



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

MAY 29, 2024

TO: MATERNAL, CHILD, AND ADOLESCENT HEALTH (MCAH)  
DIRECTORS, MCAH COORDINATORS, BLACK INFANT HEALTH (BIH)  
COORDINATORS, AND PERINATAL EQUITY INITIATIVE (PEI)  
COORDINATORS

SUBJECT: STATE FISCAL YEAR (SFY) 2024-2025 AGREEMENT FUNDING  
APPLICATION (AFA) ANNOUNCEMENT

This letter announces the SFY 2024-2025 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child, and Adolescent Health Division's Local MCAH, California Fetal Infant Mortality Review Plus (CA FIMR+), BIH, and PEI programs.

**SFY 2024-2025 funding for Local MCAH, CA FIMR+, BIH, and PEI programs are as follows:**

- **Local MCAH** - Title V (TV) funding allocations will remain the same as SFY 2023-2024.
- **CA FIMR+** – Local Health Jurisdictions (LHJs) selected for the CA FIMR+ TV funding will receive the same allocation amount as SFY 2023-2024. The CA FIMR+ funding is included in the Local MCAH TV allocations for Fresno and San Bernardino counties. Each LHJ will be required to track the FIMR funding separately in order to demonstrate the agency's ability to perform the activities and associated costs to implement the CA FIMR+ Scope of Work.
- **BIH** - TV and State General Funds (SGF) allocations have been updated to account for the expansion to the BIH program and to utilize SGF in accordance with prior year's Request for Supplemental Information and individual county contract negotiations to meet the needs of the LHJs. The total allocations for each county remain unchanged, except those with contract negotiations. TV has been calculated utilizing a per-service area approach and each service area will receive \$150,627. SGF has been updated to compensate for any shortfall in TV compared to the previous year.



- **PEI** – SGF allocations will remain the same as SFY 2023-2024; however, we will be moving to a quarterly invoicing format. Additionally, Title XIX (TXIX) funding is now available for PEI programs.

**TXIX Funding** (if applicable) - LHJs can request any amount with the understanding that the agency must have the State General Funds and/or additional agency funds to match TXIX and that their spending plan reflects the agency’s ability to spend all their TXIX request. Due to new FI\$Cal requirements, budget revisions that are requesting an increase in TXIX funding must be received after your Q2 invoice has been submitted but no later than March 31, 2025.

**AFA Timeline/Important Dates:**

<p><b>MAY 29, 2024</b></p>	<p><b>Release of MCAH SFY 2024-2025 AFA Notification.</b></p> <p>The following AFA forms are located at <a href="#"><u>MCAH, FIMR+, BIH, &amp; PEI Agreement Funding Applications</u></a></p> <ul style="list-style-type: none"> <li>• <b>AFA Checklist</b></li> <li>• <b>Agency Information Form</b></li> <li>• <b>MCAH Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 Form</b></li> <li>• <b>ICR Certification Form</b></li> <li>• <b>Annual Inventory Form</b></li> <li>• <b>Subcontract Agreement Transmittal Form</b></li> <li>• <b>Use of Certified Public Funds Form</b></li> <li>• <b>Government Agency Taxpayer ID Form</b></li> <li>• <b>TXIX Attestation Form</b></li> </ul> <p>Note: The Scope of Work templates (MCAH/BIH/PEI), MCAH Director Verification form, MCF Justification example letter, NFR-CRS form, and budget template are attached to this email.</p>
----------------------------	--

<p><b>June 7, 2024</b></p>	<p><b>Last Day to Register for your AFA Development Support and Budget Training Meeting</b> – Optional budget meetings can be provided for technical assistance necessary to complete local agency budgets. Please reach out to your <a href="#">CL and PC</a> via email to request a Budget Training Meeting. If a meeting is requested, Local MCAH/BIH/PEI Programs and Fiscal representatives with decision making authority are required to attend. MCAH/BIH/PEI AFA budget meetings will be offered via TEAMS. Meetings will be scheduled on a first-come, first-served basis between <b>June 10 - 21, 2024</b>.</p>
<p><b>June 10-21, 2024</b></p>	<p><b>MCAH/BIH/PEI AFA Development Support and Budget Training Meetings (Optional)</b></p>
<p><b>June 28, 2024</b></p>	<p><b>AFA Packages Due Back to MCAH.</b> If needed, please contact your <a href="#">Contract Liaison</a> (CL) for any extensions.</p>
<p><b>June 29, 2024</b></p>	<p><b>Start of MCAH CL/PC AFA Package Review and Approval</b></p>

**AFA Submission:**

**Packages are due via email to [MCAHFinAct@cdph.ca.gov](mailto:MCAHFinAct@cdph.ca.gov) by June 28, 2024.**

Please refer to the AFA Checklist instructions for guidance on how to submit your AFA packet. If you have any questions about the AFA process, please contact your CL as soon as possible.

In previous years, LHJs were required to submit budgets for two years. For this AFA cycle and ongoing, instead of requiring two years’ worth of budgets, **we are only requesting one budget for the current year.**

**Invoice Submission:**

All invoices and supporting documentation must be submitted via email to the MCAH invoice inbox: [MCAHInvoices@cdph.ca.gov](mailto:MCAHInvoices@cdph.ca.gov). To ensure appropriate processing, please use the following invoice naming protocol for the signed invoice PDF and Excel files as well as the subject line of the email:

**Agreement Number, Agency Name, Fiscal Year, and Invoice Quarter and Number -**  
 Example: 202401 Alameda FY 24-25 Q1.

Invoice submission must include:

- Signed cover letter noting invoice amount, invoice period, remit to address, and any personnel changes

- Signed invoice
- Excel version of the invoice
- Signed and completed TXIX Cover Sheet (if applicable)
- Signed and completed TXIX Attestation form (if applicable)
- TV and/or TXIX time studies (if applicable)
- Below is the Invoice Submission Timeline for your reference:

<b>Invoice Submission Timeline</b>	<b>Due date</b>
Quarter 1 (July - September 30)	November 15, 2024
Quarter 2 (October - December 31)	February 15, 2025
Quarter 3 (January - March 31)	May 15, 2025
Quarter 4 (April - June 30)	August 15, 2025
Approved Supplemental Final Invoice	September 30, 2025

Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your [Contract Liaison](#).

Sincerely,

*Angelica Jimenez-Bean*

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

# FY 2024-2025 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name County of Kings

Agreement # 2024-16

Program (check one box only)  MCAH  BIH  AFLP  PEI

Please check the box next to all submitted documents.

All documents should be submitted by email using the required naming convention on page 2.

