



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

RECEIVED
STATE ETHICS COMMISSION
2021 MAR 15 AM 8:48

STATE EMPLOYEE INFORMATION	
Name of state employee:	Melanie Batista-Ortiz
Title/ Position:	Service Coordinator I ABI/MFP waiver
Agency/Department:	DDS Metro Region
Agency Address:	465 Waverly Oaks Waltham, MA 02452
Office phone:	774-423-4259
Office e-mail	Melanie.G.Batista-Ortiz@mass.gov
	<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 align="center">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p align="center">Executive Office of Public Safety and Security,</p> <p align="center">Executive Office of Elder Affairs,</p> <p align="center">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"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <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>
2) Service to a provider or organization	<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. Eliot Community Human Services – 120 Hartwell Ave. Lexington MA</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Funding through DDS – Northeast Region</p>
3) Service to a person or persons	<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>I have worked for Eliot Community Human Services for about seven years. I currently hold the role of the asleep counselor Thursday-Sunday 11p-9am. I have currently alternated my Thursday schedule to end at 8am to not interfere with my state position. My role focuses as the second staff on shift to support the clients and overnight awake in case of an overnight emergency during the asleep hours of 11p-6am. The overnights are responsible for conducting bi-monthly fire drills. In the morning, my main role is medication administration for the clients at program. I also assist with any ADLS they may need assistance with. Data tracking and keeping of the shift is also required.</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>My hourly rate is \$15 an hour for my scheduled 30 hours a week. I currently have insurance through Eliot for myself and my spouse. Eliot pays 80% of my BCBS insurance medical & dental (my payment biweekly is about \$272 and Eliot pays \$816 for my enhanced plan. I also am offered EyeMed for the low cost of about \$6 biweekly deducted from my payroll.</p>
<p>Employee signature</p>	
<p>Date:</p>	<p>3-8-21</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p>Gail Gillespie Regional Director</p>
<p>Office phone</p>	<p>781. 314. 750</p>
<p>Office e-mail</p>	<p>gails_gail.gillespie@mass.gov</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>	<p>03.08.21</p>
<p>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</p>	
<p>Name and title of person giving approval at the state agency that made the contract</p>	
<p>Office phone</p>	
<p>Office e-mail</p>	
<p>Signature by person giving approval</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>	

Attach additional pages if necessary.
 File with:
 State Ethics Commission
 One Ashburton Place, Room 619
 Boston, MA 02108