

THE KENTUCKY LONG-TERM CARE OMBUDSMAN PROGRAM DECLARATION OF CONFLICT OF INTEREST SCREENING TOOL

The organizational placement of the Long-Term Care Ombudsman Program (LTCOP) and the individuals who carry out the duties of the Program must be free from conflicts of interest.

Representatives of the Office of the State Long-Term Care Ombudsman, as used in sections 711 and 712 of the Act, means the employees or volunteers designated by the Ombudsman to fulfill the duties set forth in §1324.19(a), whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman pursuant to section 712(a)(5) of the Act.

Please check any that apply to you or any member of your immediate family.

Immediate family means a member of the household or a relative with whom there is a close personal or significant financial relationship. Immediate family is defined as spouse, parents and grandparents, children and grandchildren, brothers and sisters, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law. Adopted and step members are included as immediate family.

Organizational Conflicts:

- Has an ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from a long-term care facility or a long-term care service;
- Provides long-term care services to residents of long-term care facilities, including the provision of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities;
- Operates programs with responsibilities conflicting with LTCOP responsibilities; provides long-term care coordination or case management for residents of long-term care facilities or provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of long-term care facilities;
- Has governing board members with ownership, investment or employment interest in long-term care facilities;**
- Is responsible for licensing, surveying, or certifying long-term care facilities;
- Is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities;
- Sets reimbursement rates for long-term care facilities;
- Provides adult protective services;
- Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facilities;
- Conducts preadmission screening for long-term care facility placements;
- Makes decisions regarding admission or discharge of individuals to or from long-term care facilities.

Individual Conflicts:

Identifying individual conflicts of interest. (1) In identifying conflicts of interest pursuant to section 712(f) of the Older Americans Act, the State agency and the Ombudsman shall consider individual conflicts that may impact the effectiveness and credibility of the work of the Office.

Individual conflicts of interest for an Ombudsman, representatives of the Office, host organization governing board members and members of their immediate family include, but are not limited to:

- Employment of an individual or a member of his/her immediate family by a long-term care facility area development district within the previous twelve months;
- Employment of an individual by, or participation in the management of, a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area;
- Ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility;
- Direct involvement in the licensing or certification of a long-term care facility;
Provision of services with conflicting responsibilities while serving as a LTCO, such as adult protective services; discharge planning; serving as a guardian, agency under power of attorney or other surrogate decision-maker for a long-term care resident in the area development district; pre-admission screening or case management for long-term care residents; LTCO notarizing documents for residents. Serving as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in which the Ombudsman or representative of the Office provides services;
- Serving residents of a facility in which an immediate family member resides.
- Accepting gifts or gratuities of significant value from a long-term care facility or its management, a resident or a resident representative of a long-term care facility in which the Ombudsman, the ombudsman's immediate family, or representative of the Office provides services (except where there is a personal relationship with a resident or resident representative which is separate from the individual's role as Ombudsman or representative of the Office);
- Accepting money or any other consideration from anyone other than the Office, or an entity approved by the Ombudsman, for the performance of an act in the regular course of the duties of the Ombudsman or the representatives of the Office without Ombudsman approval;
- Participating in activities, which:
 - (a) negatively impact the ability of the LTCO to serve residents, or
 - (b) are likely to create a perception that the LTCO's primary interest is other than a resident advocate.

In identifying conflicts of interest pursuant to section 712(f) of the Act, the agency and the Ombudsman shall consider individual conflicts that may impact the effectiveness and credibility of the work of the Office.

SIGNATURES REQUIRED SEE PAGE 3

Read 1 and 2 and sign where appropriate.

1. By my signature below, I declare that **neither I and any member of my immediate family is subject to a conflict of interest as described** in the Kentucky Long-Term Care Ombudsman Program Policy and Procedures that would interfere with my ability to carry out the responsibilities assigned to me as a representative of a local Ombudsman entity.

Signature

Date

Witness Signature

Date

2. While I do have or have had the conflict of interested checked above, it would not interfere with the duties assigned to me. **Where an actual or potential conflict of interest within the LTCOP has been identified, the SLTCO shall be notified.**

Conflict Declared:

Signature

Print name

Date

Witness Signature

Date

If you are completing this tool on behalf of an organization (not as an individual) such as an ADD or a nonprofit ombudsman entity please list the name of the organization _____