

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> California Department of Health Care Services		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Systems of Care Division			
Street Address 1501 Capitol Avenue			
Area Code/Phone Number (916) 440-7420	E-mail patti.henderson@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) David Maxwell-Jolly, Director		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 4, 2010 \$ 315.40 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 315.40  
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:

<u>Rico</u> Last Name	<u>Luis</u> First Name	<u>Division Chief</u> Title	<u>Systems of Care Division</u> 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.

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

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