Code of Conduct and Ethics

Policy Owner:	Chief Operating Officer
Responsible Department:	Human Resources
Applies to:	All Covered Persons *(See Compliance Program Plan Glossary)*
Approval Date:	1/13/20
Effective Date:	1/13/20
Policy Contact:	Human Resource Manager

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I. Purpose

To ensure that all Covered Persons carry out their daily activities with extraordinary ethical behavior, integrity, and a commitment to comply with all applicable federal and state laws and standards governing behavioral health and social services. This Code is the Code of Conduct described in the Compliance Program Plan.

II. Applies To

This Code applies to all Covered Persons: workforce members, board members, and contractors, acting on behalf of CHS. See Compliance Program Plan Glossary.

III. Definitions

Terms used in this Code, including Compliance Program, Compliance Contact, Covered Persons, Fraud, Waste, Abuse, Good Faith, Retaliation, and Workforce Member, are defined in the Glossary of the Compliance Program Plan. Conflict of Interest is defined in the Conflict of Interest Policy.

Term	Definition
Bribe, Kickback, or Inducement	Anything of value offered, given, requested, or accepted to improperly influence a decision, a referral, or the purchase or delivery of a service.
CHS Assets	Anything CHS owns, pays for, or controls, including money, equipment, supplies, software, data, and reports. This includes electronic communication resources such as computers, phones, fax machines, printers, and mobile or remote access devices.
Scope of Practice	The services an individual is legally authorized to provide under their license, certification, or registration, and is credentialed by CHS to perform.

IV. Policy Details

The CHS workforce will comply with applicable rules, laws, and regulations and will know which apply to their specific areas of responsibility. Staff will attend trainings as scheduled and seek out knowledge of relevant laws and policies. This Code of Conduct is required under CHS' managed care contracts and 42 CFR § 438.608. It is a mandatory and critical component of CHS' overall Compliance Program.

This Code is not intended to be all-inclusive, and CHS relies upon each individual's sense of fairness, honesty, and integrity to meet the challenges that may arise in providing quality health care and social services.

The following summarizes the conduct expected of all staff and the mechanisms in place to support this effort. If you are unclear about how these principles apply to a specific activity, discuss this with your supervisor, manager, or the CHS Compliance Contact.

All covered persons must adhere to the following guidelines:

A. Privacy and Confidentiality

1. Respect and safeguard clients' and co-workers' privacy.
2. Protect PHI according to state and federal requirements, and use it only to perform your job.
3. When using or disclosing PHI, limit the information to the minimum amount needed. Do not share or request more than is necessary. Release PHI only as permitted by law and CHS privacy policies, which may require a completed authorization.
4. Maintain confidential information, such as salary, benefits, and disciplinary matters, carefully.
5. Do not discuss confidential matters in any public area.

B. Electronic Information and Security

1. Practice good workstation security, including locking offices and file cabinets, and disposing of paperwork in appropriate shredding receptacles. Cover or lock up PHI when stepping away from your desk.

2. Protect against the loss or theft of electronic media (e.g., laptops, flash drives, hard drives, CDs) and against unauthorized access to protected health information. Do not leave CHS or client materials in vehicles.
3. Maintain passwords and access codes responsibly. Allow ONLY authorized personnel access to your electronic files.
4. Transmit confidential information in a secure, encrypted form.

C. Use of Social Media

1. Use social media responsibly. Social media includes interactive websites, blogs, wikis, chat rooms, and other similar interactive sites.
2. Do not post on behalf of CHS. Only designated staff may post.
3. Protect client confidentiality at all times. Do not post any information that could identify a client or a client's health condition.
4. Maintain the confidentiality of CHS business information and do not discuss it on any social media sites.

D. Safety

1. Workforce members will fully comply with facility practices and policies designed to eliminate environmental hazards and promote workplace health and safety for clients and staff.
2. Wear your CHS identification badge at all times while in the office or when representing CHS offsite.

