

Office of the State Long-Term Care Ombudsman
Conflict of Interest Screening of a Representative of the Office**Section 1 – Person Information and Questions**

Name of Person Completing this Form

An individual conflict of interest is a situation where a person has competing interests, financial or otherwise. These interests could impact how effective and credible the Ombudsman Program's work is.

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. Have you ever owned or had investment interest such as equity, debt, or other financial relationship in a Long-Term Care (LTC) facility, DAHS, HCSSA, personal care service or a business that makes referrals to an LTC facility? ☐ Yes ☐ No

- DAHS – Day Activity and Health Services
- HCSSA – Home and Community Support Services Agencies such as Home Health or Hospice Agency, Personal Assistance or Care Services
- LTC Facility – Nursing or Assisted Living Facility

If yes, list facility or agency names, identify the city where each is located and describe your family member's or your role in the table below.

Facility or Agency Name	City	Family Member or Your Role	
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2. Have you ever worked for an DAHS, HCSSA, personal care service, or business that contracts with or makes referrals to an LTC facility or a managed care organization in Texas? If yes: ☐ Yes ☐ No

• List your last date of employment: _____

Business or Agency Name	City	Your Role	
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3. Have you ever worked for, or contracted to, an LTC facility, an LTC facility owner, or a LTC operator in Texas? If yes: ☐ Yes ☐ No

• List your last date of employment: _____

Facility, Business or Agency Name	City	Your Role	
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Immediate family member means a member of the same household or relative where there is a close personal or significant financial relationship.

4. 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, DAHS or HCSSA? If yes: ☐ Yes ☐ No

• Is it? ☐ You ☐ Immediate Family Member ☐ Both

Facility, Business or Agency Name	City	Family Member or Your Role	
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- 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. If yes: ☐ Yes ☐ No
- Is it? ☐ You ☐ Immediate Family Member ☐ Both

Facility, Business or Agency Name	City	Family Member or Your Role	
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- c. Had the right to receive, directly or indirectly, in cash or in-kind payment under a compensation arrangement with an owner or operator of an LTC facility, DAHS or HCSSA? If yes: ☐ Yes ☐ No
- Is it? ☐ You ☐ Immediate Family Member ☐ Both

Facility, Business or Agency Name	City	Relationship	
			—

- d. Been involved in making Medicaid, Medicaid managed care, Medicare or Preadmission Screening and Resident Review decisions for someone other than your immediate family member? If yes: ☐ Yes ☐ No
- Is it? ☐ You ☐ Immediate Family Member ☐ Both

Name of Employer	City	Family Member or Your Role	
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- e. Received gifts, gratuities or other considerations such as tips from an LTC facility, a resident of an LTC facility or a resident's family? If yes: ☐ Yes ☐ No
- Is it? ☐ You ☐ Immediate Family Member ☐ Both

Facility Name	Resident or Family Member Name	City	Relationship and Financial Relationship	
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5. Do you **currently** volunteer in an LTC facility in Texas? This includes providing volunteer services in a facility for another entity such as a church or club. Examples include religious services, consulting services, reading or teaching residents, performing or serving on an LTC facility board or council. If yes, describe. ☐ Yes ☐ No

6. Do you have a relative who lives or works in an LTC facility in Texas? If yes: ☐ Yes ☐ No
- Does this relative meet the definition of immediate family member as defined above Question 4? ☐ Yes ☐ No
- Does this immediate family member? ☐ Work ☐ Live at the facility

Immediate Family Member Name	Facility Name	City	Immediate Family Member's Role	
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7. Do you serve as a guardian, a power of attorney or a decision-maker for a resident in an LTC facility in Texas? If yes: ☐ Yes ☐ No

Facility Name	City	Relationship with the Resident and Your Role	
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8. List any LTC facility in Texas where you have a prior or current personal relationship with staff, contractors, consultants, therapists, home health or hospice employees or volunteers. ☐ Yes ☐ No

Facility Name	City	Relationship and Role of the Person	
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Answering Yes to any question indicates a potential conflict of interest.

The State Long-Term Care Ombudsman Program may:

- Restrict the facility locations where you are assigned to avoid a conflict.
- Require the MLO to submit a remedy plan to the state ombudsman.

Both a facility restriction and a plan to identify and remove a conflict must be approved by the state ombudsman before the person performs functions of the Ombudsman Program. This must be done within 30 days for a certified ombudsman that is not the MLO, and five days for an MLO. The state ombudsman approves, modifies or denies the plan.

Per 26 TAC Section 88.303 and Section 88.403(c), failure to identify and remove a conflict of interest will result in refusal or termination of certification of the person.

- ☐ I have no conflicts. I certify that I have read and understand this Conflict of Interest form. I identified no conflicts. I selected no for all answers.
- ☐ I identified a potential conflict. I certify that I have read and understand this Conflict of Interest form. I checked yes for at least one answer.

Signature of Ombudsman Intern or Certified Ombudsman Date

Section 2 – For MLO Use Only

Restricting the locations where a volunteer ombudsman can be placed may avoid a conflict of interest. The restriction must be approved by the state ombudsman. Staff ombudsmen with a potential conflict must have an approved HHSC Form 8613.

The volunteer ombudsman is prohibited from assignment to the following facilities.

Signature of Managing Local Ombudsman Date

Section 3 – For State Office Section Use Only

State office completes this section for a representative of the Office who is an HHS employee and for any representative of the Office for whom a placement restriction is recommended.

- ☐ Placement Restriction Approved
- ☐ Placement Restriction Not Approved. **Must Submit HHSC Form 8613 to the state ombudsman for approval.**

Signature of State Ombudsman or Designee Date

Keep original at local office of the Ombudsman Program. Provide a copy of this completed form with Form 8613 for approval by the state office.