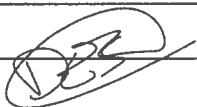


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

RECEIVED  
STATE ETHICS COMMISSION

2013 NOV -3 AM 10:53

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Daniel Saxe
Title/ Position:	Certification and Education Supervisor
Agency/Department:	Department of Public Health, Bureau of Healthcare Safety and Quality, Office of Emergency Medical Services
Agency Address:	250 Washington St, Boston MA 02108
Office phone:	617-753-7334
Office e-mail	<a href="mailto:Daniel.saxe@mass.gov">Daniel.saxe@mass.gov</a>
	<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>XXX Executive Office of Health and Human Services, including the Human Service Transportation Office;</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> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <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>
	<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>
	<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>
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 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><u>X</u> 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>Executive Office of Health and Human Services, MassHealth</p>
Please describe the services you will provide.	<p>Please provide information about the type of personal or educational services you will provide. <b>Please do not include the name of any individual who receives services.</b></p> <p>Work as a paramedic for American Medical Response, an ambulance service. The care I provide may be to MassHealth beneficiaries, and AMR may bill for those services to MassHealth.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>Not known. I am paid hourly for my work, and it is not directly affected by the reimbursement received from MassHealth or other payors.</p>
Employee signature	 <p>Digitally signed by Daniel Saxe</p>
Date:	Date: 2023.06.15 08:36:13 -04'00'
	<b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b>
Name and title of appointing authority	<p>Susan Lewis, Director  Department of Public Health  Bureau of Health Care Safety and Quality  Office of Emergency Medical Services</p>
Office phone	617-366-6167
Office e-mail	Susan.k.lewis@mass.gov
Signature by appointing authority	<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>Susan Lewis</i></p>
Date:	10/27/2023
	<b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>

Name and title of person giving approval at the state agency that made the contract	Elizabeth Denniston, Chief of Staff
Office phone	617-581-5575
Office e-mail	EFDENNISTON@GMAIL.COM
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. <i>Elizabeth Denniston</i>
Date:	10/30/2023

Attach additional pages if necessary.

File with:

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