

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

**LONG-TERM CARE OMBUDSMAN PROGRAM COORDINATOR AGREEMENT
WITH THE OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN**

PSA Number: Program Name:

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As Program Coordinator of the local Long-Term Care (LTC) Ombudsman Program designated by the State LTC Ombudsman, I agree to the following:

I will conform with all federal and State laws and regulations and Area Plan Contract provisions governing the LTC Ombudsman Program.

I will act in accordance with the standards, policies and practices of the LTC Ombudsman Program under the direction of the State LTC Ombudsman.

In recognition of the mission and purpose of Ombudsman practice, I will conduct myself in a manner that shows respect for my fellow Ombudsman representatives, affirms open and positive communication within the LTC Ombudsman Program, and strengthens the program statewide.

I do not have a conflict of interest that will compromise my objectivity or the integrity of the LTC Ombudsman Program and have signed the Conflict of Interest Statement (OSLTCO S009).

I will notify the Office of the State Long-Term Care Ombudsman (OSLTCO) in writing, of the location of LTC facility(ies) where any of my family member(s) reside.

I will maintain strict confidentiality regarding resident and complainant identifiers, complaints, problems and cases reviewed or discussed.

I will promptly notify the OSLTCO of any unusual incidents involving Ombudsman representatives, complex cases, situations with potential legal implications, changes in program staffing, and changes in contact and emergency contact information.

If I am a new Coordinator, I will attend within six months of my hiring date, the 36-hour LTC Ombudsman certification training to be provided by a certified LTC Ombudsman or another local LTC Ombudsman Program identified by the OSLTCO.

If I am a new Coordinator, I will attend the next New Coordinator Training provided by the OSLTCO.

I will attend semiannual statewide training conferences provided by the OSLTCO.

Signature of Coordinator

Date

Print Name