Abilities, Inc.
at The Viscardi Center

# Compliance Plan

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# Introduction

Abilities, Inc. is a non-profit organization within The Viscardi Center, that provides comprehensive services to individuals with developmental, verbal, & intellectual disabilities and their families throughout Long Island. Our programs support people across all ages, from early childhood (School from K-12th grade) to adulthood (Day Program, Supported Employment, Inclusive Higher Education), and also include education and support for families and caregivers. The goal is to assist individuals in achieving more independent, productive, and fulfilling lives.

Abilities, Inc. operates with a strong commitment to ethical, legal, and professional standards. All staff, board members, volunteers, and affiliates are expected to uphold these values.

The organization places a major emphasis on Corporate Compliance, particularly in preventing, detecting, and reporting Medicaid fraud, waste, and abuse. Abilities, Inc. has implemented policies, procedures and training to ensure accurate billing, proper use of Medicaid funds, and secure reporting systems that protect whistleblowers. Oversight is provided by a designated Compliance Officer, a Compliance Committee, and a Board of Directors

Abilities, Inc. Compliance Plan is overseen by the organization's Compliance Officer, who reports directly to the Chief Executive Officer and/or Executive Vice President. However, all Affected Individuals involved in service delivery or billing are responsible for following federal and state laws and the organization's compliance policies. For purposes of this policy, the term "Affected Individuals" include all persons who are affected by Abilities, Inc. risk areas and compliance program, including employees, volunteers, independent contractors, contract staff, interns, the Chief Executive Officer, and the Board of Directors.

The plan outlines procedures for reporting non-compliance and enforces compliance through appropriate disciplinary actions, including consequences for failing to detect or report issues. Non-compliance, whether found through audits or confidential reports, will be addressed promptly, and the organization

will take necessary steps to prevent future violations, including updating the plan and related policies and procedures.

Abilities, Inc. strictly prohibits retaliation against anyone who, in good faith, reports actual or suspected violations or participates in the Compliance Program. This protection also extends to employees who disclose concerns to authorities about actions that may involve healthcare fraud or reflect poor quality of care.

Abilities, Inc. is committed to full compliance with all relevant federal, state, local laws, regulations, and payer requirements. The organization aims to prevent and detect improper or illegal activities, especially those related to fraud, waste, and abuse. To support this, Abilities, Inc. has implemented a Compliance Plan and is dedicated to maintaining an effective Compliance Program to identify, investigate, and address any violations.

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Policies & Procedures & Standards of Conduct

Abilities Inc. will communicate its compliance standards, policies, and procedures through required training and communication of this compliance plan to all affected individuals:

- Conflict of Interest
- Reporting and investigation of noncompliance
- Non-retaliation and non-intimidation
- False Claims Act and Whistleblower protections
- Compliance Program education and training
- Auditing and monitoring
- Billing errors and overpayments
- Kickbacks and business courtesies
- Discipline for noncompliance or failure to report
- Responding to governmental investigations

The Standards of Conduct serves as a foundational document that describes the Agency's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standards of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment or association with Abilities, Inc.

When any person knows or reasonably suspects that the expectations in the Standards of Conduct and the Compliance Program have not been met, this must be reported to the immediate supervisor, a member of Management, the Compliance Officer, member of the Compliance Committee, or the Chief Executive so that each situation may be appropriately handled. The Compliance Officer, Jennifer Neft, may be reached at (516) 465-1450. The Compliance Manager, Razwan Uddin may be reached at (516) 465-1505. The Chief Executive Officer and Executive Vice President can be reached on (516) 465-1575. Reports may be made in person; by phone, fax, mail, or email; or

anonymously by other means. To report anonymously through email, emails can be sent to ABICompliance@viscardicenter.org.

