



ADMINISTRATIVE POLICY:

Program:

Effective:

Functional Responsibility:

ETHICAL CODES OF CONDUCT

Agency-Wide

September 3, 2015

Compliance

ETHICAL CODES OF CONDUCT

I. POLICY:

It is the policy of Centro Las Americas, Inc., (CENTRO) that all full and part-time employees, contractors, students, volunteers (collectively referred to as “personnel”), and members of the governing authority are expected to perform their designated functions in a manner that reflects the highest standards of ethical behavior. The ethical standards contained in this policy shape the culture and norms of CENTRO’s administrative operations and clinical practices, and both personnel and members of the governing authority will be held fully accountable to these standards.

In addition to the specific guidelines contained in the policy, personnel is expected to follow the ethical standards required by their specific licensing, certification boards, or other job description. This Code of Conduct Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families and/or representatives, working with other providers, and interacting in the communities we serve. It is expected that personnel and members of the governing authority will perform their duties in compliance with all federal, state, and local regulations in accordance with guidelines set forth in this policy. Violation of guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment.

II. PROCEDURES:

A. Professional Conduct:

- 1) Personnel will respect the rights of persons served by demonstrating full integration of the guidelines contained in the Rights of Person’s Served Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process.
- 2) Personnel will provide services in a manner that fully respects the confidentiality of clients, by demonstrating a functional knowledge of confidentiality policies and guidelines.
- 3) Personnel will be fair and honest in their work. They will not exploit, mislead, or violate the rights of persons served. All personnel will be faithful to their contractual obligations, their professional boundaries, corporate responsibilities, and their word.
- 4) To prevent and avoid unethical conduct, personnel will consult with, refer to, and participate in supervision or treatment team meetings with other professionals.

- 5) Personnel will clarify their professional role or license details, training and experience, treatment obligations, and be accountable for upholding professional standards of practice.

B. Personal/Professional Conduct:

- 1) All prior personal relationships between staff and persons engaging in services, shall be disclosed by personnel and may be subject to review by appropriate supervisor.
- 2) Personnel will limit relationships with persons served to their defined professional roles.
- 3) Personnel will not establish ongoing personal or business relationships with clients receiving services.
- 4) Personnel will conduct themselves in a professional, ethical, and moral manner based on the values of the organization.
- 5) Sexual relationships between personnel and person's served are never appropriate. Sexual relationships include, but are not limited to the following: engaging in any type of sexual activity, flirting, advances and/or propositions of a sexual nature, comments of a sexual nature about an individuals body, clothing, or lewd sexually suggestive comments.
- 6) Personnel will not accept gifts of value from a client, family member, or stakeholder, and cannot accept personal favors or benefits that may be reasonably construed as influencing their conduct or creating an imbalance of power.
- 7) Personnel will not take, borrow or remove agency property or personal property not belonging to them from the agency without permission of the property owner.
- 8) Personnel will not solicit persons served for personal causes including but not limited to: soliciting funds for a personal or community cause, political fundraising, selling candy and cookies for their children, friend's children or other such fundraising item's for the personnel's children.
- 9) CENTRO engages in organizational fundraising. If organizational fundraising occurs for our AFC Program, applicable authority and responsibility will be assigned, training will be in place, and appropriate procedures will be implemented.
- 10) Personnel involved with clinical care will not serve as a witness of any document for that client including but not limited to: power of attorney, advance directives, or guardianship.

C. Business Practices:

- 1) CENTRO will utilize its Compliance Officer (or designated staff) to ensure that it conducts business in an ethical manner and ensure that any business practices that are questionable are thoroughly investigated utilizing the investigation procedures outlined below.
- 2) All financial practices, facility development, information technology, advocacy efforts, corporate citizenship, and data collection and management practices shall comply with local, state, and federal law and guidelines. They will align with standard operations for field.
- 3) All personnel shall adhere to CENTRO's policies and procedures.

