



Contract Number
24-1148

SAP Number
N/A

Department of Public Health

Department Contract Representative	Samantha Padilla
Telephone Number	(909)677-3929
Contractor	California Department of Public Health
Contractor Representative	Diana Clements
Telephone Number	(279) 356-8369
Contract Term	July 1, 2024 through June 30, 2025
Original Contract Amount	\$3,260,254
Amendment Amount	
Total Contract Amount	\$3,260,254
Cost Center	9300321000
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

Approve and accept agreement (State Agreement No. 24-36) for the for the following grants, from the California Department of Public Health for the period of July 1, 2024 through June 30, 2025:

- Perinatal Equity Initiative, in the amount of \$980,310.
- California Home Visiting, in the amount of \$2,279,944.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, County Counsel

Date 11/14/2024

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Joshua Dugas, Director

Date 11/14/2024



TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health Officer

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



GAVIN NEWSOM
Governor

October 8, 2024

Monique Amis
MCAH Director
San Bernardino Department of Public Health
451 E. Vanderbilt Way, Suite 200
San Bernardino, CA 92408-0012

Dear Monique Amis:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
PEI 24-36 – STATE FISCAL YEAR 2024-25

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA. Attached are the most current Scope(s) of Work (SOW) and Budget(s) that were approved 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, 2024 through June 30, 2025, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Perinatal Equity Initiative\$980,310.00

The availability of Title V funds (MCAH and BIH only) and State General funds (BIH and PEI only) are based upon funds appropriated in the FY 2024-25 Budget Act. The availability of Federal Financial Participation (FFP), also known as Title XIX, are 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).

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 liaison, Diana Clements, at (279) 356-8369 or by e-mail at diana.clements@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Artnecia Ramirez
Assistant Division Chief
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

Attachment(s)

cc: Elizabeth Amezcua
PEI Coordinator

Stewart Hunter
PEI Fiscal Contact

Diana Clements
Contract Liaison

Dasia Stevenson-White
Program Consultant



Health and Human Services Agency
California Department of Public Health



Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer

Gavin Newsom
Governor

November 6, 2024

Monique Amis
MCAH Director
San Bernardino County Public Health
451 E. Vanderbilt Way Suite 200
San Bernardino, CA 92408

Dear Monique,

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
CHVP 24-36 – FISCAL YEAR (FY) 2024-25.

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, 2024, through June 30, 2025, the CDPH/MCAH Division will
reimburse expenditures up to the following amounts:

California Home Visiting Program FY24-25
SGF EBHV..... \$2,279,944.00

The availability of SGF funds are based upon funds appropriated in each respective FY
(2024-25) 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.

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.



EBHV Model	FTE/Participant ratio
HFA	
2yrs+ experience	1/16
less than 2yrs experience	1/12

Funding Source	Model Type	# Home Visitors	Contracted Caseload Capacity
SGF	HFA	5 with 2yrs. or >2 yrs. Exp. (1/16)	80
	HFA	5 with <2yrs. Exp. (1/12)	60
	HFA	1 additional new <2yrs. Exp. (1/12)	12
		Total	152

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 Budget is incorrect or different from that negotiated, please contact your contract liaison, Thomas Harvey by e-mail at Thomas.Harvey@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,

Artnecia Ramirez

Artnecia Ramirez
Assistant Division Chief
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

cc: Joshua Dugas
Agency Executive Director: San Bernardino County Public Health

Patricia Molina
Project Coordinator: San Bernardino County Public Health

Paul Chapman
Fiscal Officer/Contact: San Bernardino County Public Health

Thomas Harvey

CHVP Contract Liaison

Terri Soto

CHVP Program Consultant