

Section: Ethical Issues
Policy: Abuse and Neglect Identification and Reporting
Policy No: EI 01
Effective: 02/03/1984
Revised/Approved: 06/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) that suspected incidents or other statements of abuse and neglect made by a person receiving services, parent/guardian or other witness to such abuse must be reported to the appropriate state agency. In addition, it is the policy of CCS that any instances of physical, psychological, sexual, or any other abuse by any employee toward a person receiving services will not be tolerated. All employees are expected to ensure prompt reporting of any suspected abuse or neglect to the Department of Human Services and follow up in writing as directed. CCS will cooperate in the prosecution of appropriate criminal charges against those who have engaged in unlawful abuse.

PURPOSE: To ensure that all unlawful allegations of abuse and neglect are handled in a timely and appropriate manner and to ensure that people receiving services from CCS will not be subjected to instances of abuse or neglect while participating in any CCS program; to make clear to all employees exactly what is expected and to comply with all state and federal policies.

PROCEDURE:

Section 1: MISSISSIPPI LAW (Child Abuse Law) § 43-21-353. Duty to Inform the Court

(1) Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to **suspect** that a child is a neglected child or an abused child, shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in writing to the Department of Human Services, and immediately a referral shall be made by the Department of Human Services to the youth court intake unit, which unit shall promptly comply with Section 43-21-357. In the course of an investigation, at the initial time of contact with the individual(s) about whom a report has been made under this Youth Court Act or with the individual(s) responsible for the health or welfare of a child about whom a report has been made under this chapter, the Department of Human Services shall inform the individual of the specific complaints or allegations made against the individual. Consistent with subsection (4), the identity of the person who reported his or her suspicion shall not be disclosed. Where appropriate, the Department of Human Services shall additionally make a referral to the youth court prosecutor.

Upon receiving a report that a child has been sexually abused, or burned, tortured, mutilated or otherwise physically abused in such a manner as to cause serious bodily harm, or upon receiving any report of abuse that would be a felony under state or federal law, the Department of Human Services shall immediately notify the law enforcement agency in whose jurisdiction the abuse occurred and shall notify the appropriate prosecutor within forty-eight (48) hours, and the Department of Human Services shall have the duty to provide the law enforcement agency all the names and facts known at

the time of the report; this duty shall be of a continuing nature. The law enforcement agency and the Department of Human Services shall investigate the reported abuse immediately and shall file a preliminary report with the appropriate prosecutor's office within twenty-four (24) hours and shall make additional reports as new or additional information or evidence becomes available. The Department of Human Services shall advise the clerk of the youth court and the youth court prosecutor of all cases of abuse reported to the department within seventy-two (72) hours and shall update such report as information becomes available.

(2) Any report to the Department of Human Services shall contain the names and addresses of the child and his parents or other persons responsible for his care, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries and any other information that might be helpful in establishing the cause of the injury and the identity of the perpetrator.

(3) The Department of Human Services shall maintain a statewide incoming wide-area telephone service or similar service for the purpose of receiving reports of suspected cases of child abuse; provided that any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer or public or private school employee who is required to report under subsection (1) of this section shall report in the manner required in subsection (1).

(4) Reports of abuse and neglect made under this chapter and the identity of the reporter are confidential except when the court in which the investigation report is filed, in its discretion, determines the testimony of the person reporting to be material to a judicial proceeding or when the identity of the reporter is released to law enforcement agencies and the appropriate prosecutor pursuant to subsection (1). Reports made under this section to any law enforcement agency or prosecutorial officer are for the purpose of criminal investigation and prosecution only and no information from these reports may be released to the public except as provided by Section 43-21-261. Disclosure of any information by the prosecutor shall be according to the Mississippi Uniform Rules of Circuit and County Court Procedure. The identity of the reporting party shall not be disclosed to anyone other than law enforcement officers or prosecutors without an order from the appropriate youth court. Any person disclosing any reports made under this section in a manner not expressly provided for in this section or Section 43-21-261 shall be guilty of a misdemeanor and subject to the penalties prescribed by Section 43-21-267.

(5) All final dispositions of law enforcement investigations described in subsection (1) of this section shall be determined only by the appropriate prosecutor or court. All final dispositions of investigations by the Department of Human Services as described in subsection (1) of this section shall be determined only by the youth court. Reports made under subsection (1) of this section by the Department of Human Services to the law enforcement agency and to the district attorney's office shall include the following, if known to the department: (a) The name and address of the child; (b) The names and addresses of the parents; (c) The name and address of the suspected perpetrator; (d) The names and addresses of all witnesses, including the reporting party if a material witness to the abuse; (e) A brief statement of the facts indicating that the child has been abused and any other information from the agency files or known to the

family protection worker or family protection specialist making the investigation, including medical records or other records, which may assist law enforcement or the district attorney in investigating and/or prosecuting the case; and (f) What, if any, action is being taken by the Department of Human Services.

(6) In any investigation of a report made under this chapter of the abuse or neglect of a child as defined in Section 43-21-105(m), the Department of Human Services may request the appropriate law enforcement officer with jurisdiction to accompany the department in its investigation, and in such cases the law enforcement officer shall comply with such request.

(7) Anyone who willfully violates any provision of this section shall be, upon being found guilty, punished by a fine not to exceed Five Thousand Dollars (\$ 5,000.00), or by imprisonment in jail not to exceed one (1) year, or both.

(8) If a report is made directly to the Department of Human Services that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report. The Department of Human Services shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court. The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by the Department of Human Services to the licensing agency. The licensing agency shall investigate the report and shall provide the Department of Human Services, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

(9) If a child protective investigation does not result in an out-of-home placement, a child protective investigator must provide information to the parent or guardians about community service programs that provide respite care, voluntary guardianship or other support services for families in crisis.

