

LONG-TERM CARE OMBUDSMAN CONFLICT OF INTEREST STATEMENT

A certified Long-Term Care (LTC) Ombudsman is a representative of the Office of the State Long-Term Care Ombudsman (OSLTCO). The long-term care ombudsmen must abide by strict conflict of interest standards. Any real or perceived conflict of interest erodes the credibility of the program. Any indication of partiality or self-interest by ombudsmen will weaken our ability to find solutions and help residents have a better quality of life.

To ensure compliance with the laws and regulations governing the ombudsman program, it is necessary that all ombudsmen understand and acknowledge any possible conflict of interest.

All possible conflicts of interest should be declared and recorded. Some minor conflicts can be eliminated or appropriately remedied by the Office of the State Long-Term Care Ombudsman. Most conflicts, however, exclude participation in the ombudsman program or serving as an ombudsman in a particular long-term care facility. Complete the following document to identify if any conflict(s) exist.

Conflict of Interest

Involvement in the licensing or certification of a LTC facility or provision of a LTC service, including solicitation of employment by myself or a member of my immediate family (which is defined as a member of my household or a relative with whom there is a close personal or significant financial relationship)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed LTC facility or LTC service by myself or a member of my immediate family	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employment or solicitation of employment of myself or a member of my immediate family by a LTC facility; participation in the management of a LTC facility by myself or a member of my immediate family	<input type="checkbox"/> No <input type="checkbox"/> Yes
Receipt of, or right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a LTC facility by myself or a member of my immediate family	<input type="checkbox"/> No <input type="checkbox"/> Yes

Accepting any gifts or gratuities, including meals, from a LTC facility or resident or resident representative or being named as the beneficiary of an estate, will, or trust of resident, or resident representative	<input type="checkbox"/> No <input type="checkbox"/> Yes
Accepting money or any other consideration from anyone other than the provider agency or other entity designated by the OSLTCO for the performance of an act in the regular course of LTC ombudsman duties	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provision of services with conflicting responsibilities while serving as a LTC Ombudsman, such as adult protective services; discharge planning; serving as guardian, agent under power of attorney or other surrogate decision-maker for LTC residents in the service area	<input type="checkbox"/> No <input type="checkbox"/> Yes
Participation in pre-admission screening or case management for LTC residents	<input type="checkbox"/> No <input type="checkbox"/> Yes
Serving residents of a facility in which an immediate family member resides	<input type="checkbox"/> No <input type="checkbox"/> Yes
Participation in an activity that negatively impacts my ability to serve residents or are likely to create a perception that my interest is other than as a resident advocate.	<input type="checkbox"/> No <input type="checkbox"/> Yes

ACTUAL OR POTENTIAL ORGANIZATIONAL CONFLICTS OF INTEREST DISCLOSURE

If you answered “yes” to any of the questions above, provide the identified conflict(s) of interest along with your procedures to remedy/remove them. You are welcome to add additional pages if necessary. If ombudsman has identified a conflict of interest, notify the SLTCO ASAP to seek a resolution. If no conflicts were identified please put non-applicable (N/A) in the boxes.

Identified Conflict of Interest:

Remedy or Removal Action(s):

I have read the above and affirm that my service as an ombudsman is in compliance with the stated "conflict of interest" standard. I understand any false information in the above statement may result in my decertification from the State of Idaho Long-Term Care Ombudsman Program.

Signature, Certified Long Term Care Ombudsman

Date

Printed Name/Title

Signature, State Long-Term Care Ombudsman

Date

Printed Name/Title