

JUL 22 2022

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**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) Gavin	Name (first) James	Name (middle) F
Name of office or agency Indiana Family and Social Services Administration		Job title Director of Communications and Media
Address of office (number and street) 402 W. Washington Street		City Indianapolis
		ZIP code 46229
Office telephone number ( 317 ) 234-0197	Office e-mail address (required) jim.gavin@fssa.in.gov	

Describe the conflict of interest:  
I am the Director of Communications and Media with FSSA. I am in the process leaving state employment and accepting an opportunity with CareSource as their Vice President of Media and Public Affairs Strategy. I will be working with all their business structures, but could do work with Medicaid and Indiana Medicaid. I have sought an informal advisory opinion with the OIG. To avoid any potential ethical concerns, I am filing a disclosure form to advise of this employment opportunity and with information regarding a screen for any matters for which CareSource has a financial interest (more information below) in relation to decisions, votes, and matters related to decisions or votes.

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

Employee's supervisor has implemented a screen that will prohibit employee from participating in any decision, vote, or matter relating to any decision or vote, involving or relating to CareSource. There are no current CareSource specific matters that the employee is working on. For broad managed care work which may involve CareSource, another employee will be the point of contact for disseminating that information and addressing any issues or follow up matters to and from CareSource. The employee will be screened from CareSource specific matters for which CareSource may have a financial interest. This screen will remain in place for the employee's remaining tenure with the State or until they discontinue employment negotiations with CareSource, whichever occurs first.

**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

*James F. Gavin III*

Date signed (month, day, year)

7/21/22

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

James F. Gavin III

**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

*Jessica Keyes*

Date signed (month, day, year)

7/21/22

Printed full name of ethics officer

Jessica Keyes

**From:** [Keyes, Jessica K](#)  
**To:** [Keyes, Jessica K](#)  
**Subject:** FW: COI Disclosure-Jim Gavin  
**Date:** Friday, July 22, 2022 4:21:05 PM  
**Attachments:** [image001.png](#)

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**From:** Rusyniak, Daniel E (Dan) <[Daniel.Rusyniak@fssa.IN.gov](mailto:Daniel.Rusyniak@fssa.IN.gov)>  
**Sent:** Friday, July 22, 2022 9:16 AM  
**To:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Subject:** RE: COI Disclosure-Jim Gavin

reviewed

**Dan Rusyniak, MD**  
Secretary, Indiana Family and Social Services Administration  
402 W Washington Street, W461  
Indianapolis, IN 46204  
[Daniel.Rusyniak@FSSA.IN.gov](mailto:Daniel.Rusyniak@FSSA.IN.gov)  
317-233-7447 (office)  
317-618-3092 (cell)  
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**From:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Sent:** Friday, July 22, 2022 8:31 AM  
**To:** Rusyniak, Daniel E (Dan) <[Daniel.Rusyniak@fssa.IN.gov](mailto:Daniel.Rusyniak@fssa.IN.gov)>  
**Subject:** FW: COI Disclosure-Jim Gavin  
**Importance:** High

For your review.

Thank you,  
Cate Marshall  
Executive Assistant  
Indiana FSSA  
Email: [Cathrine.Marshall@FSSA.IN.gov](mailto:Cathrine.Marshall@FSSA.IN.gov)

*\*Please note, there is no e in the middle of Cathrine.*

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**From:** Keyes, Jessica K <[Jessica.Keyes@fssa.IN.gov](mailto:Jessica.Keyes@fssa.IN.gov)>  
**Sent:** Thursday, July 21, 2022 6:39 PM  
**To:** Marshall, Cathrine (Cate) <[Cathrine.Marshall@fssa.IN.gov](mailto:Cathrine.Marshall@fssa.IN.gov)>  
**Subject:** COI Disclosure-Jim Gavin  
**Importance:** High

Hi Cate,

Please see attached for Dr. Rusyniak's review. Please let me know if there are any questions. Thank you!

Thank you,

Jessica Keyes | Managing Attorney and Ethics Officer |  
Indiana Family and Social Services Administration  
402 W. Washington Street, Rm. W451, Indianapolis, IN 46204 | T: 317-234-3884  
Email: [Jessica.Keyes@fssa.IN.gov](mailto:Jessica.Keyes@fssa.IN.gov)



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