

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.

Please check any that apply to you or any member of your immediate family. *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 a long-term care facility or a long-term care service;
- Provides long-term care services, 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; examples of such responsibilities include developing and carrying out care plans and serving as guardian over long-term care residents;
- Has governing board members with ownership, investment or employment interest in long-term care facilities; and
- Has direct involvement in the licensing or certification of a long-term care facility or long-term care services.

Individual Ombudsman Conflicts:

- Employment of an individual or a member of his/her immediate family within the previous two years by a long-term care facility in the area development district or by the owner or operator of any long-term care facility in the area development district;
- Participation in the management of a long-term care facility by an individual or member of his/her immediate family;
- Ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or long-term care service by an individual or member of his/her immediate family;
- Involvement in the licensing or certification of a long-term care facility or provision of a long-term care service by an individual or member of his/her immediate family;
- Receipt of remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility by an individual or a member of his/her immediate family;
- Accepting any gifts or gratuities from a long-term care facility or resident or resident representative;
- Accepting money or any other consideration from anyone other than the LTCO provider agency or other entity designated by the Office of the State Long-Term Care (SLTCO) for the performance of an act in the regular course of a LTCO's duties;

- 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 residents of a facility in which an immediate family member resides.
- 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.

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

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

Date

Witness

Date