

## Ethical Code of Conduct

It is the policy of Moment of Change Counseling Services PLLC (MOCC) to consistently implement strong ethical practices that protect and promote the rights of our members, stakeholders, and personnel. This Written Ethical Code of Conduct (Code) establishes the minimum standards of ethical behavior and decision-making for all personnel of Moment of Change Counseling Services PLLC (MOCC), including employees, contractors, interns, volunteers, students, and board/leadership. The Code applies to all MOCC programs and services (including Community Support Team, Outpatient Therapy, Intensive In-Home, and Peer support services, Individual Transitional Support, SAIOP/SACOT, Psychosocial Rehabilitation, Community Integration Programs), and it supplements (does not replace) applicable laws/regulations; North Carolina Medicaid requirements; and professional licensure/certification standards, including those of the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), the North Carolina Social Work Certification and Licensure Board (NCSWCLB), the North Carolina Addictions Specialist Professional Practice Board (NCSAPPB), and the North Carolina Certified Peer Support Specialist Program (NC CPSS Program). Where requirements conflict, the more protective standard for persons served and legal compliance applies.

### Guiding Principles

- **Person-centered, recovery-oriented care:** We respect dignity, self-determination, strengths, culture, and lived experience.
- **Safety and nonmaleficence:** We prevent harm and respond promptly to risk, abuse/neglect, and unsafe conditions.
- **Integrity and accountability:** We are honest, accurate, and transparent in all clinical and business practices.
- **Confidentiality and privacy:** We protect information and follow HIPAA and applicable state and payer requirements.
- **Equity and nondiscrimination:** We provide services and employment free from discrimination and harassment.
- **Competence:** We provide services within scope of role, training, and licensure/certification; we seek supervision and consultation as needed.
- **Compliance:** We comply with applicable federal/state laws, regulations, Medicaid requirements, contracts, and accrediting standards.

### 1) Business

- **Honest business practices:** We conduct operations with honesty, fairness, and good faith in all financial and administrative activities.
- **Accurate records:** We maintain complete, timely, and accurate clinical, payroll, timekeeping, and financial records.
- **Proper billing:** We bill only for services that are medically necessary, authorized as required, documented, and delivered as billed; we never “upcode,” bill for missed/shortened sessions, or bill for non-covered activities.
- **Protection of assets:** We safeguard MOCC property (funds, equipment, data, vehicles) and use resources for legitimate business purposes.
- **Quality and improvement:** We identify risks, report errors, and participate in continuous quality improvement without retaliation.
- **Privacy and security:** We use secure systems, follow minimum necessary access, and report suspected privacy/security incidents immediately.

## 2) Marketing

- **Truthful and non-misleading communications:** Marketing materials and statements must be accurate, current, and verifiable; we do not exaggerate outcomes, credentials, or services offered.
- **Respect and dignity:** We avoid stigmatizing language/images; we portray persons served respectfully and consistent with recovery-oriented values.
- **Use of testimonials and images:** We obtain written authorization before using any person's story, image, or identifying information in marketing.
- **No improper inducements:** We do not offer or accept anything of value to influence referrals, enrollment, continued participation, or service utilization.
- **Clear program information:** We present eligibility, payer acceptance (including Medicaid), hours, locations, after-hours/crisis guidance, and any fees (if applicable) clearly and in understandable formats.

## 3) Contractual Relationships

- **Compliance with contracts:** We meet the terms of payer, vendor, subcontractor, and partner agreements, including documentation, staffing, credentialing, and reporting requirements.
- **Due diligence:** We select vendors and partners using fair processes, considering quality, cost, compliance history, and ability to protect confidentiality.
- **Confidentiality in business arrangements:** We ensure appropriate confidentiality and data protection provisions are in place before sharing protected or sensitive information.
- **No kickbacks:** We prohibit arrangements that reward referrals or service volume in a way that violates law or payer requirements.
- **Scope and authorization:** Personnel may sign contracts only if authorized in writing by leadership; contract terms must be reviewed for legal/compliance risk when appropriate.

