



MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

December 28, 2009

Phyllis Goldie BSN, MS, RN, PHN
MCAH Director
El Dorado County Public Health
931 Spring Street
Placerville, CA 95667

Dear Ms. Goldie:

APPROVAL OF ALTERNATE YEAR AGREEMENT FUNDING APPLICATION (AFA)
FOR AGREEMENT # 200909 – FY 2009-10.

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) approves your Agency's Alternate Year 2009-10 AFA, including the attached 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, 2009, through June 30, 2010, the MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health \$236,713

The availability of Title V funds are based upon funds appropriated in the FY 2009-10 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to 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 2009-10 Program and Fiscal Policy and Procedures manuals, which includes the ability to substantiate all funds claimed. CDPH MCAH policies and procedures can be accessed at <http://cdph.ca.gov/MCAHfiscal>.

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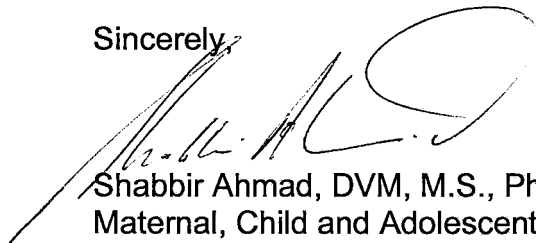
Ms. Goldie
Page 2
December 28, 2009

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

1. the web-posted CDPH MCAH and/or BIH Base Medi-Cal Factor (MCF),
2. the CDPH MCAH prior-approved alternate MCF (MCAH Program only),
3. 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), and/or
4. the Lodestar generated MCF (AFLP 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(s) and Budget(s) is incorrect or different from that negotiated, please contact your Contract Manager, Jonathan Alspektor, at (916) 650-6795 or by e-mail at Jonathan.Alspektor@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, M.S., PhD., Acting Chief
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Ron Briggs
Chair Board of Supervisors
El Dorado County Public Health
931 Spring Street
Placerville, CA 95667

Jonathan Alspektor
Contract Manager
Maternal, Child and Adolescent Health Division

Katee Schaffer
Program Consultant
Maternal, Child and Adolescent Health Division

Central File

**MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) PROGRAM
SCOPE OF WORK (SOW)**

The local health jurisdiction (LHJ) must work toward achieving the following goals and objectives by performing the specified activities, evaluating the results and focusing on process and/or outcome.

- Goal 1: Ensure that all children are born with optimal health outcomes to healthy mothers**
- Goal 2: No health status disparities among racial/ethnic, gender, economic and regional groups.**
- Goal 3: A safe and healthy environment for women, children and their families.**
- Goal 4: Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.**

Timelines: All of the implementation activities identified in this SOW are to be conducted within the term of this Agreement's fiscal year.

Objective 1
MCAH Program in the LHJ operates under the direction of an approved MCAH Director in accordance with the State MCAH Program Policies and Procedures Manual.

Implementation Activities

- 1.1 The LHJ must have an MCAH Director who meets the professional qualifications and time allocation as specified in the current State MCAH Program Policies and Procedures Manual. (See State MCAH Program Policies and Procedures Manual.)

Evaluation Process or Outcomes

- 1.1.1 The local MCAH Director must submit a copy of an approval letter or a waiver with the annual Agreement Funding Application (AFA).
- 1.2 The MCAH Director is responsible for programs that improve the health of the MCAH population.

Evaluation Process or Outcomes

- 1.2.1 List all local MCAH programs funded by the State MCAH Division in the Annual Report.
- 1.2.2 Identify the State MCAH Division and Title V (Federal) priority areas with the corresponding local MCAH Program in the Annual Report.
- 1.3 The local MCAH Director's responsibilities include the following:
- Develop policies and procedures, standards, and protocols
 - Develop LHJ and/or community infrastructure that promote community partnerships and provide family-centered, culturally-competent services
 - Ensure implementation and coordination of local MCAH programs

- Ensure hiring and orientation of key personnel, adhering to the State MCAH Program policy regarding personnel requirements
- Develop activities and evaluation methods to measure results that relate to meeting MCAH priorities and the LHJ multi-year plan
- Use core public health functions to assure that progress is made toward the State MCAH Division and Title V (Federal) goals, objectives and priorities

Evaluation Process or Outcomes

- 1.3.1 Submit a duty statement that includes the local MCAH Director's responsibilities, identified in the State MCAH Program Policies and Procedures, with the annual AFA. When the MCAH Director position changes or the duties change for the MCAH Director, submit the revised duty statement at the time of the change.
- 1.3.2 Complete and submit Form 4 to document the MCAH Director's participation in MCAH-related collaboratives with the Annual Report.