1.  **AFA Checklist**
2.  **Agency Information Form** | PDF version with signatures.
3.  **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF.
4.  **TXIX MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter.  
**Not required if only using base MCF rate.**
5.  **Budget Template** | **submit for Fiscal Year 24/25** list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6.  **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR.
7.  **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8.  **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9.  **MCAH Director Verification Form** | (MCAH only.)
10.  **BIH Approval Letters** | submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:  
 BIH Coordinator  Other \_\_\_\_\_
11.  **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
12.  **Annual Inventory** | Form CDPH 1204.
13.  **Subcontractor (SubK) Agreement Packages** | submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more.)
14.  **Certification Statement for the Use of Certified Public Funds (CPE)** |  
**AFLP CBOs and/or SubKs with FFP.**
15.  **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
16.  **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.
17.  **NFR-CRS** Interest in National Fatality Review-Case Reporting System Form

## File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)  
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2024XX MCAH 1 AFA Checklist 07.01.24  
2024XX MCAH 2 Agency Information Form 07.01.24  
2024XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 07.01.24  
2024XX MCAH 4 TXIX MCF Justification Letter 07.01.24  
2024XX MCAH 5 Budget Template 07.01.24  
2024XX MCAH 6 ICR Certification Form 07.01.24  
2024XX MCAH 7 Duty Statement Line 1 07.01.24  
2024XX MCAH 7 Duty Statement Line 2 07.01.24  
2024XX MCAH 7 Duty Statement Line 3-7 07.01.24  
2024XX MCAH 7 Duty Statement Line 8-10 07.01.24  
2024XX MCAH 8 Org Chart 07.01.24  
2024XX MCAH 9 Local MCAH Director Verification of Requirement  
2024XX MCAH 10 BIH Approval Letter 07.01.24  
2024XX MCAH 11 SOW 07.01.24  
2024XX MCAH 12 Annual Inventory 07.01.24  
2024XX MCAH 13 SubK Package 07.01.24  
2024XX MCAH 14 CPE 07.01.24  
2024XX MCAH 15 Govt Agency Taxpayer ID Form 07.01.24  
2024XX MCAH 16 Attestation – TXIX FFP (SPMP & Direct Support) 07.01.24  
2024XX MCAH 17 NFR-CRS Interest 07.01.24

Please contact your [Contract Liaison](#) (CL) if you have any questions.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

FUNDING AGREEMENT PERIOD  
FY 2024-2025

**AGENCY INFORMATION FORM**

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

**AGENCY IDENTIFICATION INFORMATION**

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

MCAH 2024-16      BIH \_\_\_\_\_      AFLP \_\_\_\_\_      PEI \_\_\_\_\_

Update Effective Date (*only required when submitting updates*) \_\_\_\_\_

Federal Employer ID#: 94-6000814

Complete Official Agency Name: Kings County Department of Public Health

Business Office Address: 460 Kings County Dr., Hanford CA 93230

Agency Phone: (559) 584-1401

Agency Fax: (559) 584-5672

Agency Website: www.kcdph.com

**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

Please enter the **agreement or contract** number for each of the applicable programs

MCAH 2024-16      BIH \_\_\_\_\_      AFLP \_\_\_\_\_      PEI \_\_\_\_\_

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.


I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health, and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations, and policies with which it has certified it will comply.

**Official authorized to commit the Agency to an MCAH Agreement**

Name (Print)	Title
<u>Doug Verboon</u>	<u>Chairman, Board of Supervisors</u>

Original Signature	Date
_____	_____

<b>MCAH/AFLP Director</b>	
Name (Print)	Title
<u>Nichole Fisher</u>	<u>MCAH Director</u>

Original Signature	Date
	<u>7/23/24</u>



MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Rose Mary	Rahn	Director of Public Health	460 Kings County Dr., Hanford CA 93230	(559) 852-2625	RoseMary.Rahn@co.kings.ca.us	MCAH
2	MCAH DIRECTOR	Nichole	Fisher	Supervising Public Health Nurse	460 Kings County Dr., Hanford CA 93230	(559) 852-2586	Nichole.Fisher@co.kings.ca.us	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Miriam	Morales	Public Health Nurse	460 Kings County Dr., Hanford CA 93230	(559) 852-4503	Miriam.Morales@co.kings.ca.us	MCAH
4	MCAH FISCAL CONTACT	Crystal	Hommerding	Fiscal Analyst	460 Kings County Dr., Hanford CA 93230	(559) 852-4593	Crystal.Hommerding@co.kings.ca.us	MCAH
5	FISCAL OFFICER	Rose Mary	Rahn	Director of Public Health	460 Kings County Dr., Hanford CA 93230	(559) 852-2625	RoseMary.Rahn@co.kings.ca.us	MCAH
6	CLERK OF THE BOARD or	Catherine	Venturella	Clerk of the Board	1400 W. Lacey Blvd., Hanford, CA 93230	(559) 852-2362	Catherine.Venturella@co.kings.ca.us	MCAH
7	CHAIR BOARD OF SUPERVISORS	Doug	Verboon	Chairman, Board of Supervisors	1400 W. Lacey Blvd., Hanford, CA 93230	(559) 852-2366	Doug.Verboon@co.kings.ca.us	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Doug	Verboon	Chairman, Board of Supervisors	1400 W. Lacey Blvd., Hanford, CA 93230	(559) 852-2366	Doug.Verboon@co.kings.ca.us	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Miriam	Morales	Public Health Nurse	460 Kings County Dr., Hanford CA 93230	(559) 852-4503	Miriam.Morales@co.kings.ca.us	SIDS
10	PERINATAL SERVICES COORDINATOR	Miriam	Morales	Public Health Nurse	460 Kings County Dr., Hanford CA 93230	(559) 852-4503	Miriam.Morales@co.kings.ca.us	CPSP

**Exhibit K**

**Attestation of Compliance with the  
Sexual Health Education Accountability Act of 2007**

**Agency Name:** Kings County Department of Public Health

**Agreement/Grant Number:** 2024-16

**Compliance Attestation for Fiscal Year:** 2024-2025

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or “is a witness to the fact that the programs comply with the requirements of the statute”. The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Exhibit K

Attestation of Compliance with the  
Sexual Health Education Accountability Act of 2007

Signed

Kings County Department of Public Health

Agency Name



Signature of MCAH Director  
Signature of AFLP Director (CBOs only)

2024-16

Agreement/Grant Number

6/18/24

Date

Nichole Fisher

Printed Name of MCAH Director  
Printed Name of AFLP Director (CBOs  
only)

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.



Rose Mary Rahn, BSN, PHN  
Director

Milton Teske, M.D.  
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



## County of Kings Maternal, Child and Adolescent Health

July 23, 2024

Sheila Thompson  
Program Consultant  
Program Standards Branch  
California Department of Public Health  
Maternal, Child and Adolescent Health Division  
1615 Capitol Avenue  
P.O. Box 997420, MS 8306  
Sacramento, CA 95899-7420

To CDPH/MCAH,

Kings County is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 24/25, which includes the justifications:

MCF Type	MCF % Justification Maximum characters = 1024
Base	MC split between PSC and MCAH Coordinator, Various CHA/OA I-II/Car Seat Technicians (Title V Only), Various Public Health Nurse or County Health Nurse
Variable	CPSP is a Medi-Cal Program

Sincerely,

Nichole Fisher  
Kings County MCAH Director

# GUIDE

Version 7.0 - 150 Quarterly 4.20.20

BUDGET

INVOICES

BUDGET  
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template. If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

## ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).  
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.  
You can access the current fiscal year allocation tables by using the following weblink: [MCAH Fiscal Documents](#)
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff. For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

# INVOICES

The template automatically populates the operating and personnel line items from the “ACTIVE” budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

<b>INVOICE SUMMARY</b>		<b>FISCAL YEAR</b> 2018-19	<b>INVOICE #</b> Q1	<b>INVOICE PERIOD</b> July - September															
Program: Maternal, Child and Adolescent Health Agency: Select.....																			
<b>BUDGET LINE ITEMS</b>		<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50SS)</b>						<b>ENHANCED MATCHING (502S)</b>					
		NONMCH		MCH		REG		AGENCY FUNDS		NON-ENHANCED MATCHING		ENHANCED MATCHING		NON-ENHANCED MATCHING		ENHANCED MATCHING			
ORIGINAL		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		
TOTAL		FUNDING						Agency Funds						Federal Agency Funds					
<b>EXPENSE CATEGORY</b>																			
(I) PERSONNEL																			
(II) OPERATING EXPENSES																			
(III) CAPITAL EXPENDITURES																			
(IV) OTHER COSTS																			
(V) INDIRECT COSTS																			
TOTAL INVOICED*																			
TOTAL Title V		TOTAL SIDS		TOTAL TITLE XIX		TOTAL AGENCY FUNDS													
\$ -		Maximum Amount Payable from State and Federal resources																	