## 4) Conflicts of Interest

- **Definition:** A conflict of interest exists when personal, financial, or other interests could interfere with objective decision-making or the duty to persons served and the organization.
- **Disclosure:** Personnel must promptly disclose actual, potential, or perceived conflicts to a supervisor/leadership (e.g., family relationships with persons served; outside employment that overlaps with our services; ownership in a vendor; referral relationships).
- **Recusal:** When a conflict exists, the individual will not participate in the related decision-making, contracting, hiring, purchasing, or clinical determination.
- **Dual relationships:** We avoid dual relationships that risk exploitation, impaired judgment, or harm (including financial relationships with persons served).
- **Gifts/benefits related to work:** Personnel may not solicit gifts, favors, discounts, or benefits because of their position. Any offered items must follow the Service Delivery—Gifts/Money/Gratuities provisions below.

## 5) Use of Social Media

- **Confidentiality:** Personnel must never post or disclose any identifying information about persons served, their families, or cases, including indirect identifiers, without written authorization and leadership approval.
- **Professional boundaries:** Personnel do not “friend,” “follow,” message, or otherwise connect with current persons served (or their guardians/families) on personal social media. Exceptions require documented clinical rationale, supervisor approval, and safeguards, and should be rare.
- **No telehealth via personal platforms:** Services and clinical communication occur only through organization-approved and secure channels.

- **Representation of MOCC:** Only authorized personnel may post as MOCC or respond to media inquiries. Personnel must not imply they speak on behalf of MOCC without authorization.
- **Respectful conduct:** Personnel avoid online harassment, discrimination, threats, or statements that undermine safety, confidentiality, or public trust in the organization.
- **Documentation:** If a social media interaction affects care or safety (e.g., a threat, crisis post, or boundary violation), it must be reported to a supervisor and documented per policy.

## 6) Service Delivery

### 6(a) Exchange of Gifts, Money, and Gratuities

- **General rule:** Personnel do not solicit, accept, or exchange gifts, money, tips, loans, or gratuities with persons served or their families/guardians.
- **Limited exceptions (rare):** If refusing a nominal item would be culturally insensitive or therapeutically harmful (e.g., a small handmade card), personnel must consult a supervisor and follow any additional organizational limits/approvals. Cash or cash equivalents (gift cards) are never permitted.
- **Never conditional:** Gifts or gratuities must never be requested or accepted in exchange for services, faster access, favorable documentation, or any special treatment.
- **MOCC giving:** Any items provided to persons served (e.g., emergency supplies) must be through MOCC-approved programs, documented as required, and not funded personally in a way that creates obligation or dependency.
- **Reporting:** Any offer, attempted exchange, or boundary concern must be reported to a supervisor promptly.

### 6(b) Personal Fundraising

- **No solicitation:** Personnel must not request or encourage donations, fundraising participation, or purchases from persons served or their families/guardians for any personal cause.
- **No use of service relationships or MOCC branding:** Personnel must not leverage clinical or support relationships, access to contact information, or MOCC branding to benefit personal fundraising.
- **Conflict and boundary protection:** If a person served independently offers support for a personal cause, personnel must decline and notify a supervisor to ensure boundaries are maintained.

### 6(c) Personal Property

- **Safeguarding property:** Personnel respect and protect the personal property of persons served and do not borrow, use, keep, or store items belonging to persons served.
- **Transportation and possessions:** Personnel follow organizational policies for transporting persons served and handling belongings; personnel do not transport personal property for persons served in a manner that creates liability unless authorized by policy.
- **Lost/found items:** Any found property must be reported and handled according to organizational procedures.
- **No personal purchases:** Personnel do not buy, sell, trade, or barter goods or services with persons served.

### 6(d) Setting Boundaries

- **Professional relationship:** Personnel maintain a professional relationship with persons served and families/guardians at all times; we avoid relationships that could impair judgment or increase risk of exploitation or harm.
- **Dual relationships:** Personnel avoid dual/multiple relationships (e.g., friend/roommate/landlord/employee/customer) with current persons served and, when clinically

indicated, for an appropriate time after services end. If unavoidable in a small community, boundaries must be documented, clinically justified, and approved by a supervisor.

