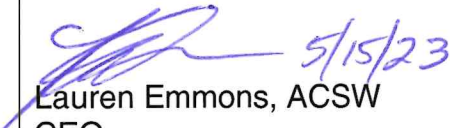


CHAPTER Administrative	CHAPTER 01	SECTION 002	SUBJECT 80
SECTION Operations		DESCRIPTION Code of Ethics	
WRITTEN BY Michael K. Vizena, M.B.A. Executive Director	REVISED BY Michelle Gould-Rice, LMSW, Quality Improvement Supervisor	AUTHORIZED BY  5/15/23 Lauren Emmons, ACSW CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) business and service-related activities, directly operated, and contracted services are conducted in an ethical and legal manner and within the provider’s scope of practice.

STANDARDS:

- A. Staff follow the LCCMH Code of Ethics and Professional Conduct and the Region 10 PIHP Code of Ethical Conduct.
- B. LCCMH staff also comply with their profession’s specific code of ethics, if applicable.
- C. All policies and practices of LCCMH will be in conformance with applicable federal and state laws, regulations, and rules.
- D. Policies and practices of LCCMH are developed to avoid actual or potential conflict of interest situations.

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- E. Business practices are consistent with applicable legal and contractual requirements. They will not provide an unfair opportunity for certain individuals or organizations doing business with LCCMH, nor should they result in unusual gain for individuals or organizations employed through or under contract with LCCMH.
- F. All marketing efforts conducted by the organization and its employees or contracted providers will accurately and truthfully portray the services and skill levels of service providers within the organization.
- G. Clinical services will be delivered consistent with all applicable legal standards, contractual requirements, and established service-related protocols.
- H. Personnel providing care to a person served or business services must be appropriately credentialed and provide services consistent with all established professional / business ethics.
- I. The personal views of persons providing care to person served or business services will not compromise the interests of persons served, service providers, or the Board.
- J. Human Resource policies and procedures will comply with all Federal, State and local laws and regulations.
- K. An annual Corporate Compliance Plan is adopted by the LCCMH Board prohibiting fraud, waste, abuse, and other Code of Ethics violations. See LCCMH Corporate Compliance Program, Evaluation and Annual Plan Policy 01.002.15.
- L. LCCMH advocates to protect the rights and interests of the persons served.
- M. LCCMH collaborates with other community agencies and providers to advance the general welfare of the community.

PROCEDURES:

- A. LCCMH staff and Board Members sign a written statement(s) regarding their knowledge and understanding of the requirements of the LCCMH Code of Ethics and Professional Conduct and the PIHP Code of Conduct upon hire or Board appointment and annually using LCCMH Form #170-B.
- B. LCCMH staff receive periodic email notices from the Region 10 PIHP Corporate Compliance Office on ethical and compliance standards.

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- C. Provider Network contracts require compliance to the code of ethics.
- D. The Conflict of Interest Attestation is completed as outlined in the Region 10 Contract and the LCCMH Conflict of Interest Policy 01.001.55.
- E. Persons receiving service receive notice of their Recipient Rights as identified in the Mental Health Code through the Consumer Bill of Rights booklet.
- F. Persons aware of violations or suspected violations of this policy or the Code of Ethics and Professional Conduct immediately report these findings to the LCCMH or Region 10 Corporate Compliance office staff, their direct supervisor and/or the Chief Executive Officer (CEO).
- G. LCCMH Corporate Compliance staff promptly investigates all allegations of violation of this policy.
- H. The CEO, with assistance from the Human Resources Manager and Program Supervisor, takes prompt and appropriate action regarding any substantiated findings of violation of this policy, consistent with applicable policies, contractual, and legal requirements.

DEFINITIONS:

- A. Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise
 - 1) an employee's or service provider's business judgment;
 - 2) an employee's or service provider's delivery of care to persons served; or
 - 3) the ability of an employee or service provider to do their job.
- B. Unusual Gain: Business dealings that result in an unfair advantage for certain individuals or organizations. Unusual gain generally includes but is not limited to bribes, product bonuses, special benefits, unusual price breaks and other gains not proportional to the products or services provided.
- C. Corporate Compliance Plan: A document and set of activities established to deter noncompliance with applicable law, detect noncompliance which may occur, invoke appropriate consequences for those involved in noncompliance, and prevent reoccurrence of noncompliance.

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REFERENCES:

LCCMH Code of Ethics and Professional Conduct Form #170-B
LCCMH Corporate Compliance Program, Evaluation and Annual Plan Policy 01.002.15
Corporate Compliance Plan
LCCMH Conflict of Interest Policy 01.001.55

MGR

This policy supersedes
#04/03002 dated 04/07/2003.
#05.001.50 dated 11/15/2012
