



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

INDIANA
 STATE ETHICS COMMISSION

AUG 14 2020

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) Davis | Name (first) Paige | Name (middle) Elizabeth |
| Name of office or agency Family and Social Services Administration | | Job title Program Director II |
| Address of office (number and street) 2620 Kessler Blvd. E. Drive Suite 105 | | City Indianapolis |
| | | ZIP code 46220 |
| Office telephone number (317) 205-0109 | Office e-mail address (required) paige.davis@FSSA.in.gov | |

Describe the conflict of interest:

I am employed by the Family and Social Services Administration, Division of Disability and Rehabilitation Services Bureau of Development Disability Services (BDDS) as a Target Services Coordinator. BDDS processes applications for Medicaid Waiver services for individuals with intellectual and development disabilities. My responsibilities include conducting consumer interviews and reviewing collateral for determining eligibility for the Family Support Waiver. I also work with families targeted to come off the wait list and assist them with the targeting process and getting referred to a case management company of their choice. Recently, I applied for Medicaid waiver services for a family member in my household. My application was processed by another BDDS employee and my family member was placed on the wait list. When my family member was targeted to come off the wait list, I notified my manager who processed my family member's case to avoid a conflict of interest. In my role, I have access to the BDDS system where I can locate information regarding a BDDS consumer's records, including the records of my family member; however, I am aware of the ethics code and that I am not to use state property to look up information regarding my family member.

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

The district manager will ensure that I have no responsibilities related to my family member's case. All matters regarding my family member's case will be assigned to another BDDS employee.

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

Paige Davis

Date signed (month, day, year)

8/7/20

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

Paige Davis

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

Latosita N. Higginis

Date signed (month, day, year)

August 13, 2020

Printed full name of ethics officer

LATOSITA N. HIGGINIS.

INDIANA
STATE ETHICS COMMISSION

AUG 14 2020

From: [Davis, Paige E](#)
To: [Sullivan, Jennifer](#)
Cc: [Higgins, Latosha](#)
Subject: Ethics Disclosure Form
Date: Thursday, August 06, 2020 4:43:03 PM
Attachments: [Ethics Disclosure for Paige Davis.pdf](#)

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Good afternoon, Secretary Sullivan:

I was recently made aware of a potential conflict of interest in my role as Service Coordinator at the Bureau of Developmental Disabilities Services and was asked to share the information with you. Accordingly, I'm attaching an Ethics Disclosure form which includes details of my situation and the parameters in place to avoid any ethical conflicts. Please let me know if you have any questions or need additional information.

Best regards,

Paige Davis
Service Coordinator
Bureau of Developmental Disabilities Services
2620 Kessler Blvd. East Dr. Suite 105
Indianapolis, IN 46220
Ph. 317-205-0109
Fx. 855-525-9373