and parent/guardian if they would like to include the service provider(s) at the ISP meeting, and inviting the service provider(s) to the ISP meeting; writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Ensuring that there has been a discussion regarding a behavior plan for individuals with behavioral concerns and that a behavior plan is in place as needed, particularly when the individual is assigned acuity due to behavior. This shall be documented in the individual's ISP.
- Ensuring that there has been a discussion regarding the medical needs of the individual and that these needs are documented in the ISP. This is to include the need for data collection of bowel movements, urine output, seizure activity, etc. Should the planning team agree that such data collection is medically necessary, and the individual's primary care physician provides a prescription for it, this shall also be documented in the ISP along with the responsible party who will record and store the information.
- Writing the PCPT and ISP; distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Obtaining authorization from the SC Supervisor for Division-funded services.
- Monitoring and following up to ensure delivery of quality services, and ensuring that services are provided in a safe manner, in full consideration of the individual's rights.
- Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed SC Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.
- Ensuring individuals served are free from abuse, neglect, and exploitation; reporting suspected abuse or neglect in accordance with specified procedures, and providing follow-up as necessary.
- Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up Responsibilities are identified and completed.
- Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.
- Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.
- Ensuring that individuals/families are offered an informed choice of service provider.
- Linking the individual to service providers by providing information about service providers; assisting in narrowing down the list of potential service providers; reaching out to providers to confirm service capacity, determine intake/eligibility requirements, gather and submit referral information as needed, establish provider capacity to implement strategies to reach identified ISP outcomes, and confirm start date, units of service, etc.

- Becoming aware of items/documentation the service provider will need prior to serving the individual and assist/ensure they are provided prior to the start of services.
- Notifying the individual regarding any pertinent expenditure issues.
- Conducting contacts on a monthly basis, face-to-face visits on a quarterly basis, and in-home face-to-face home visit on an annual basis that includes a review of the ISP and is documented on the SC Monitoring Tool.
- Completing/entering notes/reports as needed.
- Providing support, as needed, in relation to supporting the individual in their decision making as outlined in section 7.1.1 Individual as Decision Maker.
- Reporting data to the Division as required and upon request.
- At the direction of Division staff, completion of surveys that may be required, etc.
- Including the Individual Supports – Daily Rate service provider in the planning process.
- Alerting the planning team that, with a doctor’s order, certain charting can occur as medically necessary such as food intake, blood glucose levels, etc.
- Ensuring involved service provider(s) have received a notification to begin services.
- As applicable, ensure that the individual is aware of different housing options that can be utilized in the community (including those that are not disability specific) so that they are supported in the least restrictive setting based on their individual needs and preferences. This includes assisting them in their application for housing assistance. In relation to Electronic Visit Verification (EVV), the SC shall be responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the participant’s individual budget. Should a live-in caregiver exist, the SC shall complete the Live-In Caregiver Attestation form at the time-of-service plan development, whenever there is a change in live-in caregiver status and annually thereafter. Once complete, the form shall be uploaded to iRecord.

SUPPORT COORDINATOR PERFORMANCE REVIEW

NAME: _____

Review Period: Orientation Annual: Year _____

Satisfactory: Clearly demonstrates a good level of performance, meet expectations
Unsatisfactory: Demonstrates a minimum level of performance, must show improvement

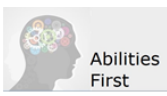
Category (Expectation)	Satisfactory	Unsatisfactory
1. Competency (Good working knowledge of job & procedures, normal instruction)	<input type="checkbox"/>	<input type="checkbox"/>
2. Attitude (respectful, caring, and supportive attitude)	<input type="checkbox"/>	<input type="checkbox"/>
3. Proficient (organized, safe, thorough and careful worker)	<input type="checkbox"/>	<input type="checkbox"/>
4. Prudent (adheres to plan and policies, promotes safety)	<input type="checkbox"/>	<input type="checkbox"/>
5. Image (clean neat uniform, good appearance and personal hygiene)	<input type="checkbox"/>	<input type="checkbox"/>
6. Cooperative (reports appropriately, accepts supervision)	<input type="checkbox"/>	<input type="checkbox"/>
7. Prompt (on-time, calls in appropriately)	<input type="checkbox"/>	<input type="checkbox"/>
8. Reliable (willingly accepts assignments, accommodating)	<input type="checkbox"/>	<input type="checkbox"/>
9. Dependable (steady attendance, conscientious)	<input type="checkbox"/>	<input type="checkbox"/>
10. Accountable (paperwork timely and accurate)	<input type="checkbox"/>	<input type="checkbox"/>