D. Human Resources:

- 1) Human Resources is responsible for adding value to the organization and contributing to its ethical success. In doing so, Human Resources is committed to:
 - Encouraging involvement, participation, and openness from all its employees
 - Balancing organizational and individual employee needs and interests
 - Maintaining an appropriate level of confidentiality concerning the information it holds
 - Ensuring the truth and accuracy of data, claims, and recommendations originating from and/or passing through its department
 - Showing respect for differences between individuals and groups and accommodating these differences whenever possible
 - Managing our personal opinions and biases in the interest of objectivity and fairness to others
 - Avoiding personal or professional conflicts of interest
 - Using influence and authority appropriately

E. Marketing Practices:

- 1) CENTRO will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent CENTRO's services, providers, contracts, or capabilities.
- 2) CENTRO will not claim any service outcomes unless represented by reliable data collection methods and valid research results.
- 3) CENTRO will utilize clear and consistent methods of communicating information to consumers, family members, third-party entities, referral sources, funding sources, and community members, and will exhibit sensitivity to the educational and cultural considerations when distributing information.
- 4) CENTRO will not utilize monetary rewards or gifts to any potential clients in an attempt to entice them to enter programs.

F. Clinical Practices:

- 1) Personnel will adhere to all professional codes of conduct and ethical standards for specified professional discipline as well as any other professional certification or job description.
- 2) Professional boundaries are to be utilized in all business related to organization.
- 3) As part of orientation, personnel and other stakeholders will read the Ethical Codes of Conduct and demonstrate knowledge of the guidelines as evidenced by proper administrative documentation,

following policies and procedures, participation in training or continuing education for organization and professional requirements, and conformance to the clinical standards.

G. Quality of Care:

- 1) CENTRO will provide quality behavioral health care in a manner that is appropriate, determined to be necessary, efficient, and effective.
- 2) Health care professionals will follow current ethical standards regarding communication with clients (and their representatives) regarding services provided.
- 3) CENTRO will inform clients about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
- 4) CENTRO recognizes the right of clients to make choices about their own care, including the right to go without recommended care or to refuse care.

G. Necessity of Care:

- 5) CENTRO shall submit claims for payment to governmental, private, or individual payers for those services or items that are clinically necessary and appropriate.
- 6) When providing services, CENTRO personnel shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.
- 7) Service providers may determine that services are clinically necessary or appropriate; however, the funding source may not cover or approve those services. In such a case, the consumer may request the submission of a claim for the services to protect their rights with respect to those services or to determine the extent of coverage provided by the payer.
- 8) Coding and documentation will be consistent with the standards and practices defined by the organization in its policy, procedures, and guidelines.

H. Coding, Billing, and Accounting:

- 1) CENTRO personnel involved in coding, billing, documentation and accounting for client care services for governmental, private or individual payers will comply with all applicable state and federal regulations and organizational policies and procedures. Training will be provided as needed.
- 2) CENTRO will only bill for services rendered and shall seek the amount to which is contracted.
- 3) Supporting clinical documentation will be prepared for all services rendered. If the appropriate and required documentation has not been provided, then the service has not been rendered.
- 4) All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts, and organizational policies and procedures. Federal and state regulations take precedence, and organizational policies and procedures must reflect those regulations.

- 5) If a billing or coding error occurs, documentation must be logged and properly corrected. Appropriate documentation will be reported to proper authority and action will be taken according to corporate compliancy standards.
- 6) Clients shall be consistently and uniformly charged, and government payers shall not be charged more than the provider's usual charges.
- 7) Billing and collections will be recorded in the appropriated accounts and proper review will occur.
- 8) An accurate and timely billing structure and medical records system will ensure that CENTRO effectively implements and complies with required policies and procedures.

I. Cost Reports:

- 1) Designated staff will ensure that all preparation and cost reports submitted to governmental and private organizations are properly prepared and documented according to all applicable federal and state laws.
- 2) All cost reports will be submitted and prepared with all costs properly classified, allocated to the correct cost centers, and supported by verifiable and auditable cost data.
- 3) All cost report preparation or submission errors and mistakes will be corrected in a timely manner and, if necessary, clarify procedures and educate personnel to prevent or minimize recurrence of those errors.

