

# The Commonwealth of Massachusetts



Deval L. Patrick  
GOVERNOR  
Timothy P. Murray  
LIEUTENANT GOVERNOR  
John W. Polanowicz  
SECRETARY

## Executive Office of Health & Human Services Department of Developmental Services

Worcester Area Office  
24 Southbridge  
Worcester, MA 01608  
TEL (508) 792-6200 • FAX (508) 792-2223

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STATE ETHICS COMMISSION  
2014 APR -9 PM 1:25

Elin M. Howe  
COMMISSIONER  
Daniel Lunden  
REGIONAL DIRECTOR  
David Kent  
AREA DIRECTOR

DATE: April 7, 2014  
TO: Dan Lunden, Regional Director  
FROM: Jeffrey Black, WAO  
RE: **Conflict of Interest Law Disclosure Forms**

Dear Dan,

Thank you for your expeditious review of my 4/4/14 *Proposal for DDS Benefits Specialist Pilot* document that outlined my ideas to improve DDS infrastructure around Social Security Administration (SSA) benefits management for DDS individuals who are participating in the Commissioner's Employment First initiative. I understand and respect that you are not currently planning to develop such a position at this time.

There are, however, consistent and increasing requests from providers, individuals and families in the Disability Community to develop SSA Benefits Training and Management models and supportive materials. I am currently a part time employee of DDS. I am writing to ask you, as my Appointing Authority, to please consider allowing me to participate in Educational Services and Technical Training with entities outside the Department on my own time. In accordance with the Conflict of Interest Law (MGL.c.268A sections 6, 6.07 & 7 (B)), I am submitting the attached Disclosure Forms.

Thank you, once again, for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Black".

Jeffrey Black  
Certified Work Incentive Coordinator (CWIC)  
Service Coordinator, Worcester Area Office

cc. David Kent, Area Director  
Deirdre Roney, State Ethics Commission  
Ellen O'Connor, Attorney

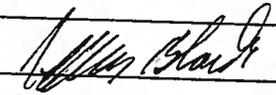
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES**

PURSUANT TO 930 CMR 6.07

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STATE ETHICS COMMISSION

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	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Jeffrey Black
Title/ Position:	Human Service Coordinator A/B (Half-time 22.7 hours per week)
Agency/Department:	EOHSS Department of Developmental Services (DDS)
Agency Address:	24 Southbridge St. Worcester, MA 01608
Office phone:	508-792-6200 ext. 143
Office e-mail	jeff.black@state.ma.us
	<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below.</p> <p>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>
	<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>
	<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

<p>2) Service to a provider or organization</p>	<p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.  <b>Seven Hills Foundation 799 West Boylston St. Worcester MA 01606</b>  <b>Support Brokers 217 South Street Waltham, MA 02453</b>  <b>Other private and non-profit agencies throughout the State TBD</b></p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.  <b>DDS/EOHSS</b></p>
<p>3) Service to a person or persons</p>	<p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p>
<p>Please describe the services you will provide.</p>	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p><b>Education and technical training of Federal SSA Benefits application, management and appeals. Participation in these matters will include development and training of SSA Benefits Management models and materials for various private and non-profit agencies throughout the State. Two examples are Seven Hills Foundation which receives DDS Family Support funding and SUPPORTbrokers a statewide, fee-for-service program hosted by The Arc of Massachusetts.</b></p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Compensation would range between \$25 and \$45 per hour for a maximum of 15 hours per week.</p>
<p>Employee signature</p>	
<p>Date:</p>	<p>4/7/14</p>
<p><b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b></p>	
<p>Name and title of appointing authority</p>	
<p>Office phone</p>	
<p>Office e-mail</p>	
<p>Signature by appointing authority</p>	<p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p>
<p>Date:</p>	

	<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.
Date:	

Attach additional pages if necessary.

File with:

State Ethics Commission  
 One Ashburton Place, Room 619  
 Boston, MA 02108