

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

**Gavin Newsom**  
Governor

May 27, 2026

Monique Amis  
MCAH Director  
San Bernardino County Public Health  
451 E. Vanderbilt Way, Ste. 400  
San Bernardino, CA 92408

Dear Monique Amis:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT  
#202536 – STATE FISCAL YEAR 2025-26**

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, 2025, through June 30, 2026, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Black Infant Health..... \$3,412,727.99

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 2025-26 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, Nicholas Allred, at (279) 732-2477 or by e-mail at [nicholas.allred@cdph.ca.gov](mailto:nicholas.allred@cdph.ca.gov) within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



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

Attachment(s)

cc: Kanisha Neal  
BIH Coordinator

Celeste Quiroz  
BIH Fiscal Contact

Nicholas Allred  
Contract Liaison

Taylor St. Mary  
Program Consultant