

Clutter Assistance Program

Providing individualized services that maximize dignity and independence.

A. Agency Ethics

Board members, employees and contractors shall:

1. Adhere to our charitable purpose of providing behavioral health care to our community.
2. Provide service at the highest possible level of professional skill.
3. Maintain high ethical standards in the provision of care and support services.
4. Make treatment and service decisions that emphasize our commitment to work with the hardest to serve consumers.
5. Develop and maintain programming that encourages an individual's strengths, abilities and personality and addresses the needs of the whole person.

B. Conduct of Business

Board members, employees and contractors shall:

1. Be cost-effective while not sacrificing quality or appropriate level of care for financial reasons.
2. Buy from suppliers and vendors at the lowest possible price.
3. Never seek remuneration in any form from any contractor, supplier, provider or other health care entity that seek to do business with Synod.
4. Accurately and timely keep all books, records, and documentation. This includes all documents including but not limited to consumer medical charts, billing documents, and invoices.
5. Not provide or accept remuneration of any kind when providing or accepting referrals.
6. Honestly and accurately indicate the level of care provided when seeking reimbursement from any health care program or third-party payer.
7. Hire, contract and associate with ethical, qualified individuals.
8. Uphold the dignity of each individual with whom the agency has contact and not discriminate against, harass, treat unfairly or deny treatment or services to anyone because of their race, color, religion, gender, national origin, marital status, sexual orientation, age, political affiliation, disability, socioeconomic condition or other legally protected status.
9. Report any violation of federal or state law, recipient rights violation, unethical conduct, inappropriate practice or unusual incident and take the necessary action to correct the harm caused by the violation.
10. Not engage in conduct prohibited by the antitrust laws including monopolistic behavior or price-fixing.

C. Conduct Toward Consumers

Board members, employees and contractors shall:

1. Keep the welfare and best interest of the consumer as their primary concern.
2. Provide consumers with accurate and complete information regarding the extent and nature of the services available to them.
3. Treat consumers with respect, courtesy and fairness during face to face, telephone and written communication.
4. Protect consumer's human rights, civil rights, statutory rights and recipient rights.
5. Manifest concern, sensitivity, patience and human kindness for consumers, their needs, preferences and choices.
6. Remain concerned for and responsive to the welfare of consumers whether working or off duty

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D. Confidentiality

Board members, employees and contractors shall:

1. Respect the privacy of consumers and abide by the policies pertaining to recipient confidentiality.
2. Only disclose client related matters (whether verbally or in writing) with parties directly and/or professionally involved with those clients and then only for legitimate business and/or treatment purposes. Further such discussions shall occur only in areas where there is a reasonable expectation of privacy.
3. Not indicate that they are acquainted with the consumer through Synod, if in any casual setting away from a direct or contract service site, they encounter a consumer.

E. Relationships with Consumers

Board members, employees and contractors shall:

1. Not exploit their relationship with consumers for personal advantage.
2. Not accept money, goods, services, or other non-monetary remuneration, except for service fees paid to SRS, from consumers in exchange for services.

F. Conduct Toward Colleagues and Other Employees

Board members, employees and contractors shall:

1. Cooperate with each other to promote the efficiency and effectiveness of services to consumers.
2. Create and maintain conditions that facilitate a therapeutic, ethical, safe and competent, environment.
3. Treat fellow staff members with dignity, courtesy and fairness during face to face, telephone or written communication.

G. Accountability to Stakeholders

Board members, employees and contractors shall:

1. Recognize and accept accountability to SRS stakeholders, to other human service agencies and to the community at large for the overall effectiveness of SRS services.
2. Work cooperatively and maintain appropriate communication with other health care colleagues or services assisting the consumer so that the consumer's needs are met and individual goals achieved.
3. Recognize and accept their role as stewards, accept professional responsibility for the services provided and take steps to provide for the growth and development of the agency and the services it offers the community.
4. Take actions that help consumers promote and facilitate the maintenance and/or development of family relationships and friendships.
5. Maintain an appropriate relationship with members of the public to facilitate and promote the mission, goals and function of the agency.

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Purpose

The primary reason for the existence of the Board's compliance program is to ensure that the Board exercises due diligence in seeking to prevent and detect violations of the law by its employees and other agents. Additionally, this program fulfills the Board's continuing obligation to learn and obey new legal and regulatory requirements. Therefore, the Board has instituted a compliance policy that provides for continual auditing, fraud detection, the reporting of violations, employee and contractor education programs and monitoring by a compliance officer.