- **No romantic/sexual relationships:** Romantic or sexual contact with current persons served is prohibited. Any romantic/sexual relationship with former persons served is prohibited if there is any risk of exploitation or harm and is subject to professional licensure/certification standards and organizational review.
- **Communication and contact:** Personnel use only organization-approved channels for scheduling and care coordination. Personal phone numbers, personal email, and personal social media accounts should not be used for service delivery. Home visits and community contacts follow safety protocols and are documented according to program requirements.
- **Time and place boundaries:** Personnel provide services only during approved work hours and approved locations (office, home, or community settings) consistent with service definitions, safety planning, and payer requirements; exceptions must be approved and documented.
- **Transportation:** Transportation of persons served occurs only when allowed by program policy, role scope, and payer requirements, and in accordance with safety procedures; personnel do not transport persons served in personal vehicles unless explicitly permitted by policy and approved.
- **Documentation:** Boundary challenges (requests for friendship, loans, gifts, personal favors, etc.) are addressed therapeutically, reported to a supervisor as needed, and documented when they affect care, safety, or service planning.
- **Concerns and reporting:** Personnel must report suspected boundary violations, grooming behavior, exploitation, or staff misconduct immediately through supervisory and incident-reporting channels without fear of retaliation.

#### 6(e) Witnessing of Legal Documents

- **Role clarity:** Personnel do not provide legal advice and do not represent to any person that they are attorneys, notaries, or legal representatives unless separately credentialed and expressly authorized by the organization for that role.
- **Avoid conflicts/undue influence:** Personnel should not witness documents for persons served when the staff–person served relationship could create pressure, perceived coercion, or conflict of interest (e.g., wills, changes in beneficiaries, contracts involving money/property, releases of liability). Refer the person served to an independent witness/notary.
- **Limited administrative witnessing:** If a program form requires a witness signature for routine administrative purposes (not notarization), personnel may witness only when permitted by policy and when the signer appears to understand what they are signing and is signing voluntarily.
- **Capacity and safety:** If there is concern about decision-making capacity, intoxication, coercion, or imminent risk, personnel must pause the process and consult a supervisor and/or follow mandated reporting and safety procedures as applicable.
- **Documentation:** Any witnessing performed in the course of services must be documented per organizational policy, including the purpose and the steps taken to avoid conflicts of interest.

#### 7) Professional Responsibilities

- **Scope of practice:** Personnel provide services only within their role, training, competence, and licensure/certification scope and comply with supervision requirements for associates/trainees, consistent with applicable standards of the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC), the North Carolina Social Work Certification and Licensure Board (NCSWCLB), the North Carolina Addictions Specialist Professional Practice Board (NCSAPPB), and

the North Carolina Certified Peer Support Specialist Program (NC CPSS Program), as applicable to the individual's credentials.

- **Competence and training:** Personnel maintain current knowledge, complete required continuing education (including ethics), and seek consultation/supervision when encountering unfamiliar clinical issues or higher-acuity needs.
- **Person-served rights and informed consent:** Personnel protect rights, explain services and alternatives in understandable language, and support self-determination consistent with safety, legal requirements, and payer rules.
- **Confidentiality and privacy:** Personnel protect protected health information, share only the minimum necessary for care coordination, obtain releases when required, and follow all HIPAA and applicable state requirements.
- **Documentation integrity:** Clinical records must be accurate, timely, objective, and reflect services actually provided, medical necessity, progress, and coordination. Personnel do not alter records improperly, backdate without notation, or copy/paste in a way that misrepresents services.
- **Professional boundaries and safety:** Personnel follow the boundary provisions in Section 6 and comply with safety policies for home/community-based services (including Intensive In-Home and CST), such as check-in procedures and risk escalation protocols.
- **Mandated reporting and duty to protect:** Personnel follow applicable laws and organizational policy for reporting suspected abuse, neglect, exploitation, and credible threats of harm, and coordinate with supervisors immediately when safety concerns arise.
- **Interdisciplinary collaboration:** Personnel collaborate respectfully with schools, primary care, hospitals, Tailored Plans/LME/MCOs, and other partners, sharing information appropriately and prioritizing continuity of care.
- **Ethical decision-making and consultation:** When ethical dilemmas occur, personnel consult supervisors and applicable professional ethics codes, document the decision-making process as appropriate, and take steps to reduce risk of harm.