Click HERE to update

## Invoice Fund Reconciliation

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

<b>(II) OPERATING EXPENSES DETAIL</b>																	
RECONCILIATION SECTION (Remaining Funds)																	
TOTAL OPERATING EXPENSES																	
TRAVEL																	
TRAINING																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
* Unmatched Operating Expenses are not eligible for Federal matching funds (Title 500). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
<b>(III) CAPITAL EXPENDITURE DETAIL</b>																	
RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES																	
<b>(IV) OTHER COSTS DETAIL</b>																	
RECONCILIATION SECTION (Remaining Funds)																	
TOTAL OTHER COSTS																	
SUBCONTRACTS																	
1																	
2																	
3																	
4																	
5																	
OTHER CHARGES																	
1																	
2																	
3																	
4																	
<b>(V) INDIRECT COSTS DETAIL</b>																	
RECONCILIATION SECTION (Remaining Funds)																	
TOTAL INDIRECT COSTS																	
of Total Wages + Fringe Benefits																	

Fund Reconciliation

GA



**Invoice Match Available**

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL OPERATING EXPENSES												
TRAVEL												
TRAINING												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
<small>Combined Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Combined Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.</small>												
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL CAPITAL EXPENDITURES												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL OTHER COSTS												
SUBCONTRACTS												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
OTHER CHARGES												
1												
2												
3												
4												
5												

**Personnel Match Validation**

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

**Title XIX Cover Sheets (New)**

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

## BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change any prior approved budgets in order to retain audit history.**

The template keeps track of the budget revisions by indicating "ACTIVE" or "NON-ACTIVE" on each budget sheet. The ORIGINAL BUDGET is currently the "ACTIVE" budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to "NON-ACTIVE" before you can make the budget revision (BR1) "ACTIVE". To activate/deactivate click on cell M2. This procedure applies to all budget revisions.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE	
		2018-19	ORIGINAL	ACTIVE		
Program	Maternal, Child and Adolescent Health					
Agency	Select.....					
Sub:						
		UNMATCHED FUNDING			NON-BALANCED MATCHING (0.00%)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
TOTAL FUNDING	%	Title V	%	SIDS	%	TBD
ALLOCATION(S)						
EXPENSE CATEGORY						
(I) PERSONNEL						
(II) OPERATING EXPENSES						
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS						
(V) INDIRECT COSTS						
BUDGET TOTALS*						
BALANCE(S)						
TOTAL Title V						
TOTAL SIDS						
TOTAL TITLE XIX						
TOTAL AGENCY FUNDS						
\$ -		Maximum Amount Payable from State and Federal resources				

Click HERE to Activate/Deactivate

The Autofill Button at the top, middle of the page can be clicked to copy the values from the previously active budget. Change amounts as needed for each section. The cells changed will turn blue and **bold** the print. This will clearly identify which changes have been made.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	AUTOFILL FROM ORIGINAL BUDGET	BUDGET STATUS	BUDGET BALANCE
		2018-19	BR1		NOT ACTIVE	
Program	Maternal, Child and Adolescent Health					
Agency	Select.....					
Sub:						
		UNMATCHED FUNDING			NON-BALANCED MATCHING (0.00%)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
TOTAL FUNDING	%	Title V	%	SIDS	%	TBD
ALLOCATION(S)						
EXPENSE CATEGORY						
(I) PERSONNEL						
(II) OPERATING EXPENSES						
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS						
(V) INDIRECT COSTS						
BUDGET TOTALS*						
BALANCE(S)						
TOTAL Title V						
TOTAL SIDS						
TOTAL TITLE XIX						
TOTAL AGENCY FUNDS						
		Maximum Amount Payable from State and Federal resources				

Click HERE to Activate

**Budget Revision Hyperlinks**

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

ORIGINAL		BR1	BR2	PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.					
Budget:	ORIGINAL										
Program:	Maternal, Child and Adolescent Health										
Agency:	Select.....										
SubK:	.....										
Version 5.0 - 155 Quarterly											
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for your agency.			
TOTALS		\$	-	\$	-						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters - 1024
1			\$ -	\$ -			MCAH				
2			\$ -	\$ -			MCAH				
3			\$ -	\$ -			MCAH				
4			\$ -	\$ -			MCAH				
5			\$ -	\$ -			MCAH				
6			\$ -	\$ -			MCAH				
7			\$ -	\$ -			MCAH				
8			\$ -	\$ -			MCAH				
9			\$ -	\$ -			MCAH				
10			\$ -	\$ -			MCAH				
11			\$ -	\$ -			MCAH				
12			\$ -	\$ -			MCAH				
13			\$ -	\$ -			MCAH				
14			\$ -	\$ -			MCAH				

**Budget Revision Hyperlinks**

**Set Print Area**

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

ORIGINAL		BR1	BR2	PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.				
Budget:	ORIGINAL									
Program:	Maternal, Child and Adolescent Health									
Agency:	Select.....									
SubK:	.....									
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the		
TOTALS		\$	-	\$	-					
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)
1			\$ -	\$ -			MCAH			
2			\$ -	\$ -			MCAH			
3			\$ -	\$ -			MCAH			
4			\$ -	\$ -			MCAH			
5			\$ -	\$ -			MCAH			
6			\$ -	\$ -			MCAH			
7			\$ -	\$ -			MCAH			
8			\$ -	\$ -			MCAH			
9			\$ -	\$ -			MCAH			
10			\$ -	\$ -			MCAH			

**SUBK - SUBCONTRACTS**

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

**IMPORTANT:** Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

## SHORTCUTS

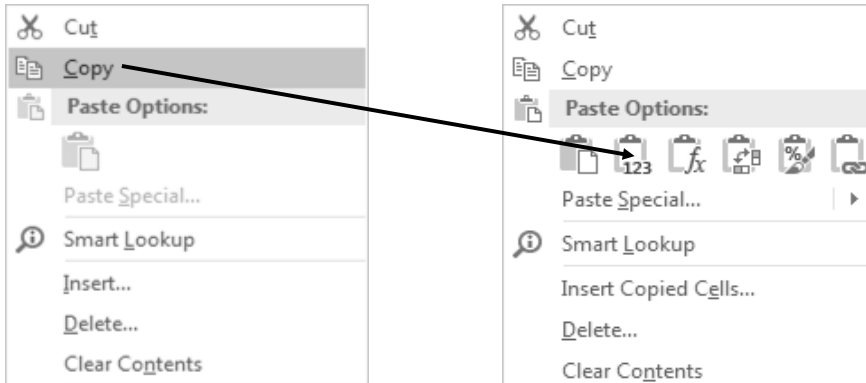
### AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



### Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



## FILE NAME

Please use the following file name formats when saving this template:

### Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

\*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

### CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

\*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

**BUDGET SUMMARY**

<b>FISCAL YEAR</b>	<b>BUDGET</b>
2024-25	ORIGINAL

<b>BUDGET STATUS</b>
ACTIVE

<b>BUDGET BALANCE</b>
0.00

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	Maternal, Child and Adolescent Health (MCAH)																
<b>Agency:</b>	202416 Kings																
<b>SubK:</b>																	
<b>UNMATCHED FUNDING</b>																	
			MCAH-TV			MCAH-SIDS			AGENCY FUNDS			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)		
			MCAH-Cnty NE									MCAH-Cnty E					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
<b>ALLOCATION(S)</b> →		111,238.00		3,000.00										<b>#VALUE!</b>			