E. Conflict of Interest

1. Follow the Conflict of Interest Policy, including its disclosure and annual attestation requirements. That Policy governs outside employment, gifts, and other conflicts.
2. Avoid actual, apparent, or potential conflicts between one's own interests and the interests of CHS. Act in CHS' best interests when dealing with contractors, providers, clients, or government agencies.
3. Do not give or receive any payment, bribe, or inducement to any client, contractor, or other employee. Kickbacks and bribes are also prohibited fraud, waste, and abuse conduct.

F. CHS Asset Protection

1. Protect CHS assets against theft, loss, or misuse, including money, equipment, office supplies, data, or reports.
2. Follow policies for disposing of records and equipment.
3. Ensure reported hours worked and expenses related to job responsibilities are accurate.
4. Do not modify or move electronic communication resources (computers, phones, fax, printers) without proper authorization.
5. Do not install any mobile or remote access device on any CHS equipment without approval.
6. Follow all laws regarding intellectual property and do not copy software.
7. Do not conceal, destroy, or alter any finalized documents.

G. CHS Compliance Program

1. Employment Practices: Managers and supervisors will endeavor to ensure that the work environment is free from discrimination in hiring, promotion, termination, and other conditions of employment and career development.

a. Employment decisions may not be based on any characteristic protected under the Nondiscrimination, Harassment, and Retaliation Prevention Policy. Unlawful discrimination includes harassment of any individual based on a protected characteristic.
b. CHS will conduct thorough background checks for hiring and to verify credentials, as specified by policy.
c. CHS will provide appropriate training and orientation to workforce members so they can meet the needs of clients, co-workers, and the communities CHS serves.

2. Job-Specific Laws and Regulations: All workforce members will adhere to federal, state, and local laws and regulations, as well as departmental, divisional, and other organizational rules applicable to their responsibilities. If a staff member believes there is a conflict between legal or organizational requirements, they should bring it to their supervisor or manager for clarification and, if necessary, resolution. Licensed professionals must also abide by all rules and ethical obligations defined by their licensing boards.

3. Workforce members must abide by rules in the following areas, as well as others not listed in this document:
    a. Reporting requirements for federal, state, and local regulatory agencies.
    b. Program, budgetary, and other fiscal requirements of federal, state, or privately funded services.
    c. Copyright and patent laws about duplication of information or sharing software beyond the terms of the licensing agreement.
    d. Cooperate fully with any investigational effort. Do not make false or misleading statements to any government agency, official, or auditor.
4. Eligibility and Licensure: Immediately tell Human Resources and the Compliance Contact if you are excluded, suspended, debarred, or otherwise ineligible to participate in federal or state health care programs, or if your professional license, registration, or certification is suspended, restricted, or lapses (see the Provider and Workforce Eligibility & Exclusion Monitoring Policy).
5. Mandatory Reporting: Report suspected child, elder, or dependent adult abuse or neglect as required by law and CHS' mandatory reporting policies.

H. Billing, Claiming, and Coding Practices

1. Bill or claim only for services actually rendered that are documented, medically necessary, provided within scope of practice, and accurately coded. Staff will adhere to fiscal policies and procedures, which change as regulations change.
2. Ensure medical records and other related documentation substantiate billing for any service and are available for monitoring and audit.
3. Document services clearly, accurately, and legibly, in a manner that meets the guidelines defined in CHS documentation policies and procedures.
4. Utilize the most up-to-date coding instructions, as appropriate for each program, when billing Medicare, Medi-Cal, and other government programs.

5. Provide and/or receive training in coding and documentation practices.
6. Make available and/or utilize written policies and procedures directing correct billing and coding practices.

I. Business Ethics

1. Honesty and candor in communicating with other staff, clients, and the public.
2. Compliance with CHS rules regarding contracting, purchasing, or payment transactions.
3. No claim, invoice, or cost report for goods or services will be submitted for reimbursement if those goods or services were not delivered to or on behalf of CHS, were previously reimbursed under a separate program, or were expended in violation of applicable rules.
4. No staff member will have personal possession and/or personal use of goods or services that were purchased solely for CHS use.