## 8) Human Resources

- **Equal opportunity and respect:** We provide a workplace free from discrimination, harassment, retaliation, and bullying; employment decisions are based on job-related qualifications and performance.
- **Safe and supportive workplace:** We promote workforce well-being, reasonable workloads, and safe working conditions, especially for community-based service delivery.
- **Licensure, certification, and credentials:** Personnel must maintain required licenses/certifications, report any restrictions or discipline immediately, and practice only within authorized scope and supervision status.
- **Hiring and screening:** We complete required background checks, reference checks, exclusion screenings (as applicable), and competency verification prior to independent service delivery.
- **Confidential personnel information:** We protect employee personnel records and share them only on a need-to-know basis.
- **Training, supervision, and performance:** Supervisors provide timely supervision, coaching, and performance feedback; personnel participate in required trainings (including corporate compliance, privacy, and ethics).
- **Reporting concerns:** Personnel have a duty to report safety concerns, unethical conduct, harassment, discrimination, or compliance violations; reports are handled promptly and without retaliation.

## 9) Donations for Client Needs (MOCC Does Not Conduct General Fundraising)

- **No general fundraising:** MOCC does not conduct general public fundraising events or campaigns. When MOCC receives donations, they are accepted to support identified client needs and/or program support consistent with MOCC's mission.
- **Acceptable donation types:** MOCC may accept **in-kind** donations (e.g., food, clothing, toiletries) from individuals, businesses, and nonprofits when the donation is lawful, ethically appropriate, and does not create conflicts of interest or expectations of preferential treatment.
- **Linkages for monetary assistance:** Because MOCC does not accept monetary donations for client assistance, personnel will support persons served by linking them to appropriate external community resources (e.g., local churches and nonprofits) that can provide direct financial assistance when eligible.
- **No solicitation of persons served:** MOCC personnel must not solicit donations from persons served or their families/guardians. Donation decisions must never affect eligibility, access, service intensity, documentation, or quality of care.
- **No use of confidential information:** MOCC does not use protected health information, service relationships, or client stories for donation purposes without proper written authorization and leadership approval.
- **Controls and tracking:** In-kind donations are documented (donor, date received, item type/quantity as applicable), stored safely, safeguarded, and distributed using documented controls. Restricted in-kind donations are used only as directed by the donor, consistent with law, payer rules, and MOCC policy.
- **Equitable distribution:** Donation-supported items are distributed based on assessed need and available resources, using consistent criteria; distribution is documented per program/payer requirements without identifying donors to persons served when it could create pressure or obligation.
- **Donor influence prohibited:** Donors must not influence clinical decisions, referrals, staffing, or access to services. MOCC will decline donations that create real or perceived expectations of influence.
- **Conflict of interest disclosure:** Any personal relationship or other interest with a donor must be disclosed and managed under MOCC's conflict of interest provisions; personnel may not personally profit from donations made to MOCC.
- **Safety and appropriateness of in-kind items:** MOCC accepts and distributes only items that are safe and appropriate (e.g., new or gently used clothing as allowed, unopened toiletries/food when required), and follows any storage/handling guidance to reduce health/safety risks.

## 10) Prohibition of Waste, Fraud, Abuse, and Other Wrongdoing

- **Zero tolerance:** MOCC prohibits waste, fraud, abuse, and other wrongdoing in any form, including in clinical documentation, billing, payroll, contracting, purchasing, and service delivery.
- **Examples include (not exhaustive):** Billing for services not provided; falsifying or copying documentation to support billing; altering dates/times to meet requirements; upcoding; misrepresenting credentials; kickbacks for referrals; misuse of agency credit cards or funds; theft; diversion of supplies; sharing passwords; unauthorized disclosure of protected information.
- **Duty to report:** Personnel must promptly report suspected waste, fraud, abuse, exploitation, harassment, safety concerns, or other misconduct through supervisory channels or the designated compliance reporting process.
- **Non-retaliation:** Retaliation against anyone who raises a concern in good faith is prohibited.
- **Cooperation and confidentiality:** Personnel must cooperate with audits and investigations and maintain confidentiality of investigative processes as directed.
- **Corrective action:** Violations may result in corrective action up to and including termination, repayment/recoupment, reporting to payers/regulators, and reporting to licensure/certification boards when applicable.

## 11) Written Procedures for Allegations of Violations of Ethical Codes

MOCC maintains written procedures to address concerns and allegations of ethical code violations promptly, fairly, and consistently. These procedures apply to all personnel (employees, contractors, interns, volunteers) and to concerns raised by persons served, families/guardians, referral sources, partners, vendors, and other stakeholders.

