

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Department of Health Care Services		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1501 Capitol Avenue, Sacramento, CA 95814			
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 New England States Consortium Systems

Last Name: _____ First Name: _____ Name: _____
 Address: 222 Maple Ave City: Shrewsbury State: MA Zip Code: 01545

NESCO - Non-profit organization promoting communication on health and human services policy and systems.

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 Chicago, Illinois

<u>8/16-8/20/2009</u>	\$ <u>500.00</u>	\$ <u>708.00</u>	\$ _____	\$ <u>395.00</u>	\$ <u>1603.00</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 Fiscal Intermediary Information Technology Management Branch is responsible for operation of the California Medicaid Management Information System (MMIS). The MMIS conference provided information on federal requirements related to the MMIS.

Identify the officials for whom the payment was used:

<u>Enriquez</u>	<u>Maria</u>	<u>Chief, FITMB</u>	<u>FICOD</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.

<u>Brian L. Hansen</u>	<u>Brian Hansen</u>	<u>Special Assis. to the Director</u>	<u>9/17/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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