Objective 2

The LHJ MCAH Program provides comprehensive outreach activities that may include case finding, referrals, patient/client education and community awareness. These activities target the MCAH population to assist them in accessing and receiving care and services to improve their health and well being.

Implementation Activities

2.1 The LHJ provides information on community resources, services and referrals to the MCAH population through:

- Activities that facilitate early and continuous access to care and services
- Screening of pregnant women and women of child bearing age
- Referrals to Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage

The LHJ identifies local high risk populations; targets outreach, case finding, and care coordination activities; and gives priority to these high risk populations for services. The high risk MCAH populations include:

- ❖ Low income pregnant women
- ❖ Women, children and adolescents who are not linked to a source of care
- ❖ Women of childbearing age who are at risk for adverse perinatal outcomes including, but not limited to, tobacco exposure and substance abuse
- ❖ Children with special health care needs

Evaluation Process or Outcomes

- 2.1.1 Complete a Form 5 for each Outreach Activity and keep on file for audit purposes. Submit three examples for the Annual Report.
- 2.1.2 Describe the tracking system for referral in the Annual Report.

- 2.1.3 Report the number of referrals to Healthy Families, Medi-Cal, AIM and report the number and name of other low cost or no cost health insurance programs in the Annual Report.
- 2.1.4 Identify the local targeted high risk populations, interventions, and evaluation process and outcomes in Objective 4.
- 2.2 The LHJ promotes community wide collaboration in the development and implementation of outreach programs and works to assure that services are provided in a culturally sensitive manner with no duplication of services.

Evaluation Process or Outcomes

- 2.2.1 Complete and submit Form 4 with the Annual Report to document participation of MCAH staff in MCAH-related collaboratives.
- 2.3 The LHJ provides a toll free or "no cost to the calling party" telephone information service (Title V requirement) that meets the following minimum standards:
 - The service must provide current culturally and linguistically appropriate information and referral to community health and human resources for the general public regarding access to prenatal care
 - The telephone number must be disseminated widely throughout the LHJ by means of pamphlets, publications and media publicity
 - At minimum, the toll free line must be operational during normal business hours and must linguistically reflect the LHJ's population mix
 - Personnel staffing the toll free line must have cultural sensitivity training
 - After hours messages must be answered by end of the next business day

Evaluation Process or Outcomes

- 2.3.1 Complete and submit Form 6, Toll Free Telephone Report with the Annual Report.

Objective 3

The LHJ provides skilled professional expertise to identify, coordinate and expand services for the MCAH population through collaborative planning and development to assure quality, evidence-based family services.

Implementation Activities

- 3.1 The LHJ provides qualified program experts to manage local MCAH programs and activities consistent with specific program requirements. (See State MCAH Program Policies and Procedures Manual for individualized programs.)

Evaluation Process or Outcomes

- 3.1.1 Refer to the individualized programs for specific approval and reporting requirements.
- 3.2 The LHJ must provide a Perinatal Service Coordinator (PSC) in accordance with the State MCAH Program Policies and Procedures Manual.
- 3.3

Evaluation Process or Outcomes

- 3.2.1 The LHJ must request approval from State MCAH Division for the PSC who meets the professional qualifications and time allocation specified in the current State MCAH Program Policies and Procedures Manual Key Personnel Section.
- 3.2.2 Submit a copy of the approval letter or the waiver letter from the MCAH Division to the LHJ for the PSC with the AFA.
- 3.3 PSC and/or MCAH Director must carry out the responsibilities and activities detailed in the State MCAH Program Policies and Procedures Manual.

Evaluation Process or Outcomes

- 3.3.1 Report specific information as requested in the Annual Report.
- 3.3.2 Maintain documentation on file.

