

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Department of Health Care Services <i>Division, Department, or Region (if applicable)</i> Systems of Care Division <i>Street Address</i> 1501 Capitol Avenue <i>Area Code/Phone Number</i> (916) 440-7418 <i>E-mail</i> brian.hansen@dhcs.ca.gov <i>Agency Contact (name and title)</i> Brian Hansen, Special Assistant to the Director		Date Stamp	California Form 801 For Official Use Only
		<input type="checkbox"/> 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.

<u>200 American Metro Blvd., Suite 119</u> Address	<u>Hamilton</u> City	<u>NJ</u> State	<u>08619</u> 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

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 Boston, MA

<u>12/14-16/2010</u> Date(s) of Travel	<u>\$ 385.80</u> Transportation Expenses	<u>\$ 346.90</u> Lodging Expenses	<u>\$ 116.84</u> Meal Expenses	<u>\$ 101.50</u> Other Expenses	<u>\$ 951.04</u> 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 1) present on the history of the CCS Program, and 2) 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>Dimand</u> Last Name	<u>Robert</u> First Name	<u>Branch 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.

<u>Brian L. Hansen</u> Signature of Agency Head or Designee	<u>Brian L. Hansen</u> Print Name	<u>Special Assistant to the Director</u> Title	<u>1/7/2011</u> (month, day, year)
--	--------------------------------------	---	---------------------------------------

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