



## Office of the State Long Term Care Ombudsman

### **New York State Long Term Care Certified Ombudsman Agreement**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. The Certified Ombudsman will:
  - a.) Commit to a minimum of two (2) hours to the program weekly to establish a regular presence.
  - b.) Vary the time of day and the day of the week you visit your facility.
  - c.) While Federal law allows the Certified Ombudsman access to the facility twenty-four (24) hours a day, the Certified Ombudsman is expected to visit their facility during regular visiting hours unless discussed in advance with the Coordinator.
2. The Certified Ombudsman will be clear in their role as an advocate for facility residents, not as an auxiliary volunteer for the facility.
3. The Certified Ombudsman will only act under the direct supervision of the program Coordinator or Office of the State Long Term Care Ombudsman.
4. The Certified Ombudsman will not use personal phone, postal mail, e-mail, or electronic communication in their interactions with residents, designated representatives or facility staff.
5. The Certified Ombudsman must notify the program Coordinator if unable to perform their duties due to illness or extended vacation.
6. The Certified Ombudsman will become familiar with and adhere to program rules and procedures including conflict of interest, confidentiality and Ombudsman Code of Ethics.
7. The Certified Ombudsman will file monthly reports and complaint forms as outlined by the Coordinator.
8. The Certified Ombudsman will attempt to develop a constructive working relationship with the facility administrator and staff.
9. The Certified Ombudsman will answer questions and attempt to resolve resident complaints within their assigned facility.
10. The Certified Ombudsman will always obtain either written or verbal permission from the resident before discussing any resident specific problem with facility staff and/or outside agencies.
11. The Certified Ombudsman will carefully maintain confidentiality of all information related to a complainant, resident or complaint received and will not give verbal or written statements to any persons or other facilities.
12. The Certified Ombudsman will obtain permission from Coordinator before speaking with the media.
13. The Certified Ombudsman will be responsible in their use of social media and refrain from commenting about facilities served by the program.
14. The Certified Ombudsman will not provide care or assistance to residents, including the transport of a resident within or off the premises of the facility. These requests should be referred to the appropriate facility personnel.
15. The Certified Ombudsman will not directly provide or guarantee the provision of any case management services, care, discharge, transition, housing or legal assistance for

any resident. The Certified Ombudsman may provide contact information for services and may advocate on the resident's behalf to access such services.

16. The Certified Ombudsman must immediately relate any knowledge of alleged resident abuse, neglect, or mistreatment to the program Coordinator. The program Coordinator will then work with the State Ombudsman to notify the other agencies as deemed appropriate. Certified Ombudsmen and those persons serving in an official capacity as representatives of the Office of the State Long-Term Care Ombudsman are not mandated abuse reporters.
17. The Certified Ombudsman will attend, and participate in, a minimum of six (6) In-Service trainings per year.
18. The Certified Ombudsman agrees to submit to any background check as may be required by the sponsoring entity and/or State Ombudsman
19. The Certified Ombudsman will relinquish all pertinent identification materials and program relevant documentation upon resignation or termination from the program.

As a New York State Long Term Care Certified Ombudsman I, \_\_\_\_\_, agree to adhere to all of the above noted statements and to maintain routine contact with my Ombudsman Coordinator. In return the Ombudsman Coordinator agrees to provide me with adequate information, training, and assistance to enable me to meet the responsibilities of the position. Additionally, my coordinator agrees to ensure sufficient supervisory aid and to provide feedback on my performance as a Certified Ombudsman.

Certified Ombudsman Signature: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_