Compliance Program Oversight

The responsibility for oversight of our Compliance Program is shared between the Compliance Officer, the Compliance Committee, and the Board of Directors. Abilities, Inc has identified Jennifer Neft as the Corporate Compliance Officer, however in the event the Corporate Compliance Officer is not available, the Compliance Manager, Razwan Uddin, has been designated as an alternate contact. The following responsible individuals will receive and coordinate complaints or concerns involving our compliance operations:

1) Jennifer Neft (Compliance Officer)
JNeft@viscardicenter.org
(516) 465-1450

2) Razwan Uddin (Compliance Manager)
RUddin@viscardicenter.org
(516) 465-1505

The role and responsibilities of the Compliance Officer include the following:

- Supervising and overseeing the execution and ongoing monitoring of the Compliance Program.
- Developing and implementing formalized policies, procedures, and Standards of Conduct in support of the Compliance Program.
- Periodically reviewing and amending the Standards of Conduct, the Compliance Program, and related policies and procedures to reflect material changes within Abilities, Inc., or in applicable laws, regulations, and third-party payer requirements.
- Formulating, implementing, and monitoring the annual Compliance Plan to ensure alignment with organizational and regulatory objectives.

- Providing formal reports, no less than quarterly, to the Board of Directors, Chief Executive Officer, and Compliance Committee regarding the status, progress, and effectiveness of the Compliance Program.
- Assisting the Chief Executive Officer, senior leadership, management, and the Compliance Committee in establishing effective methodologies to enhance service quality and mitigate the organization's exposure to fraud, waste, and abuse.
- Developing, coordinating, and facilitating a comprehensive compliance education and training program designed to address the essential elements of the Compliance Program and to ensure that all Affected Individuals—based on their specific roles and identified risk areas—are fully informed of, and act in accordance with, applicable Federal and State laws, as well as the organization's Standards of Conduct.
- Ensuring that individuals and entities excluded from participation in Federal or State healthcare programs are not employed by or contracted with the organization.
- Directing internal compliance audits to evaluate and verify the efficacy of compliance controls and adherence to established compliance standards.
- Independently initiating, conducting, and resolving internal investigations pertaining to compliance-related matters, with the authority to design investigative procedures and coordinate appropriate remedial actions in collaboration with relevant departments, providers, affiliates, and, where applicable, independent contractors.
- Coordinating internal inquiries and ensuring the timely and effective implementation of corrective and disciplinary measures.
- Developing policies and mechanisms that promote the reporting of suspected fraud, misconduct, or regulatory violations by employees and managers, without fear of retaliation. Providing interpretive guidance to management, clinical leadership, and departmental personnel regarding applicable policies, procedures, and regulatory obligations.
- Maintaining a secure and confidential reporting infrastructure, including an anonymous hotline, for the receipt and resolution of concerns, complaints, and inquiries relating to the Compliance Program.

- Administering the Compliance Hotline and ensuring all reports are appropriately addressed and resolved in accordance with established protocols.
- Overseeing efforts to promote awareness and understanding of the Compliance Program's structure, requirements, and enforcement mechanisms throughout the organization.
- Ensuring that independent contractors (e.g., service providers, vendors, billing agents) are adequately informed of, and in compliance with, the expectations and obligations outlined in the Abilities, Inc. Compliance Program.
- Serving as a subject matter expert and organizational authority on regulatory compliance matters. Actively pursuing updates on legislative, regulatory, and enforcement developments affecting the healthcare and human services sectors.
- Sustaining the continuity and advancement of the Compliance Program, and ensuring the effective attainment of its stated objectives and compliance outcomes.

The Compliance Committee is appointed by the Chairperson of the Board of Directors and Chief Executive Officer to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee reports directly to the Chief Executive Officer, President/Chief Executive Officer Officer and Board of Directors. The Compliance Committee will meet on a regular basis, but not less than quarterly. Meeting minutes will be maintained by the Compliance Officer. The Compliance Committee is responsible for the following:

- Conducting comprehensive analysis of the operational, regulatory, and legal environment in which Abilities, Inc. conducts its business activities, including identification and assessment of applicable Federal, State, and local legal mandates with which the Agency must remain in compliance.

