

FILED



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55880 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FEB 28 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 <i>(last)</i> Shields		Name <i>(first)</i> Adrienne		Name <i>(middle)</i> M.	
Name of office or agency FSSA's Division of Family Resources			Job title Business Unit Director		
Address of office <i>(number and street)</i> 402 West Washington Street, Room W392			City Indianapolis		ZIP code 46204
Office telephone number (317) 234-2373		Office e-mail address <i>(required)</i> Adrienne.Shields@fssa.IN.gov			

Describe the conflict of interest:
 Adrienne M. Shields is currently engaged in employment discussions with Diversified Network Solutions, Inc. for the position of Director of Medicaid Practice. Equus Workforce Solutions is a vendor that currently provides staffing for the Division of Family Resources and Diversified Network Solutions, Inc. is a subvendor for Equus Workforce Solutions.

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

Adrienne M. Shields shall not participate in any decision or vote, or any matter related to such decision or vote in which Diversified Network Solutions has a financial interest. Adrienne M. Shields shall not assist any future employers including Diversified Network Solutions, with any matter she personally and substantially participated in while employed by FSSA & DFR. This restriction applies in perpetuity, for the life of the particular matter. Pursuant to her duty under Ind. Code §5-14-3-4, Adrienne M. Shields shall not disclose or otherwise rely upon information classified as confidential under Ind. Code §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

Adrienne M. Shields

Date signed (month, day, year)

02/26/2024

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

Adrienne M. Shields

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

Matthew A. Garber

Date signed (month, day, year)

02/27/2024

Printed full name of ethics officer

Matthew A. Garber

Baker, Nathaniel P

From: Gerber, Matthew
Sent: Wednesday, February 28, 2024 11:04 AM
To: Gorman, Sean M
Cc: Baker, Nathaniel P; Shields, Adrienne M; Rusyniak, Daniel E (Dan)
Subject: FW: Message from "RNP583879356A80"
Attachments: 20240228104329653.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Sean-

Attached please find an Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting that I am filing on behalf of Adrienne M. Shields, Director of FSSA's Division of Family Resources.

Please note Secretary Dr. Daniel Rusyniak is included on this email for required notice purposes.

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