



The Commonwealth of Massachusetts

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

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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,

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 NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

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STATE EMPLOYEE INFORMATION	
Name:	Jeffrey Black
Title or Position:	Human Service Coordinator A/B (Half-time 22.7 hours per week)
State Agency:	EOHSS Department of Developmental Services (DDS)
Agency Address:	24 Southbridge St. Worcester, MA 01608
Office Phone:	508-792-6200 x143
Office E-mail:	jeff.black@state.ma.us
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
PARTICULAR MATTER	
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Education and technical training of Federal Social Security Administration (SSA) Benefits.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	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.
FINANCIAL INTEREST IN THE PARTICULAR MATTER	
Write an X by all that apply.	<input checked="" type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input checked="" type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.

Financial interest in the matter	Compensation would range between \$25 and \$45 per hour for a maximum of 15 hours per week.
Employee signature:	
Date:	4/7/14

DETERMINATION BY APPOINTING OFFICIAL

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	
Title or Position:	
Agency/Department:	
Agency Address:	
Office Phone:	
Office E-mail:	
DETERMINATION	
Determination by appointing authority: Write an X by your selection.	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	
Date:	
Comment:	

Attach additional pages if necessary.

File copy with:

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