Section 2: Definitions – Child Abuse

In accordance with Section 43-21-105 of the Mississippi Code of 1972, Annotated, "Abused child" means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused, upon the child, sexual abuse, sexual exploitation, emotional abuse, mental injury, nonaccidental physical injury or other maltreatment. However, physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section. "Abused child" also means a child who is or has been trafficked within the meaning of

the Mississippi Human Trafficking Act by any person, without regard to the relationship of the person to the child.

Section 3: Indicators of Abuse – Child Abuse

Emotional or verbal abuse is anything said or done that is hurtful or threatening to a child and is the most difficult form of maltreatment to identify. Examples include:

- Name calling (“You’re stupid”)
- Belittling (“I wish you were never born”)
- Destroying child’s possessions or pets
- Threatens to harm child or people they care about (“I’m going to choke you” or “I’ll break your arm”)
- Locking a child in a closet or box
- Rejecting a child
- Isolating a child

Sexual abuse is any inappropriate touching by a friend, family member, anyone having ongoing contact with the child, and/or a stranger. Examples include:

- Touching a child’s genital area
- Any type of penetration of a child
- Allowing a child to view or participate in pornography
- Prostitution, selling your child for money, drugs, etc.
- Forcing a child to perform oral sex acts
- Masturbating in front of a child
- Having sex in front of a child

Physical abuse is any type of contact that results in bodily harm, such as bruising, abrasions, broken bones, internal injuries, burning, missing teeth, and skeletal injuries. Examples include:

- Hitting or slapping a child with an extension cord, hands, belts, fists, broom handles, brushes, etc.
- Putting child into hot water
- Cutting the child with a knife or any other sharp object
- Shaking or twisting arms or legs or yanking a child by the arm
- Putting tape over a child’s mouth
- Tying a child up with rope or cord
- Throwing a child across a room or down the stairs

Neglect means not meeting the basic needs of the child and is the most common form of maltreatment:

- Medical – not giving a child life-sustaining medicines, over-medicating, or not obtaining special treatment devices deemed necessary by a physician
- Supervision – leaving child/children unattended or leaving child/children in the care of other children too young to protect them (depending upon the maturity of the child)
- Clothing and Hygiene – dressing children inadequately for weather or persistent skin disorders resulting from improper hygiene
- Nutrition – lack of sufficient quantity or quality of food, letting a child consistently complain of hunger, or allowing the child to rummage for food
- Shelter – having structurally unsafe housing, inadequate heating, or unsanitary housing conditions

Section 1: MISSISSIPPI LAW (Vulnerable Adults Act) § 43-47-7. Reporting abuse, neglect, or exploitation; establishment of central register; confidentiality

(1) (a) Except as otherwise provided by Section 43-47-37 for vulnerable persons in care facilities, any person including, but not limited to, the following, who knows or suspects that a vulnerable person has been or is being abused, neglected or exploited shall immediately report such knowledge or suspicion to the Department of Human Services or to the county department of human services where the vulnerable person is located: (i) Attorney, physician, osteopathic physician, medical examiner, chiropractor or nurse engaged in the admission, examination, care or treatment of vulnerable persons; (ii) Health professional or mental health professional other than one listed in subparagraph (i); (iii) Practitioner who relies solely on spiritual means for healing; (iv) Social worker, family protection worker, family protection specialist or other professional care, residential or institutional staff; (v) State, county or municipal criminal justice employee or law enforcement officer; (vi) Human rights advocacy committee or long-term care ombudsman council member; or (vii) Accountant, stockbroker, financial advisor or consultant, insurance agent or consultant, investment advisor or consultant, financial planner, or any officer or employee of a bank, savings and loan, credit union or any other financial service provider.

(b) To the extent possible, a report made pursuant to paragraph (a) must contain, but need not be limited to, the following information: (i) Name, age, race, sex, physical description and location of each vulnerable person alleged to have been abused, neglected or exploited. (ii) Names, addresses and telephone numbers of the vulnerable person's family members. (iii) Name, address and telephone number of each alleged perpetrator. (iv) Name, address and telephone number of the caregiver of the vulnerable person, if different from the alleged perpetrator. (v) Description of the neglect, exploitation, physical or psychological injuries sustained. (vi) Actions taken by the reporter, if any, such as notification of the criminal justice agency. (vii) Any other information available to the reporting person which may establish the cause of abuse, neglect or exploitation that occurred or is occurring. In addition to the above, any person or entity holding or required to hold a license as specified in Title 73, Professions and Vocations, Mississippi Code of 1972, shall be required to give his, her or its name, address and telephone number in the report of the alleged abuse, neglect or exploitation.

(c) The department, or its designees, shall report to an appropriate criminal investigative or prosecutive authority any person required by this section to report or who fails to comply with this section. A person who fails to make a report as required under this subsection or who, because of the circumstances, should have known or suspected beyond a reasonable doubt that a vulnerable person suffers from exploitation, abuse, neglect or self-neglect but who knowingly fails to comply with this section shall, upon conviction, be guilty of a misdemeanor and shall be punished by a fine not exceeding Five Thousand Dollars (\$ 5,000.00), or by imprisonment in the county jail for not more than six (6) months, or both such fine and imprisonment. However, for purposes of this subsection (1), any recognized legal financial transaction shall not be considered cause to report the knowledge or suspicion of the financial exploitation of a vulnerable person. If a person convicted under this section is a member of a profession or occupation that

is licensed, certified or regulated by the state, the court shall notify the appropriate licensing, certifying or regulating entity of the conviction.

(2) Reports received by law enforcement authorities or other agencies shall be forwarded immediately to the Department of Human Services or the county department of human services. The Department of Human Services shall investigate the reported abuse, neglect or exploitation immediately and shall file a preliminary report of its findings with the Office of the Attorney General within forty-eight (48) hours if immediate attention is needed, or seventy-two (72) hours if the vulnerable person is not in immediate danger and shall make additional reports as new information or evidence becomes available. The Department of Human Services, upon request, shall forward a statement to the person making the initial report required by this section as to what action is being taken, if any.

