

# FAX

TO: MA State Ethics Commission

FROM: Mark Waksmonski

FAX: (617)723-5851

FAX:

PHONE:

PHONE: (603)845-7581

SUBJECT: Disclosure Filing

DATE: 08/09/21

NO. PAGES: Cover + 5 = 6

COMMENTS:

Please find the attached disclosure form and addendum.

Please do not hesitate to reach out with additional questions by contacting me at (603)845-7581.


- Mark

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STATE ETHICS COMMISSION  
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**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)**

<b>STATE EMPLOYEE INFORMATION</b>	
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
<b>BOX # 1</b>	<b>ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> .	I am an elected, compensated state employee, other than a state Senator or a state Representative.
Write an X beside your financial interest.	<p><input type="checkbox"/> <b>STATEMENT #1:</b> 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</p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></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>
<b>BOX # 2</b>	<b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either <b>STATEMENT #1</b> or <b>STATEMENT #2</b> .	<p>I am a non-elected, compensated state employee.</p> <p><input checked="" type="checkbox"/> <b>STATEMENT #1:</b> 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>

<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a state contract is:</b></p> <p><input checked="" 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"/> <b>STATEMENT # 2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input checked="" 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><b>Name and address of state agency that made the contract</b></p>	<p><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p> <p>MassHealth 100 Hancock St., 6th Floor, Quincy, MA 02171</p>
<p><b>Please put in an X to confirm these facts.</b></p>	<p><b>"My State Agency"</b> is the state agency that I serve as a state employee.</p> <p>The <b>"contracting agency"</b> 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 type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p> <p>As a Psychiatric Nurse Practitioner I am permitted to bill MassHealth for mental health services via an agency.</p>
<p><b>FILL IN THIS BOX OR THE BOX ABOVE</b></p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></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>

What is your financial interest in the state contract?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>Unknown dollar amount. I am paid an hour rate at the agency that seeks reimbursement from Masshealth for rendered services.</p>
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?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>There is no financial interest or dollar amount.</p>
Date when your immediate family acquired a financial interest	There is no financial interest or dollar amount.
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></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 checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" 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:	8/9/01

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**

	<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
	<b>CERTIFICATION</b>
	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 9th, 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](mailto:mwaksmonski@gmail.com), or at (603)845-7581 with additional questions. Email is preferred.

Sincerely,



Mark Waksmonski