

Organizational Conflict of Interest Tool

Section I – Organizational Structure relative to the Local Ombudsman Program

Please provide an organizational chart that shows the structure of your organization and the relationships and relative ranks of its parts and positions/jobs. Include names along with titles associated with those positions linked to the ombudsman program.

- A. It must clearly demonstrate all programs overseen by the ombudsman supervisor.
- B. For ombudsman program representatives who serve in other agency capacities, it must clearly demonstrate what those roles are with the % of FTE for each. (FTE is defined as “full-time” for your agency whether 37.5 or 40 hours per week)
e.g. Ollie Helperson-- Ombudsman .50 FTE, Meals on Wheels driver .25 FTE, and Senior Center activities coordinator .25 FTE

******If your agency subcontracts for ombudsman program services, you do not need to provide an extensive organizational chart. Please only demonstrate your agency’s structure specific to oversight of/relationship to the ombudsman program. You must, however, provide an organizational chart for your subcontractor, following the same directions above.******

Section II – Flow of Information

In this section please describe how information is shared:

- A. When a consumer calls the number on the ombudsman poster, do those calls go directly to an ombudsman program representative?

Yes / No

If **No** explain:

- B. Do any individuals outside of the ombudsman program handle or process information, documents, correspondence, email, faxes, or voicemail on behalf of the ombudsman program?

Yes / No

If **Yes** explain:

- C. Who provides OmbudsManager Supervisory/Peer case review? Please provide name and title of all individuals.

- D. Who enters activity details into OmbudsManager on behalf of ombudsman volunteers? Please provide name and title of all individuals.

E. Do ombudsman program representatives have access to SAMS?

Yes / No

If **Yes**, explain:

F. Do ombudsmen program representative receive Reports of Need (RONs)?

Yes/No

If **Yes**, are they redacted?

Yes/No

What action is taken by ombudsmen?

Section III – Avoiding Conflicts of Interest

- A. Have all AAA staff members been trained on the ombudsman’s role in abuse reporting?

Yes/No

If **No**, would you like the State Office to provide training?

- B. Do you anticipate any significant obstacles to recruitment and retention of staff or volunteers under the conflict-of-interest requirements?

Yes/No

If **Yes**, explain:

Section IV – Organizational Conflict of Interest Identification and Remediation Tool

In this section you will see a series of questions issued by the National Ombudsman Resource Center to assist **host agencies** (AAAs) in identifying existing conflicts of interest at all levels. Identification and disclosure of existing conflicts is critical to compliance with the Ombudsman Office 45 CFR 1324. Where conflicts exist, the State Office of the Long-Term Care Ombudsman will partner with host agencies to develop plans for remediation.

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

NAME	DATE	COUNTY/COUNTIES of COVERAGE	SLTCO REVIEW DATE

1. Check the box that best describes your organization currently:

The local program has implemented policies and procedures set by the Office of the State Long-Term Care Ombudsman (SLTCO) to identify, remedy and report actual and/or potential conflicts of interest as identified in 45 CFR 1324 to include:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
A conflict-of-interest (COI) screening form (provided by the SLTCO) is completed for each program representative working in, overseeing, or making decisions affecting the local program. This is to be completed as part of the onboarding process and submitted prior to enrolling in certification training.				
A procedure has been developed for notifying the SLTCO of any actual or potential conflicts of interest and the proposed remedy (TA provided by the SLTCO). All COI's should be sent to the Regional Ombudsman Specialist assigned for approval prior to training for each program representative.				
The local program complies with decisions made by the SLTCO regarding whether a conflict can be sufficiently remedied.				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

The attorney that provides legal counsel to the local ombudsman program does not advise or represent other agencies or interests that have an actual or perceived conflict of interest with residents' interests or ombudsman duties.				
---	--	--	--	--

2. Check the box that best describes your organization currently:

All program representatives working with the local ombudsman program are housed in an entity (i.e. AAA) whose head is free of responsibilities for any of the following:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
Licensure, certification, registration, or accreditation of long-term care facilities				
Reimbursement rate settings for long-term care facilities				
Medicaid eligibility determination				
Decisions regarding admission or discharge of individuals to long-term care facilities				
Conducting pre-admission screening for placement in long-term care facilities				
Guardianship services				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

Management, ownership, investment interest or receives grants or donations from a long-term care facility				
---	--	--	--	--

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

3. Check the box that best describes your organization currently:

The local ombudsman program functions independently of:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
Any adult protective services program or unit impacting clients or potential clients of the ombudsman program				
Any long-term care case management service impacting clients or potential clients of the ombudsman program				
Any program that provides long-term care services in a long-term care facility				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

4. Check the box that best describes your organization currently:

Ombudsman program representatives including members of the program representative's immediate family:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
Have no direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care services				
Have no ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service				
Are not employed by, or participating in the management of, a long-term care facility				
Do not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility				
Do not provide services to residents of a facility that belongs to a long-term care facility trade association if the individual has been an employee of that trade association within the previous year				
Do not stand to gain financially through an action or potential action brought on behalf of individuals the ombudsman services, including but not limited to				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

selling services or products to residents or to long-term care facilities				
Do not serve as a resident's agent, medical decision-maker or surrogate; the sole witness for Do Not Resuscitate (DNR) orders or other medical directives (except to serve in such capacity for a family member or another with whom the ombudsman has a close personal relationship originating outside of the role as ombudsman); or as a member of a facility's ethics committee				
Are not directly supervised by, do not provide supervision for, or do not provide services on behalf of a program with conflicting responsibility. Conflicting responsibility includes, but is not limited to, an individual which directly administers or supervises the administration of the licensing and certification of long-term care facilities; controls access to a facility (e.g., pre-admission screening); adult protective services programs or program units which develop and carry out care plans for, provide involuntary services to, are authorized to take temporary custody of, or serve as guardians, conservators or legal representatives for any clients (except to serve in such capacity for a family member or another with whom the ombudsman has a close personal				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

relationship originating outside of the role as ombudsman.)				
Do not provide services to residents of a long- term care facility in which they have an immediate family member residing				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

5. Check the box that best describes your organization currently:

Board members of an agency that houses a local ombudsman entity do not serve in any decision-making policy-setting or program operation capacity relative to the ombudsman program if they have the following conflicts of interest:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
Current direct involvement in the licensing or certification of a long-term care facility or a provider of a long-term care service				
Current employment in, contractual arrangement with, or participation in the management of a long-term care facility				
A current financial interest in a long-term care facility or a long-term care service				
Current membership in a trade association of long-term care facilities				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

6. Check the box that best describes your organization currently:

In cases where the local ombudsman program is responsible for home care complaints, ombudsman program representatives are housed in an entity of government (state or local) or agency outside government whose head is free of responsibilities for any of the following:	0 – NO	1 – Working to Completion	2 – YES	SLTCO Comments:
Provision of long-term care services, including Medicaid waiver programs				
Long-term care case management				
Reimbursement rate settings for home care services				

Organizational Conflict of Interest Identification and Remediation
PA Office of the LTC Ombudsman

Conflict Areas to be Addressed:

For each indicator that you rated as 0 – 1 indicate the reasons why you are having difficulty with this indicator; the factors affecting this indicator over which you have control; and the factors affecting this indicator over which you have no control.

Plans for Remediation:

For each indicator you rated as 0 – 1, identify your specific goal, actions steps, and time frames towards remediation of the conflict.