

Care Coordinator Code of Ethics

Forward:

The North Dakota Care Coordination Code of Ethics is intended to help guide your work with participants. Compliance with these ethical standards of professional conduct is necessary and mandatory for quality care coordination. Care Coordinators who become aware of violations of this code by others are obligated to report the alleged violations.

All Care Coordinators make a commitment to read, understand, utilize, and apply this Code of Ethics within all professional interactions. A lack of awareness or misunderstanding of this code is not a reasonable response to alleged infractions. Care Coordinators are trained and provided a copy of the Code of Ethics during Care Coordination training. A copy of the Code of Ethics is also available on the ND DHHS Behavioral Health website.

Care Coordination:

Care Coordination is a means to improve participants' wellness, recovery and autonomy through advocacy, education, identification of services, resources, communication, support, and facilitation of services.

Care Coordination is professional, collaborative, and inter-disciplinary in nature. It is expected the Care Coordinator possesses the education, skills, character, and experience required to provide appropriate services.

Care Coordinators provide care coordination within the boundaries of their role or competence, based on their education, skills, and appropriate experience. Care Coordinators receive supervision, technical assistance, and consultation within their agency on a regular basis.

This Code of Ethics is guided by the values of providing Trauma-Informed¹, Recovery-Oriented², and Person-Centered Care³, and supports the guiding principles of Integrated Care⁴, Professional Support & Development⁵, and Legal Responsibilities⁶.

As a Care Coordinator, I will:

- a) Ensure that my words and actions reflect sensitivity for a participant's diversity;
- b) Work towards increasing my cultural competence;
- c) Be honest with participants and the care team;
- d) Work within the context of the participants' natural support system;
- e) Engage in self-care and continuously work to achieve work-life balance;
- f) Respect the dignity and autonomy of all participants and to communicate this respect with my actions;
- g) Advocate for participants; for their rights, fair treatment, and resources to meet their needs;

- h) Support participants' rights to make their own informed life choices while working towards improving or maintaining their well-being and recovery;
- i) Promote community integration for all participants and address stigma in the community through education;
- j) Help participants identify and acknowledge their strengths and use these strengths to progress towards positive outcomes, changes, and well-being;
- k) Help participants make informed decisions and utilize services that promote increased knowledge, skills, and competencies;
- l) Encourage participation in self-help and peersupport;
- m) Develop, foster, and maintain healthy and effective professional relationships and boundaries with participants by avoiding dual relationships (business, personal or otherwise), when possible clarifying roles and expectations, and keeping the relationship focused on the participant's needs;
- n) Identify, disclose and resolve any potential, perceived or actual conflicts of interests and/or dual relationships;
- o) Seek consultation with my supervisor in responding to ethical questions or conflicts in professional relationships;
- p) Will not engage in sexually intimate behavior with a participant; or accept as a participant an individual with whom the care coordinator has been sexually intimate;
- q) Provide services within the scope of care coordination practice, in accordance with my individual level of education, training, and expertise;
- r) Seek consultation with my supervisor and complete additional technical assistance, training, or a referral to another provider/ care coordinator as needed; if not directly supervised, seek guidance by staffing situations with another qualified professional;
- s) Ensure participants are not exploited, manipulated, or taken advantage of for any personal gain or benefit whether tangible or not; including emotional, sexual, or financial;
- t) Facilitate crisis prevention and intervention with participants, including the development of a crisis plan as appropriate;
- u) Work supportively and collaboratively with providers, agencies, and the multi-disciplinary care team;
- v) Remain curious - learning, growing, developing, and seeking opportunities for professional development; and
- w) Complete regular assessment of participants' needs and preferences and of the effectiveness of care coordination, sharing progress with the multi-disciplinary team through an updated care plan.

Definitions:

1. Trauma-Informed-acknowledge the pervasiveness of trauma among those we serve, recognize the impact of trauma on coping and development, and actively seek to prevent re-traumatization.
2. Recovery-Oriented-belief that recovery is a process of change through which people improve their health and wellness, live self-directed lives and strive to reach their full potential (SAMHSA).
3. Person-Centered-embrace a person-centered approach that focuses on the person first. Individuals' values and preferences and elicited and supported.
4. Integrated Care-collaboration among different disciplines to address participants identified behavioral health and physical health needs.
5. Professional Support & Development-ongoing consultation and supervision and the act of seeking to expand knowledge and skills related to effective care coordination.
6. Legal Responsibilities-understand and comply with federal, state, and local laws including consent to release information, confidentiality, and protected health information.

References

Coady M., & Bloch, S. [1996]. Code of Ethics and the Professions, Melbourne University Press, Melbourne.

Code of Professional Conduct for Case Managers with Standards, Rules, Procedures, and Penalties. [2009]. Commission for Case Management Certification. New Jersey, USA.

Congress, E. (2010). 'Code of ethics', in M Gray & S Webb [eds]. Ethics and value perspectives in social work, Palgrave Macmillan, Basingstoke [UK], p. 19-30.

Ife, J. [2010], 'Human rights and social justice', in M Gray & S Webb [eds]. Ethics and value perspectives in social work, Palgrave Macmillan, Basingstoke (UK). p. 148-159,

Reamer, F. [2006]. Social work values and ethics, 3rd ed, Columbia University Press, New York.

In accordance with the North Dakota Care Coordinator Code of Ethics, I acknowledge that I understand and agree to abide by the above ethics. I understand that misconduct may result in the inability to provide care coordination services within the programs of North Dakota Department of Health and Human Services.

Printed Name: _____

Signature: _____ Date: _____