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	232,165.52		102,534.83		2,117.92		0.00		0.00		45,748.68		0.00		81,764.09
(II) OPERATING EXPENSES	11,843.46		8,524.42		882.08		0.00		0.00		1,337.68		0.00		1,099.28
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	178.75		178.75		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>BUDGET TOTALS*</b>	244,187.73	45.55%	111,238.00	1.23%	3,000.00	0.00%	0.00	0.00%	0.00	19.28%	47,086.36	0.00%	0.00	33.93%	82,863.37
<b>BALANCE(S)</b> →			0.00		0.00										

<b>TOTAL MCAH-TV</b>	111,238.00	→	111,238.00
<b>TOTAL MCAH-SIDS</b>	3,000.00	→	3,000.00
<b>TOTAL TITLE XIX</b>	85,690.71	→	0.00
<b>TOTAL AGENCY FUNDS</b>	44,259.02	→	0.00
			0.00 [50%] 23,543.18
			0.00 [75%] 62,147.53
			0.00 [25%] 20,715.84

<b>\$</b>	<b>199,928.71</b>	<b>Maximum Amount Payable from State and Federal resources</b>
-----------	-------------------	--

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

MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		102,534.83	2,117.92		0.00	61,323.07
(II) OPERATING EXPENSES		8,524.42	882.08		0.00	824.46
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		178.75	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	199,928.71	111,238.00	3,000.00		0.00	62,147.53

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202416 Kings		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E				
Subk:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
<b>(II) OPERATING EXPENSES DETAIL</b>																
<b>TOTAL OPERATING EXPENSES</b>		<b>11,843.46</b>		<b>8,524.42</b>		<b>882.08</b>		<b>0.00</b>		<b>0.00</b>		<b>1,337.68</b>		<b>0.00</b>		<b>1,099.28</b>
TRAVEL		3,100.00	58.03%	1,798.93		0.00		0.00		0.00	20.83%	645.73		0.00	21.14%	655.34
TRAINING		2,100.00	45.91%	964.11		0.00		0.00		0.00	32.95%	691.95		0.00	21.14%	443.94
1	COMMUNICATIONS	1,800.00	100.00%	1,800.00		0.00		0.00		0.00		0.00				54.09%
2	INFORMATION SERVICES	672.63	100.00%	672.63		0.00		0.00		0.00		0.00				54.09%
3	OFFICE EXPENSE	2,100.00	100.00%	2,100.00		0.00		0.00		0.00		0.00				54.09%
4	800 PHONE LINE	10.00	100.00%	10.00		0.00		0.00		0.00		0.00				54.09%
5	SIDS - TRAVEL	422.08	0.00%	0.00	100.00%	422.08		0.00		0.00		0.00				54.09%
6	SIDS - TRAINING	460.00	0.00%	0.00	100.00%	460.00		0.00		0.00		0.00				54.09%
7	MCAH MEMBERSHIP	1,100.00	100.00%	1,100.00		0.00		0.00		0.00		0.00				54.09%
8	LICENSE RENEWAL	78.75	100.00%	78.75		0.00		0.00		0.00		0.00				54.09%
9				0.00		0.00		0.00		0.00		0.00				
10				0.00		0.00		0.00		0.00		0.00				
11				0.00		0.00		0.00		0.00		0.00				
12				0.00		0.00		0.00		0.00		0.00				
13				0.00		0.00		0.00		0.00		0.00				
14				0.00		0.00		0.00		0.00		0.00				
15				0.00		0.00		0.00		0.00		0.00				

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

<b>(III) CAPITAL EXPENDITURE DETAIL</b>																
<b>TOTAL CAPITAL EXPENDITURES</b>				0.00		0.00		0.00		0.00		0.00		0.00		0.00

<b>(IV) OTHER COSTS DETAIL</b>																
<b>TOTAL OTHER COSTS</b>		<b>178.75</b>		<b>178.75</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
<b>SUBCONTRACTS</b>				0.00		0.00		0.00		0.00		0.00		0.00		0.00
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>OTHER CHARGES</b>				0.00		0.00		0.00		0.00		0.00		0.00		0.00
1	Educational Material	178.75	100.00%	178.75		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00

<b>(V) INDIRECT COSTS DETAIL</b>																
<b>TOTAL INDIRECT COSTS</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
<b>0.00%</b>	<b>of Total Wages + Fringe Benefits</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00%</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00%</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>Subk:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

**(I) PERSONNEL DETAIL**

TOTAL PERSONNEL COSTS					232,165.52	102,534.83	2,117.92	0.00	0.00	45,748.68	0.00	81,764.09				
FRINGE BENEFIT RATE					21.37%	18,054.25	372.92	0.00	0.00	8,055.39	0.00	14,396.95				
TOTAL WAGES					191,286.00	84,480.58	1,745.00	0.00	0.00	37,693.29	0.00	67,367.13				
FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES								J-Pers MCF Per Staff	Staff Traveling (X)			
1 Nichole Fisher	Supervising Public Health Nurse /Matern	25.00%	113,006.40	28,252.00	47.73%	13,484.68	0.00	0.00	0.00	10.00%	2,825.20	0.00	42.27%	11,942.12	52.27%	X
2 Miriam Morales	Public Health Nurse/Maternal, Child, and	100.00%	87,256.00	87,256.00	47.73%	41,647.29	0.00	0.00	0.00	10.00%	8,725.60	0.00	42.27%	36,883.11	52.27%	X
3 Vacant	Public Health Nurse/Perinatal Services	25.00%	87,256.00	21,814.00	5.00%	1,090.70	0.00	0.00	0.00	10.00%	2,181.40	0.00	85.00%	18,541.90	52.27%	X
4 Pauline Dominguez	Fiscal Specialist II	5.00%	61,568.00	3,078.00	100.00%	3,078.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52.27%	
5 Erik Alba	Office Assistant II	30.00%	42,806.40	12,842.00	47.73%	6,129.49	0.00	0.00	0.00	52.27%	6,712.51	0.00	0.00	0.00	52.27%	
6 Jessica Pannell	Car Seat Technician, Health Educator	5.00%	65,998.40	3,300.00	100.00%	3,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52.27%	X
7 Vacant	SIDS Coordinator, Public Health Nurse	2.00%	87,256.00	1,745.00	0.00%	0.00	100.00%	1,745.00	0.00	0.00	0.00	0.00	0.00	0.00	52.27%	X
8 Jessica Pannell	Health Educator	50.00%	65,998.40	32,999.00	47.73%	15,750.42	0.00	0.00	0.00	52.27%	17,248.58	0.00	0.00	0.00	52.27%	X
9				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
10				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
11				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
12				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
13				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
14				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
15				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
16				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
17				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
18				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
19				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
20				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
21				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
22				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
23				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
24				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
25				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
26				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
27				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
28				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
29				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
30				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
31				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
32				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
33				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
34				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
35				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
36				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
37				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
38				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
39				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
40				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
41				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
42				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
43				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
44				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
45				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
46				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
47				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
48				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
49				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
50				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
51				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
52				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
53				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
54				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	
55				0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00%	

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
Subk:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
56		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
57		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
58		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
59		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
60		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
61		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		



Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
Subk:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		

<b>BUDGET SUMMARY</b>	<b>FISCAL YEAR</b> 2024-25	<b>BUDGET</b> BR1	<b>BUDGET STATUS</b> NOT ACTIVE	<b>BUDGET BALANCE</b> 0.00
-----------------------	-------------------------------	----------------------	------------------------------------	-------------------------------

Version 7.0 - 150 Quarterly 4.20.20

The Original budget is currently Active

Program:	Maternal, Child and Adolescent Health (MCAH)	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
Agency:	202416 Kings	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		<b>ALLOCATION(S)</b>	→	111,238.00		3,000.00										<b>#VALUE!</b>

