

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

RECEIVED
STATE ETHICS COMMISSION

STATE EMPLOYEE INFORMATION		2023 NOV - 3 AM 10:53
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	Daniel.saxe@mass.gov	
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: A state agency within the following Executive Offices: XXX Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is: - 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. 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.		
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	<input type="checkbox"/> I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable.	
2) Service to a provider or organization	<input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.	

	<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>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. Please do not include the name of any individual who receives services.</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'
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	Susan Lewis, Director Department of Public Health Bureau of Health Care Safety and Quality Office of Emergency Medical Services
Office phone	617-366-6167
Office e-mail	Susan.k.lewis@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.
<i>Susan Lewis</i>	
Date:	10/27/2023
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	

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**

Form revised February, 2012