

California Association for Health Services at Home **CODE OF ETHICS**

PREAMBLE

The California Association for Health Services at Home was founded by members who encouraged the development and delivery of high quality, home care services throughout California. In continuing to meet this goal, the association membership seeks to establish and retain the highest possible level of public confidence. With this in mind, the Board of Directors has adopted this Code of Ethics to govern the conduct of business by the association and its members. The standards set forth in the code serve as a statement to the general public and to governmental agencies that the association and its individual members stand for integrity and strive to maintain the highest ethical standards. The Code of Ethics is intended to inform members and the general public of the acceptable guidelines of ethical conduct for home care agencies. It is a condition of participation in the association that members abide by the Code of Ethics or risk expulsion.

The Code of Ethics is intended to serve as a foundation to our members in the following areas:

Patients/clients rights and responsibilities
Relationships to other provider agencies
Responsibility to CAHSAH
Fiscal/operational responsibilities
Marketing and public relations
Personnel

PATIENTS/CLIENTS RIGHTS AND RESPONSIBILITIES

Members shall treat their patients/clients with respect and dignity. Members shall recognize, observe, and uphold their patients'/clients' rights and shall provide care to their patients/clients in a manner that respects these rights and allows each patient/client the ability to exercise those rights.

Members shall provide care to patients/clients regardless of the patients/clients' race, creed, color, religion, sex, citizenship, national or ethnic origin, or other basis prohibited by law. Members shall recognize, observe, and uphold each patient's/client's right to privacy and shall respect the privacy and confidentiality of patients/clients information at all times.

RELATIONSHIPS TO OTHER PROVIDER AGENCIES

Home health, home care aide, hospice, home medical equipment providers, and home infusion pharmacies are only part of the continuum of care for patients/clients. Member agencies shall deal with other providers with integrity, honesty, and ethical behavior. Member agencies shall cooperate with other providers to the extent allowed by state and federal laws, including anti-trust laws, HIPAA, and fraud and abuse laws, to provide

smooth transitions and continuity of care to patients/clients as they move along the continuum of care.

RESPONSIBILITY TO CAHSAH

Members shall abide by the By-laws, policies, and Code of Ethics of the California Association for Health Services at Home and shall participate and contribute knowledge, experience, and talents to CAHSAH in order to foster a dynamic, progressive organization from which all members benefit professionally, and advance the cause of home care and hospice. Members shall promptly pay all dues to CAHSAH based on actual revenues received during the previous year.

FISCAL/OPERATIONAL RESPONSIBILITIES

Members shall operate their agencies in compliance with all state and federal laws, rules, and regulations, including state and federal fraud and abuse laws where applicable, and in a manner that is lawful, ethical and sensitive to the needs of their patients/clients. Members should operate their agencies with integrity, honesty, and transparency. Members' accounting practices should result in accurate reports of revenues, expenses and net income. Members should accurately report other operational data and information as well. Members shall not knowingly or willfully submit inaccurate or fraudulent claims for services and shall only submit claims that are supported by documentation in the provider's files.

MARKETING AND PUBLIC RELATIONS

Members shall not engage in misleading or false advertising. Oral and/or written statements to the public, patients/clients, and other health care providers shall honestly and accurately represent services, benefits, cost, and provider capability. Members shall not knowingly and willfully solicit, receive, offer, pay, or give anything of value to induce, or in return for, referring, recommending or arranging for, any state or federally reimbursable health care business. Members shall neither use coercion or harassment as a tool to recruit patients/clients, nor allow an employee or agent to use such tactics. If a member has knowledge of such actions by an employee, volunteer, subcontractor, agent or anyone else acting on behalf of the member, the member shall take reasonable and necessary steps to report to the appropriate authorities. If a member is unclear of the process for reporting such actions, the member may utilize CAHSAH as a resource for directing them to the appropriate reporting authority.

PERSONNEL

As established in CAHSAH Bylaws, members shall employ the majority of their field staff to meet the needs of their patients/clients. Members shall shall not knowingly or willfully violate any federal and state laws governing employee matters and employment, including, but not limited to, laws governing minimum wage, overtime pay, wage payments, equal employment opportunity, labor relations, and non-discrimination. Members shall only hire employees whose qualifications meet the requirements and skills needed to render care and, where applicable, meet state and federal laws and regulations requiring appropriate professional licenses, certifications, training, or other experience. Members shall, as required by licensure requirements and/or payer sources, provide appropriate training, supervision and on-going competency evaluations of their employees.

PATIENT/CLIENT BILL OF RIGHTS

1. Members will uphold the patient/client's well being above gains to the agency.
2. Members will refrain from inducing and coercing for referral or changing agencies.
3. The agency must provide the patient/client with a written notice of the patient/client's rights in advance of furnishing care to the patient/client or during the initial evaluation visit before the initiation of service.
4. The agency must maintain documentation showing that it has complied with the requirements of this section.
5. The patient/client has the right to exercise their rights as a patient/client of the agency.
6. If the patient/client lacks the ability to understand these rights and the nature and consequences of proposed service, the patient/client's representative shall have the rights specified in this section to the extent the right may devolve to another, unless the representative's authority is otherwise limited. The patient/client's incapacity shall be determined by the court in accordance with state law or by the patient/client's physician unless the physician's determination is disputed by the patient/client or patient/client's representative.
7. The patient/client has a right to have their property treated with respect.
8. The patient/client has the right to voice grievances regarding service or care that fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so.
9. The agency shall investigate complaints made by a patient/client or the patient/client's family or guardian regarding service or care that is (or fails to be) furnished, or regarding the lack of respect for the patient/client's property by anyone furnishing services on behalf of the agency, and must document both the existence of the complaint and the resolution of the complaint.
10. The patient/client has the right to be informed, in advance about the care to be furnished and of any changes in the care to be furnished.
11. The agency shall advise the patient/client in advance of the types and hours of service either proposed or to be furnished.
12. The agency shall advise the patient/client in advance of any change in the plan of service or plan of care, or plan for personal care services, before the change is made.
13. The agency must advise the patient/client in advance of the right to participate in planning the care or service and in planning changes in the care or service.
14. The agency shall maintain written policies and procedures regarding advance directives. The agency must distribute written information to the patient/client, in advance, concerning its policies on advance directives, including a description of applicable state law.

15. The patient/client has the right to confidentiality of the service records maintained by the agency.
16. The agency must advise the patient/client of the agency's policies and procedures regarding disclosure of service records.
17. The patient/client has a right to be advised, before care is being initiated, of the extent to which payment for the agency services may be expected from Medicare, Medicaid or other sources of payment and the extent to which payment may be required from the patient/client.
18. The agency shall have a written agreement between the agency and the patient/client with the hours of service, the rates per hour, and reference to the personal attendant requirements, if applicable to the services provided, as referenced in Industry Wage Order 15, Section 2 (J).
19. The patient/client has the right to be advised orally and in writing of any changes relative to patients/clients' rights and responsibilities as described above when they occur. The agency must advise the patient/client of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the agency becomes aware of the change.