EXPENSE CATEGORY																
(I) PERSONNEL	232,165.52		102,534.83		2,117.92		0.00		0.00		45,748.68		0.00		81,764.09	
(II) OPERATING EXPENSES	11,843.46		8,524.42		882.08		0.00		0.00		1,337.68		0.00		1,099.28	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	178.75		178.75		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>BUDGET TOTALS*</b>	244,187.73	45.55%	111,238.00	1.23%	3,000.00	0.00%	0.00	0.00%	0.00	19.28%	47,086.36	0.00%	0.00	33.93%	82,863.37	
<b>BALANCE(S)</b>		→	0.00		0.00											

<b>TOTAL MCAH-TV</b>	111,238.00	→	111,238.00													
<b>TOTAL MCAH-SIDS</b>	3,000.00	→	3,000.00													
<b>TOTAL TITLE XIX</b>	85,690.71	→							0.00	[50%]	23,543.18		0.00	[75%]	62,147.53	
<b>TOTAL AGENCY FUNDS</b>	44,259.02	→					0.00			[50%]	23,543.18			[25%]	20,715.84	

<b>\$ 199,928.71</b>	<b>Maximum Amount Payable from State and Federal resources</b>
----------------------	--

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

\_\_\_\_\_  
MCAH/PROJECT DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY FISCAL AGENT'S SIGNATURE

\_\_\_\_\_  
DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E	
PCA Codes		53107	53112					53118	53117		
(I) PERSONNEL	102,534.83	102,534.83	2,117.92					22,874.34	0.00	61,323.07	
(II) OPERATING EXPENSES	8,524.42	8,524.42	882.08					668.84	0.00	824.46	
(III) CAPITAL EXPENSES	0.00	0.00	0.00					0.00	0.00	0.00	
(IV) OTHER COSTS	178.75	178.75	0.00					0.00	0.00	0.00	
(V) INDIRECT COSTS	0.00	0.00	0.00					0.00	0.00	0.00	
<b>Totals for PCA Codes</b>	199,928.71	111,238.00	3,000.00					23,543.18	0.00	62,147.53	

Program: Agency: SubK:	Maternal, Child and Adolescent Health (MCAH) 202416 Kings		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				% PERSONNEL MATCH
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
TOTAL FUNDING		%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
<b>(II) OPERATING EXPENSES DETAIL</b>		100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	54.09%
<b>TOTAL OPERATING EXPENSES</b>		<b>11,843.46</b>	<b>8,524.42</b>		<b>882.08</b>		<b>0.00</b>		<b>0.00</b>		<b>1,337.68</b>		<b>0.00</b>		<b>1,099.28</b>	Match Available
	TRAVEL	3,100.00	58.03%	1,798.93		0.00	0.00		0.00	20.83%	645.73		0.00	21.14%	655.34	0.00%
	TRAINING	2,100.00	45.91%	964.11		0.00	0.00		0.00	32.95%	691.95		0.00	21.14%	443.94	0.00%
1	COMMUNICATIONS	1,800.00	100.00%	1,800.00		0.00	0.00		0.00							54.09%
2	INFORMATION SERVICES	672.63	100.00%	672.63		0.00	0.00		0.00							54.09%
3	OFFICE EXPENSE	2,100.00	100.00%	2,100.00		0.00	0.00		0.00							54.09%
4	800 PHONE LINE	10.00	100.00%	10.00		0.00	0.00		0.00							54.09%
5	SIDS - TRAVEL	422.08	0.00%	0.00	100.00%	422.08	0.00	0.00	0.00							54.09%
6	SIDS - TRAINING	460.00	0.00%	0.00	100.00%	460.00	0.00	0.00	0.00							54.09%
7	MCAH MEMBERSHIP	1,100.00	100.00%	1,100.00		0.00	0.00		0.00							54.09%
8	LICENSE RENEWAL	78.75	100.00%	78.75		0.00	0.00		0.00							54.09%
9						0.00	0.00		0.00							
10						0.00	0.00		0.00							
11						0.00	0.00		0.00							
12						0.00	0.00		0.00							
13						0.00	0.00		0.00							
14						0.00	0.00		0.00							
15						0.00	0.00		0.00							

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

<b>(III) CAPITAL EXPENDITURE DETAIL</b>		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
<b>TOTAL CAPITAL EXPENDITURES</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	

<b>(IV) OTHER COSTS DETAIL</b>		100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
<b>TOTAL OTHER COSTS</b>		<b>178.75</b>	<b>178.75</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>SUBCONTRACTS</b>			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

<b>OTHER CHARGES</b>			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
1	Educational Material	178.75	100.00%	178.75		0.00	0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
6				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
7				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00
8				0.00		0.00	0.00		0.00		0.00		0.00		0.00		0.00

<b>(V) INDIRECT COSTS DETAIL</b>		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
<b>TOTAL INDIRECT COSTS</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>
<b>0.00% of Total Wages + Fringe Benefits</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

<b>(I) PERSONNEL DETAIL</b>																<b>RECONCILIATION SECTION (Remaining Funds)</b>			
						100.00%	102,534.83	100.00%	2,117.92	0.00	0.00	100.00%	45,748.68	0.00	100.00%	81,764.09			
						232,165.52	102,534.83	2,117.92	0.00	0.00	45,748.68	0.00	81,764.09						
<b>FRINGE BENEFIT RATE</b>						21.37%	40,879.52	18,054.25	372.92	0.00	0.00	8,055.39	0.00	14,396.95					
<b>TOTAL WAGES</b>						191,286.00	84,480.58	1,745.00	0.00	0.00	37,693.29	0.00	67,367.13						

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES												J-Pers MCF Per Staff	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern	25.00%	113,006.40	28,252.00	47.73%	13,484.68	0.00	0.00	0.00	10.00%	2,825.20	0.00	42.27%	11,942.12	52.27%	X	
2	Miriam Morales	Public Health Nurse/Maternal, Child, and	100.00%	87,256.00	87,256.00	47.73%	41,647.29	0.00	0.00	0.00	10.00%	8,725.60	0.00	42.27%	36,883.11	52.27%	X	
3	Vacant	Public Health Nurse/Perinatal Services	25.00%	87,256.00	21,814.00	5.00%	1,090.70	0.00	0.00	0.00	10.00%	2,181.40	0.00	85.00%	18,541.90	52.27%	X	
4	Pauline Dominguez	Fiscal Specialist II	5.00%	61,568.00	3,078.00	100.00%	3,078.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
5	Erik Alba	Office Assistant II	30.00%	42,806.40	12,842.00	47.73%	6,129.49	0.00	0.00	0.00	52.27%	6,712.51	0.00		0.00	52.27%		
6	Jessica Pannell	Car Seat Technician, Health Educator	5.00%	65,998.40	3,300.00	100.00%	3,300.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%	X	
7	Vacant	SIDS Coordinator, Public Health Nurse	2.00%	87,256.00	1,745.00	0.00%	0.00	100.00%	1,745.00	0.00		0.00	0.00		0.00	52.27%	X	
8	Jessica Pannell	Health Educator	50.00%	65,998.40	32,999.00	47.73%	15,750.42	0.00	0.00	0.00	52.27%	17,248.58	0.00		0.00	52.27%	X	
9					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
10					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
11					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
12					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
13					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
14					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
15					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
16					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
17					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
18					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
19					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
20					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
21					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
22					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
23					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
24					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
25					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
26					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
27					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
28					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
29					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
30					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
31					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
32					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
33					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
34					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
35					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
36					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
37					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
38					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
39					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
40					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
41					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
42					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
43					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
44					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
45					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
46					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
47					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
48					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
49					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
50					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
51					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
52					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
53					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
54					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
55					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
56					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		
57					0.00		0.00	0.00	0.00	0.00		0.00	0.00		0.00	52.27%		