(3) The report may be made orally or in writing, but where made orally, it shall be followed up by a written report. A person who fails to report or to otherwise comply with this section, as provided herein, shall have no civil or criminal liability, other than that expressly provided for in this section, to any person or entity in connection with any failure to report or to otherwise comply with the requirements of this section.

(4) Anyone who makes a report required by this section or who testifies or participates in any judicial proceedings arising from the report or who participates in a required investigation or evaluation shall be presumed to be acting in good faith and in so doing shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed. However, the immunity provided under this subsection shall not apply to any suspect or perpetrator of any abuse, neglect or exploitation.

(5) A person who intentionally makes a false report under the provisions of this section may be found liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

(6) The Executive Director of the Department of Human Services shall establish a statewide central register of reports made pursuant to this section. The central register shall be capable of receiving reports of vulnerable persons in need of protective services seven (7) days a week, twenty-four (24) hours a day. To effectuate this purpose, the executive director shall establish a single toll-free statewide phone number that all persons may use to report vulnerable persons in need of protective services, and that all persons authorized by subsection (7) of this section may use for determining the existence of prior reports in order to evaluate the condition or circumstances of the vulnerable person before them. Such oral reports and evidence of previous reports shall be transmitted to the appropriate county department of human services. The central register shall include, but not be limited to, the following information: the name and identifying information of the individual reported, the county department of human services responsible for the investigation of each such report, the names, affiliations and purposes of any person requesting or receiving information which the executive director believes might be helpful in the furtherance of the purposes of this chapter, the name, address, birth date, social security number of the perpetrator of abuse, neglect and/or exploitation, and the type of abuse, neglect and/or exploitation of which there was substantial evidence upon investigation of the report. The central register shall inform

the person making reports required under this section of his or her right to request statements from the department as to what action is being taken, if any.

Each person, business, organization or other entity, whether public or private, operated for profit, operated for nonprofit or a voluntary unit of government not responsible for law enforcement providing care, supervision or treatment of vulnerable persons shall conduct criminal history records checks on each new employee of the entity who provides, and/or would provide direct patient care or services to adults or vulnerable persons, as provided in Section 43-11-13.

The department shall not release data that would be harmful or detrimental to the vulnerable person or that would identify or locate a person who, in good faith, made a report or cooperated in a subsequent investigation unless ordered to do so by a court of competent jurisdiction.

(7) Reports made pursuant to this section, reports written or photographs taken concerning such reports in the possession of the Department of Human Services or the county department of human services shall be confidential and shall only be made available to: (a) A physician who has before him a vulnerable person whom he reasonably suspects may be abused, neglected or exploited, as defined in Section 43-47-5; (b) A duly authorized agency having the responsibility for the care or supervision of a subject of the report; (c) A grand jury or a court of competent jurisdiction, upon finding that the information in the record is necessary for the determination of charges before the grand jury; (d) A district attorney or other law enforcement official.

Notwithstanding the provisions of paragraph (b) of this subsection, the department may not disclose a report of the abandonment, exploitation, abuse, neglect or self-neglect of a vulnerable person to the vulnerable person's guardian, attorney-in-fact, surrogate decision maker, or caregiver who is a perpetrator or alleged perpetrator of the abandonment, exploitation, abuse or neglect of the vulnerable person.

Any person given access to the names or other information identifying the subject of the report, except the subject of the report, shall not divulge or make public such identifying information unless he is a district attorney or other law enforcement official and the purpose is to initiate court action. Any person who willfully permits the release of any data or information obtained pursuant to this section to persons or agencies not permitted to such access by this section shall be guilty of a misdemeanor.

(8) Upon reasonable cause to believe that a caretaker or other person has abused, neglected or exploited a vulnerable person, the department shall promptly notify the district attorney of the county in which the vulnerable person is located and the Office of the Attorney General, except as provided in Section 43-47-37(2).

§ 43-47-37. Reporting of abuse and exploitation of patients and residents of care facilities (1) Any person who, within the scope of his employment at a care facility as defined in Section 43-47-5(b), or in his professional or personal capacity, has knowledge of or reasonable cause to believe that any patient or resident of a care facility has been the victim of abuse, neglect or exploitation shall report immediately the abuse, neglect or exploitation. (2) The reporting of conduct as required by subsection (1) of this section

shall be made to the Department of Health and the Medicaid Fraud Control Unit of the Attorney General's office.

Section 2: Definitions – Vulnerable Adults

"Vulnerable person" means a person, whether a minor or adult, whose ability to perform the normal activities of daily living or to provide for his or her own care or protection from abuse, neglect, exploitation or improper sexual contact is impaired due to a mental, emotional, physical or developmental disability or dysfunction, or brain damage or the infirmities of aging. The term "vulnerable person" also includes all residents or patients, regardless of age, in a care facility. The department shall not be prohibited from investigating, and shall have the authority and responsibility to fully investigate, in accordance with the provisions of this chapter, any allegation of abuse, neglect or exploitation regarding a patient in a care facility, if the alleged abuse, neglect or exploitation occurred at a private residence.

Section 3: Indicators of Abuse – Vulnerable Adults

Physical Abuse: beating, slapping, kicking, rough handling, or other abuse causing welts, cuts, burns, abrasions, sprains, bruises, dislocations, fractures or broken bones.

Neglect by Caregiver/Others: lack of supervision, failure to give medicine, food or personal care, not attending to bed sores.

Self-Neglect: Indicators such as inability to provide self-care (i.e. cook, eat, bath), over-medication/under-medication, untreated medical or mental conditions, aimless wandering, causing fires.

Psychological/Emotional Abuse: Indicators such as verbal threats or insults, cursing, belittling, withholding companionship or isolation.

