

Guidelines for Membership Michigan Brain Injury Provider Council

Adopted July 20, 2009

Position Statement

Member providers of the Michigan Brain Injury Provider Council (MBIPC), which includes both organizations and individuals, are encouraged to demonstrate a high level of conformance to ethical principles and practices in all areas including, but not limited to, business operations, marketing, billing, service delivery, professional responsibility, and human resources.

The MBIPC recognizes the diverse, inter-industry representation of its members who collectively make up the necessary services across the brain injury continuum. It also recognizes the symbiotic relationship with the payer systems and sources that play a critical role in the accessibility of services for individuals with traumatic brain injury. That relationship requires balance and equal perspectives on maintaining a strong, sound, viable, and equitable system.

Providers are expected to address ethical principles and business practices. Each of the following principles and guidelines express the expectations of the MBIPC members.

Ethical Principles

1. The provider advocates for the person served by holding the interests, needs, safety, welfare, and health as paramount to the individuals care, recovery, and rehabilitation.
2. The provider is committed to advancing the person served through the continuum of care utilizing the least restrictive, most cost-effective products, services, and accommodations.
3. The provider engages in business practices that promote diversity, corporate citizenship, and service access.
4. The provider engages in professional relationships with stakeholders.*
5. The provider accurately promotes its products, services, licensure, and accreditation.

Business Practice Guidelines

1. The provider adheres to and regularly addresses the Equal Opportunity Employer Act (EOE), Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA), as appropriate.
2. The provider maintains licensure, certification, education, and qualification appropriate for that profession. Examples include:
 - a. CARF and / or The Joint Commission accreditation in the brain injury programs and services that are provided.

- b. Current and appropriate licensure for the programs and services provided through the local and/or state agency, as required (i.e. Adult Foster Care).
 - c. The provider employs licensed, certified, qualified and competent staff members who demonstrate an awareness of, and conformance to, the ethical principles and practices promulgated by their individual professional governing bodies, groups, and/or associations.
 - d. If not accredited or licensed, the provider demonstrates through its policies, procedures and day to day practices how it assures clients rights, safety, protection, advocacy and quality treatment and care.
3. The provider has developed and uses internal mechanisms for identifying and resolving ethical issues with persons served, their families, staff members, and other stakeholders. Examples include:
 - a. Complaint Handling and/or Grievances policies
 - b. No Reprisal and/or Retaliation policies
 - c. Conflict of Interest policies
 - d. Code of Ethics statement; or identification of existing code of ethics as determined by professional trade association, licensure, certification, etc.
4. The provider operates with a reasonable measure of transparency including but not limited to:**
 - a. Accessible statement of the code of ethics to which the provider adheres.
 - b. Accessible indicators of service efficacy.
 - c. Accessible evidence of licensures, certifications, and/or qualifications.
 - d. Accessible statement of services available
5. The provider makes available and/or encourages education and training for its staff in ethical principles and practices.
6. The provider actively participates in national, state and/or local organizations that increase knowledge and awareness of brain injury treatment and prevention.
7. The provider seeks opportunities to collaborate and cooperate with other providers for the benefit of the persons they serve.
8. Providers are proactive, positive, timely and direct in their efforts to resolve conflicts and ethical issues with each other.
9. The provider produces indicators and evidence of service efficacy.***
10. The provider actively participates in efforts relating to research, public policy, advocacy, education, prevention, and/or support of traumatic brain injury.
11. The provider is expected to remain current and actively pursue improvements in service delivery, business practices, professional standing, quality, and accessibility.

**Stakeholders include individuals or groups who have an interest in the activities and outcomes of an organization and its programs and services. They include, but are not limited to, the persons served, families, governance or designated authority, purchasers, regulators, referral sources, personnel,*

employers, advocacy groups, contributors, supporters, landlords, business interests, and the community. (CARF, 2008)

*** Transparency can be accomplished through reports to stakeholders including but not limited to postings in facility/office, on a website, and/or in marketing materials.*

**** Service Efficacy demonstrates the ability to produce the desired results. Examples may include financial (i.e. cost-effectiveness), clinical outcomes, functional outcomes, number of persons served with TBI, stakeholder satisfaction, reduction of barriers, input from stakeholders, quality, community access, etc.*

Ethical Conduct Policy

The MBIPC intends to ensure the ethical conduct of its members. The conduct of a member may negatively impact other members, so it will work to preserve the high quality and standards expected by the consumer as well as its general membership. The MBIPC also recognizes that membership is an option to the provider. By virtue of applying for membership, the member accepts the responsibility of strict adherence to this policy.

To ensure fairness across its membership and other broad industry-specific oversight agencies, the MBIPC does not take the position as an enforcement agency outside of the access to MBIPC controlled membership and resources. It takes the position as trade association and facilitator of best practices.

In the event an allegation, report, or other method of communication is made against a member of the MBIPC, the MBIPC may:

1. Refer the complainant to:
 - Address the accused member directly, using either written or verbal methods
 - The appropriate licensing, accreditation, and/or certifying agent or agency
 - The State of Michigan, specifically Department of Community Health (Professional Healthcare Licensure)
 - Appropriate advocacy agency or organization (i.e. Michigan Protection & Advocacy Service)
 - The Better Business Bureau
 - Seek appropriate legal counsel
 - Other applicable resources
2. Make direct contact to any of the above agents or accused member to assist in resolving disputes or issues.

The MBIPC reserves the right and at its discretion to suspend or terminate membership without refund if it is determined with reasonable certainty by its Board of Directors that the accused member has violated any of these principles and/or guidelines.