

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 Division, Human Resources Branch
Street Address
P.O. Box 997411, MS 1300, Sacramento, CA 95899-7411
Area Code/Phone Number
(916) 552-8270
Email
ConflictofInterest@dhcs.ca.gov
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 07/19/16
(month, day, year)

2. Donor Name and Address
Individual
Other California Health Care Foundation (CHCF)
1438 Webster Street, Suite 400 Oakland CA 94612
CHCF funds projects that are aligned with its strategic goals and have relevance to California health care.
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

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

3.1 (a) Travel Payment
Location of Travel
Dates (month, day, year)
Transportation Provider
Rail Air Bus Auto Other
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
March 23, 2016
\$ 58,500.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
This grant provides funding to support the "DHCS Academy", the objective of which is to improve the ability of the managerial staff to DHCS to anticipate and respond to the increasingly complex and challenging tasks of effectively administering California's Medi-Cal program.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Johnson Karen Chief Deputy Director DHCS
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.
ORIGINAL ON FILE Karen Johnson Chief Deputy Director 07/19/16
Signature Print Name Title (month, day, year)

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