



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 68860 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

INDIANA
STATE ETHICS COMMISSION

NOV 17 2016

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) Rhoades	Name (first) Kimberley	Name (middle) Kelley
Name of office or agency Indiana State Department of Health		Job title Broad Band Executive
Address of office (number and street) 2 North Meridian Street		City Indianapolis
Office telephone number (317) 233-7289		ZIP code 46204
Office e-mail address (required) krhoades@isdh.in.gov		

Describe the conflict of interest:

I have been employed with the Department of Health for 17.5 years. For the last 13 years, I have worked in the Division of Long Term Care, currently the director of that Division. The Division of Long Term Care has regulatory oversight of nursing homes and residential care facilities, including licensing, surveys, and certification for participation in the Medicare or Medicaid Programs. I have no duties involved with negotiating contracts, only personnel management (hiring, disciplining, etc.); providing guidance on survey issues; attending collaborative meetings with FSSA, CMS and other agencies; attending meetings with providers individually as well as collectively with their trade associations; responding to media and legislative inquiries; signing various licensure and enforcement letters and making recommendations to the Assistant Commissioner on rule waivers and state enforcement actions.

My conflict of interest involves the post-employment rule. On November 9, I was approached about an opening for Director of Compliance in an Indiana company that operates 22 Senior Living Communities, 20 of which are licensed and regulated by the Division of Long Term Care. I did not solicit the call nor did I speak to anyone at the company about the position during working hours. I am interested in pursuing this opportunity. The job duties of the position would include reviewing and advising on vendor contracts; reviewing and advising on corporate policy and procedures; and assisting the company in understanding and complying with the state and federal requirements for long term care facilities.

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*
 Staff (primarily the Deputy Director/Survey Manager and the Enforcement Manager) have been instructed to not discuss with Ms. Rhoades any issues concerning the 20 facilities operated by the company. A list of those facilities was provided to the staff. Any issue with a survey finding, survey schedule, enforcement action, licensure matter, immediate jeopardy determination, change of ownership, plan review/rule waiver, or policy decision that involves any of these 20 facilities that is not clearly dictated by written policy, State rule, State statute, federal regulation, federal guidance letter or the CMS State Operations Manual will be discussed with Assistant Commissioner Terry Whitson. Any letters or written communication related to the categories described in the previous sentence and involving any of these 20 facilities will be submitted to Mr. Whitson for his review, approval, and/or signature.

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>Kimberley Kelley Rhoades</i>	Date signed (month, day, year) <i>11-15-16</i>
Printed full name of state officer, employee or special state appointee Kimberley Kelley Rhoades	

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>Russell</i>	Date signed (month, day, year) <i>11-15-16</i>
Printed full name of ethics officer <i>Rachel D. Russell</i>	

Cooper, Jennifer

From: Rhoades, Kim
Sent: Monday, November 14, 2016 4:01 PM
To: Adams, Jerome
Cc: Russell, Rachel (ISDH); Sautbine, Hilari A
Subject: Notice of Ethics Disclosure Statement-Conflicts of Interest

Please be advised that I am notifying you of my intent to file an Ethics Disclosure Statement- Conflicts of Interest with the State Ethics Commission in order to pursue a post-employment opportunity that may be considered a conflict of interest under the post-employment rule.

KIM RHOADES
Director

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Confidentiality Statement:

This transmission, including documents accompanying this transmission, may contain confidential information that is legally privileged and protected by HIPAA privacy regulations. This information is intended only for the use of the authorized recipient who is prohibited from disclosing this information to any other party unless required to do so by law or regulation.

If you believe you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.