The LHJ can use the following directions and guidelines to develop and write specific local objectives and activities for their agency.

Objective 4

The LHJ addresses local priority needs including a) a specific SIDS objective(s) and activities, and b) other local needs identified through the Title V Needs Assessment. Each LHJ must tailor its SIDS objective(s) and other local priority objectives to address local needs identified through their five year Needs Assessment.

Implementation Activities

- 4.1 The LHJ will provide education and interventions regarding Sudden Infant Death Syndrome countywide.
- 4.2 The LHJ will work with local law enforcement to provide updated SIDS protocols
- 4.3 New MCAH staff will be trained in SIDS response and information.
- 4.4 Existing MCAH staff will be given inservice training on the current concepts in SIDS
- 4.5 SIDS information will be distributed at every initial newborn homevisit.
- 4.5 MCAH staff will provide community education on co-bedding concerns
- 4.6 Continue to monitor local MCAH needs and modify the local plan to improve maternal, child and adolescent health.
- 4.7 MCAH staff will contact families of SIDS babies within 72 hours of event occurrence to provide information, support and referral.

Evaluation Process or Outcomes

- 4.1.1 Monitor the number of SIDS deaths in the LHJ.
- 4.1.2 Report the results of specific evaluation methods used to meet the LHJ's SIDS objective(s) and activities.
- 4.1.3 Maintain documentation of SIDS activities on file.

I. BUDGET SUMMARY PAGE		FY: 2009 - 2010		Title V Balance		SGF Balance		Total Balance		Base MCF		% Personnel Matched	
Budget Revision Number: <u>Original</u>										34.8%		48.59%	
Program: MCAH Maternal, Child & Adolescent Health Agency: EL DORADO COUNTY Agreement No.: 2009-09													
EXPENSE CATEGORY (I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS TOTALS*													
(1) TOTAL FUNDING		(2) %		(3) Federal Title V		(4) %		(5) State General Funds		(6) %		(7) Local Revenue	
387,150		17.20%		66,605		33.16%		128,394		10.60%		41,054	
54,897		32.28%		17,721		31.18%		17,117		36.54%		20,059	
17,681		20.78%		3,674		24.55%		4,341		54.87%		9,665	
459,728		19.14%		88,000		32.60%		149,852		15.40%		70,779	
				236,713								151,097	
Maximum Amount Payable from State and Federal resources:													
Total Title V		Total State General Fund		Total Agency General Fund		Total Matching Title XIX		Totals		Balances		% of Budget	
88,000		88,000		223,016		148,712		459,728		n/a		19%	
				148,712		459,728				n/a		48%	
				88,000								32%	
												100%	

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Phyllis J. Gaudin
MCAH PROJECT DIRECTOR'S SIGNATURE

12-21-09
DATE

[Signature]
AGENCY FISCAL AGENT'S SIGNATURE

12/22/09
DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

State Use Only		MCAH-TV		MCAH-GF		MCAH-N		MCAH-E		MCAH-CNTY-N		MCAH-CNTY-E	
(I) PERSONNEL	66,605									20,527			113,323
(II) OPERATING COSTS	17,721									10,030			
(III) CAPITAL EXPENDITURES													
(IV) OTHER COSTS	3,674									4,833			
(V) INDIRECT COSTS													
Totals for PCA Codes **	236,713									35,390			113,323

BUDGET

Program:	MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)																	
	Agency:	EL DORADO COUNTY	MCAH-TY	MCAH-SF	AGENCY	MCAH-N	ONTY-N	MCAH-E	CATY-E	EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
	Agreement No.:	2009-08																										
	TOTAL FUNDING	54,997	17,721	17,721	17,117	20,059	17,117	20,059	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117	17,117

