

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Department of Health Care Services
Division, Department, or Region (if applicable)
Administration, Human Resources Division
Street Address
PO Box 997411, MS 1300, Sacramento, CA 95899-7411
Area Code/Phone Number
916-552-8270
Email
ConflictofInterestInquiry@dhcs.ca.gov
Date Stamp
California Form 801 For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual or Other
National Academy for State Health Policy
1233 20th St., N.W., Suite 303 Washington DC 20036
Address City State Zip Code

NASHP is a 501 (c)(3) nonprofit organization committed to advancing state health policy innovations and solutions.

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) received by the donor for this payment:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
San Diego, CA
09/09/2025
Location of Travel Dates (month, day, year)
Southwest Airlines
Rail Air Bus Auto Other
Check Applicable Boxes
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
The Official was invited to participate in a closed, state-only round table "Sustaining Access to Care: State Strategies for Cross-Agency Alignment and Financing of SUD Services", as part of National Academy for State Health Policy's annual conference. Donor paid for transportation.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Sadwith Tyler State Medicaid Director DHCS/Director's Office
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Erika Sperbeck Chief Deputy Director 10/27/25
Print Name Title (month, day, year)

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