



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55880 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

INDIANA
STATE ETHICS COMMISSION
FEB 06 2017
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) Walthall	Name (first) Jennifer	Name (middle)
Name of office or agency Family and Social Services Administration		Job title Secretary
Address of office (number and street) 402 W Washington Street		City Indianapolis
Office telephone number (317) 233-4690		ZIP code 46204
Office e-mail address (required) Jennifer.walthall@fssa.in.gov		
Describe the conflict of interest: In accordance with Indiana Code 4-2-6-9, I am notifying the Commission of a potential conflict of interest regarding my work as a pediatric emergency room physician at Riley Children's Hospital at Indiana University ("Riley"). I am working with FSSA's Ethics Officer to request a formal advisory opinion on this matter. I am board certified in pediatrics and emergency medicine, and my preference is to work in the Level 1 Pediatric Trauma Center setting (Riley is the only facility in Indiana with such a trauma center). I will pay my own medical malpractice insurance, licensing fees and certifications. I will be an independent contractor to Indiana University Health Physicians ("IUHP") and will be paid by IUHP on an hourly basis. IUHP is the physician group that provides physician services to Riley. My first shift was January 29th and will occur on Tuesdays going forward.		
Riley and IUHP are Indiana Medicaid providers, meaning they have Indiana Medicaid Provider Agreements with FSSA and receive Medicaid reimbursement. While FSSA has no direct contracts with Riley, it does have about 29 contracts or grants with Indiana University Health, Indiana University and related entities. Indiana University Health and related entities also have contracts with other state agencies such as the Indiana State Department of Health and the Department of Child Services. One grant from FSSA's Division of Mental Health and Addiction to Indiana University Health totals \$339,000 over a two-year period, and is for the operation of Riley's dual diagnosis clinic for adolescents. In order to avoid any potential of violating the State's Ethics Laws and to avoid a potential conflict under Indiana Code 35-44.1-1-4, IUHP has agreed that no funds from these contracts with the State will be used to pay my fees. Please note, IUHP may pay my fees from general Medicaid funds.		
As you know from working with the previous Secretary, Indiana Code 12-8-1.5-10.5 designates the Office of FSSA Secretary as the single state agency to administer the Medicaid program. In this role, FSSA may make decisions affecting Medicaid providers; however, most if not all decisions I make, or the office makes, regarding Medicaid providers will apply to all providers (or groups of providers) uniformly. In the unlikely situation where I am faced with making a decision that uniquely impacts Riley, IUHP or Indiana		

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

University Health related entities, I will work with FSSA's Ethics Officer to ensure I do not participate in any such decision by providing the FSSA Deputy Secretary full authority to handle such matters independently.

Screen:

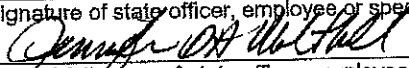
- 1) I will not participate in any decision uniquely affecting Riley, IUHP, or Indiana University Health related entities by providing the Deputy Secretary of FSSA full authority to handle such matters independently.
- 2) Any and all contracts involving Riley, IUHP or Indiana University Health related entities will be assigned and/or negotiated by FSSA's Deputy Secretary. If he is not available, the contract will be assigned to one of the approved signatories.
- 3) I understand and agree that I may not benefit from divulging confidential information learned during my duties as Secretary.
- 4) I will notify the FSSA Ethics Officer if issues arise relating to this screen process.

Thank you for the opportunity to explain my intention to maintain my license and credentials by working in a Level 1 Pediatric Trauma Center. I am seeking a formal advisory opinion from the State Ethics Commission on this matter during the February meeting.

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)

2/1/17

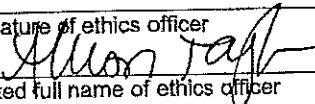
Printed full name of state officer, employee or special state appointee

Jennifer Walthall

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)

2-2-17

Printed full name of ethics officer

Cooper, Jennifer

From: Taylor, Allison
Sent: Thursday, February 02, 2017 2:04 PM
To: Cooper, Jennifer
Subject: FW: Notification to Dr. Walthall's appointing authority on potential conflict of interest
Attachments: Notification of potential conflict of interest_Walthall January 30 2017.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Here is the letter to Cyndi. Thanks!!

From: Taylor, Allison
Sent: Thursday, February 02, 2017 2:03 PM
To: Carrasco, Cynthia <CyCarrasco@gov.IN.gov>
Cc: Walthall, Jennifer <Jennifer.Walthall@fssa.IN.gov>
Subject: Notification to Dr. Walthall's appointing authority on potential conflict of interest

Hi Cyndi,

As the Deputy General Counsel and Ethics Officer for the Governor's Office, I wanted to provide you with the notification that we filed with the Ethics Commission. As you know, we are set to appear before the Ethics Commission next week. Please let me know if you have any questions or concerns. Best,

Allison

Allison L. Taylor
General Counsel
Indiana Family and Social Services Administration
402 West Washington Street
Indianapolis, IN 46204-2243
Phone: (317) 234-3884
Email: Allison.Taylor@fssa.IN.gov

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