III. OPERATING EXPENSES DETAIL PAGE		Match	
	Used	Avail	
TOTAL OPERATING EXPENSES	54,997	54,997	
TRAVEL	12,208	61.39%	
TRAINING	1,500	6.87%	
1 COMMUNICATION	16,782	19.50%	
2 POSTAGE	1,403	21.50%	
3 OFFICE	5,910	21.50%	
4 DUPLICATION	770	23.40%	
5 MEDICAL SUPPLIES	900	100.00%	
6 SUBSCRIPTIONS	200	100.00%	
7 STAFF EDUCATIONAL MATERIAL	800	100.00%	
8 MEMBERSHIPS	1,100		
9 INSURANCE	9,009	22.00%	
10 PROFESSIONAL SERVICES	400	22.00%	
11 SPECIAL PROJECTS	509	22.00%	
12 UTILITIES	3,073	22.00%	
13 CLIENT EDUCATIONAL MATERIALS	350	100.00%	
14			
15			

IV. OTHER COSTS DETAIL PAGE		Match	
	Used	Avail	
TOTAL OTHER COSTS	17,981	17,981	
SUBCONTRACTS			
1			
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3			
4			
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8			
9			
10			
11			
12			
13			
14			
15			
OTHER CHARGES			
AGENCY'S TOTAL INDIRECT COSTS			
AGENCY'S OTHER INDIRECT COSTS			
1 A-87	17,681	20.78%	
2			
3			
4			
5			
6			
7			

Program: MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING				NON - ENHANCED MATCHING (60/50)				ENHANCED MATCHING (75/25)							
Agency: EL DORADO COUNTY	AGENCY (7) Local Revenue	MCAH-TV (3) Federal Title V	MCAH-SF (5) State General Funds	MCAH-N (9) Combined Federate	CNTY-N (11) Combined Fed/Agency	MCAH-E (13) Combined Federate	CNTY-E (15) Combined Fed/Agency										
Agreement No.: 2009-09	(8) %	(4) %	(6) %	(10) %	(12) %	(14) %	(16) %										
EXPENSE CATEGORY	TOTAL FUNDING (1)	(2) %	(3) %	(4) %	(5) %	(6) %	(7) %	(8) %	(9) %	(10) %	(11) %	(12) %	(13) %	(14) %	(15) %	(16) %	(17) %
	387,150	56,603	128,394	41,654	181,097												

I. PERSONNEL DETAIL PAGE

TOTAL PERSONNEL COSTS	BENEFIT RATE	ACTUAL BENEFITS	TOTAL WAGES	TITLE OR CLASS	% FTE	ANNUAL SALARY	MCAH-TV (3) Federal Title V	MCAH-SF (5) State General Funds	MCAH-N (9) Combined Federate	CNTY-N (11) Combined Fed/Agency	MCAH-E (13) Combined Federate	CNTY-E (15) Combined Fed/Agency	MCF Per SHRT	STARTING (17)		
1	PG DIRECTOR, PHN II	100.00%	85,188	85,188	2.00%	1,704	37,483	44.00%	14.00%	11,926	34,075	40.00%	34,075	54.00	X	
2	PM IPSC, PHN II	25.00%	69,759	17,440			872	5.00%	25.00%	4,360	12,208	70.00%	12,208	35.00	X	
3	PM PHN II	45.00%	66,759	31,392	40.00%	12,557	7,848	5.00%	5.00%	1,570	9,417	30.00%	9,417	35.00	X	
4	CG PHN II	80.00%	67,929	57,929	22.50%	13,034	12,387	21.40%	6.10%	3,534	28,964	50.00%	28,964	56.00	X	
5	VB PHN II	80.00%	70,726	56,581	24.90%	14,089	22,689	40.10%	5.00%	2,829	16,974	30.00%	16,974	35.00	X	
6	NR SR OA	50.00%	33,862	16,941	25.00%	4,235	6,776	40.00%	19.50%	3,303	2,626	15.50%	2,626	35.00		
7	PHN II	20.00%	67,360	13,472	17.40%	2,844	3,705	27.50%	5.10%	687	6,738	50.00%	6,738	55.00	X	
8	JS SUP-HEC	4.00%	74,200	2,968	10.00%	297	1,632	55.00%	35.00%	1,039				35.00		
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MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

September 17, 2009

TO: MCAH DIRECTORS

SUBJECT: MCAH SCOPE OF WORK AND POLICIES AND PROCEDURES
REVISIONS, EFFECTIVE JULY 1, 2009
PROGRAM POLICY ALERT FY #2009/10-01

The purpose of this letter is to describe the changes to the Maternal, Child and Adolescent Health (MCAH) Scope of Work (SOW) and Policies and Procedures for Fiscal Year (FY) 2009-2010. The Governor's 100 percent elimination of State General Funds (GF) from the MCAH Program, effective July 1, 2009, requires a restructuring of State and local MCAH programs.