J. Professional Boundaries

1. Maintain professional boundaries with clients and their families. Do not enter into romantic, sexual, business, or financial relationships with clients or former clients, consistent with CHS policy and applicable licensing board standards.
2. Avoid dual relationships that could impair professional judgment or create a risk of exploitation. If you cannot avoid a dual relationship, such as in a small community, disclose it to your supervisor.
3. Do not connect with clients on personal social media or use personal phones or accounts to communicate with clients, except as CHS policy allows.

K. Audits and Monitoring

1. To ensure compliance with regulatory policies, all members of the workforce will cooperate fully and honestly with internal audits and monitoring programs, and with state and federal program reviews.

L. Reporting Compliance Issues

1. Report actual or suspected violations of law, this Code, or CHS policy. You may report concerns to your supervisor or manager, directly to the Compliance Contact, or anonymously through the anonymous reporting option. The Compliance Program Plan lists the reporting channels.
2. Examples of concerns to report include billing or reimbursement irregularities and fraudulent transactions, conflicts of interest, falsification of documents, and documentation irregularities.
3. CHS documents and investigates all reports as described in the Compliance Program Plan. CHS protects anyone who reports a concern in good faith from retaliation, whether or not the concern is confirmed.

M. Non-Compliance with the Code of Conduct

1. Workforce members are expected to adhere to the principles of this Code of Conduct. The organization trains staff on the policies, procedures, and laws that provide the

Code's basic elements. When a workforce member does not adhere to the Code of Conduct, the organization applies discipline under the Compliance Program Plan and the CHS Discipline Policy, up to and including termination of employment or contract.

N. Attestation

1. All workforce members must review this Code of Conduct and sign a written or electronic attestation confirming they have read, understood, and agree to comply with it—at the time of hire or appointment and annually thereafter, as the Compliance Program Plan requires. The Compliance Program Plan sets the timeframe. Board members attest annually. Contractors acknowledge this Code through the standard compliance clause in their CHS agreements.

V. Compliance/Responsibilities

Role	Responsibilities
Compliance Team	Reviews this Code annually and recommends changes, which are approved through the CHS policy approval process (Policy on Policies).
Leadership (Directors, Managers and Supervisors)	Ensure staff within their programs receive training on this Code, foster a culture that encourages staff to ask questions and raise concerns openly, and escalate suspected violations to the Compliance Contact.
Human Resources	Incorporates this Code into onboarding, tracks attestation (via Paycom), and administers progressive discipline in coordination with the Compliance Contact.
Information Technology	Maintains technical safeguards supporting Electronic Information and Security, including encryption standards and access controls.
Board of Directors	Reviews and attests to this Code annually.
All Workforce Members	Know and follow this Code, and report suspected violations through the channels described in the Compliance Program Plan.

VI. Procedures

A. Attestation

1. HR issues the Code of Conduct attestation through Paycom at hire/appointment and again annually.
2. The workforce member completes the attestation at hire or appointment and annually, as required by the Compliance Program Plan.
3. HR monitors completion, notifies the Compliance Contact, and follows up with the workforce member's supervisor when overdue.
4. CHS retains completed attestations under the Compliance Program Plan and the Records Management Policy and Retention Schedule.

5. Failure to complete the required attestation is non-compliance with this Code and is addressed under the Compliance Program Plan.

B. The Compliance Program Plan describes reporting, intake and investigation, non-retaliation, and escalation (including reports involving the Chief Executive Officer).

VII. Authorities

- 42 CFR § 438.608 — Managed Care Regulations, Program Integrity
- DHCS contract requirements for Behavioral Health, Substance Use Disorder Services (SUDS), and Drug Medi-Cal (DMC) — Compliance Program Guidelines
- HHS-OIG General Compliance Program Guidance (November 2023)

VIII. Related Information

- Compliance Program Plan
- Conflict of Interest Policy
- Nondiscrimination, Harassment, and Retaliation Prevention Policy
- Whistleblower Policy
- Provider and Workforce Eligibility & Exclusion Monitoring Policy
- Mandatory Reporting Policies
- Discipline Policy
- Records Management Policy

IX. Revision History

Date	Type	Description
1/13/20	New	Code of Ethics Agreement established.
9/28/26	Revision	Updated by Desiree Cervantes, Organizational Development Manager; supersedes the Code of Ethics Agreement for Employees and Board Members.