

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

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

Other

Center for Health Care Strategies, Inc.

Last Name

First Name

Name

200 American Metro Blvd., Suite 119

Hamilton

NJ

08619

Address

City

State

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

June 3-4, 2010

\$ 445.40

\$ 199.61

\$ 13.44

\$ 18.00

\$ 676.45

Date(s) of Travel

Transportation Expenses

Lodging Expenses

Meal Expenses

Other Expenses

Total Expenses

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:

Kohatsu

Neal

Branch Chief

BWARD

Last Name

First Name

Title

Department/Division

Last Name

First Name

Title

Department/Division

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

David Maxwell-Jolly

Print Name

Director

Title

April 29, 2010

(month, day, year)

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