J. Personal and Confidential Information:

- 1) CENTRO will protect personal and confidential information concerning the organization's system, personnel, and clients.
- 2) CENTRO personnel shall not disclose confidential consumer information unless at the client's request and/or when authorized by law. Appropriate consent for use of consumer information for research purposes must be obtained with full disclosure regarding research purpose and use.
- 3) Confidential information will only be discussed with or disclosed to persons and entities outside the organization through the request of the client. Third party disclosures are not allowed. Persons outside the organization include the family, business, or social acquaintances of the client.
- 4) Clients can request and are entitled to receive copies or summaries of their records except for minors and consumers being treated for alcohol and drug abuse, who may be provided with copies of their record if it is judged appropriate by the Compliance Officer.
- 5) Personnel will be familiar with all organizational policies and procedures regarding confidentiality, record keeping, and traveling with documentation, as appropriate.

K. Creation and Retention of Records:

- 1) All records are property of the organization. Personnel shall not destroy or remove records from the premises.

- 2) Respective staff responsible for the preparation of records shall ensure they are accurately prepared, maintained in a lawful manner, and reside in a location as prescribed by law and policy.
- 3) Personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive, or misleading information. Personnel will not sign someone else's signature or initials on a record. Appropriate clinical language and documentation is always to be used.
- 4) Personnel will not delete any entry from a record. Records can be amended and material added to ensure the accuracy of a record in accordance with policy and procedures. If a record is amended, it must indicate that the notation is an addition (or correction) and document the actual date the additional entry was made.
- 5) The organization maintains record retention and destruction policies and procedures consistent with federal and state requirements. Premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.

L. Government Investigation:

- 1) CENTRO personnel shall cooperate fully with appropriately authorized governmental investigations and audits.
- 2) CENTRO will respond in an orderly fashion to the government's request for information through interviews and documentation review.
- 3) CENTRO will respond to the government's request for information in a manner that enables the organization to protect both the organization and client's interests, while cooperating fully with the investigation.
- 4) When a representative from a federal or state agency contacts CENTRO personnel at home or at their office for information regarding the organization or any other entity with which the organization does business, the individual will contact the CEO immediately. If the CEO is not available, the individual will contact the Compliance Officer.
- 5) CENTRO personnel will ask to see the government representative's identification and business card, if the government representative presents in person. Otherwise, personnel should ask for the person's name, office, address, phone number, and identification number and then contact the person's office to confirm identity.

M. Prevention of Improper Referrals or Payments:

- 1) Personnel will not **accept**, for themselves or for the organization, anything of value in exchange for referrals of business or the referral of consumers.
- 2) Personnel will not **offer**, for themselves or for the organization, anything of value in exchange for referrals of business or the referral of clients.
- 3) Federal law prohibits anyone from offering anything of value to a Medicare or Medicaid client that is likely to influence that person's decision to select or receive care from a behavioral health care provider.

- 4) The organization shall establish procedures for the review of all pricing and discounting decisions to ensure that appropriate factors have been considered and that the basis for such arrangements are documented.
- 5) Development or initiation of joint ventures, partnerships, and corporations within the organization must be reviewed and approved by appropriate management to ensure compliance with organizational policy and federal regulations.

N. Antitrust Regulations:

- 1) Personnel will comply with all applicable federal and state antitrust laws.
- 2) Personnel shall not agree with a competitor to artificially set prices or salaries, divide markets, restrict service output, block new competitors from the market, or share pricing information that is not normally available to the public.
- 3) Personnel shall not deny privileges to qualified practitioners or agree to participate with competitors in a boycott of government programs, insurance companies, pharmaceutical drugs, or other products.