Performance Plans for any category with an Unsatisfactory rating:

Support Coordinator Comments:

Support Coordinator Signature: _____ Date: _____

Supervisor: _____ Date: _____



CONFIDENTIALITY AGREEMENT

I understand that *Abilities First* has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their personal health information. Additionally, *Abilities First* must assure the confidentiality of its human resource, payroll, fiscal, research, computer systems, legal, planning and management information (collectively “Confidential Information”).

In the course of my employment at *Abilities First*, I understand that I may come into the possession of Confidential Information including patient’s protected health information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of *Abilities First* protected Confidential and Patient health information.

1. I will not discuss any Confidential Information including patient personal health information to anyone who does not have a need to know and not discuss this Confidential Information in any public place, on the bus or other public transportation, at in-services, in the hallways or lobbies of buildings and the office, elevators, to my family or friends, or anywhere except in that patient’s home or to staff members who have a right to know the information for treatment purposes in a private area of the office. It is not acceptable to discuss Confidential Information in public areas even if a patient’s name is not used; such a discussion may raise doubts among patients and our respect for their privacy.
2. I will not disclose any Confidential Information, including Patient personal health information, with others, including family or friends, who do not have a need to know it, unless the patient has provided a properly executed, written authorization to release the information or as set forth in the law and where the patient has consented to the disclosure of such information.
3. I understand that my personal access code, user ID(s), and passwords(s) used to access the (*Organization’s name*) computer system, phone system, voice mail, or internet are also an integral aspect of this Confidential Information. I will not willingly inform another person or knowingly use another person’s personal access code, user ID(s), and passwords(s) used to access the (*Organization’s name*) computer system, phone system, voice mail, or Internet.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. I will not make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information from (*Organization’s name*) computer system, written documentation or other media.
6. I will log off any computer or terminal prior to leaving it unattended.
7. I will comply with any security or privacy policy promulgated by (*Organization’s name*) to protect the security and privacy of Confidential Information.

8. I will immediately report to my supervisor any activities by any person, including myself, that is a violation of this Agreement or breach of Confidential Information.
9. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information.
10. I agree that my obligations under this Agreement will continue after the termination of my employment.
11. I understand that violation of this Agreement may result in disciplinary action, up to and including termination in accordance with (*Organization's name*) policy, as well as legal liability.
12. I further understand that all computer access activity is subject to audit.

BUSINESS ETHICS AND CORPORATE COMPLIANCE

ABILITIES FIRST, LLC stands for the highest level of integrity and ethical standards in relation to business practices and direct service to the people and communities served by the organization.

Therefore, it is the policy of ABILITIES FIRST, LLC to deliver service and conduct its business in compliance with all applicable laws, regulations and ethical standards and have established mechanisms to ensure conformity with laws, regulations, program requirements and guidelines, and ethical business practices by its Support Coordinators.

Should you at any time observe the staff of ABILITIES FIRST, LLC doing anything illegal or fraudulent or be asked to do something you believe to be illegal, fraudulent or unethical by a staff member, please call the agency at 908-875-0078 and ask to speak with the Chief Executive officer.

CHAPTER 191 - DANIELLE'S LAW

AN ACT concerning staff working with persons with developmental disabilities or traumatic brain injury and supplementing Titles 30 and 45 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey: C.30:6D-5.1 Short title.

1. This act shall be known and may be cited as "Danielle's Law."

C.30:6D-5.2 Definitions relative to staff working with persons with developmental disabilities, traumatic brain injury.

2. As used in this act:

"Commissioner" means the Commissioner of Human Services.

