

JUL 27 2017

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) Worrick	Name (first) Holly	Name (middle) Lynette
Name of office or agency FSSA/Vocational Rehabilitation	Job title Intake Counselor	
Address of office (number and street) 201 E. Rudisill, Suite 300	City Fort Wayne	ZIP code 46806
Office telephone number (260) 433-8264	Office e-mail address (required) holly.worrick@fssa.in.gov	

Describe the conflict of interest:

Conflict of Interest- Outside Employment/Professional Activity IC 4-2-6-5.5 (42 IAC 1-5-5)

Ms. Worrick is Employed full time as a Intake Counselor through FSSA/ Vocational Rehabilitation Servoces and has been extended an offer to work as a subcontractor for Portals, LLC, which is an authorized vendor for Vocational Rehabilitation Services.

As an intake counselor, Ms. Worrick is responsible for determining individuals eligibility for Vocational Rehabilitation by conducting assessments and reviewing medical records and other relevant collateral to substantiate that an individual has a physical / mental impairment that is a substantial impediment to employment. Upon determination of eligibility, Ms. Worrick transfers a case to a Vocational Rehabilitation Counselor, who develops an employment plan, as well as authorizing and monitoring services.

Portals provides services that are typically available subsequent to eligibility, such as Home Modification Consultation and Small Business services, which are only available to individuals who are eligible, and have an employment plan, and thus would be outside of Ms. Worrick's assigned duties;however, since Portals is a vendor for Vocational Rehabilitation, a potential conflict of interest is present.

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

Per conversation with Ms. Latosha N. Higgins, Interim Managing Attorney and Ethics Officer for FSSA and

Mr. Bryan Zimmerman, Area 8 Vocational Rehabilitation Supervisor, the following screens are in place:

1. Ms. Worrick will not accept any contracting work from Portals paid directly or indirectly through State funding.
2. Ms. Worrick will not authorize to Portals. Ms. Worrick will immediately contact her supervisor to request a case transfer for any case requesting services through Portals;
3. Ms. Worrick will not conduct subcontracting work during State time.
4. Ms. Worrick will use her personal resources to provide subcontracting work for Portals, and will not use State resources
5. Should any unforeseen conflict of interest arise, Ms. Worrick will contact her supervisor and agency ethics officer to discuss the details and assess if any further screening or amendments need to be made.

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)

07/27/17

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

Holly Lynette Worrick, Intake Counselor

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)

July 27, 2017

Printed full name of ethics officer

Latosha N. Higgins

Croft, Celeste

From: Worrick, Holly
Sent: Thursday, July 27, 2017 4:19 PM
To: IG Info
Cc: Higgins, Latosha; Zimmerman, Bryan D
Subject: Ethics Disclosure Statement, Inspector General
Attachments: Ethics Disclosure Statement 2017-07-27.pdf; Re: Worrick Ethics Disclosure, External Employment; Correspondence with FSSA secretary.pdf

I am submitting an Ethics Disclosure Statement along with my correspondence with Dr. Walthall (I have it in PDF and Outlook format for your convenience).

Please let me know if you need anything else.

Much Thanks!

Holly Worrick, MSW, LCSW
Intake Counselor
201 E. Rudisill Blvd, Suite 300
Fort Wayne, IN 46806

Holly.Worrick@fssa.IN.gov
Cell / Direct: 260-433-8264
VR Office Number: 260-424-1595
Fax: 1-855-450-3571

#Work4LifeIN

Indiana Vocational Rehabilitation



The Bureau of Rehabilitation Services is a program of the Indiana Family & Social Services Administration's Division of Disability & Rehabilitative Services.

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Worrick, Holly

From: Walthall, Jennifer
Sent: Thursday, July 27, 2017 4:11 PM
To: Higgins, Latosha
Cc: Worrick, Holly; Zimmerman, Bryan D
Subject: Re: Worrick Ethics Disclosure, External Employment

Thank you very much. No questions from me.

Jen

Jennifer Walthall, MD MPH
Secretary, Indiana Family and Social Services Administration
302 W Washington Street, W461
Indianapolis, IN 46204
Jennifer.Walthall@fssa.IN.gov
317-220-2570 (cell)
@confectionsmd
@FSSAIndiana



On Jul 27, 2017, at 4:09 PM, Higgins, Latosha <Latosha.Higgins@fssa.IN.gov> wrote:

Holly,

Thank you for copying me on your notification email to Dr. Walthall. The next step, if there are no further questions from Dr. Walthall, is to file your disclosure form with a copy of the email notification below.

Latosha N. Higgins
Interim 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
Latosha.Higgins@fssa.in.gov
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From: Worrick, Holly
Sent: Thursday, July 27, 2017 12:51 PM
To: Walthall, Jennifer <Jennifer.Walthall@fssa.IN.gov>
Cc: Zimmerman, Bryan D <Bryan.Zimmerman@fssa.in.gov>; Higgins, Latosha <Latosha.Higgins@fssa.IN.gov>
Subject: Ethics Disclosure, External Employment

Ms. Walthall,
I have been offered a subcontractor opportunity through Portals LLC; however, since Portals is a vendor for Vocational Rehabilitation, there is a potential conflict of interest. I have been in communication with my supervisor, and with Ms. Higgins to ensure that there are appropriate screens. I have attached a copy of the approved Ethics Disclosure Statement. Please let me know if there is anything further that you need from me.

Respectfully,

Holly Worrick, MSW, LCSW
Intake Counselor
201 E. Rudisill Blvd, Suite 300
Fort Wayne, IN 46806

Holly.Worrick@fssa.IN.gov
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