


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY
AS REQUIRED BY G. L. c. 268A, § 7(b)**

	STATE EMPLOYEE INFORMATION
Name of state employee:	Mark Waksmonski
Title/ Position	SARP Coordinator
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	Department of Public Health, Bureau of Health Professions Licensure
Agency Address	239 Causeway Street, Suite 500 Boston, MA 02114
Office phone:	(800) 414-0168
Office e-mail:	TBD
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	August 15, 2021
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am an elected, compensated state employee , other than a state Senator or a state Representative. <input type="checkbox"/> STATEMENT #1: I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. OR <input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.
Write an X beside your financial interest.	My financial interest in a state contract is: <input type="checkbox"/> I have a non-elected, compensated state employee position. <input type="checkbox"/> A state agency has a contract with me. <input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. <input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.
BOX # 2	NON-ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee . <input type="checkbox"/> STATEMENT # 1: I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

<p>Write an X beside your financial interest.</p>	<p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input checked="" type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><input type="checkbox"/> STATEMENT # 2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.</p>
	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p>
<p>Name and address of state agency that made the contract</p>	<p>MassHealth 100 Hancock St., 6th Floor, Quincy, MA 02171</p>
<p>Please put in an X to confirm these facts.</p>	<p>"My State Agency" is the state agency that I serve as a state employee.</p> <p>The "contracting agency" is the state agency that made the contract.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p>FILL IN THIS BOX OR THE BOX BELOW</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</p> <p>- Please explain what the contract is for.</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</p> <p>- Please identify the person or entity that has the contract with the state agency.</p> <p>o High Point Treatment Centers, 4 Post Office Square, Taunton, MA</p> <p>- What is your relationship to the person or entity?</p> <p>o Employee</p> <p>- What is the contract for?</p> <p>o Billing Masshealth for mental health services</p> <p>As a Psychiatric Nurse Practitioner I am permitted to bill MassHealth for mental health services via an agency.</p>
<p>What is your financial interest</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p>

In the state contract?	Unknown dollar amount. I am paid an hour rate at the agency that seeks reimbursement from Masshealth for rendered services. The hourly rate is \$65 per hour.
Date when you acquired a financial interest	I began employment at High Point in October, 2020.
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. NA
Date when your immediate family acquired a financial interest	NA
Write an X to confirm each statement.	<p>FOR A CONTRACT FOR PERSONAL SERVICES –</p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	8/10/21

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:

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

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

	INFORMATION ABOUT HEAD OF CONTRACTING AGENCY
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
	CERTIFICATION
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

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

August 12th, 2021


To MA State Ethics Commission Personnel:

Please accept this addendum to supplement the attached Disclosure By State Employee Of Financial Interest In A State Contract And Certification By Head Of Contracting Agency As Required By G.L. c. 268A, 7 (b), form. The intent of this addendum is to provide clarity for details in the disclosure form. These details are provided in the bullets below:

- I am a licensed Psychiatric-Mental Health Nurse Practitioner employed by High Point Treatment Centers;
- I provide mental health services for patients at High Point;
- I am certified by Masshealth to bill for services;
- High Point bills for reimbursement of services on behalf of me;
- I am paid an hourly rate by High Point;
- My employment with the Commonwealth of MA begins August 15, 2021;
- I intend to continue provide services at High Point in limited capacity outside of state agency work time. The length of time I will provided services is to be determined;

Please do not hesitate to contact me at mwaksmonski@gmail.com, or at (603)845-7581 with additional questions. Email is preferred.

Sincerely,



Mark Waksmonski