Policy

It is the policy of the Synod Residential Services' Board of Directors and of the agency it serves, that all operations be conducted in compliance with applicable federal and state law, local ordinances, administrative regulations and program requirements of federal and state sponsored health plans. This corporate compliance policy outlines the goals, internal controls and procedures Synod has established.

Program Goals:

1. To develop and maintain effective internal controls that promote adherence to applicable federal, state, and local laws and the program requirements of federal, state, and private health plans.
2. To detect misconduct or wrongdoing as soon as it occurs so that the problem can be quickly remedied and adverse consequences can be minimized.
3. To exercise due diligence at the Board level in seeking to prevent and detect violations of the law by its employees and other agents.
4. To advance the prevention of fraud, abuse, and waste in providing health care.
5. To disseminate a positive, law-abiding corporate value, creating an atmosphere that discourages wrongdoing.
6. To further the fundamental mission of the Board to provide quality behavioral health care and substance abuse treatment and prevention services to the citizens of Macomb County.

Key areas of review for the Board's compliance program include, but are not limited to the following:

1. Internal Revenue Service rules and regulations
2. Third-party payer conditions of participation
3. Requirements of the State of Michigan, the Department of Community Health and the Office of Children and Adult Licensing
4. Professional credentialing and licensure
5. Risk management
6. Consumer care
7. Billing and reimbursement
8. Conformance with federal health care fraud and abuse legislation
9. Network provider professional agreements
10. Key vendor and supplier arrangements

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A. Element One: Written Standards of Conduct

The Board has developed a Code of Ethics that lists activities that Board Members/employees/individual contractors may and may not engage in while employed by or under contract with the Board. All Board members, employees and individual contractors are given copies of the Code of Ethics and the SRS Corporate Compliance Policy during the hiring process. All employees and individual contractors are required to accept and agree to the Code of Ethics as a condition of contract or of employment.

Prospective employees/individual contractors are required to sign:

1. Corporate Compliance And Code Of Ethics Certification Form.

Copies of both of these forms are given to the employee or individual contractor and retained in their respective personnel or administrative file. These two forms certify the following key points:

1. Acknowledgement of receipt, review, and understanding of the Board's Corporate Compliance Policy and Code of Ethics.
2. Acknowledgement that compliance with both of these documents is a condition of employment or of contract.
3. Acknowledgement of the requirement to report violations of the compliance policy and code of ethics, the procedures for doing so, and the consequences for failing to report such violations.
4. Certification that the employee/individual contractor has not been excluded from participation in any federal or state health care program or private health care plan or been criminally convicted of any crime regarding the federal or state health care programs or private health care plan or any offense involving financial wrong-doing (e.g. fraud, embezzlement, bribery).

B. Element Two: Compliance Officer

The Board has determined that the need exists to assign responsibility for monitoring and enforcing the corporate compliance program. The duties of corporate compliance officer should be assigned to an upper level management staff that will report directly to the Executive Director. Duties will include the implementation of the compliance program and the achievement of its goals.

C. Element Three: Education and Training

A basic compliance-training seminar will be administered to all new employees/individual contractors within 30 days of the start date of employment/contract services. Annual refresher courses with a review of new laws are also administered to all employees/individual contractors. Compliance training programs in specialty areas will be developed and implemented as identified and necessary. All training sessions will stress the duty to report compliance and code of ethics violations.

D. Element Four: Audits and Other Evaluation Techniques

The Board recognizes extensive auditing and monitoring of its direct-operated programs, contract providers, records, and activities is necessary to detect violations of the law, compliance program, or Code of Ethics. The Compliance Officer is delegated the duty to ensure that there is a

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management process to audit and monitor, at regular intervals, the performance of the Board, its employees/individual contractors, regarding the compliance program. The audits include, at a minimum:

A review of the three key areas of greatest compliance risk for behavioral health provider and managed care organizations:

1. Billing and claims payment
2. Medical record documentation and security
3. Admissions and referral mechanisms

E. Element Five: Internal Reporting Processes

The Board has developed internal reporting processes to ensure that employees/individual contractors or other interested parties can easily report violations or suspected violations of the Board's Corporate Compliance Plan and the Code of Ethics. The reporting is available through the Open Door Policy, Email, Complaint Drop Boxes, and via routine interoffice mail.

Employees or other parties can use these reporting mechanisms to make anonymous inquiries or reports to the Compliance Officer or his/her designated staff. The reporting mechanisms are widely advertised throughout the agency. Additionally, the Compliance Officer remains available to meet with employees/individual contractors or other parties who choose to make compliance or code of ethics inquiries and reports in person.