- **How to report:** Concerns may be reported to any supervisor/manager, the Clinical Director, or another MOCC leadership team member. Reports may be made verbally or in writing and should include facts, dates, and names when known.
- **No-reprisal (non-retaliation):** MOCC prohibits retaliation against any personnel or stakeholder who raises a concern, reports suspected misconduct, participates in an investigation, or refuses to participate in unethical or illegal conduct, when done in good faith.
- **Confidentiality to the extent possible:** MOCC will limit information sharing to those who need to know to assess risk, investigate, and take corrective action. Absolute confidentiality cannot be guaranteed (e.g., when safety, mandated reporting, payer reporting, or legal obligations apply).
- **Immediate safety actions (same day):** If an allegation involves imminent risk, abuse/neglect, exploitation, threats of harm, or a serious privacy breach, MOCC will take immediate steps the same day to protect persons served and notify required parties per policy.
- **Acknowledgement of report (within 3 business days):** MOCC will acknowledge receipt of the concern to the reporter when contact information is available and doing so is appropriate.
- **Initial review/triage (within 5 business days):** Leadership (or designee) will determine whether the concern is an ethical issue, a clinical grievance, a HR issue, a compliance/billing concern, a safety incident, or requires mandated reporting, and will assign an investigator/handler.
- **Investigation and information-gathering (generally within 30 calendar days):** MOCC will gather relevant information (interviews, records, logs, supervision notes) and document findings. If additional time is needed due to complexity or external coordination, MOCC will document the reason and continue work promptly.
- **Decision/closure (generally within 45 calendar days):** MOCC will reach a determination and implement corrective action when indicated. When appropriate, MOCC will provide a summary outcome to the reporter and/or person served (without disclosing confidential personnel actions).
- **Corrective action:** Corrective action may include coaching, additional supervision, training, workflow changes, restitution/recoupment, disciplinary action up to termination, and reporting to payers/regulators/boards as required.
- **Documentation:** MOCC documents the allegation, steps taken, findings, decisions, and corrective actions, and retains records per retention requirements.
- **Review:** When appropriate, leadership may conduct an additional review if new information becomes available or if a procedural concern is raised, while maintaining confidentiality and fairness.

## 12) Education on Ethical Codes of Conduct

- **Personnel education:** MOCC provides ethics education during onboarding and at least annually thereafter, including topics such as confidentiality, boundaries, conflicts of interest, documentation integrity, mandated reporting, and prohibited waste/fraud/abuse. Role-specific training is provided for CST, Intensive In-Home, outpatient therapy, and peer support staff.
- **Other stakeholder education:** MOCC makes ethical expectations and reporting pathways available to persons served and other stakeholders (e.g., families/guardians, referral sources, community partners) through orientation materials, handouts, postings, and/or the agency website, as appropriate.

### 13) Advocacy Efforts for the Persons Served

- **Rights and informed choice:** MOCC supports persons served in understanding their rights, choices, and responsibilities, including the right to participate in treatment planning and to voice concerns without retaliation.
- **Access to services and supports:** Personnel assist persons served with linkages to medically necessary services and natural/community supports (housing, food resources, employment, education, transportation), consistent with confidentiality and consent.
- **Culturally responsive advocacy:** Personnel advocate in ways that respect culture, language needs, disability access, and lived experience, and that reduce stigma and barriers to care.
- **Grievances and problem-solving:** MOCC supports persons served in using internal and external grievance/appeal processes (including payer processes) and provides reasonable assistance with forms and communication when requested.
- **Boundaries maintained:** Advocacy is performed within professional role and boundaries; personnel do not provide legal advice and do not engage in actions that create conflicts of interest or dependency.

### 14) Corporate Citizenship

- **Community partnership:** MOCC participates in community partnerships that support recovery, access to behavioral health services, and improved outcomes for Medicaid recipients and the broader community.
- **Responsible stewardship:** MOCC strives to use resources responsibly (e.g., reducing waste, safeguarding supplies, and maintaining ethical purchasing practices) while meeting service and quality standards.
- **Ethical relationships:** MOCC selects partners and vendors who demonstrate integrity, confidentiality protections, and compliance with applicable laws and contracts.
- **Transparency and accountability:** MOCC is accountable to persons served, payers, and the community by monitoring quality, addressing concerns promptly, and continuously improving services.

