

FILED

MAY 23 2023

INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Effler	Name (first) Shannon	Name (middle)
Name of office or agency Family and Social Services Administration		Job title Director of Care Programs - OMPP
Address of office (number and street) 402 West Washington Street		City Indianapolis
		ZIP code 46204
Office telephone number (317) 233-6117	Office e-mail address (required) shannon.effler@fssa.in.gov	

Describe the conflict of interest:

I am the Director of Care Programs in FSSA's OMPP. I have oversight and direct the state's managed cared programs.

I have oversight of our managed care contracts with health plans. I have been involved in the design, procurement, and implementation of the state's new managed care program, Indiana Pathways for Aging. I have resigned my position, and my last day is May 31, 2023. I have accepted the position of Program Management Specialist with IU Geriatrics at Indiana University School of Medicine. In this position, I would assist IU School of Medicine and Indiana University in developing and expanding the dissemination and implementation of geriatric education products and programming for IU Geriatrics. FSSA currently contracts with both IU School of Medicine and Indiana University for services.

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

Employer's Supervisor has implemented a screen that will prohibit employee from any vote or decision or any matters related to any vote or decision involving or related to IU School of Medicine and Indiana University. Any and all matters previously assigned to Employee regarding IU School of Medicine and Indiana University have been reassigned to another employee. This screen will remain in place during Employee's remaining tenure with the State.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee



Date signed (month, day, year)

5.19.2023

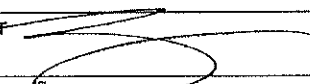
Printed full name of state officer, employee or special state appointee

Shannon Effler

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer



Date signed (month, day, year)

5-19-2023

Printed full name of ethics officer

Matthew A. Gebel

Baker, Nathaniel P

From: Marshall, Cathrine (Cate)
Sent: Monday, May 22, 2023 4:26 PM
To: Gerber, Matthew
Subject: FW: Conflict Disclosure

Hi Matthew,

Dan's acknowledgement is below.

Thank you,
Cate Marshall
Executive Assistant
Indiana FSSA
Email: Cathrine.Marshall@FSSA.IN.gov
**Please note, there is no e in the middle of Cathrine.*

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From: Rusyniak, Daniel E (Dan) <Daniel.Rusyniak@fssa.IN.gov>
Sent: Monday, May 22, 2023 2:18 PM
To: Marshall, Cathrine (Cate) <Cathrine.Marshall@fssa.IN.gov>
Subject: RE: Conflict Disclosure

I have reviewed.

Dan Rusyniak, MD
Secretary, Indiana Family and Social Services Administration
402 W Washington Street, W461
Indianapolis, IN 46204
Daniel.Rusyniak@FSSA.IN.gov
317-233-7447 (office)
317-618-3092 (cell)
@drusyniak
@FSSAIndiana



From: Gerber, Matthew <Matthew.Gerber@fssa.IN.gov>
Sent: Monday, May 22, 2023 9:38 AM
To: Marshall, Cathrine (Cate) <Cathrine.Marshall@fssa.IN.gov>
Subject: Conflict Disclosure

Cate-

I've attached a conflict disclosure for Dr. Rusyniak to review and provide an email confirmation that he's reviewed and approved it.

I'll file it with the Inspector General once I've received his response.

Let me know if you have any questions!

Thanks

MG

Matthew A. Gerber
Deputy General Counsel and Ethics Officer
Office of General Counsel
Indiana Family and Social Services Administration
402 West Washington Street, Room W451
Indianapolis, Indiana 46204
Office: 317-232-1246
Email: Matthew.Gerber@fssa.in.gov

