

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) Pharmacy Benefits 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)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Western Medicaid Pharmacy Admin. Assoc.

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 42 Olive Street Helena MT 59601-6285  
 Address City State Zip Code

Non-profit promoting the exchange of professional information between state Medicaid programs.

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 The Dells, Wisconsin, USA

Sept. 19-23, 2009	\$ 763.00	\$ 495.00	\$ 148.00	\$ 193.00	\$ 1599.00
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 annual WMPAA conference includes presentations on clinical and administrative topics, including presentations from each state in attendance. The Department of Health Care Services administers Medicaid pharmacy benefits and this conference promotes Medicaid pharmacy clinical and administrative best practices.

Identify the officials for whom the payment was used:

<u>Williams</u>	<u>Pilar</u>	<u>Division Chief</u>	<u>Pharmacy Benefits Div.</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 Signature of Agency Head or Designee  
Brian L. Hansen Print Name  
Special Assistant to the Director Title  
10/19/09 (month, day, year)

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