



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

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Governor

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## **MISSION STATEMENT**

The Department of Health and Human Resources' mission is to promote and provide appropriate health and human services for the people of West Virginia in order to improve their quality of life. Programs will be conducted in an effective, efficient and accountable manner, with respect for the rights and dignity of the employees and the public served.

## **SOCIAL SERVICES**

Responsible for providing a variety of social, medical, support services and programs for adults, children, and their families and caretakers. The primary programs within the Office of Social Services include Adult Services; Children's Services; Adult Protective Services; Child Protective Services; Emergency Shelter Care for Children, Youth and Adults; Foster Care; Adoption Services; Family Planning; Day Care; Youth Services; Regional Juvenile Detention Centers; Nursing Home Social Services; Personal Care Services; the Homeless People's Program; Counseling Services; Fiscal Management; and Medley Community-Based Services.

Services provided throughout the state to Recipients of public assistance are designed to assist these persons in attaining or retaining the least level of dependence on public human services. Services are oriented toward achievement of employment, self-care and family stability. The use of Socially Necessary Services providers' is essential in achieving these goals.

## **SOCIALLY NECESSARY PROVIDER CONDUCT**

### **I. PURPOSE**

The Department of Health and Human Resources expect professional behavior from Socially Necessary Providers. In fairness this policy was developed to provide general guidelines concerning the nature of behavior expected of Socially Necessary Providers.

### **II. GENERAL CONDUCT STATEMENT**

The Department of Health and Human Resources provides a wide variety of services and programs which are necessary to promote and protect the basic health and welfare of the citizens of the State of West Virginia.

### III. IMPLEMENTATION

This policy is effective upon the date of release.

### IV. CANCELLATION

This policy cancels all existing policies addressing Socially Necessary Conduct that are inconsistent to the provisions herein. Any current or future policy related to Socially Necessary Provider Conduct issued by any department organizational unity must comply with provisions of this policy.

### V. APPLICABILITY

This policy applies to all Socially Necessary Providers for the Department of Health and Human Resources.

### VI. RESPONSIBILITY

It is the responsibility of the Socially Necessary Providers to conduct themselves appropriately when providing services on behalf of the Department of Health and Human Resources.

### VII. POLICY AND PROCEDURES

Providers are expected to: comply with all relevant Federal, State and local laws; conduct themselves professionally in the presence of residents/patients/clients, and the public; respect the property of residents/patients/clients, employees of the State; be accurate when completing Agency records; maintain the confidentiality of all Agency records including personnel/resident/client records; and exercise standard client management techniques.

### VIII. PRACTICE

The following is a list of actions which are violations of this policy and subject to corrective action up to and including termination of use of provider.

1. Any acts of disrespect, exploitation, abuse and/or neglect toward the individuals served.
2. Contributing to the delinquency of the individuals served.
3. Fraternalization between Socially Necessary Services (SNS) provider staff and the individuals served is strictly prohibited including engaging in sexual misconduct.
4. Fighting, abusive, disrespectful or threatening conduct or speech towards any individuals served.

5. Failure to immediately report cases of actual or suspected abuse/neglect or any incident of a reportable nature to supervisor or other management person and WV DHHR.
6. Theft, unauthorized removal; wrongful possession; or deliberate destruction of property, merchandise, equipment, or possessions belonging to the individuals served.
7. Unlawful manufacture; distribution; dispensation; possession; sale; purchase; or use of illegal drugs, controlled substances, or alcohol while on the job.
8. Failure to follow safety rules and/or health practices.
9. Possession or use of a firearm, explosive, or any other prohibited weapons of any kind while on the job.
10. Deliberate falsification or alteration of any official document.
11. Disclosure of confidential information to unauthorized persons.
12. Dissemination of maliciously false or malicious information about the individuals served or the DHHR or its employees.
13. Substantiated acts of harassment including such conduct as slurs, jokes, intimidation, or other verbal or physical attacks upon a person because of their race, color, religion, sex, national origin, age, disability, or veteran status.
14. Substantiated acts of discrimination which deny equal treatment in all terms, conditions, and privileges of employment because of an individual's race, color, religion, sex, national origin, age, disability, or veteran status.
15. Using agency time and resources for personal gain.
16. Inefficiency; incompetence; or negligence in the performance of duties, including failure to perform assigned task or training, or failure to discharge duties in a prompt, competent, and reasonable manner.
17. Prohibited from working or excluded from Medicaid or Medicare participation. (such as expired or revoked license/certification)
18. Improper use of motor vehicles, including but not limited to reckless driving, speeding, and violation of motor vehicle laws while transporting clients.

It is impossible to compile a list of all possible violations, however, the examples above are illustrative of the type of behavior that will not be permitted, but are not an all-inclusive listing. Any questions in connection with this policy should be directed to management.

# **Acknowledgement Form** **of Socially Necessary Provider**

I, \_\_\_\_\_ acknowledge that I have received and read the Department of Health and Human Resources Socially Necessary Provider Conduct and agree to comply.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date