Sexual Abuse: Indicators such as Sexually Transmitted Diseases (STDs), pregnancy, bruises, bleeding, pain or itching in genital or anal areas, difficulty in walking or sitting.

Financial Abuse/Exploitation: Indicators such as mismanaging money or stealing property, savings, credit cards, unusual activity in bank accounts, misuse of assets by a representative payee.

Section 4: General Procedures – Child Abuse or Vulnerable Adult

Community Counseling Services Staff Members: During orientation, each employee will be made aware of their responsibilities in preventing, recognizing, and reporting abuse/neglect, including provisions of the Vulnerable Adults Act, and the Mississippi Child Abuse Law. The policy governing abuse reporting and responsibilities will be provided in the CCS Handbook and Reference Guide given at orientation. Documentation will be kept in the employee's personnel file, indicating the Abuse and Neglect Identification and Reporting Policy has been read and understood by the employee. In addition, all new hires will complete Relias Learning training related to abuse identification and reporting.

Staff members will report suspected incidents of abuse or neglect in accordance with Mississippi law and document said report in the case record of the individual receiving services. Staff members will consult with his/her supervisor prior to making the report so support/guidance can be provided to the employee making the report. An Incident Report must be completed when reports of suspected abuse have occurred or are occurring outside the agency. An Incident Report must also be completed when the suspected abuse occurred on the property of a CCS facility or by a CCS staff member. DMH will be notified in accordance with DMH Operational Standards, as well as, CCS' Department of Human Resources. Staff will acknowledge annually their responsibility for reporting abuse and neglect in accordance with state reporting laws.

Persons Receiving Services: Each person receiving services and his/her parent(s)/legal guardian(s) on admission and annually thereafter, will be provided a verbal explanation of the procedure for reporting abuse/neglect in accordance with state reporting laws. The person receiving service's parent(s)/legal guardian(s) will be notified regarding reported allegations of abuse or neglect when deemed appropriate after the staff member has consulted with his/her supervisor (children only).

Specific Procedures: Any member of the CCS staff may receive a complaint/report of abuse from a person receiving services who thinks he/she has been a victim, a family member of the person receiving services, or a person who may have witnessed or has good cause to suspect abuse/neglect. Upon receiving an allegation of or having witnessed an incident of abuse or neglect of an person receiving services, the employee will contact his/her supervisor for guidance and support. A report will be made to the local Department of Human Services office or via a statewide toll free telephone number. For adults residing in a care facility, a report will be made to the Department of Health and the Medicaid Fraud Control Unit of the Attorney General's office. The staff member will then immediately notify the "Counselor of Record" of the person receiving services and other treatment team members as deemed necessary. If the suspected abuse/neglect involves a staff member of CCS, the Chief Operations Officer and HR Department shall immediately be contacted who will notify the Executive Director. Department of Mental Health will be notified if the suspected abuse occurred on CCS property or a CCS sponsored event.

Any member of the CCS staff who receives a complaint/report from family members, visitors, or non-CCS colleague regarding allegations of abuse/neglect reporting shall acquaint the inquiring or reporting person with reporting procedures and provide the reporting person with the appropriate contact information in order to make a report.

County Administrator/Supervisor: Upon notification of an allegation of the abuse/neglect of an person receiving services, he/she monitors the process to assure that appropriate procedures are followed and provide support/guidance to the staff members involved. If the allegation is against a CCS employee alleging the abuse or neglect of a person receiving services, a report shall be made immediately to the Chief Operations Officer (COO) and the Dept. of Human Resources to initiate appropriate investigation. The County Administrator/Supervisor will work in cooperation with the COO/HR Department to investigate the allegation of the abuse/neglect of a person receiving services by a CCS staff member. All CCS staff will also cooperate with the Department of Human Services and any other authoritative body during the investigation. During the investigation, the suspected staff member will be put on

administrative leave pending the outcome of an investigation. The reporting County Administrator/Supervisor and COO shall review all data in relation to allegations of the abuse/neglect of a person receiving services by an employee. All staff members involved or having knowledge of allegations of the abuse/neglect of a person receiving services will be interviewed and ascertain if the rights of the person receiving services have been violated. A written report of findings and recommendations to the Executive Director will be made within ten (10) working days of the discovery of the allegation. Staff members found guilty of child abuse or neglect will be terminated.

Section: Ethical Issues
Policy: Ethical Conduct of Employees
Policy No: EI 02
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POLICY: It is the policy of Community Counseling Services (CCS) that all employees will adhere to high standards of ethical behavior reflecting mutual respect for people receiving services from CCS, as well as other staff members, equipment, responsibilities, facilities and professional competence. Failure to comply with this policy will result in disciplinary action, up to and including, termination.

PURPOSE: To establish standards of ethical conduct which will enable CCS to maintain the highest possible clinical proficiency through understanding, respect for others and CCS's programs and professional image. Ethical guidelines are outlined in the "Procedure" Section

PROCEDURE: It is the responsibility of the Executive Leadership Team, acting through County Administrators/Program Supervisors to ensure that each staff member complies with ethical standards as set forth by any relevant licensing or professional organizations, and the governing authority. Each member of the governing authority, each staff member and each intern (whether or not he/she holds a professional license) adhere to the highest ethical and moral conduct in his/her interactions with the individuals and family members he/she serves, as well as in their use of program funds and grants.

Responsibility to Individuals Receiving Services

There will be no discrimination against or refusal of professional services to anyone on the basis of race, color, religion, sex, national origin, disability, age, marital status, genetic information or ability to pay.

No employee will use his/her professional relationship with people receiving services to further his/her own interests.

Employees will continue therapeutic relationships only so long as it is reasonably clear that people receiving services are benefiting from the relationship.

Service providers will assist persons in obtaining other therapeutic services if they are unable, for appropriate reasons, to see people who have requested professional help.

