



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

INDIANA
 STATE ETHICS COMMISSION

AUG 2 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 Division Director
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 approached for a potential position with a new provider group that is seeking to acquire a group of facilities licensed by the Division of Long Term Care of which I am the director. The potential position would involve assisting the company to comply with state and federal requirements for all aspects of operating a health facility and helping to ensure consumers receive appropriate care and services needed to attain and maintain quality of health and quality of life while in these facilities. The exact details of job duties of the position are unknown at this time.

The conflict of interest involves the post-employment rule. For seven years, I have been the director of the division of Long Term Care, the division in the agency's Health Care Quality and Regulatory Commission that has regulatory oversight of nursing homes, residential care facilities, and intermediate care facilities for individuals with intellectual disabilities. The division has 153 employees that surveys the facilities and performs licensing, federal certification and enforcement activities under state and federal laws, regulations, and policies. In that role, I provide guidance to the survey staff on survey issues including determining immediate jeopardy findings which are subsequently reviewed by a committee, as well as the Centers for Medicare and Medicaid Services. I perform various functions related to personnel management, attend collaborative meetings with various divisions of FSSA, meet with providers individually as well as with their trade associations, talk with family members and complainants, respond to legislative and media inquiries, make recommendations to the Assistant Commissioner on rule waivers, review findings and make recommendations to the Assistant Commissioner on state enforcement actions, and sign survey and enforcement letters and facility licenses.

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

Staff (primarily the Survey Manager and the Enforcement Manager) have been instructed to not discuss with Ms. Rhoades any issues concerning the 24 facilities that will eventually become managed by the company with which she is pursuing post-state employment potentially as a corporate compliance officer. 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 these 24 facilities and 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 these 24 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

Kimberley K. Rhoades

Date signed (month, day, year)

7/29/16

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

Kimberley K. 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

Rachel D. Russell

Date signed (month, day, year)

07/29/2016

Printed full name of ethics officer

Rachel D. Russell

Rhoades, Kim

From: Rhoades, Kim
Sent: Thursday, July 28, 2016 2:59 PM
To: Adams, Jerome
Cc: Russell, Rachel (ISDH)
Subject: Notice of Conflict of Interest

Dear Dr. Adams,

I have been approached for a potential position with a new provider group that is seeking to acquire a group of facilities licensed by the Division of Long Term Care. During this period of inquiry, Assistant Commissioner, Terry Whitson, will assume all decision making involving the 24 (out of the 550 currently licensed) facilities that may be acquired by this provider group. Long Term Care staff will be instructed to discuss with Mr. Whitson any survey findings, survey scheduling, enforcement actions, licensure matters, immediate jeopardy determinations, change of ownership issues, or any policy decision not clearly dictated by written policy, State rule, State statute, federal regulation, or the federal State Operations Manual. Any letters or written communication related to these categories and directed to these facilities will be submitted to Mr. Whitson for his approval and/or signature.

Please let me know if you have any questions or concerns I need to address.

Thank you.

KIM RHOADES

Director

*Long Term Care
Indiana State Department of Health
317.233.7289 office
317.233.7322 fax
krhoades@isdh.in.gov
www.StateHealth.in.gov*



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.