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings				MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E					
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
58		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
59		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
60		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
61		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings				MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E					
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	52.27%			

Budget:	<b>ORIGINAL</b>
Program:	<b>Maternal, Child and Adolescent Health (MCAH)</b>
Agency:	<b>202416 Kings</b>
SubK:	<b>0</b>

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		52.27%		Use the following link to access the current AFA webpage and the current base MCF% for your agency:		
TOTALS			2.42	\$ 611,145.60	\$ 191,286.00	40,879.52						
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Nichole Fisher	Supervising Public Health Nurse /Ma	25.00%	\$ 113,006	\$ 28,252	21.37%	6,037.70	MCAH	52.27%	Base		
2	Miriam Morales	Public Health Nurse/Maternal, Child,	100.00%	\$ 87,256	\$ 87,256	21.37%	18,647.38	MCAH	52.27%	Base		
3	Vacant	Public Health Nurse/Perinatal Servi	25.00%	\$ 87,256	\$ 21,814	21.37%	4,661.85	MCAH	95.00%	Variable	YES	CPSP is a medi-cal program.
4	Pauline Dominguez	Fiscal Specialist II	5.00%	\$ 61,568	\$ 3,078	21.37%	657.80	MCAH	52.27%	Base		
5	Erik Alba	Office Assistant II	30.00%	\$ 42,806	\$ 12,842	21.37%	2,744.45	MCAH	52.27%	Base		
6	Jessica Pannell	Car Seat Technician, Health Educat	5.00%	\$ 65,998	\$ 3,300	21.37%	705.24	MCAH	52.27%	Base		
7	Vacant	SIDS Coordinator, Public Health Nur	2.00%	\$ 87,256	\$ 1,745	21.37%	372.92	MCAH	52.27%	Base		
8	Jessica Pannell	Health Educator	50.00%	\$ 65,998	\$ 32,999	21.37%	7,052.18	MCAH	52.27%	Base		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
41			0.00%	\$ -	\$ -				0.00%	0		
42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		
44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
47			0.00%	\$ -	\$ -				0.00%	0		
48			0.00%	\$ -	\$ -				0.00%	0		

<b>Budget:</b>	<b>ORIGINAL</b>
<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>
<b>Agency:</b>	<b>202416 Kings</b>
<b>SubK:</b>	<b>0</b>

49		0.00%	\$ -	\$ -			0.00%	0	
50		0.00%	\$ -	\$ -			0.00%	0	
51		0.00%	\$ -	\$ -			0.00%	0	
52		0.00%	\$ -	\$ -			0.00%	0	
53		0.00%	\$ -	\$ -			0.00%	0	
54		0.00%	\$ -	\$ -			0.00%	0	
55		0.00%	\$ -	\$ -			0.00%	0	
56		0.00%	\$ -	\$ -			0.00%	0	
57		0.00%	\$ -	\$ -			0.00%	0	
58		0.00%	\$ -	\$ -			0.00%	0	
59		0.00%	\$ -	\$ -			0.00%	0	
60		0.00%	\$ -	\$ -			0.00%	0	
61		0.00%	\$ -	\$ -			0.00%	0	
62		0.00%	\$ -	\$ -			0.00%	0	
63		0.00%	\$ -	\$ -			0.00%	0	
64		0.00%	\$ -	\$ -			0.00%	0	
65		0.00%	\$ -	\$ -			0.00%	0	
66		0.00%	\$ -	\$ -			0.00%	0	
67		0.00%	\$ -	\$ -			0.00%	0	
68		0.00%	\$ -	\$ -			0.00%	0	
69		0.00%	\$ -	\$ -			0.00%	0	
70		0.00%	\$ -	\$ -			0.00%	0	
71		0.00%	\$ -	\$ -			0.00%	0	
72		0.00%	\$ -	\$ -			0.00%	0	
73		0.00%	\$ -	\$ -			0.00%	0	
74		0.00%	\$ -	\$ -			0.00%	0	
75		0.00%	\$ -	\$ -			0.00%	0	
76		0.00%	\$ -	\$ -			0.00%	0	
77		0.00%	\$ -	\$ -			0.00%	0	
78		0.00%	\$ -	\$ -			0.00%	0	
79		0.00%	\$ -	\$ -			0.00%	0	
80		0.00%	\$ -	\$ -			0.00%	0	
81		0.00%	\$ -	\$ -			0.00%	0	
82		0.00%	\$ -	\$ -			0.00%	0	
83		0.00%	\$ -	\$ -			0.00%	0	
84		0.00%	\$ -	\$ -			0.00%	0	
85		0.00%	\$ -	\$ -			0.00%	0	
86		0.00%	\$ -	\$ -			0.00%	0	
87		0.00%	\$ -	\$ -			0.00%	0	
88		0.00%	\$ -	\$ -			0.00%	0	
89		0.00%	\$ -	\$ -			0.00%	0	
90		0.00%	\$ -	\$ -			0.00%	0	
91		0.00%	\$ -	\$ -			0.00%	0	
92		0.00%	\$ -	\$ -			0.00%	0	
93		0.00%	\$ -	\$ -			0.00%	0	
94		0.00%	\$ -	\$ -			0.00%	0	
95		0.00%	\$ -	\$ -			0.00%	0	
96		0.00%	\$ -	\$ -			0.00%	0	
97		0.00%	\$ -	\$ -			0.00%	0	
98		0.00%	\$ -	\$ -			0.00%	0	
99		0.00%	\$ -	\$ -			0.00%	0	
100		0.00%	\$ -	\$ -			0.00%	0	
101		0.00%	\$ -	\$ -			0.00%	0	
102		0.00%	\$ -	\$ -			0.00%	0	
103		0.00%	\$ -	\$ -			0.00%	0	



<b>Budget:</b>	<b>ORIGINAL</b>
<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>
<b>Agency:</b>	<b>202416 Kings</b>
<b>SubK:</b>	<b>0</b>

Version 7.0 - 150 Quarterly 4.20.20

104		0.00%	\$ -	\$ -			0.00%	0		
105		0.00%	\$ -	\$ -			0.00%	0		
106		0.00%	\$ -	\$ -			0.00%	0		
107		0.00%	\$ -	\$ -			0.00%	0		
108		0.00%	\$ -	\$ -			0.00%	0		
109		0.00%	\$ -	\$ -			0.00%	0		
110		0.00%	\$ -	\$ -			0.00%	0		
111		0.00%	\$ -	\$ -			0.00%	0		
112		0.00%	\$ -	\$ -			0.00%	0		
113		0.00%	\$ -	\$ -			0.00%	0		
114		0.00%	\$ -	\$ -			0.00%	0		
115		0.00%	\$ -	\$ -			0.00%	0		
116		0.00%	\$ -	\$ -			0.00%	0		
117		0.00%	\$ -	\$ -			0.00%	0		
118		0.00%	\$ -	\$ -			0.00%	0		
119		0.00%	\$ -	\$ -			0.00%	0		
120		0.00%	\$ -	\$ -			0.00%	0		
121		0.00%	\$ -	\$ -			0.00%	0		
122		0.00%	\$ -	\$ -			0.00%	0		
123		0.00%	\$ -	\$ -			0.00%	0		
124		0.00%	\$ -	\$ -			0.00%	0		
125		0.00%	\$ -	\$ -			0.00%	0		
126		0.00%	\$ -	\$ -			0.00%	0		
127		0.00%	\$ -	\$ -			0.00%	0		
128		0.00%	\$ -	\$ -			0.00%	0		
129		0.00%	\$ -	\$ -			0.00%	0		
130		0.00%	\$ -	\$ -			0.00%	0		
131		0.00%	\$ -	\$ -			0.00%	0		
132		0.00%	\$ -	\$ -			0.00%	0		
133		0.00%	\$ -	\$ -			0.00%	0		
134		0.00%	\$ -	\$ -			0.00%	0		
135		0.00%	\$ -	\$ -			0.00%	0		
136		0.00%	\$ -	\$ -			0.00%	0		
137		0.00%	\$ -	\$ -			0.00%	0		
138		0.00%	\$ -	\$ -			0.00%	0		
139		0.00%	\$ -	\$ -			0.00%	0		
140		0.00%	\$ -	\$ -			0.00%	0		
141		0.00%	\$ -	\$ -			0.00%	0		
142		0.00%	\$ -	\$ -			0.00%	0		
143		0.00%	\$ -	\$ -			0.00%	0		
144		0.00%	\$ -	\$ -			0.00%	0		
145		0.00%	\$ -	\$ -			0.00%	0		
146		0.00%	\$ -	\$ -			0.00%	0		
147		0.00%	\$ -	\$ -			0.00%	0		
148		0.00%	\$ -	\$ -			0.00%	0		
149		0.00%	\$ -	\$ -			0.00%	0		
150		0.00%	\$ -	\$ -			0.00%	0		