Service providers will not abandon or neglect people receiving services without making reasonable arrangements for the continuation of treatment.

Each service provider shall evidence a genuine interest in all the people receiving services on his/her caseload, and dedicate him/herself to the best interest of people on his/her caseload and to helping them help themselves.

Examples of breeches of ethical or moral conduct toward individuals, their families, or other vulnerable persons include, but are not limited to, the following situations in which a service provider is always prohibited from engaging:

- Borrowing money or property or lending money to an individual receiving services or his/her family
- Accepting or giving gifts of monetary value
- Sexual (or other inappropriate) contact
- Performing non-service related activities and charging for them (i.e., doing nails/hair, washing cars, etc.) or an employee receiving such services from an individual receiving services while engaged/participating in services or program activities
- Entering into business transactions or arrangements
Note: An exception can be made by the CCS Executive Director. The Executive Director is responsible for ensuring that there are no ethical concerns associated with the hiring and supervision practices.
- Physical, mental or emotional abuse
- Theft, embezzlement, fraud or other actions involving deception or deceit, or the commission of acts constituting a violation of laws regarding vulnerable adults, violent crimes or moral turpitude, whether or not the employee or intern is criminally prosecuted and whether or not directed at individuals or the individuals' families
- Exploitation
- Failure to maintain proper professional and emotional boundaries, including showing favoritism
- Aiding, encouraging, or inciting the performance of illegal or immoral acts
- Making reasonable treatment-related needs of the individual secondary or subservient to the needs of the employee, volunteer, or intern
- Failure to report knowledge of unethical or immoral conduct or giving false statements during inquiries to such conduct
- Action or inaction which indicates a clear failure to act in an ethical, moral, legal, and professional manner
- Breach of and/or misuse of confidential information
- Failure to report suspected or confirmed abuse, neglect or exploitation of an individual receiving services in accordance with state reporting laws to include but not limited to Vulnerable Persons Act and Child Abuse or Neglect Reporting requirements.

Confidentiality:

Each service provider shall respect the privacy of people receiving services and hold in confidence all information obtained in the course of professional service. Therefore, no employee will disclose confidences of people receiving services to anyone, except:

- To prevent a clear and immediate danger to a person or persons
- When the employee is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case confidences of the person receiving services may only be disclosed in the course of action)

- If there is a release previously obtained in writing, and then such information may only be revealed in accordance with the terms of the release.
- As mandated by law

Each employee shall exercise responsibility in storing or disposal of records of people receiving services in ways that maintain confidentiality.

Each employee shall maintain a professional attitude which upholds confidentiality toward people receiving services, colleagues, applicants and any sensitive situations arising within the agency.

Upon termination, each employee shall continue to maintain confidentiality toward people receiving services and co-workers and shall hold confidential information about sensitive situations within CCS

Responsibility to Colleagues:

Each employee shall respect the rights and views of his/her fellow professionals and treat them with fairness, courtesy and good faith

Each employee shall be aware of his/her potential influence on students and co-workers and will not exploit their trust. He/she will make every effort to avoid dual relationships that could impair professional judgment.

No employee shall engage in or condone any form of harassment or discrimination.

No employee will permit students or fellow employees to perform or present themselves as competent to perform services beyond their training and/or level of experience.

Each employee will respect the confidence of his/her co-workers.

When replacing a colleague or being replaced, each employee will act with consideration for the interest, character and reputation of the other professional.

Each employee will extend respect and cooperation to colleagues of all professions.

Service providers will not assume professional responsibility for the people receiving services from a colleague without appropriate consultation with that colleague.

If seeing a person receiving services from a colleague during that colleague's temporary absence or emergency, each service provider will serve that person with the same devotion and consideration he/she shows to the people receiving services on his/her own caseload.

Staff members responsible for employing and evaluating the performance of other staff members shall do so in a responsible, fair, considerate and equitable manner.

All employees will follow agency policy when any violation of ethical standards occurs. If an employee has first-hand knowledge that a colleague has violated ethical standards, that employee shall attempt an informal solution by bringing the violation to the

attention of the colleague. If this effort fails, the employee shall report the unethical activity to his/her supervisor.

Responsibility to Employers:

Each employee will work to improve the effectiveness and efficiency of services provided by the agency.

Each employee will act to prevent and eliminate discrimination in work assignments or in personnel policies or practices.

Each employee will use the resources of the agency only for the purposes for which they were intended.

Each employee shall maintain respect for agency policies, procedures and management decisions and will take the initiative toward improvement of such policies, procedures and decisions when it will better serve the best interest of people receiving services.

Each employee will support the integrity and reputation of the agency, including conducting him/herself in a dignified and professional manner.

Public Statements:

Each employee shall exercise special care when making professional recommendations or opinions public through testimony or other public statements.

Each employee shall accurately represent his/her education, training, experience, and competencies as they relate to his/her profession.

Each employee shall correct, whenever possible, false, misleading, or inaccurate information and representations made by others concerning his/her qualifications or services.

Each employee shall ensure that the qualifications of persons under his/her supervision are represented in a manner that is not false, misleading or deceptive.

Each employee shall abide by agency policies related to public statements.

Professional Competence:

Each employee shall have a total commitment to provide the highest quality of care to those who seek his/her professional services.

Each employee shall have a continuing commitment to assess his/her own personal strengths, limitations, biases and effectiveness.

Each employee shall strive to become and remain proficient in professional practice and the performance of professional functions.

Each employee shall act in accordance with the highest standards of professional integrity.

No employee shall attempt to diagnose, treat or advise on problems outside the recognized bounds of his/her competence.

Each employee shall seek appropriate professional assistance for his/her own personal problems or conflicts that are likely to impair work performance and/or clinical judgment.

