

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: Health and Human Services Agency, Division: Health Care Services, Street Address: 1501 Capitol Avenue, Suite 6001, Area Code/Phone Number: (916) 445-3859, Email: shirley.fong@dhcs.ca.gov, Agency Contact: Shirley Fong, Training Manager. Includes Date Stamp and California Form 801 For Official Use Only.

2. Donor Name and Address: Research Triangle Institute, PO Box 12106, Research Triangle Park, NC 27106. Includes checkboxes for Individual and Other.

Under contract with the Office of the Assistance Secretary for Planning & Evaluation at the Department of Health and Human Services. Includes a section to identify donor sources and amounts received.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment: Washington, DC, February 9-10, 2013, Virgin America, Palomar Washington, Total Expenses: \$1,073.87.

3.1 (b) Payment(s) not related to travel: Includes fields for Dates (month, day, year) and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. To serve on the technical advisory group to guide the project on "Strategies for Local Medicaid Expansion", conducted by RTI International, and under contract with the Office of the Assistance Secretary for Planning and Evaluation at the Department of Health and Human Services.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Cantwell, Marianne, Chief Deputy Director, Health Care Programs.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes Signature, Print Name (Karen Johnson), Title (Chief Deputy Director), and Date (4/30/14).

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