



LONG-TERM CARE OMBUDSMAN PROGRAM and PROVIDER AGENCY ORGANIZATIONAL CONFLICT OF INTEREST FORM

Please see Section 712(f) of the Older Americans Act and Sections 901 – 905 of the Illinois Long-Term Care Ombudsman Program Policies and Procedures.

State and federal law require that all Ombudsman Programs be free from conflicts of interest. Any identified potential conflicts of interest must be disclosed. A potential conflict may not necessarily make an entity ineligible to be designated as a Regional Ombudsman Provider Agency.

(Provider Agency name): will work with the State Long-Term Care Ombudsman to develop a plan to remedy all potential conflicts. Please note this form must be filled out:

- 1) at the time of application for designation,
- 2) each time a potential conflict of interest arises; AND
- 3) on an annual basis coinciding with each new fiscal year.

Failure to disclose a possible conflict of interest may be grounds for removal of designation. Please answer all questions as truthfully as possible.

Each potential conflict is reviewed by the State Office on an individual basis.

There are some conflicts that will not have a reasonable remedy and therefore will make an entity ineligible to be designated as a Regional Ombudsman Provider Agency.

Once you have answered all of the questions, please sign, date and return the form to the State Office.

- 1. Is your agency responsible for licensure, certification, registration, or accreditation of long-term care facilities? Yes No
- 2. Does anyone in your agency have an ownership or investment interest in an existing or proposed LTC facility or a company that owns LTC facilities or home care provider agencies? Yes No

If yes, what facility or company?

What is the interest?

Position at agency?



3. Is your agency responsible for setting reimbursement rates for long-term care services?
 Yes No
4. Is your agency responsible for Medicaid eligibility determination? Yes No
5. Is your agency responsible for long-term care case management? Yes No
6. Is your agency responsible for preadmission screening for long-term care residential placements? Yes No
7. Does your agency receive any compensation (cash or in-kind) from a long-term care facility, managed care organization or a company that owns or manages long-term care facilities and/or services? Yes No
If yes, company or facility
Type of compensation
8. Does your agency provide adult protective services or investigations? Yes No
9. Does your agency provide guardianship services? Yes No
If yes, what services?
10. Is your agency responsible for developing and carrying out care plans? Yes No
11. Is your agency responsible for provision of Medicaid waiver programs? Yes No
If yes, what programs?
12. Is your agency responsible for decisions regarding admission of seniors or adults with disabilities to residential facilities? Yes No
13. Does your agency provide legal services? Yes No
14. Is your agency an Area Agency on Aging? Yes No



State of Illinois
Illinois Department on Aging



If you answered "yes" to any question, please provide an explanation and a proposed remedy to the conflict listed. If applicable, include an explanation of firewalls to separate the potential conflict.

Under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Signature: _____

Date:

Printed/Typed Name and Title:

STATE OFFICE USE ONLY:

Reviewed by:

Date:

Reviewed by:

Date:

Reviewed by:

Date: