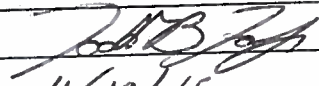


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**


RECEIVED
STATE ETHICS COMMISSION

2015 NOV 16 AM 10:09

STATE EMPLOYEE INFORMATION	
Name:	Todd B. Foy, Jr.
Title or Position:	Program Associate, Care Delivery Innovation and Investment (CDII)
State Agency:	Massachusetts Health Policy Commission
Agency Address:	50 Milk Street 8 th Floor Boston, MA 02109
Office Phone:	(617) 979-1424
Office E-mail:	Todd.B.Foy@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.	Please describe the particular matter. The Health Care Innovation Investment (HCII) Program is a \$6 million grant program in development by the HPC. Payers and providers will be eligible to apply for funding to increase access to health care via innovative solutions.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As a Program Associate, I am responsible for assisting the Program Manager with various functions of the HCII program. This includes external stakeholder management, scheduling, as well as overall content and program development.
FINANCIAL INTEREST IN THE PARTICULAR MATTER	
Write an X by all that apply.	<input 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	Please explain the financial interest and include a dollar amount if you know it. I am currently in final interviews to be a Health Navigator with the AIDS Action Committee of Massachusetts, which is a corporate partner of Fenway Health. Under the parameters of the HCII statute, Fenway Health may be eligible to apply for funding in some manner that could in turn fund the work I will perform as a Health Navigator (i.e. increasing access to services for MSM with HIV/AIDS). However, the position I am applying for has no policy aspect and would not be involved in any sort of application to HCII, should one be filed, whatsoever.
Employee signature:	
Date:	11/10/15

DETERMINATION BY APPOINTING OFFICIAL

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	David M. Seltz
Title or Position:	Executive Director
Agency/Department:	Health Policy Commission
Agency Address:	50 Milk Street Boston, MA 02109
Office Phone:	617-979-1406
Office E-mail:	David.Seltz@state.ma.us
DETERMINATION	
Determination by appointing authority: Write an X by your selection.	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. <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" 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.
Appointing Authority signature:	
Date:	11-12-15
Comment:	

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Attach additional pages if necessary.

File copy with:

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

Form Revised February, 2012

