



Office of the State Long-term Care Ombudsman
Conflict of Interest Screening of a Representative of the Office

Name of person completing this form _____

An individual conflict of interest means a situation in which a person is involved in multiple interests, financial or otherwise, that could impact effectiveness and credibility of the work of the Ombudsman Program.

An ombudsman intern or certified ombudsman must immediately inform the Managing Local Ombudsman (MLO) when a conflict of interest exists or might exist. All certified ombudsmen must be screened before performing functions of the Ombudsman Program and annually thereafter.

1. In the last 12 months, have you or an immediate family member:

a. Been involved in the licensing or certification of a nursing home or assisted living facility (LTC facility), day activity and health services (DAHS), or home and community support services agency (HCSSA)? Yes

If Yes, what facility or agency? _____

Your role _____

b. Provided contract services to an LTC facility or worked for an agency or business that provides services to an LTC facility or a resident of an LTC facility? (Examples: therapy, counseling, pharmacy services, nurse staffing and lawn services) Yes

Your role _____

c. Had the right to receive, directly or indirectly, payment (in cash or in-kind) under a compensation arrangement with an owner or operator of an LTC facility, DAHS, or HCSSA? Yes

If Yes, what facility or agency? _____

Your role _____

d. Been involved in making Medicaid, Medicaid managed care, Medicare, or PASRR decisions for someone other than your immediate family member? Yes

If Yes, describe your role. _____

e. Received gifts, gratuities or other considerations from an LTC facility, a resident of an LTC facility, or a resident's family? Yes

If Yes, what facility? _____

2. Have you owned or had investment interest (equity, debt, or other financial relationship) in an LTC facility, DAHS, HCSSA, personal care service, or a business that makes referrals to an LTC facility? Yes

If Yes, what facility or agency? _____

Your role _____

3. Have you managed or worked for an LTC facility, DAHS, HCSSA, personal care service, or business that makes referrals to an LTC facility or a managed care organization in Texas? Yes

If Yes, what facility or agency?	Last date of employm
Your role	

4. Do you have a relative who lives or works in an LTC facility in Texas? Yes

If Yes, identify your relation to the relative and what facility they live or work in

5. Do you currently serve as a guardian, a power of attorney, or a primary decision-maker for a resident in an LTC facility in Texas? Yes

If Yes, please describe

6. Are you a volunteer for an LTC facility, including serving on a board or council, providing religious services or consulting? Yes

If Yes, identify the facility and describe your role

Answering "Yes" to any of the questions above indicates a potential conflict of interest. If a conflict is identified, the MLO may submit a plan to identify and remove the conflict to the Office of the State Long-term Care Ombudsman (Office) using the "Conflict of Interest Identification, Removal, and Remedy" form. The form must be approved by the Office before the person performs functions of the Ombudsman Program, or for a certified ombudsman, within 30 calendar days of identifying the conflict. The Office approves, modifies, or denies the plan.

Failure to identify and remove a conflict of interest will result in refusal or termination of certification of the individual.

I certify that I have read and understand this Conflict of Interest form and I have no conflicts.

I certify that I have read and understand this Conflict of Interest form and I notified the MLO of the following potential conflict:

Describe Each Conflict

Signature — Ombudsman Intern or Certified Ombudsman	Date	Signature — Managing Local Ombudsman	Date
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Retain original at local office of the Ombudsman Program. If submitting a removal or remedy plan for approval by the Office of the State Long Term Care Ombudsman, provide a copy of this completed form with the removal or remedy plan.