- Reviewing and evaluating existing organizational policies and procedures that address identified risk areas for potential incorporation into, or alignment with, the Agency's formal Compliance Program.
- Assessing and overseeing the content, delivery, and effectiveness of Compliance Program-related education and training initiatives to ensure timely completion, appropriate scope, and alignment with statutory and regulatory obligations.
- Ensuring the Agency maintains adequate infrastructure, systems, and internal controls for the identification of compliance-related risks, improper payments, and other reportable concerns, and that such systems include effective policies and procedures for timely remediation, self-disclosure (where applicable), and ongoing monitoring.
- Collaborating with operational departments to draft, revise, and implement policies, procedures, and practice standards that address program-specific risk areas and promote adherence to all applicable legal, regulatory, and ethical requirements.
- Coordinating with the Compliance Officer to ensure that all written policies, procedures, and the Standards of Conduct are accurate, comprehensive, up to date, and reflective of current legal and regulatory expectations.
- Designing and implementing internal controls and operational mechanisms to support and enforce compliance standards, the Standards of Conduct, and all related policies and procedures adopted under the Compliance Program.
- Partnering with the Compliance Officer to promote cross-functional communication, coordination, and cooperation among all Affected Individuals regarding compliance matters, including but not limited to responses to internal and external audits, investigations, or other compliance-related activities.
- Establishing and maintaining a process for receiving, documenting, reviewing, and responding to complaints and concerns regarding compliance issues, including mechanisms for anonymous reporting and protection against retaliation.

- Monitoring the outcomes of internal and external audit activities to identify systemic or programmatic issues indicative of actual or potential non-compliance.
- Implementing corrective action plans and preventive measures in response to identified compliance deficiencies and conducting follow-up evaluations to assess the effectiveness and sustainability of such corrective actions.
- Ensuring the formulation, approval, and implementation of an Annual Compliance Work Plan that aligns with the Agency's risk profile and reflects identified compliance priorities.
- Advocating for the allocation of sufficient financial, human, and technological resources to support the Compliance Officer in the execution of responsibilities required under the Compliance Program.
- Ensuring that the Agency has implemented adequate policies, systems, and procedures capable of effectively detecting and mitigating risks, improper payments, and compliance concerns, including potential fraud, waste, and abuse.
- Conducting, at minimum, an annual review and assessment of the Agency's Compliance Program to evaluate its overall effectiveness and making formal recommendations for revisions or enhancements based on audit findings, risk assessment outcomes, or changes in applicable legal or regulatory requirements.
- Developing and adopting a formal Compliance Committee Charter that delineates the Committee's roles, responsibilities, membership criteria, designation of a chairperson, and required frequency of meetings. The Charter should be reviewed and revised annually to ensure continued relevance and compliance with applicable oversight requirements.

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the Agency is required to disclose any name changes and any involvement in non-compliant activities including healthcare-related crimes. In addition, the Agency performs reasonable inquiries into the background of such applicants, all prospective employees, the Chief Executive Officer and other senior administrators, Board members, interns, contractors, and vendors.

Training & Education

Education and training are critical elements of the Compliance Program. All Affected Individuals are expected to be familiar and knowledgeable about Abilities, Inc. Compliance Plan and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all Affected Individuals through required participation in training programs. Such training shall be mandatory and Abilities, Inc. shall maintain records of all training courses. All Affected Individuals shall participate in training on the topics identified below:

- Abilities, Inc. Compliance Plan;
- Standards of Conduct and other related written guidance;
- Federal False Claims Act;
- New York False Claims Act;
- Whistleblower Protections;
- Risk areas and organizational experience;
- The role and responsibilities of the Compliance Officer and the Compliance Committee;
- Communication channels (name of Compliance Officer, reporting mechanisms, =anonymous reporting mechanism);
- Abilities, Inc. expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and the Agency's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") and how the Agency

responds to such reports including the investigation process and corrective actions;

- Abilities, Inc. disciplinary policy and standards;
- Prevention of fraud, waste, and abuse; and
- Non-retaliation and non-intimidation policy.

