

INDIANA  
STATE ETHICS COMMISSION

MAR 19 2019

FILED



**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) Moore	Name (first) Kevin	Name (middle) B
Name of office or agency Family and Social Services Administration		Job title Director
Address of office (number and street) 402 W. Washington St. Room W353		City Indianapolis
Office telephone number ( 317 ) 232-7860		ZIP code 46204
Office e-mail address (required) kevin.moore@fssa.in.gov		

Describe the conflict of interest:  
I am the Director of the Division of Mental Health and Addiction at the Indiana Family and Social Services Administration (FSSA). I am responsible for the development, implementation and oversight of programs, operations and policies relating to the provision of information, resources and public funded services to individuals with mental illness and addiction. In April 2019, I plan to retire from my position with FSSA and assume a position as a consultant with Health Management Associates (HMA), a company with a contract with FSSA. Although, I attended meetings that included HMA in 2017 from March 14 - September 7, I was not involved in the negotiation or administration of the contract between the State and HMA. Nor was I the final decision maker on the work product from HMA. The Secretary of FSSA and the Medicaid Director were responsible for the negotiation and administration of the contract. The Office of Medicaid Policy and Planning (OMPP) is responsible for the administration of the current contract which will expire on June 30, 2019. In October 2018, more than 1 year after my involvement with HMA's contractual work and after I ceased participating in any meetings that included HMA, I approached a former colleague regarding employment opportunities at HMA. I submitted my resume and had several discussions via phone calls and in person with individuals employed by HMA. On January 7, 2019, I notified the FSSA ethics officer of my interest in employment with HMA and explained that I was not involved in any matters regarding HMA or attending any meetings. On February 15 interviewed with HMA. On February 5, 11 and 25, I attended progress meetings facilitated by OMPP that included HMA. On February 26, 2019, I notified the ethics officer that I interviewed and a screen was put in place to avoid a potential conflict of interest. I also interviewed with HMA on March 6, 2019.

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

The screen in place is administered by the Deputy Medicaid Director. Under the screen I am not to participate in any meetings, discussions votes or decisions involving the State of Indiana, FSSA, and HMA.

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### 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 <i>Kevin B. Moore</i>	Date signed (month, day, year) <i>3/18/19</i>
Printed full name of state officer, employee or special state appointee <i>Kevin B. Moore</i>	

### 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 <i>Latosha N. Higgins</i>	Date signed (month, day, year) March 19, 2019
Printed full name of ethics officer Latosha N. Higgins	

**Brewer, Dale L**

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**From:** Higgins, Latosha  
**Sent:** Tuesday, March 19, 2019 10:29 AM  
**To:** IG Info  
**Cc:** Moore, Kevin B  
**Subject:** Disclosure Statement - Kevin Moore - FSSA  
**Attachments:** K. Moore Conflicts of Interest Votes and Decisions Disclosure.pdf

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

Thank you,

Latosha N. Higgins  
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  
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