Section: Ethical Issues
Policy: Managing Ethical Dilemmas
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Effective: 01/01/1995
Revised/Approved: 02/26/2013

POLICY: It is the policy of Community Counseling Services to offer assistance to staff members who, due to conflicting external pressures and the nature of psychiatric treatment, may find themselves faced with an ethical dilemma. Ethical dilemmas, for the purpose of this policy, will be defined as those instances when the staff member has difficulty understanding or is in disagreement with circumstances/decisions which he/she believes may have a negative impact on the individual receiving services and/or the family of the individual receiving services. Ethical dilemmas also include situations where legal responsibilities may be in conflict with an individual's Code of Ethics as defined by his/her license/certification.

PURPOSE: To provide for the discussion of ethical issues in order to assist a staff member in reconciling his/her conflict and coming to a resolution that ensures no harm for individuals receiving services and/or the family of the individual receiving services.

PROCEDURE: County Administrator/Supervisor, Program Coordinators, treatment teams, HR Coordinator, Chief Operations Officer, and the Executive Director are available for discussion of ethical issues/dilemmas. If the staff member's immediate supervisor is involved in the conflict, the staff member shall address the issue with the HR Coordinator. Immediate supervisors will be apprised of all ethical issues when possible.

All ethical discussions will be introduced by the staff member faced with an ethical issue/dilemma. The staff member wishing to discuss the issue is responsible for contacting one of the aforementioned individuals/teams in order to coordinate a meeting for the issue to be discussed/reviewed. Any ethical discussion will be communicated to the employee's immediate supervisor (when possible and appropriate) in order to effectively monitor and track any related potential problems.

Resolution will be formulated based on the needs of the situation. If determined that an employee has acted unethically or violated agency policy, possible outcomes include, but are not limited to: referral to the Department of Human Resources for training, education, and/or investigation, disciplinary action, up to and including termination, and consultation with attorneys.

Section: Ethical Issues
Policy: Duty to Warn
Policy No: EI 04
Effective: 08/01/1998
Revised/Approved: 06/22/2021

POLICY: It is the policy of Community Counseling Services that the agency and all its employees who have “reason to believe” that any individual is in imminent danger of physical violence or other means of harm by an individual receiving services from CCS, must report this information under Mississippi state statute. Duty to warn provides that the agency must warn a reasonably identifiable potential victim or victims about whom a person receiving services has communicated an actual threat of physical violence or other means of harm, or evidences conduct or makes statements indicating an imminent danger that the person receiving services will use physical violence or other means to cause serious personal injury or death to him/herself and/or others. In warning third parties of potential danger, CCS employees may not disclose protected health information regarding services/activities the person participates in through CCS. In extreme cases, efforts may be initiated to detain the person receiving services until additional support/resources are available.

(“Reason to believe” means evidence which, if presented to individuals of similar background and training, would cause those individuals to believe that a third party is imminent danger.)

PURPOSE: To establish a policy regarding the staff’s responsibility of "duty to warn" if there is "reason to believe" that a person receiving services or third party is in imminent danger of physical violence or other means of harm.

PROCEDURE: When a threat to a third party is suspected, the person who suspects there is a duty to warn will contact his/her supervisor to immediately review the case for factors supporting a “reason to believe” that imminent danger exists. The CCS staff member will make the appropriate documentation in the medical record of the person receiving services; this will include, but not be limited to, the nature of the threat made and all other pertinent information. The supervisor will review the medical record, and any other information available, of the person receiving services to determine if documentation is supportive of a “reason to believe” that imminent danger exists.

The supervisor will contact a member of the CCS Executive Leadership Team to review the case and to obtain permission to communicate the threat to the potential victim or victims and/or to notify a police department or other law enforcement agency having jurisdiction in the place of residence of the individual receiving services or victim. The Chief Operations Officer or his/her designee will give written or verbal instructions to implement Duty to Warn if there is documented evidence supporting a "reason to believe", and to communicate the threat to the potential victim or victims and/or to notify a police department or other law enforcement agency having jurisdiction in the place of residence of the person receiving services or the potential

victim.

In **extreme** cases, where a person receiving services may be attempting to carry out a threat either by being aggressive to a victim or leaving the facility to locate the victim, these additional steps may be carried out under the direction of a member of the Executive Leadership Team if available, or County Administrator/Program Director:

- Take reasonable steps available to prevent the person receiving services from using physical violence or other means of harm to others
- Seek civil commitment of the person receiving services
- Summon an appropriate law enforcement agency to take custody of the person receiving services

The Executive Director will be notified that the agency will be implementing Duty to Warn. The supervisor and/or the staff member making the initial report of the threat will place the phone call, ensuring that a reasonable effort will be made to communicate the threat to the victim or victims and/or to notify a police department or other law enforcement agency having jurisdiction in the place of residence of the person receiving services or victim. The staff member having the most direct knowledge of the evidence will make the initial report. The staff member will then document in the medical record of the person receiving services the time the report was called in and the name of the person(s) who took the report. An incident report will be completed immediately and forwarded to the supervisor as provided in Policy OFM 06: Incident Reporting.

Other considerations:

Although Mississippi state statute requires duty to warn, it does not permit access to the medical records without the usual proper authorization.

When the threat(s) of the person receiving services is against him/herself, the CCS staff member learning of the threat shall immediately notify his/her supervisor for guidance/consultation and if additional support is needed, contact M-CeRT. With the supervisor's approval, the next of kin or caregiver of the person receiving services will be notified, whichever is most likely to be helpful in the situation. Staff will provide support in aiding the notified individual in dealing with the threat, which may include, but is not limited to, accessing crisis services or assisting with the commitment process. In **extreme** cases, where a person receiving services may be attempting to carry out a threat, the staff member(s) shall take reasonable steps available to prevent the person from using physical violence or other means to harm him/herself. If there is no social/family support for the person receiving services, with the supervisor's concurrence, appropriate law enforcement officials shall be notified.