"Department" means the Department of Human Services.

"Facility for persons with developmental disabilities" means a facility for persons with developmental disabilities as defined in section 3 of P.L.1977, c.82 (C.30:6D-3).

"Facility for persons with traumatic brain injury" means a facility for persons with traumatic brain injury that is operated by, or under contract with, the department.

"Life-threatening emergency" means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or from a public or private Company, or to protect the lives of other persons at the facility or Company, from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.

"Public or private Company" means an entity under contract with, licensed by or working in collaboration with the department to provide services for persons with developmental disabilities or traumatic brain injury.

C.30:6D-5.3 Responsibilities of staff at facility for persons with developmental disabilities, traumatic brain injury.

3. a. A member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or a member of the staff at a public or private Company, who in either case works directly with persons with developmental disabilities or traumatic brain injury, shall be required to call the 911 emergency telephone service for assistance in the event of a life-threatening emergency at the facility or the public or private Company, and to report that call to the department, in accordance with policies and procedures established by regulation of the commissioner. The facility or the public or private Company, as applicable, and the department shall maintain a record of such calls under the policy to be established pursuant to this section.

b. The department shall ensure that appropriate training is provided to each member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or member of the staff at a public or private Company, who in either case works directly with persons with developmental disabilities or traumatic brain injury, to effectuate the purposes of subsection a. of this section.

C.30:6D-5.4 Violations, penalties.

4. A member of the staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury or a member of the staff at a public or private Company who violates the provisions of section 3 of this act shall be liable to a civil penalty of \$5,000 for the first offense, \$10,000 for the second offense, and \$25,000 for the third and each subsequent offense, to be sued for and collected in a summary proceeding by the commissioner pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

C.30:6D-5.5 Record of violations.

5. The department shall maintain a record of violations of the provisions of section 3 of this

act, which shall be included in the criteria that the department considers in making a decision on whether to renew the license of a facility or whether to renew a contract with a public or private Company, as applicable.

P.L. 2003, CHAPTER 191 2

C.45:1-21.3 Violation of the responsibility to make 911 call, forfeiture of license, authorization to practice.

6. A health care professional licensed or otherwise authorized to practice as a health care professional pursuant to Title 45 of the Revised Statutes who violates the provisions of section 3 of P.L.2003, c.191 (C.30:6D-5.3) shall, in addition to being liable to a civil penalty pursuant to section 4 of P.L.2003, c.191 (C.30:6D-5.4), be subject to revocation of that individual's professional license or other authorization to practice as a health care professional by the appropriate licensing board in the Division of Consumer Affairs in the Department of Law and Public Safety, after appropriate notice and opportunity for a hearing.

C.30:6D-5.6 Rules, regulations.

7. The Commissioner of Human Services, pursuant to the "Administrative Procedure Act,"

P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations necessary to effectuate the purposes of this act.

8. This act shall take effect on the 180th day after enactment, but the Commissioner of Human Services may take such anticipatory administrative action in advance as shall be necessary for the implementation of the act.

Approved October 26, 2003

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RECEIPT OF SUPPORT COORDINATOR MANUAL

ACKNOWLEDGMENT FORM

I acknowledge receipt of this Support Coordinator Manual; I understand that I am responsible for reading and understanding its contents, and to abiding by the rules, policies and standards set forth herein, and for keeping it updated.

I understand ABILITIES FIRST, LLC reserves the right to deviate from any provisions of this manual as necessary and/or appropriate under the circumstances. ABILITIES FIRST, LLC may change any policy or procedure included in this Support Coordinator Manual in its sole discretion, without having to consult with anyone and without anyone’s consent or agreement. I also understand that this Support Coordinator Manual supersedes, voids and replaces all prior Support Coordinator Manuals, personnel practices, and verbal or written policies of ABILITIES FIRST, LLC that are otherwise inconsistent or contradictory.

If I have any questions regarding the content or interpretation of this Support Coordinator Manual, I will bring them to the attention of my supervisor.

Issued To: _____	Date issued: _____
Support Coordinator Signature: _____	
Date Received: _____	