O. Potential Conflicts of Interest:

- 1) Persons served will not be hired or allowed to engage in a business relationship with CENTRO while they are an active participant in the program.
- 2) CENTRO personnel will not engage in outside Behavioral Health Services that are incompatible or in conflict with job duties or values of the organization to the extent that their performance is impacting the identified and agreed upon job description or role. Disclosure about other interests is to be made and documented in personnel file.
- 3) Private practice shall be done on personnel's own time, outside of the organization, and meet ethical and professional standards of practice.
- 4) The private practice activities must not be averse to the interests, goals, and values of CENTRO. Disclosure is to be made and documented in personnel file.
- 5) Personnel will not recruit clients for their private practice within their professional roles as CENTRO personnel.
- 6) If personnel ends relationship with CENTRO and enters another practice, the client must be informed of their rights to choose what or how service continues. Persons served may choose to continue their therapy with former staff. However, the services must be offered with equal accessibility and persons served must be made aware of their rights to be referred to another provider or decline services.

P. Avoiding Conflicts of Interest:

- 1) All personnel shall conduct clinical and personal business in a manner that avoids potential or actual conflicts of interests.
- 2) Personnel shall not use their official positions to influence an organizational decision in which they know, or have reason to know, that they have a financial interest.

- 3) If there is a known conflict of interest, written disclosure must be made during the onboarding process or as soon as possible after becoming aware. Discussion will occur with appropriate staff members to determine a plan of action, if necessary.
- 4) Personnel must be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to the following:
 - a. Giving or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the organization. Third parties may include, but are not limited to, clients, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries.
 - b. Using facilities, resources, or other confidential and private information for reasons other than organization sanctioned activities or for one's own gain.
 - c. Using CENTRO's name to promote self inappropriately, sell products, or sell personal services.
 - d. Contracting or entering an employment relationship for goods or services with those directly involved in purchasing decisions. This could result in preferential treatment of an individual or entity.
 - e. Contracting or entering an employment relationship with a competing interest.

Q. External Relations:

- 1) Personnel shall adhere to fair business practices and accurately and honestly represent themselves and the organization's services.
- 2) Personnel will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the organizations service delivery system.
- 3) Vendors who contract to provide goods and services to the organization will be selected based on quality, cost-effectiveness, appropriateness for the identified task or need, and conform to organization's policies, procedures, and standards of operation.
- 4) CENTRO shall engage in advocacy and corporate citizenship efforts to reduce stigma in the community. Additionally, conformance to utilizing person centered or "people first" language is evident in our publications, operations, and activities. CENTRO will document participation in advocacy and corporate citizenship by utilizing meeting logs, meeting notes, or other publications.
- 5) CENTRO is a member of the following community organizations and/or provides the following type of community services: The Worcester Chamber of Commerce, The Massachusetts Council-Human Services Provider, Massachusetts AFC Provider's Council, Latin American Business Association (LABO), Adelante Worcester, Quinsigammond Community College Board, Net of Compassion, Food Pantry Services, Community Support Services, the Worcester Public Schools The Latino Film Festival and the Latin American festival of food & culture.

R. Workforce Development and Management:

- 1) Discrimination is prohibited in any work-related decision based on race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The organization is committed to providing equal employment opportunities in a work environment where personnel are treated with fairness, dignity, and respect.
- 2) CENTRO will make reasonable accommodations to the known physical, mental, or cultural implications of otherwise qualified individuals with disabilities.
- 3) CENTRO does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the organization pursuant to the organization's affirmative action policy.
- 4) Any form of sexual harassment, workplace violence, and inappropriate professional responsibility is prohibited.

S. Code of Conduct Procedures:

- 1) All personnel, students, volunteers, and governing authority members, as part of the organization's orientation and onboarding process, will review the Code of Conduct Policy, including the procedures for investigating and acting on alleged ethical or conduct violations.
- 2) All personnel will receive a copy of the Code of Conduct Policy, sign a form acknowledging their review and full understanding of the code, and return the form to be filed in the individual's personnel file.
- 3) To ensure awareness of ethical practices, review and continued education will be conducted annually for personnel and other stakeholders.

T. Procedures for Investigating and Acting on Suspected or Alleged Ethical Violations:

- 1) When any client, family member, authorized representative, advocate or other person believes that an ethical violation has occurred within the operations of the facility, they may report such suspicion directly to any staff member or management.
- 2) When personnel believe a Code of Conduct violation has occurred they are obligated to report in one of the following ways:
 - a. Immediate notification of the alleged incident or violation utilizing the corporate compliance program and reporting mechanisms.
 - b. Immediate reporting to their supervisor, or to compliance officer if the suspected or alleged violation involves their supervisor.
- 3) Supervisors who have been informed of a suspected or alleged violation are required to immediately inform the compliance officer of the suspected violation.