No retaliatory action will be taken on the part of any employee/individual contractor or other party who reports a violation in good faith regardless of the seriousness of the violation or the level of the Employee or individual contractor or agent responsible for the violation.

F. Element Six: Disciplinary Mechanisms

It is the policy of the Board that employees/individual contractors and/or providers will be punished if they violate the Board's Corporate Compliance Program and/or the Code of ethics or if it is shown that they were knowledgeable of or should have been knowledgeable of such violations and failed to report them as required by the compliance policy.

G. Element Seven: Investigation and Remediation

It is the Board's policy that the Compliance Officer will ensure that all suspected and reported violations of the mandates of the Compliance Policy and the Code of Ethics will be expeditiously investigated. The investigation will begin within 3 working days of receiving the report and concluded within 15 working days thereafter. When a credible report of such a violation is received, a thorough investigation will be conducted. If a reasonable suspicion exists that employees may destroy or remove documents, they will be suspended or removed from sensitive areas whenever possible.

Synod Community Services
Clutter Assistance Program Volunteer
CONFIDENTIALITY AGREEMENT

In my affiliation with Synod Community Services, whether it be as Employee, Contractor, Intern, Volunteer, Board and/or Committee Member, I may learn certain facts about individuals being served by SCS which are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, and relations with family members. I understand all such information including the identity of the individual must be treated as completely confidential during my service with SCS as well as after I terminate my affiliation with SCS.

I, _____ agree not to disclose any information of a personal and
(print name)
confidential nature to any person not also affiliated with SCS and authorized by SCS to have such information, without the specific consent of the individual to whom such information pertains.

Signature

Date

Witness

Date

Synod Community Services - Clutter Assistance Program/Volunteer Requirements

STATEMENT OF ELIGIBILITY

Name of Applicant (First, Middle, Last)

Today's Date:

Pursuant to state law, individuals who have committed certain offenses are ineligible for employment with Synod until a set period of time has passed. In addition, there are few very serious crimes that permanently bar someone from employment with us. The restricted offenses and associated time limits are summarized below. Initial where indicated only if you have not been convicted of, pled guilty or no contest to any of these acts or if the time period described has passed.

Please understand that we will not interview anyone ineligible for employment under state law.

Administrative

If the statement is true for you, please initial to the right.

1. I hereby declare that I have **never** been found not guilty by reason of insanity.

Initial

2. I hereby declare that I am not currently the subject of a recipient rights investigation by a state, federal or administrative agency.

Initial

3. I hereby declare that during the previous **twelve months** no state, federal or administrative agency has substantiated a complaint alleging that I abused, neglected or misappropriated the property of anyone who is vulnerable, dependent or entrusted to my care.

Initial

Misdemeanors

If the statement is true for you, please initial to the right.

1. I hereby declare that at no time during the previous **5 years** have I been convicted of,

A Misdemeanor involving:

- A home invasion, embezzlement, negligent homicide, larceny or retail fraud in the second degree.
- Elements not elsewhere described - involving assault, fraud, theft or possession or distribution of a controlled substance or Federal Health Care fraud or abuse.
- A misdemeanor involving assault, retail fraud or a drug violation under the Public Health Code against a vulnerable adult.

Initial

2. I hereby declare that at no time during the previous **10 years** have I been convicted of,

A Misdemeanor involving:

- The use of a weapon where there's an intent to injure or that results in a personal injury.
- The use of force or violence or the threat of violence or force.
- Assault, battery, criminal sexual conduct, cruelty, torture, abuse or neglect.
- The victimization or exploitation of a vulnerable adult.

Initial

Felonies

If the statement is true for you, please initial to the right.

1. I hereby declare that at no time during the last **15 years** have I been on **probation or parole or served time** for any of the following,

A Felony involving:

- The intent to cause death or serious injury or that results in death or serious injury.
- The use of force or violence or the threat of violence or force.
- Criminal sexual conduct, Cruelty, Torture, Abuse or Neglect or The use of a weapon.

Initial

2. I hereby declare that I have **never** been convicted of any of the following :

- A felony involving Federal Health Care fraud, abuse or the unlawful manufacture, prescription, or dispensing of a controlled substance.

Initial

By signing below, I certify that I have not committed the offenses listed above within the specified time period. I understand and agree that if the criminal history and background check does not confirm the statements made by me, my employment will be terminated. I further agree that Synod will not reinstate its offer unless and until I can prove that the criminal or background information is incorrect.

