Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

California Department of Health Care Services

Division, Department, or Region *(if applicable)*

Director's Office

Street Address

1501 Capitol Avenue

Area Code/Phone Number: (916) 440-7420

E-mail: patti.henderson@dhcs.ca.gov

Agency Contact *(name and title)*

David Maxwell-Jolly, Director

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☒ Other Center for Health Care Strategies, Inc. (Name)

200 American Metro Blvd., Suite 119 (Address) Hamilton (City) NJ (State) 08619 (Zip Code)

Non-profit promoting high quality health care services for low-income populations and persons with chronic illnesses.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

3. Payment Information

Date and Amount of Payment *(other than travel)* _____ *(month, day, year)* $ _____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Los Angeles, CA

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
June 3-4, 2010	$445.40	$199.61	$13.44	$18.00	$676.45

Provide a specific description of the nature and use of the payment for official agency business:

The payment was used to send DHCS staff to a Value-Based Health Care Delivery Seminar. The purpose of attending the seminar was to learn value-based purchasing strategies that will promote integrated care delivery, improve patient health outcomes, and maximize limited resources.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Kohatsu	Neal	Branch Chief	BWARD

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	David Maxwell-Jolly	Director	April 29, 2010

Comment: *(Use this space or an attachment for any additional information.)*

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_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

3. Payment Information

Date and Amount of Payment *(other than travel)* _____ *(month, day, year)* $ _____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Los Angeles, CA

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
June 4, 2010	$315.40	$	$	$	$315.40

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Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Rico	Luis	Division Chief	Systems of Care Division

4. Verification

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Signature of Agency Head or Designee | David Maxwell-Jolly (Print Name) | Director (Title) | April 29, 2010 *(month, day, year)*

Comment: *(Use this space or an attachment for any additional information.)*

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If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ Name $_____ Amount _____ Name $_____ Amount

3. Payment Information

Date and Amount of Payment *(other than travel)* _____ *(month, day, year)* $_____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Los Angeles, CA

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
June 3-4, 2010	$200.00	$200.29	$46.39	$	$446.68

Provide a specific description of the nature and use of the payment for official agency business:

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Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Hansen	Brian	Special Assistant	Director's Office

4. Verification

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Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	David Maxwell-Jolly	Director	April 29, 2010

Comment: *(Use this space or an attachment for any additional information.)*