## 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

MAY 18 2022

FILED

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) Johnson-Yates	Name <i>(first)</i> Rachel		Name (middle)			
Name of office or agency		Job title				
Divison of Mental Health and Addiction		Deputy Director and Chief of Staff				
		Indianapolis 46204		ZIP code 46204		
Office telephone number	Office e-mail address (required)					
( 317 ) 760-5366  Describe the conflict of interest:						
I have applied for a position at Health Management Associates (HMA) and have received word that I may be						
selected to begin the interview process. I have not historically been involved in oversight of any HMA contracts,						
nor served as a lead on any of their projects in the division. At most, my involvement with them has been ancillary.						
However, I recently learned that HMA put a bid in on a DMHA RFP for a project I may lead. In order to maintain strong ethical parameters, I						
will plan to screen myself from the scoring process. If HMA is selected by the evaluation team, I will screen myself						
from any conversations, negotiations, etc. until the interview process is complete.						
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) Employee's manager has implemented a screen that will prohibit the employee from participating in any vote, decision, or					
matters relating to any vote or decision, involving or related to HMA. Specifically, procurement matters and scoring of					
any HMA RFP will be reassigned to another employee. There are no other currently known HMA matters the employee					
is involved in, but if made known, employee will also be screened from these and any future issues where HMA has 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 HMA, whichever occurs first.					
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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) 5/17/22				
Printed full name of state officer, employee or special state appointee Rachel Johnson-Yates					
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 justica Reyes	Date signed (month, day, year)				
Printed full name of ethics officer  JESSICO KEYES	, 7, 5,				

From: To: Keyes, Jessica K

Subject:

<u>Keyes, Jessica K</u>
FW: Conflicts of Interest Disclosure-Rachel Johnson-Yates

Date:

Wednesday, May 18, 2022 4:25:29 PM

From: Rusyniak, Daniel E (Dan) < <u>Daniel.Rusyniak@fssa.IN.gov</u>>

Sent: Wednesday, May 18, 2022 2:25 PM

**To:** Marshall, Cathrine (Cate) < <u>Cathrine.Marshall@fssa.IN.gov</u>> **Subject:** RE: Conflicts of Interest Disclosure-Rachel Johnson-Yates

I have reviewed this.

From: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Sent: Wednesday, May 18, 2022 2:00 PM

To: Rusyniak, Daniel E (Dan) < <u>Daniel.Rusyniak@fssa.IN.gov</u>>

Subject: FW: Conflicts of Interest Disclosure-Rachel Johnson-Yates

Review and acknowledge

Thank you, Cate Marshall Indiana FSSA

Email: 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>

Sent: Wednesday, May 18, 2022 9:34 AM

**To:** Marshall, Cathrine (Cate) < <u>Cathrine.Marshall@fssa.IN.gov</u>> **Subject:** Conflicts of Interest Disclosure-Rachel Johnson-Yates

Good morning, Cate,

Please find attached a conflicts of interest disclosure form for Dr. Rusyniak's review. 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



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