Applicant Signature

Date

VOLUNTEER AGREEMENT

Volunteer Position: Clutter Assistance Program

Synod Community Services Agrees:

1. To comply with the policy of Synod Community Services and the Hoarding Tasks Force relating to all volunteer activities.
2. To provide a volunteer coordinator or Synod Community Services staff person responsible for the selecting and supervision of volunteers.
3. To offer an orientation to the agency as well as position specific training.
4. To provide training that will emphasize the importance of personal safety in all phases of volunteer activities.
5. To provide adequate space, equipment, working conditions and privileges, doing similar work.
6. To review volunteer performance on a regular basis (annually, semi-annually and at the end of a project)
7. To keep account of volunteer hours; and provide a letter of recommendation when requested.

The Volunteer Agrees:

1. To accept the guidance and decisions of the Volunteer Coordinator or assigned staff.
2. To adhere to all the policies and procedures relating to safety while performing volunteer duties.
3. To carry out duties promptly and reliably.
4. To use space and equipment only for work assigned and only at authorized times.
5. To maintain the dignity and integrity of the agency with the public and honor confidential information.
6. To accept evaluation and notify the agency in writing (with appropriate notice) of extended leave or resignation.
7. To understand the function of the paid staff, maintain a smooth working relationship with them, and stay within the bounds of my volunteer responsibility.
8. To participate in bi-monthly De-Briefing meetings as requested.

Printed Name of Volunteer: _____

Signature of Volunteer: _____ **Date:** _____

Printed Name of Volunteer Manager: _____

Signature of Volunteer Manager: _____ **Date:** _____

**SYNOD
COMMUNITY
SERVICES**

615 S. Mansfield * P.O. Box 980465, Ypsilanti, Michigan 48198-0465 * Phone (734) 483-9363/Fax (734) 483-9557

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Volunteer Application
(Please print, unless signature is requested)

Full Name _____ Date _____

Address (street number and name) _____ City _____

State _____ Zip _____ Driver's License or State I.D. No. _____

Phone (home) () _____ (cell) () _____ (work) () _____ (email) _____

Can you provide proof of your age? ___ Yes ___ No

If you have a physical condition or impairment that may require an accommodation, what can Synod Residential Services do to accommodate your limitation? _____

Do you have any communicable or contagious diseases? ___ Yes ___ No, If YES, please explain: _____

What is the primary language you speak _____ secondary _____

Criminal Records Check & Disclosure Statement:

As an agency licensed to provide care to dependent individuals, SRS is legally obligated to verify the Good Moral Character of its volunteers. Have you ever been convicted of a crime or has any administrative agency found you guilty of violating the recipient rights of any dependent person? ___ Yes ___ No, if YES, please describe the offense and circumstances. _____

Occupation _____ Current Employer _____

Employer's Address _____

Supervisor's Name _____ Phone Number () _____

Education Completed _____ Major/Degree _____

Emergency Contact Name _____ **Primary Language** _____

Address _____ **Phone (home)** () _____ **(cell)** () _____

How did you hear about Clutter Assistance Program? _____

Have you volunteered with Clutter Assistance Program before? ___ Yes ___ No, if so, when _____

Why did you choose Clutter Assistance Program for your volunteer opportunity? _____

When will you be available to start volunteering? _____

How much notice do you need prior to volunteering? _____

Schedule Availability (please note the beginning and ending time for each day you will be available, i.e. 8:00 a.m.-12:00 p.m., etc.)

	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

I certify that the information provided above is true, complete and accurate. I also authorize Synod Residential Services to run a Criminal Records Check on me through the Michigan State Police at the time of my volunteer experience and that I will be notified of the results. I further understand that if any time during my volunteer experience, I develop a violent or abusive reaction to others; an impulse control or startle response disorder; or am convicted of a crime, I must disclose the information to Synod Residential Services. I understand that failure to disclose this information will result in the immediate termination of my volunteer experience.

Signature of Applicant

Date

I further certify that for the purpose of caring for dependent, vulnerable persons, I do not have a history of violent or abusive reactions, impulse control or startle response disorder, and I am of Good Moral Character.

And finally, I declare that the information I stated above is true and correct. I understand that if I am found to have made a false statement, I will not be able to volunteer in any capacity for Synod Community Services/Clutter Assistance Program.

Signature of Applicant

Date

Information needed to process Criminal Record Check:

Race: _____ Gender: _____ Birthdate: _____