All Affected Individuals will complete the Compliance Program training no less frequently than annually.

Abilities, Inc. will maintain an annual training plan. The training plan will, at a minimum, outline the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

In addition to the above, targeted training will be provided to all Affected Individuals whose job responsibilities include activities related to compliance topics. Managers shall assist the Compliance Officers in identifying areas that require specific training and are responsible for communication of the terms of this Compliance Plan to all independent contractors doing business with Abilities, Inc.

As part of orientation, all Affected Individuals shall receive a written copy of the Compliance Plan and Standards of Conduct and be provided access to Compliance Program policies and procedures.

Attendance at compliance training sessions is mandatory and is a condition of continued employment/ contract/appointment/assignment with the Agency.

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## Lines of Communication

Open lines of communication between the Compliance Officer and all Affected Individuals subject to this Compliance Plan are essential to the success of our Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of Medicaid fraud, waste, and abuse.

All Affected Individuals have an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below. Failure to report is deemed misconduct and a violation of this requirement.

If any of the Affected Individuals learns of, or is asked to participate in potential noncompliant activities, in violation of this Compliance Plan, he or she should contact the Compliance Officer, his or her immediate supervisor, a member of the Management Team, or a member of the Compliance Committee. Reports may be made in person or by calling a telephone line dedicated for the purpose of receiving such notification (516) 465-1450, mailing information to 201 I U Willets Rd, Albertson, NY 11507 - Attention: Compliance Officer.

Upon receipt of a question or concern, any supervisor, officer or director shall document the issue at hand and report issue to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the Chief Executive Officer.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Standards of Conduct or its application, the Compliance Officer or designee shall record the facts of the call, the nature of the information sought and respond as appropriate.

Abilities, Inc. shall, as much as is possible, protect the anonymity or identity of the Affected Individual who reports a compliance concern or raises a question about Abilities, Inc. Compliance Program and Standards of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

Abilities, Inc' Whistleblower protections policy prohibits discrimination against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to relief. Such relief may include reinstatement, double back pay, and compensation for any special damages. Abilities, Inc. will not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Plan or for good faith participation in the Compliance Program, including but not limited to:

- Reporting potential issues;
- Investigating issues;
- Self-evaluations;
- Audits;
- Remedial actions; and
- Reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting against Abilities, Inc. Compliance Policy. Discipline, up to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer who shall conduct an investigation into the allegation in accordance with Element 7 of this Compliance Plan.

Any Affected Individual may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.

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Disciplinary Standards

Any affected individual who fails to comply with Abilities, Inc' Compliance Program, Standards of Conduct, applicable federal or state laws or regulations, or any Agency policies and procedures, shall be subject to disciplinary action, up to and including termination of employment, contractual relationship, assignment, or appointment, as applicable. Such action shall be based upon the nature, severity, and circumstances of the violation, and may be imposed following a thorough investigation.

Where a contractor, vendor, or other third party is determined to have violated compliance requirements, the Compliance Officer shall notify the Chief Executive Officer and Executive Vice President and confer on the appropriate corrective measures. Corrective actions may include, but are not limited to, contract suspension, modification, or termination.

The Agency adheres to a progressive discipline policy, where appropriate, and consistent with the gravity of the offense. Disciplinary measures may include, but are not limited to:

(a) verbal counseling or warning;

(b) written warning or reprimand;

(c) mandatory retraining or education;

(d) reassignment or demotion;

(e) suspension without pay; or

(f) termination of employment, contract, assignment, or appointment.

Violations determined to be intentional, knowing, or the result of gross negligence or reckless disregard shall be subject to more severe sanctions, as deemed appropriate by the Agency.

