

The Commonwealth of Massachusetts

Executive Office of Health & Human Services

Department of Developmental Services

Central/West State Operated Community Services

184 Freight Shed Road

Baldwinville, MA 01436

Phone: (978) 939-2161

FAX: (978) 939-8273

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Governor

Karyn E. Polito
Lieutenant Governor


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Jane F. Ryder
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Anthony Keane
Regional Director

Patricia Lyons
Director C/W State
Operated Community
Services

To: T. Michael McDonald
Assistant General Counsel

From: Patricia Lyons 
Director
CW State Operated Community Services

Re: Corrections to the 930 CMR 6.07 Disclosures
Barbara DiVito and Ronald Sargent

Date: January 15, 2020

Enclosed you will find the corrected 930 CMR 6.07 Disclosures for Barbara DiVito and Ronald Sargent. The information regarding payment has been added and the section entitled "Approval by Agency that Made the Contract (If Different)" has been deleted as it was not necessary.

Please let me know if you should have any additional questions. I may be reached at 978-652-4048. Thank you for your assistance with this process.

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**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

	STATE EMPLOYEE INFORMATION
Name of state employee:	Ronald Sargent
Title/ Position:	Physician Assistant
Agency/Department:	DDS - Templeton Community Services
Agency Address:	184 Freight Shed Rd Baldwinville, MA 01436
Office phone:	978-652-4073
Office e-mail:	Ronald.Sargent@MassMail.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><input checked="" type="checkbox"/> Executive Office of Health and Human Services, including the Human Service Transportation Office; <input checked="" type="checkbox"/></p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <p><input checked="" type="checkbox"/> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</p> <p>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</p> <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>
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
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>

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STATE OF MASSACHUSETTS

<p>2) Service to a provider or organization</p>	<p>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.</p> <p>Shriver Clinical Services 541 North Ave 1ST Floor Door #2 Wakefield, MA 01880</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>DDS</p>
<p>3) Service to a person or persons</p>	<p>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>Medical on-call coverage after office hours</p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Please include a dollar amount, if possible.</p> <p>I will be paid \$160.00 for each on call tour. I work approximately 12-14 on call tours per month. On call tours occur after normal office hours of 8^{PM} to 4^{PM} Mon. through Friday as well as 24 hours each weekend day.</p>
<p>Employee signature</p>	<p><i>[Signature]</i></p>
<p>Date:</p>	<p>11-27-18</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p>Patricia Lyons Central West State op. Community Services Director</p>
<p>Office phone</p>	<p>978-652-4048</p>
<p>Office e-mail</p>	<p>Patricia.Lyons@State.MA.US</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><i>[Signature]</i></p>
<p>Date:</p>	<p>11-27-18</p>