



State of California—Health and Human Services Agency
California Department of Public Health



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

GAVIN NEWSOM
Governor

March 11, 2019

Ms. Cindy Wilson
MCAH Director
Nevada County Public Health Department
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

Dear Ms. Wilson :

**APPROVAL OF REVISED AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201829– FISCAL YEAR 2018-19**

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency’s AFA, including the enclosed Scope(s) of Work (SOW) and Budget(s) for administration of MCAH related programs.

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2018 through June 30, 2019, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....\$183,049.78

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2018-19 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



Ms. Cindy Wilson
March 11, 2019
Page 2

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. The web-posted CDPH/MCAH, BIH, and/or AFLP Base Medi-Cal Factor (MCF), and/or
2. A Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your contract manager, Aaron Gillis, at (916) 322-5516 or by e-mail at aaron.gillis@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Romeo Amian
Assistant Division Chief
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Ms. Charlene Weiss-Wenzl
MCAH Coordinator

Ms. James Kraywinkel
Fiscal Contact

Mr. Aaron Gillis
Contract Manager

Ms. Mary DeSouza
Program Consultant

Central File