

**MT Ombudsman
Program - Code of
Ethics**

**OFFICE ON AGING
LONG TERM CARE OMBUDSMAN
PO BOX 4210
HELENA, MT 59624**

1. The ombudsman provides services with respect for human dignity and the individuality of the client, unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.
2. The ombudsman respects and promotes the client's right to self-determination.
3. The ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.
4. The ombudsman acts to protect vulnerable individuals from abuse and neglect.
5. The ombudsman safeguards the client's right to privacy by protecting confidential information.
6. The ombudsman remains knowledgeable in areas relevant to the long term care system, especially regulatory and legislative information, and long term care service options.
7. The ombudsman acts in accordance with the standards and practices of the Long Term Care Ombudsman Program, and with respect for the policies of the sponsoring organization.
8. The ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.
9. The ombudsman participates in efforts to promote a quality, long term care system.
10. The ombudsman participates in efforts to maintain and promote the integrity of the Long Term Care Ombudsman Program.
11. The ombudsman supports a strict conflict of interest standard that prohibits any financial interest in the delivery or provision of nursing home, board, and care services, or other long term care services that are within their scope of involvement.
12. The ombudsman shall conduct himself/herself in a manner that will strengthen the statewide and national ombudsman network.

Signature

Date

Retain original at the State Ombudsman Office

**MT Ombudsman
Conflict of Interest
Statement**

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PO Box 4210
HELENA, MT 59624**

A conflicts of interest for a Montana long-term care ombudsman (LTCO) or Friendly Visitor (FV) includes, but is not limited to, the following:

- a) 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 service area or by the owner or operator of any long-term care facility in the service area;
- b) participation in the management of a long-term care facility by an individual or a member of his/her immediate family;
- c) 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 a member of his/her immediate family;
- d) involvement in the licensing or certification of a long-term care facility or provision of a long-term care service by an individual or a member of his/her immediate family;
- e) 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;
- f) accepting any gifts or gratuities from a long-term care facility or resident or resident representative;
NOTE: A LTCO/FV should adequately compensate a facility for food provided by the facility with the exception of sample portions of food tested as part of an investigative process.
- g) accepting money or any other consideration from anyone other than the provider agency or other entity designated by the Office of the State Long-Term Care Ombudsman (SLTCO) for the performance of an act in the regular course of a LTCO duties;
- h) provision of services with conflicting responsibilities while serving as a LTCO or FV, such as Adult Protective Services; discharge planning; serving as guardian, agent under power of attorney or other surrogate decision-maker for a long-term care resident in the service area; pre-admission screening or case management for long-term care residents;
- i) serving residents of a facility in which an immediate family member resides; or
- j) participating in activities which:
 - a. negatively impact on the ability of the LTCO/FV to serve residents, or
 - b. are likely to create a perception that the LTCO's/FV primary interest is other than as a resident advocate.

Failure to identify and report a conflict of interest will result in de-certification.

____ 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 State Long Term Care Ombudsman of the following conflict:

Local Ombudsman/Friendly Visitor

Date

Regional or State Long Term Care Ombudsman

Date

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