

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

June 2, 2026

Monique Amis
MCAH Director
County of San Bernardino
451 E. Vanderbilt Way Suite 400
San Bernardino, CA 92408

Dear Monique:

APPROVAL OF STATE FISCAL YEAR (SFY) 2025-26 AGREEMENT FUNDING
APPLICATION (AFA) FOR AGREEMENT:

CHVP SGF EBHV 25-36

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA for administration of MCAH related programs.

To carry out the program(s) outlined in your approved SOW(s) and Budget(s), during the period of July 1, 2025 through June 30, 2026, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY25-26

SGF EBHV..... \$2,279,944

The availability of SGF funds is based upon funds appropriated in each respective SFY (2025-26) Budget Act. The availability of Federal Financial Participation (FFP), also known as Title XIX (TXIX), is based upon the appropriation of funds from the Department of Health Care Services that administers the FFP Medicaid Program.

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.

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 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).

Caseload Requirements: Your LHJ will reach and maintain the following caseload capacities. If you are starting up or expanding a program or model, you have 18 months from the date of this AFA Approval notification to reach your contracted caseload capacity.

Funding Source	Model Type	Contracted Caseload Capacity
SGF	HFA	238

Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in your approved SOW and Budget is incorrect or different from that negotiated, please contact your CHVP contract liaison, Andria Soto by e-mail at Andria.soto@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,

Angelica Jimenez-Bean

Angelica Jimenez-Bean
 Section Chief, Contract Management and Allocations Process
 Maternal, Child and Adolescent Health Division
 Center for Family Health
 California Department of Public Health

cc: Patricia Molina
 San Bernardino County – Program Coordinator

Paul Chapman and Celeste Quiroz
 San Bernardino County – Fiscal Contact

Andria Soto
 CHVP Contract Liaison

Terri Soto
 CHVP Program Consultant