

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) Systems of Care Division			
Street Address 1501 Capitol Avenue			
Area Code/Phone Number (916) 440-7418	E-mail brian.hansen@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director			

2. Donor Name and Address

Individual _____ Other Center for Health Care Strategies, Inc.

Last Name: _____ First Name: _____ Name: _____
 Address: 200 American Metro Blvd., Suite 119 City: Hamilton State: NJ Zip Code: 08619

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 Boston, MA

<u>12/14-16/2010</u>	\$ <u>404.30</u>	\$ <u>346.90</u>	\$ <u>138.86</u>	\$ <u>158.34</u>	\$ <u>1,048.40</u>
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 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>Halley</u>	<u>Stephen</u>	<u>Assistant Branch Chief</u>	<u>Systems of Care Division</u>
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.

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

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