Section: Ethical Issues
Policy: Medicaid/Medicare Fraud
Policy No: EI 05
Effective: 01/16/2008
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to assist in ensuring the integrity of the Medicaid/Medicare program by safeguarding against Medicaid/Medicare abuse and the submission of fraudulent Medicaid/Medicare claims.

PURPOSE: To ensure the integrity of claims submitted to the Division of Medicaid/Medicare and to implement procedures for detecting and preventing waste, fraud, and abuse.

PROCEDURE:

Education: Pursuant to Section 6032 of the Deficit Reduction Act of 2005, all employees, contractors, or agents of CCS will be educated on the federal False Claims Act (FCA). It is expected, and the policy of CCS, that all employees, contractors, or agents of CCS will comply with requirements of Section 6032 of the Deficit Reduction Act of 2005. CCS will provide information on the federal False Claims Act, the administrative remedies, and the whistleblower provisions and protections (see pertinent sections of False Claims Act). It is the policy to obey all relevant federal and state laws, and to implement and enforce procedures to detect and prevent fraud, waste, and abuse with respect to payments from federal or state health care programs, and to provide protections for those who report wrongdoing in good faith.

At the time of orientation and during the annual review of Community Counseling Services' Policy and Procedure Manual, employees will be educated on the federal False Claims Act, any state, civil, or criminal penalties for false claims, and whistle blower protections. Employees will be educated about activities that constitute a false claims violation which include the following activities:

- Billing for services not rendered
- Billing for services not medically necessary
- "Upcoding" or inappropriate billing that results in a loss to the Medicaid program
- Inappropriate or lack of documentation to support services billed
- Quality of care issues that fail to meet professionally recognized health care standards
- Falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment
- Soliciting or receiving kickbacks; and/or,
- Violating Medicaid policies, procedures, rules, regulations, and/or statutes

CCS prohibits knowingly submitting a claim for payment from any federally or state funded program that includes fraudulent information or is based on fraudulent documentation.

CCS will investigate every reported allegation of Medicaid/Medicare fraud. Employees will be informed that CCS has Zero Tolerance for fraudulent billing practices. In situations where confirmed fraudulent billing practices are identified, a recommendation will be made to terminate the employee(s) involved.

All persons covered by this policy have a duty to notify CCS of any suspected fraud, waste, or abuse. Any employee who suspects or knowingly is aware of a staff member engaging in fraudulent billing practices is required to report this information to his/her immediate supervisor, as well as the Human Resources Department and/or a member of the Executive Leadership Team. If an individual feels that the agency is not addressing the situation appropriately, the individual has the right to report his/her suspicion to:

- The Division of Medicaid, through the Bureau of Program Integrity, at the Fraud and Abuse Hotline at 1-800-880-5920.
- To Medicare at 1-800-MEDICARE (1-800-633-4227)

For those employees who make a report in “good faith” there will be no adverse employment action.

If through investigation it is determined that a staff member was knowledgeable of another employee’s actions, but did not report this information through the appropriate channels, disciplinary action, up to and including termination may occur. Violators of the False Claims Act are liable for three times the dollar amount that the Government is defrauded (i.e., treble damages) and civil penalties of \$5,500 to \$11,000 for each false claim.

Record Review: The individual designated by the Executive Director will monitor the medical record at various intervals to ensure compliance with documentation requirements for Medicaid/Medicare reimbursement of submitted charges and billing:

Daily: Paper service (billing) logs submitted each day will be reviewed by the Office Manager/Medical Records Technician to ensure that corresponding documentation is submitted for each entry on the service log. Service logs will not be submitted to Data Entry for processing unless there is appropriate documentation for each entry listed on the service (billing) log. Daily Service Activity Logs (DSAL’s) and Program Rosters in the EHR will be monitored by employee supervisors, as well as, the EHR/Quality Assurance Specialist. Corresponding documentation must be included in order for the note to be finalized and for billing to be submitted to the billing department for processing.

Monthly: Monthly progress notes for Psychosocial Rehabilitation and Day Treatment that are submitted through paper notes, will be reviewed by the Office Manager/Medical Records Technician to ensure that there is appropriate documentation reflected to support services billed for the given month. Services identified that were billed but for which no documentation is present will be researched by the reviewer. If documentation supporting the services billed is not located, the reviewer will provide the date and amount of services billed to the Accounts Receivable (AR) Supervisor so reimbursement can be made to the Division of Medicaid. In situations where inaccurate billing/missing documentation is something other than the result of human error, CCS will investigate and follow procedures as identified above.

Annually: Records to be reviewed are based on the annual review list generated each month and a 10% random sample will be audited. Reports of billing activity for the appropriate charts shall be printed. Billing Activity is compared with documentation in the records. Services identified that were billed but for which no documentation is present will be monitored by the reviewer. If documentation supporting services billed is not located, the person identifying the discrepancy will provide the date and amount of services billed to the Accounts Receivable Supervisor so reimbursement can be made to the Division of Medicaid. In situations where inaccurate billing/missing documentation is something other than the result of human error, CCS will investigate and follow procedures as identified above.

Quality Assurance Program: Monthly, the County Administrator in each county office, along with the Director of IDD Services, will randomly contact people receiving services to validate that services documented in the chart were provided as recorded. The County Administrator and the Director of IDD Services will maintain a record of individuals contacted each month. Any discrepancies identified will be investigated. As stated previously, CCS has Zero Tolerance for fraudulent billing practices. In situations where confirmed fraudulent billing practices are identified, a recommendation will be made to terminate employment of the employee(s) involved. With endorsement from the Executive Director, substantiated reports of fraudulent billing/Medicaid Fraud will be reported to the Bureau of Program Integrity through the MS Attorney General's office for further investigation as determined by the Office of the Attorney General. Substantiated reports of Medicare Fraud will be reported to the number indicated above.