Budget:	<b>ORIGINAL</b>
Program:	<b>Maternal, Child and Adolescent Health (MCAH)</b>
Agency:	<b>202416 Kings</b>
SubK:	<b>0</b>

Version 7.0 - 150 Quarterly 4.20.20

**(II) OPERATING EXPENSES JUSTIFICATION**

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	3,100.00	Various regional, state, and local meetings for program updates, policies, and procedures, and travel to complete outreach and SOW activities.
	TRAINING	2,100.00	Mandatory Maternal, Child, and Adolescent Health Directors meetings and conferences, as well as Perinatal Services Coordinator meetings.
1	COMMUNICATIONS	1,800.00	Telephone, fax, and related expenses.
2	INFORMATION SERVICES	672.63	Allocated information technology services based on MCAH FTE's.
3	OFFICE EXPENSE	2,100.00	Expenses associated with office activities: office supplies, copying, and postage.
4	800 PHONE LINE	10.00	Toll free line.
5	SIDS - TRAVEL	422.08	Travel costs for SIDS Training.
6	SIDS - TRAINING	460.00	SIDS Training costs.
7	MCAH MEMBERSHIP	1,100.00	Attendance and participation in MCAH Action required for MCAH staff.
8	LICENSE RENEWAL	78.75	Per Kings County MOU, RN staff are reimbursed for the RN License at \$190 & PHN License at \$125 per license renewal cycle. N. Fisher is up for RN+PHN license renewals in FY 24-25 and is budgeted at 0.25 FTE for MCAH. $78.75=(190+125)\times 0.25$ .
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

**(III) CAPITAL EXPENDITURE JUSTIFICATION**

TOTAL CAPITAL EXPENDITURES	0.00	
----------------------------	------	--

**(IV) OTHER COSTS JUSTIFICATION**

TOTAL OTHER COSTS	178.75	
-------------------	--------	--

**SUBCONTRACTS**

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

**OTHER CHARGES**

1	Educational Material	178.75	Cost associated with printing and purchasing of educational material to support the activities of the SOW. Topics include chronic health conditions during pregnancy, preterm birth, Safe Sleep, SIDS, trauma informed care and more.
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

Budget:	<b>ORIGINAL</b>
Program:	<b>Maternal, Child and Adolescent Health (MCAH)</b>
Agency:	<b>202416 Kings</b>
SubK:	<b>0</b>

---

<b>(V) INDIRECT COSTS JUSTIFICATION</b>		
<b>TOTAL INDIRECT COSTS</b>	<b>0.00</b>	Per CDPH approved ICR

**INVOICE SUMMARY**

**FISCAL YEAR**  
2024-25

**INVOICE #**  
202416 MCAH Q1

**INVOICE PERIOD**  
July - September

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>																
<b>ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL INVOICED*</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>TOTAL MCAH-TV</b>	0.00	→	0.00													
<b>TOTAL MCAH-SIDS</b>	0.00	→		0.00												
<b>TOTAL TITLE XIX</b>	0.00	→						0.00	[50%]	0.00			0.00	[75%]	0.00	
<b>TOTAL AGENCY FUNDS</b>	0.00	→				0.00			[50%]	0.00				[25%]	0.00	

**\$ - Maximum Amount Payable from State and Federal resources**

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH/PROJECT DIRECTOR'S SIGNATURE

DATE

AGENCY FISCAL A/ AGENCY FISCAL AGENT'S SIGNATURE

DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency: 202416 Kings		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E								
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
BUDGET LINE ITEMS ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
<b>(II) OPERATING EXPENSES DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OPERATING EXPENSES</b>		0.00	100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	0.00%	
TRAVEL																		Match Available
TRAINING																		
1 COMMUNICATIONS																		
2 INFORMATION SERVICES																		
3 OFFICE EXPENSE																		
4 800 PHONE LINE																		
5 SIDS - TRAVEL																		
6 SIDS - TRAINING																		
7 MCAH MEMBERSHIP																		
8 LICENSE RENEWAL																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																		
<b>(III) CAPITAL EXPENDITURE DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL CAPITAL EXPENDITURES</b>			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
<b>(IV) OTHER COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OTHER COSTS</b>		0.00	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%	
SUBCONTRACTS																		Match Available
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
OTHER CHARGES																		Match Available
1 Educational Material																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
<b>(V) INDIRECT COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL INDIRECT COSTS</b>		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
0.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

<b>(I) PERSONNEL DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>														
<b>TOTAL PERSONNEL COSTS</b>		0.00	100.00%	102,534.83	100.00%	2,117.92	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	45,748.68	#DIV/0!	0.00	100.00%	81,764.09
<b>FRINGE BENEFITS</b>		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL WAGES</b>		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern																
2	Miriam Morales	Public Health Nurse/Maternal, Child, and																
3	Vacant	Public Health Nurse/Perinatal Services C																
4	Pauline Dominguez	Fiscal Specialist II																
5	Erik Alba	Office Assistant II																
6	Jessica Pannell	Car Seat Technician, Health Educator																
7	Vacant	SIDS Coordinator, Public Health Nurse																
8	Jessica Pannell	Health Educator																
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
52																		
53																		
54																		

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202416 Kings		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
55																			
56																			
57																			
58																			
59																			
60																			
61																			
62																			
63																			
64																			
65																			
66																			
67																			
68																			
69																			
70																			
71																			
72																			
73																			
74																			
75																			
76																			
77																			
78																			
79																			
80																			
81																			
82																			
83																			
84																			
85																			
86																			
87																			
88																			
89																			
90																			
91																			
92																			
93																			
94																			
95																			
96																			
97																			
98																			
99																			
100																			
101																			
102																			
103																			
104																			
105																			
106																			
107																			
108																			
109																			
110																			
111																			
112																			
113																			
114																			
115																			
116																			
117																			
118																			

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		



Department/County: 202416 Kings

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202416 MCAH Q1

FY and Quarter: FY 2024-25 202416 MCAH Q1

**Total amount of requested Title XIX funding:** \$ -

Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off		
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
1	Nichole Fisher	Supervising Public Health Nurse /Mate	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Miriam Morales	Public Health Nurse/Maternal, Child, a	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Vacant	Public Health Nurse/Perinatal Services	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Pauline Dominguez	Fiscal Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Erik Alba	Office Assistant II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Jessica Pannell	Car Seat Technician, Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Vacant	SIDS Coordinator, Public Health Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Jessica Pannell	Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				<u>53107 &amp; 53112</u>		<u>53118</u>		<u>53117</u>			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>					
Time %		Cost		Time %		Cost		Time %		Cost	
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off		
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
132												
133												
134												
135												
136												
137												
138												
139												
140												
141												
142												
143												
144												
145												
146												
147												
148												
149												
150												
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00			
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00					
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00			
<b>Total Expenditures by PCA</b>					<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>	
<b>Title XIX federal funding:</b>								<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