The MCAH SOW and MCAH Policies and Procedures will be revised throughout FY 2009-2010. In the interim, the following modifications to FY 2009-2010 MCAH SOW and MCAH policies and procedures, which are posted on the California Department of Public Health (CDPH), MCAH website at, <http://www.cdph.ca.gov/services/funding/mcah/Pages/PoliciesProceduresFiscalYear2009-2010.aspx> are retroactive to July 1, 2009:

- MCAH SOW Objective 1 – no changes
- MCAH SOW Objective 2 is modified as follows:
 - Toll-Free telephone number or other appropriate methods of communication to provide information to the local community about health care providers and practitioners who provide services under Title V and Title XIX, in addition to other relevant information
 - The Local Health Jurisdiction (LHJ) MCAH programs provide outreach services to identify pregnant women and infants who are eligible for services that assist them in applying for Medi-Cal assistance or other publicly subsidized health care programs. These activities target the MCAH population to assist them with referrals in order to access and receive services to improve their health and well-being.
- MCAH SOW Objective 3 is modified as follows:
 - The MCAH Director will be responsible for ensuring the duties of the Perinatal Services Coordinator (PSC) position are performed in accordance with the MCAH Policies and Procedures
 - The Full Time Equivalent (FTE) for the PSC is strongly recommended but not required
 - The requirement for State MCAH approval of the PSC is removed

- MCAH SOW Objective 4 is modified as follows:
 - **All LHJs** receive a Sudden Infant Death Syndrome (SIDS) program allocation and are required to implement essential activities related to the SIDS program. Measurable outcome objectives have been developed as follows:
 - Objective 4.1:** Contact all parents/caregivers who experience a presumed SIDS death to provide grief and bereavement support services
 - Objective 4.2:** At least one public health professional to attend the State SIDS Annual Conference and/or other SIDS training(s)
 - It is also strongly recommended that a local SIDS objective 4.3 be developed to address the following activities:**
 - Promotion of SIDS risk reduction activities by providing risk reduction education and materials to the community
 - In addition, **all LHJs** are required to implement one or more local objectives that the LHJ develops from its Five-Year Needs Assessment. The LHJ will determine the number of local problems that will be addressed based on available resources.

Local MCAH program staff reported on the MCAH budget must complete Title XIX time studies **only** if the LHJ contributes local agency funds to their MCAH budget and staff is claiming Title XIX funding.

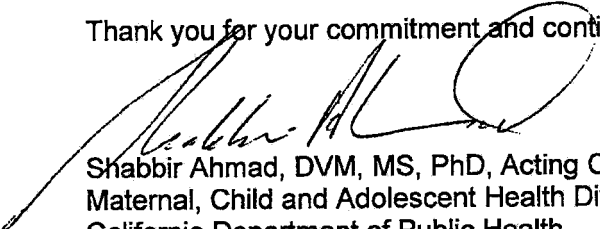
All local LHJ MCAH staff reported on the MCAH budget must time study for Title V 30/30 Earmarking activities.

The MCAH SOW and Policies and Procedures will be revised during this FY, and they will be finalized for FY 2010-2011, the first year of the next Three-Year Contract cycle.

Final MCAH allocation tables for FY 2009-10 are enclosed.

We look forward to working with you to implement these changes. If you have any questions about this letter, please contact your Nurse Consultant or Contract Manager.

Thank you for your commitment and continued efforts on behalf of the MCAH population.



Shabbir Ahmad, DVM, MS, PhD, Acting Chief
Maternal, Child and Adolescent Health Division
California Department of Public Health

cc: Anita Mitchell, MD, Chief
Program Standards Branch
Maternal, Child and Adolescent Health Division

Karen Ramstrom, DO, MSPH, Chief
Policy Development
Maternal, Child and Adolescent Health Division