The following actions will result in more significant disciplinary action:

● Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;

● Failure to comply with the Agency's policies governing the prevention, detection, or reporting of fraud and abuse;

● Falsification of records;

● Submitting or causing to submit a false claim;

● Failure to report a violation by a peer or subordinate;

● Failure to cooperate in an investigation; and

● Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

Any discipline will be appropriately documented in the Affected Individual's file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during an employee's regular and promotional evaluations.

Managers and supervisors may be subject to disciplinary action in the event of a failure to exercise appropriate oversight responsibilities, including but not limited to:

(a) failure to adequately train, instruct, or supervise subordinates regarding compliance with applicable laws, regulations, Agency policies, and procedures; or

(b) failure to identify, report, or address known or reasonably discoverable violations or instances of noncompliance.

Disciplinary action may be imposed where it is determined that the exercise of reasonable diligence by the manager or supervisor would have resulted in the timely identification of such issues, thereby affording the Agency an opportunity to take corrective or remedial action. The level of discipline shall be proportionate to the nature and extent of the failure and in accordance with the Agency's disciplinary protocols.

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# Auditing & Monitoring

Continuous evaluation is essential to the effective detection of non-compliance and is vital to the overall integrity and success of Abilities, Inc' Compliance Program. Accordingly, a comprehensive auditing and monitoring system shall be maintained under the direction of the Compliance Officer, in coordination with the Compliance Committee. This system forms a core component of Abilities, Inc internal compliance controls.

Annually, the Compliance Officer, in collaboration with the Chief Executive Officer, Senior Management, and the Compliance Committee, shall develop and implement an audit plan informed by a formal organizational risk assessment. This risk-based audit plan is designed to proactively identify, assess, and mitigate areas of potential non-compliance or operational vulnerability.

At a minimum, the auditing and monitoring activities shall address the following high-risk areas:

- Billing practices;
- Payment processes;
- Ordered and rendered services;
- Determinations of medical necessity;
- Quality of care provided;
- Corporate governance;
- Compliance with mandatory reporting obligations;
- Credentialing and qualifications verification;
- Oversight of contractors, subcontractors, agents, and independent contractors;
- Review of contracts and third-party relationships, particularly those involving significant exposure to governmental oversight or enforcement;

- Documentation and billing practices related to claims submitted to Federal, State, and third-party payers for reimbursement;
- Delivery and tracking of compliance training and education;
- Assessment of the overall effectiveness of the Compliance Program; and
- Any additional risk areas identified through the Agency's operations, regulatory updates, or industry best practices.

Findings from the auditing and monitoring process shall be used to inform necessary corrective actions, program enhancements, and ongoing compliance strategy.

Audits and reviews shall be conducted to evaluate the Agency's adherence to applicable laws, regulations, internal policies, and procedures. These evaluations may include, but are not limited to, on-site inspections, interviews with relevant personnel, and thorough examinations of records and documentation.

The results of all auditing and monitoring activities shall be formally documented and reported to the Compliance Committee and the Board of Directors. Such reporting ensures appropriate oversight and facilitates the development of corrective actions or process improvements, as necessary.

Additional steps to ensure the integrity of the Compliance Plan will include:

A) In the event of any visit, audit, investigation, or survey conducted by a Federal, State, or local agency or authority, the Compliance Officer shall be notified immediately. The Compliance Officer must also be promptly provided with copies of any correspondence received from such regulatory bodies, particularly those responsible for licensing Abilities, Inc. or overseeing any Federally, State-, or county-funded programs in which Abilities, Inc. participates.

B) The Compliance Officer shall establish and maintain a formal process to ensure timely and ongoing dissemination of updates regarding changes in applicable laws, regulations, or internal policies. This process shall include notification to all relevant personnel and the provision of appropriate training to promote awareness and ensure continuous compliance across all levels of the organization.

