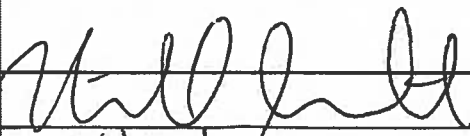
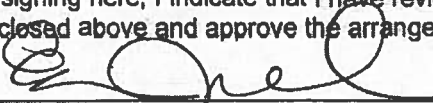



**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

	STATE EMPLOYEE INFORMATION	RECEIVED STATE ETHICS COMMISSION 2022 SEP -6 AM 10:41
Name of state employee:	Michael Ippoliti	
Title/ Position:	Social Worker I	
Agency/Department:	Department of Children and Families	
Agency Address:	185 Church Street Whitinsville, MA 01588	
Office phone:	508-929-1000	
Office e-mail	Michael.ippoliti@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 style="padding-left: 40px;">A state agency within the following Executive Offices:</p> <p style="padding-left: 80px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 80px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 80px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 80px;">Executive Office of Veteran's Services, or</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">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 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.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
3) Service to a person or persons	<p><input checked="" 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>Mass Health- state agency EOHHS- executive office</p>
Please describe the services you will provide.	<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 am looking to work for Community Health Link in a per diem position. As an Access Clinician with CHL, I would be seeing patients at area hospitals who are brought in on a mental health crisis. I would assess the client, and then determine if they meet level of further care. If they meet a higher level of care, I would make appropriate referrals for in patient care.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>Sometimes in my CHL capacity, the patients I see may have Mass Health insurance that covers the service we provide at the hospital.</p> <p>My hourly pay with CHL is \$35. If I get called in on a non-scheduled day off, I would be making \$50 an hour. There are also pay differentials for weekend, holidays, and overnights.</p>
Employee signature	
Date:	6/26/2022
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of appointing authority	Erica Bedard, DCF Area Director

Office phone	508.929.1044
Office e-mail	erica.bedard@mass.gov
Signature by appointing authority	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. 
Date:	08/30/2022
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	Monica Sawhney MassHealth Chief of Staff
Office phone	617-573-1649
Office e-mail	monica.sawhney@mass.gov
Signature by person giving approval	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. 
Date:	9/2/2022

Attach additional pages if necessary.

File with:

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