

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

In the event a matter arises that involves my spouse, my manager, the Indiana Medicaid Director, will screen me from participating in any votes, decisions or other matters and will assign another associate to handle.

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

Lindsey Lux Kievan

Date signed (month, day, year)

10/19/2020

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

Lindsey Lux Kievan

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

Katasha M. Higgins

Date signed (month, day, year)

October 29, 2020

Printed full name of ethics officer

Katasha M. Higgins

From: [Sullivan, Jennifer](#)
To: [Lux Kleman, Lindsey](#)
Cc: [Taylor, Allison](#); [Higgins, Latosha](#)
Subject: Re: Conflict of Interest Form
Date: Wednesday, October 21, 2020 2:18:41 PM
Attachments: [Outlook-al4fkjxr.png](#)

Very good! Thank you for your due diligence.

Jen

Jennifer Sullivan (Walthall), MD MPH
Secretary, Indiana Family and Social Services Administration
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From: Lux Kleman, Lindsey <Lindsey.Lux@fssa.IN.gov>
Sent: Wednesday, October 21, 2020 2:14 PM
To: Sullivan, Jennifer <Jennifer.Sullivan@fssa.IN.gov>
Cc: Taylor, Allison <Allison.Taylor@fssa.IN.gov>; Higgins, Latosha <Latosha.Higgins@fssa.IN.gov>
Subject: Conflict of Interest Form

Dr. Sullivan,

I checked with OGC on whether I needed to complete any conflict of interest form for the State given my husband is a Medicaid provider. While I do think it would be extremely rare, if ever that I would be involved in a situation involving him, I do want to ensure proper protocols are in place to protect the State and remove me from such a scenario. Latosha advised I should complete the attachment and with her and Allison's help it is now complete.

Latosha advised that I should send to you for you to review and acknowledge and then she will file the form.

If you would like any other information or have any questions, please let me know.

Thanks,

Lindsey Lux Kleman ▪ Chief of Staff & Deputy Director of Strategy
Indiana Medicaid ▪ Indiana Family and Social Services Administration

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