Section: Ethical Issues
Policy: Recording of Conversations in the Workplace
Policy No: EI 06
Effective: 08/15/2006
Revised/Approved: 04/22/2014

POLICY: It is the policy of Community Counseling Services to encourage and facilitate open channels of communication among employees and between employees and management. To facilitate such open communications and to foster a relationship based on trust, it is the policy of CCS to prohibit employees from taping or secretly recording any conversation or communication with other employees or management.

PURPOSE: To promote open lines of communication and trust among employees and between employees and management, as well as to prevent the adverse effects that may occur if employees are permitted to secretly record any conversation or communication.

PROCEDURE: Without prior written authorization of the Executive Director or his/her designee, the agency Attorney, or the Chief Operations Officer, no employee may secretly record or videotape any conversation, communication, activity, or event. This prohibition applies to any conversation, communication, activity, or event which in any way involves CCS or employees of CCS. This policy also applies to conversations and communications with any other third parties unrelated to CCS including, but not limited to, outside legal counsel, auditors, and regulatory officials. "Recording" under this policy include the recording of any conversation or communication, regardless of whether conversation or communication is taking place in person, over the telephone, or via any other communications device or equipment, and regardless of the method used to record (e.g., as with video recorder, mechanical recording, cell phone, or wiretapping equipment) on CCS premises.

Violations of this policy may result in disciplinary action against the offending employee(s), up to and including termination of employment. Where the conduct engaged in is illegal, violators may also be subject to prosecution under applicable federal, state or local laws.

Section: Ethical Issues
Policy: Billing Fraud
Policy No: EI 07
Effective: 6/22/2021
Revised/Approved:

POLICY: It is the policy of Community Counseling Services (CCS) to assist in ensuring the integrity of the services provided by CCS program and by safeguarding against the submission of fraudulent billing claims. It is also the policy of CCS to promote accurate submission of claims to all payers that accurately reflects services provide that are eligible for payment.

PURPOSE: To ensure the integrity of claims submitted to all payers, and to implement procedures for detecting and preventing waste, fraud, and abuse.

PROCEDURE:

It is the policy to obey all relevant federal and state laws, and to implement and enforce procedures to detect and prevent fraud, waste, and abuse with respect to payments from any payer which includes, but is not limited to, federal/state health care programs, private insurers, grant payers, EAP contracts, and self-pay individuals. In addition, it is the policy to provide protections for those who report wrongdoing in good faith.

At the time of orientation and during the annual review of Community Counseling Services' Policy and Procedure Manual, employees will be educated on the federal False Claims Act, see policy EI 05. Employees will be educated about activities that constitute a false claim which includes, but is not limited to, the following activities:

- Billing for services not rendered
- Billing for services not medically necessary
- "Upcoding" or inappropriate billing that results in a loss to the payer
- Inappropriate or lack of documentation to support services billed
- Quality of care issues that fail to meet professionally recognized health care standards
- Falsifying certificates of medical necessity, plans of treatment, and medical records to justify payment

CCS prohibits knowingly submitting a claim for payment to any payer that includes fraudulent information or is based on fraudulent documentation.

CCS understands that inaccurate submissions can be the result of human error. In situations such as this, it is the expectation that all employees immediately notify their supervisor of said errors. The AR Supervisor shall also be notified so any payments received in error can be returned to the responsible payer. Failure of employees to notify their supervisor and the AR Supervisor once errors are identified will result in disciplinary action, up to and including termination.

CCS will investigate every reported allegation of billing fraud. Employees will be informed that CCS has Zero Tolerance for fraudulent billing practices. In situations

where confirmed fraudulent billing practices are identified, a recommendation will be made to terminate the employee(s) involved.

All employees have a duty to notify CCS of any suspected fraud, waste, or abuse. Any employee who suspects or knowingly is aware of a staff member engaging in fraudulent billing practices is required to report this information to his/her immediate supervisor, as well as the Human Resources Department and/or a member of the Executive Leadership Team. For employees who make a report in "good faith" there will be no adverse employment action. If through investigation it is determined that a staff member was knowledgeable of another employee's actions, but did not report this information through the appropriate channels, disciplinary action, up to and including termination may occur.

Record Review: The individual designated by the Executive Director will monitor the medical record at various intervals to a) ensure compliance with documentation requirements for reimbursement of submitted charges and billing and b) to identify inaccurate claims that may have been submitted in error for which the agency received reimbursement.

Daily: Paper service (billing) logs submitted each day will be reviewed by the Office Manager/Medical Records Technician to ensure that corresponding documentation is submitted for each entry on the service log. Service logs will not be submitted to Data Entry for processing unless there is appropriate documentation for each entry listed on the service (billing) log. Daily Service Activity Logs (DSAL's) and Program Rosters in the EHR will be monitored by employee supervisors, as well as, the EHR/Quality Assurance Specialist. Corresponding documentation must be included in order for the note to be finalized and for billing to be submitted to the billing department for processing.

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Annually: Records to be reviewed are based on the annual review list generated each month and a 10% random sample will be audited. Reports of billing activity for the appropriate charts shall be printed. Billing Activity is compared with documentation in the records. Services identified that were billed but for which no documentation is present will be monitored by the reviewer. If documentation supporting services billed is not located, the person identifying the discrepancy will provide the date and amount of services billed to the AR Supervisor so reimbursement can be made. In situations where inaccurate billing/missing documentation is something other than the result of human error, CCS will investigate and follow procedures as identified above.

Quality Assurance Program: Monthly, the County Administrator in each county office, along with the Director of IDD Services, will randomly contact people receiving services to validate that services documented in the chart were provided as recorded. The County Administrator and the Director of IDD Services will maintain a record of individuals contacted each month. Any discrepancies identified will be investigated. As stated previously, CCS has Zero Tolerance for fraudulent billing practices. In situations where confirmed fraudulent billing practices are identified, a recommendation will be made to terminate employment of the employee(s) involved.