



**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

FILED

DEC 16 2024

INDIANA STATE
ETHICS COMMISSION

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) Rusyniak	Name (first) Dan	Name (middle) E
Name of office or agency Indiana Family & Social Services Administration		Job title Secretary
Address of office (number and street) 402 West Washington Street, W461		City Indianapolis
		ZIP code 46204
Office telephone number (317) 233-7447	Office e-mail address (required) daniel.rusyniak@fssa.IN.gov	

Describe the conflict of interest:

Dr. Dan Rusyniak is Secretary of Indiana's Family & Social Services Administration. Dr. Rusyniak has entered into employment negotiations with Eskenazi Health to serve as its Chief Medical Officer. Eskenazi Health is a contractor with FSSA and is also a Medicaid Provider required to submit a Medicaid Provider Agreement. Although Dr. Rusyniak has not personally negotiated or administered any of these contracts or agreements, those that have report to Dr. Rusyniak. Out of an abundance of caution, Dr. Rusyniak submits this Ethics Disclosure Statement regarding the appearance of a conflict of interest regarding Eskenazi Hospital.

When Dr. Rusyniak began work for FSSA as it's Chief Medical Officer, he was employed as a Physician with Eskenazi Health. At that time, he sought a formal advisory opinion from the State Ethics Commission permitting him to continue to work for Eskenazi Health. See 2018 FAO-0017. When Dr. Rusyniak was promoted to Secretary of FSSA, he again sought a formal advisory opinion from the State Ethics Commission permitting him to continue to work for Eskenazi Health. See 2021-FAO-007

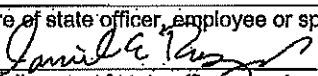
Describe the screen established by your ethics officer: (Attach additional pages as needed.)

Dr. Rusyniak shall not participate in decisions or votes, or any matters related to any such decision or vote in which Eskenazi Health has a financial interest. This restriction applies in perpetuity for the life of the matter or until negotiations terminate. Pursuant to his duty under IC 5-14-3-10, Dr. Rusyniak shall not disclose or otherwise rely upon information classified as confidential under IC 5-14-3-4. This restriction applies in perpetuity, so long as the subject information is deemed confidential.

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)

12/13/2024

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

Daniel E. Rusyniak

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)

12/16/2024

Printed full name of ethics officer

MATTHEW A. BARBER