- 4) If the alleged violation involves a direct and immediate threat to the safety of persons served, personnel, or other visitor, staff are obligated to report the alleged violation immediately to their supervisor and follow appropriate safety procedures, if necessary.
- 5) Personnel are required to report any alleged or suspected Code of Conduct violation that they have knowledge of. However, they are not required to investigate reported violation or follow up with results. That process will be completed by designated compliance staff member.
- 6) Once the alleged violation has been brought to the attention of the supervisor or reported through the compliance procedures, the personnel reporting the situation will no longer have a responsibility for being involved with the investigation other than providing additional information through a requested interview by the investigator.
- 7) Personnel must report each alleged or suspected violation of the Code of Conduct separately, should a violation that has been reported occur again.
- 8) When any suspected or alleged violation of the Code of Conduct is reported to a supervisor, the compliance officer or the designated person will begin an investigation of the matter immediately. While investigating the complaint, the following issues should be considered and action taken depending on the situation:
 - a. Is any client or personnel in any harm or potential harm because of this behavior?
 - b. Does the complaint require immediate action to restrict personnel from contacting client or other persons?
 - c. Does the complaint put CENTRO in a potentially liable situation that needs legal consultation?

U. General Ethical Guidelines and Considerations:

- 1) The Code of Conduct Policy is shared with persons served during orientation and is posted on our webpage.
- 2) CENTRO believes in the importance of ethical practices within the organization. Any personnel who reports waste, fraud, abuse or any other questionable practices will not be subject to reprisal by management of the organization. To assure that reprisal is not used, the managing staff will serve as advocates for personnel who report questionable practices. The Compliance Officer (or designated person) will provide assurance and oversight that there are no adverse actions toward person reporting.
- 3) The following violations of the Code of Conduct Policy will result in termination of employment: Theft of funds, and/or physical, emotional, or sexual abuse of client or other personnel.

V. Media Relations Procedures:

- 1) CENTRO is committed to open communication about our mission, programs, services, values and policies surrounding the organization's role in serving our clients. Information about specific cases, clients, circumstances and families is governed according to federal and state statutes on personal privacy and confidentiality.

- 2) The organization and staff will work cooperatively and timely in responding to inquiries to increase both public understanding as well as knowledge of services provided.
- 3) Only the President & CEO, or someone designated by the President & CEO, will have authorization to speak with or provide any written documentation (i.e. press release) to media. In the event media requests to speak with a full or part time employee, contractor, intern or volunteer (collectively referred to as “personnel”) about a client, case, circumstance, etc., they will be directed to speak with CENTRO’s President & CEO.
- 4) In preparing responses, the President & CEO consults, as appropriate, executives and personnel members; and keeps the Board of Directors informed of ongoing inquiries, as appropriate. The President & CEO coordinates, monitors and provides assistance regarding media inquiries and decides the course of action about responses when warranted. The President & CEO summarizes media contacts in regular written reports to the Board of Directors.
- 5) Personnel may not acknowledge whether or not someone has ever been a client of the organization.
- 6) Photography, audio or video recordings, or any other type of recording device that could be used to document the identity of anyone visiting or being treated at the organization is forbidden. This applies to members of the press as well as anyone else, including staff, clients, and family members and/or friends of clients/staff.

VI. Social Media and Blogging

- 1) Blogging, whether using Centro’s property and systems or personal computer systems, is subject to the terms and restrictions set forth in the Electronic Communication and Acceptable Use Policy. Examples of blogging include, but not be limited to, posting on personal blogs, business-related blogs or social network sites such as Facebook, Twitter, Snapchat, Instagram, YouTube and LinkedIn.
- 2) All social media and blogging activities must adhere to the guidelines set forth in the above-mentioned policy, which personnel will receive a copy and sign a form acknowledging their review and full understanding of said policy. This form will be filed in the individual’s personnel file.