Responses & Corrective Actions

Abilities, Inc. maintains a formal, confidential, and anonymous reporting mechanism designed to encourage the good faith reporting of suspected violations of law, regulation, or internal policy. All Affected Individuals are required to promptly report any compliance concerns to the Compliance Officer, their immediate supervisor, a member of Management, or—if the concern involves the Chief Executive Officer or the Compliance Officer—directly to the Chairperson of the Board of Directors. Service recipients, vendors, contractors, and other third parties engaged in business with Abilities, Inc. are likewise encouraged to report potential compliance issues through this confidential or anonymous process.

All reports of compliance concerns will be reviewed, investigated, and resolved in a timely, objective, and thorough manner. Investigations shall be conducted by the Compliance Officer, members of the Compliance Committee, internal personnel, or external parties, as deemed appropriate by the Compliance Officer, Chief Executive Officer, Chief Operating Officer, or legal counsel.

Upon receipt of a report, the Compliance Officer shall take immediate action to preserve and secure all relevant documentation, records, and other forms of evidence. Confidentiality of all reports, interviews, and investigative materials will be maintained to the fullest extent possible, consistent with legal and regulatory requirements.

Unless a conflict of interest is identified or reasonably suspected, the Compliance Officer shall inform the Chief Executive Officer or Executive Vice President of any pending investigations. The Compliance Officer, Chief Executive Officer, or Executive Vice President shall coordinate the engagement

of legal counsel where appropriate to support the investigative process or advise on related legal matters.

The findings of any compliance investigation, along with any recommended or implemented remedial actions, shall be communicated on a confidential and need-to-know basis to the Chief Executive Officer, Chief Operating Officer, members of the Board of Directors, and other personnel, as appropriate. The Compliance Officer shall provide regular updates to the Compliance Committee regarding the status and outcome of each investigation, except where the matter is subject to attorney-client privilege.

In cases where legal counsel is engaged in the investigation, counsel shall issue a formal report upon conclusion. This report shall be submitted to the Compliance Officer, Chief Executive Officer, and Compliance Committee, and will include a summary of findings, legal conclusions, and recommendations. The report shall also include counsel's opinion as to whether a violation of applicable law has occurred.

The report will be reviewed in a privileged setting with legal counsel present. Any subsequent actions taken in response to the investigation shall be guided by the advice of legal counsel.

In the event the Compliance Officer, in consultation with legal counsel, determines that there is credible evidence—or a credible belief—that a violation of applicable State or Federal law, regulation, or rule has occurred, the Compliance Officer shall promptly report such violation to the appropriate governmental or regulatory authority, as required by law.

Should the Agency identify that an overpayment has been received from any third-party payer, including government-funded programs, the relevant funding

or regulatory body shall be notified in accordance with applicable legal and contractual obligations.

It is the policy of the Agency not to retain any funds to which it is not legally entitled. All identified overpayments shall be reported and refunded to the appropriate entity, including but not limited to Medicaid and Medicare, in a timely manner and in compliance with applicable statutes and regulations.

In situations where there is evidence to suggest that the overpayment may be attributable to intentional fraud, any restitution shall be made only after appropriate consultation with, and approval from, the relevant regulatory and/or prosecutorial authorities. Furthermore, the Agency shall implement corrective measures and internal controls designed to prevent recurrence of such overpayments.

Irrespective of whether a report is ultimately made to a governmental or regulatory authority, the Compliance Officer shall maintain a comprehensive and confidential record of each investigation. This record shall include all relevant documentation, evidence, and supporting materials necessary to assess whether a violation or infraction occurred.

The Compliance Officer shall organize and preserve all investigative materials in a secure manner, including but not limited to: interview notes, documentary evidence, correspondence, and internal reviews. These materials shall form part of the official investigation file and be retained in accordance with the Agency's record retention policy and applicable legal requirements.

All investigative records shall be treated as confidential and shall not be disclosed or released without the express authorization of the Chief Executive Officer or legal counsel, except as otherwise required by law.