

NOV 08 2017

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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) Bordenkecher	Name (first) Stephen	Name (middle) T.
Name of office or agency FSSA - Office of Medicaid Policy and Planning		Job title Long-term Care Reimbursement Analyst
Address of office (number and street) 402 W. Washington Street		City Indianapolis
Office telephone number ( 317 ) 234-6648		ZIP code 46204
Office e-mail address (required) stephen.bordenkecher2@fssa.in.gov		

Describe the conflict of interest:  
 As a LTC Reimbursement Analyst, one of my responsibilities involves oversight of the Program of All-Inclusive Care for the Elderly (PACE). PACE is a hybrid care model in which the provider receives a capitated rate and is then obligated to provide all medical care needed by the participant, including nursing facility care when needed. The PACE organization (PO) is essentially both the insurer and the care provider. There are 2 POs in the state operating 3 sites within exclusive geographic boundaries. An Indianapolis PO serves the Johnson County area. I currently serve on the Board of Directors of the Johnson County Volunteer Advocates for Seniors and Incapacitated Adults (VASIA), a program funded and sponsored by the Indiana Supreme Court. VASIA programs train volunteer advocates who serve as court appointed guardians when there is not family or friend available to serve in this capacity. Due to an unexpected demand for advocates, I have been asked to serve as a volunteer guardian/advocate. (Program rules exclude FSSA employees from serving in this capacity, but the State Supreme Court has issued a time-limited exemption). My role as a guardian advocate could potentially lead to my advocating for an individual participating in PACE, a program that I oversee.

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

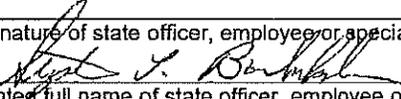
There are not currently any VASIA wards enrolled in PACE, and there is a strong chance these programs will never overlap, as most VASIA wards live in nursing facilities while PACE is designed to primarily serve individuals in the community. (PACE members who later need nursing facility care can continue in the PACE program while in the nursing facility.)

The VASIA Executive Director has agreed that I will not be appointed as a guardian advocate for any individual enrolled in PACE. Should a PACE member become a VASIA ward, I will immediately notify the Ethics Officer and my supervisor. My supervisor will screen me from handling such matters.

**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)

11/2/17

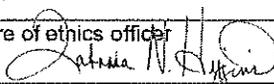
Printed full name of state officer, employee or special state appointee

Stephen T. Bordenkecher

**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)

November 3, 2017

Printed full name of ethics officer

Latosha N. Higgins

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

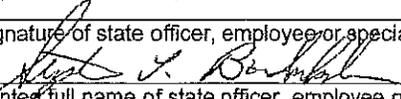
There are not currently any VASIA wards enrolled in PACE, and there is a strong chance these programs will never overlap, as most VASIA wards live in nursing facilities while PACE is designed to primarily serve individuals in the community. (PACE members who later need nursing facility care can continue in the PACE program while in the nursing facility.)

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Date signed (month, day, year)

11/2/17

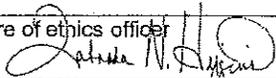
Printed full name of state officer, employee or special state appointee

Stephen T. Bordenkecher

**FOR ETHICS OFFICER USE ONLY**

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Signature of ethics officer



Date signed (month, day, year)

November 3, 2017

Printed full name of ethics officer

Latosha N. Higgins

**From:** [Walthall, Jennifer](#)  
**To:** [Bordenkecher, Stephen T \(Steve\)](#)  
**Cc:** [Higgins, Latosha](#)  
**Subject:** Re: Ethics Disclosure Notification to Secretary Walthall  
**Date:** Wednesday, November 08, 2017 1:01:34 PM  
**Attachments:** [logo\\_fssa.png](#)

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Thank you and thank you for your engagement.

Jen

Jennifer Walthall, MD MPH  
Secretary, Indiana Family and Social Services Administration  
302 W Washington Street, W461  
Indianapolis, IN 46204  
[Jennifer.Walthall@fssa.IN.gov](mailto:Jennifer.Walthall@fssa.IN.gov)  
317-220-2570 (cell)  
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On Nov 8, 2017, at 11:32 AM, Bordenkecher, Stephen T (Steve)  
<[Stephen.Bordenkecher2@fssa.IN.gov](mailto:Stephen.Bordenkecher2@fssa.IN.gov)> wrote:

Dear Dr. Walthall,

I am working with the FSSA Ethics Officer to disclose a potential conflict of interest involving my volunteer activities with the Johnson County Volunteer Advocates for Seniors and Incapacitated Adults (VASIA) and my position with OMPP. The attached [Ethics Disclosure Statement – Conflicts of Interest, Decisions and Voting](#) is being submitted to the State Ethics Commission by the Ethics Officer on my behalf and the process requires that your office be notified as well. I have attached a copy of the disclosure form which provides the details of the potential conflict and steps being taken to avoid those conflicts.

Please let me know if I can answer any questions or if any additional information is required.

Respectfully,

Steve Bordenkecher, MBA ▪ LTC Reimbursement Analyst  
Indiana Medicaid ▪ Indiana Family and Social Services Administration  
402 W. Washington St., Room W374 ▪ MS07 ▪ Indianapolis, IN 46204

O: (317) 234-6648 • [stephen.bordenkecher2@fssa.in.gov](mailto:stephen.bordenkecher2@fssa.in.gov) • <http://www.in.gov/fssa>

<Signed Ethics Disclosure-Bordenkecher.pdf>

## Croft, Celeste

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**From:** Higgins, Latosha  
**Sent:** Friday, November 03, 2017 10:10 AM  
**To:** IG Info  
**Cc:** Bordenkecher, Stephen T (Steve)  
**Subject:** Conflicts of Interest Statement - Steve Bordenkecher  
**Attachments:** Signed Ethics Disclosure-Bordenkecher-signed.pdf

Attached please find a copy of the Conflict of Interest – Decisions and Voting Statement for Steve Bordenkecher. Please do not hesitate to contact me with any questions.

Thank you,

Latosha N. Higgins  
Interim Managing Attorney and Ethics Officer  
Office of General Counsel  
Indiana Family and Social Services Administration  
402 West Washington Street, Room W451  
Indianapolis, IN 46204  
(317) 232-0246  
[Latosha.Higgins@fssa.in.gov](mailto:Latosha.Higgins@fssa.in.gov)  
<http://www.IN.gov/fssa>  
Follow us on Twitter: @FSSAIndiana

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