*I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.*

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
*sign and print name*

**INVOICE SUMMARY**

**FISCAL YEAR**  
2024-25

**INVOICE #**  
202416 MCAH Q2

**INVOICE PERIOD**  
October - December

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL INVOICED*</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>TOTAL MCAH-TV</b>	0.00	→	0.00													
<b>TOTAL MCAH-SIDS</b>	0.00	→		0.00												
<b>TOTAL TITLE XIX</b>	0.00	→						0.00	[50%]	0.00			0.00	[75%]	0.00	
<b>TOTAL AGENCY FUNDS</b>	0.00	→					0.00		[50%]	0.00				[25%]	0.00	

**\$ - Maximum Amount Payable from State and Federal resources**

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL A/ AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Only NE	MCAH-Only E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	0.00	0.00	0.00		0.00	0.00

Program:		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
BUDGET LINE ITEMS		(1)																
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
<b>(II) OPERATING EXPENSES DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OPERATING EXPENSES</b>		0.00	100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	0.00%	
TRAVEL																		Match Available
TRAINING																		
1 COMMUNICATIONS																		
2 INFORMATION SERVICES																		
3 OFFICE EXPENSE																		
4 800 PHONE LINE																		
5 SIDS - TRAVEL																		
6 SIDS - TRAINING																		
7 MCAH MEMBERSHIP																		
8 LICENSE RENEWAL																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																		
<b>(III) CAPITAL EXPENDITURE DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL CAPITAL EXPENDITURES</b>			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00				
<b>(IV) OTHER COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OTHER COSTS</b>		0.00	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%	
SUBCONTRACTS																		Match Available
1																		
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1 Educational Material																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
<b>(V) INDIRECT COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL INDIRECT COSTS</b>		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00				
0.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00				

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>
<b>ORIGINAL</b>																

<b>(I) PERSONNEL DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>														
		100.00%	102,534.83	100.00%	2,117.92	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	45,748.68	#DIV/0!	0.00	100.00%	81,764.09	
<b>TOTAL PERSONNEL COSTS</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>FRINGE BENEFITS</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>TOTAL WAGES</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern																
2	Miriam Morales	Public Health Nurse/Maternal, Child, and																
3	Vacant	Public Health Nurse/Perinatal Services C																
4	Pauline Dominguez	Fiscal Specialist II																
5	Erik Alba	Office Assistant II																
6	Jessica Pannell	Car Seat Technician, Health Educator																
7	Vacant	SIDS Coordinator, Public Health Nurse																
8	Jessica Pannell	Health Educator																
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
52																		
53																		
54																		



Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55																		
56																		
57																		
58																		
59																		
60																		
61																		
62																		
63																		
64																		
65																		
66																		
67																		
68																		
69																		
70																		
71																		
72																		
73																		
74																		
75																		
76																		
77																		
78																		
79																		
80																		
81																		
82																		
83																		
84																		
85																		
86																		
87																		
88																		
89																		
90																		
91																		
92																		
93																		
94																		
95																		
96																		
97																		
98																		
99																		
100																		
101																		
102																		
103																		
104																		
105																		
106																		
107																		
108																		
109																		
110																		
111																		
112																		
113																		
114																		
115																		
116																		
117																		
118																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		

Department/County: 202416 Kings

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202416 MCAH Q2

FY and Quarter: FY 2024-25 202416 MCAH Q2

**Total amount of requested Title XIX funding:** \$ -

Period(s) of Service: October - December

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off		
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
1	Nichole Fisher	Supervising Public Health Nurse /Mate	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Miriam Morales	Public Health Nurse/Maternal, Child, a	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Vacant	Public Health Nurse/Perinatal Services	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Pauline Dominguez	Fiscal Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Erik Alba	Office Assistant II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Jessica Pannell	Car Seat Technician, Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Vacant	SIDS Coordinator, Public Health Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Jessica Pannell	Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
132											
133											
134											
135											
136											
137											
138											
139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
<b>Total Expenditures by PCA</b>					<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>
<b>Title XIX federal funding:</b>							<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

*I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.*

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
*sign and print name*

**INVOICE SUMMARY**

**FISCAL YEAR**  
2024-25

**INVOICE #**  
202416 MCAH Q3

**INVOICE PERIOD**  
January - March

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL INVOICED*</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>TOTAL MCAH-TV</b>	0.00	→	0.00												
<b>TOTAL MCAH-SIDS</b>	0.00	→		0.00											
<b>TOTAL TITLE XIX</b>	0.00	→						0.00	[50%]	0.00			0.00	[75%]	0.00
<b>TOTAL AGENCY FUNDS</b>	0.00	→					0.00		[50%]	0.00				[25%]	0.00

**\$ - Maximum Amount Payable from State and Federal resources**

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL A/ AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Only NE	MCAH-Only E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	0.00	0.00	0.00		0.00	0.00



Program:		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E								
SubK:																		
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
<b>(II) OPERATING EXPENSES DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OPERATING EXPENSES</b>		0.00	100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	0.00%	
TRAVEL																		Match Available
TRAINING																		
1 COMMUNICATIONS																		
2 INFORMATION SERVICES																		
3 OFFICE EXPENSE																		
4 800 PHONE LINE																		
5 SIDS - TRAVEL																		
6 SIDS - TRAINING																		
7 MCAH MEMBERSHIP																		
8 LICENSE RENEWAL																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																		
<b>(III) CAPITAL EXPENDITURE DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL CAPITAL EXPENDITURES</b>			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
<b>(IV) OTHER COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL OTHER COSTS</b>		0.00	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%	
SUBCONTRACTS																		Match Available
1																		
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1 Educational Material																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
<b>(V) INDIRECT COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>																
<b>TOTAL INDIRECT COSTS</b>		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
0.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>
<b>ORIGINAL</b>																

<b>(I) PERSONNEL DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>														
		100.00%	102,534.83	100.00%	2,117.92	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	45,748.68	#DIV/0!	0.00	100.00%	81,764.09	
<b>TOTAL PERSONNEL COSTS</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>FRINGE BENEFITS</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>TOTAL WAGES</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern																
2	Miriam Morales	Public Health Nurse/Maternal, Child, and																
3	Vacant	Public Health Nurse/Perinatal Services C																
4	Pauline Dominguez	Fiscal Specialist II																
5	Erik Alba	Office Assistant II																
6	Jessica Pannell	Car Seat Technician, Health Educator																
7	Vacant	SIDS Coordinator, Public Health Nurse																
8	Jessica Pannell	Health Educator																
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
52																		
53																		
54																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E				
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55																		
56																		
57																		
58																		
59																		
60																		
61																		
62																		
63																		
64																		
65																		
66																		
67																		
68																		
69																		
70																		
71																		
72																		
73																		
74																		
75																		
76																		
77																		
78																		
79																		
80																		
81																		
82																		
83																		
84																		
85																		
86																		
87																		
88																		
89																		
90																		
91																		
92																		
93																		
94																		
95																		
96																		
97																		
98																		
99																		
100																		
101																		
102																		
103																		
104																		
105																		
106																		
107																		
108																		
109																		
110																		
111																		
112																		
113																		
114																		
115																		
116																		
117																		
118																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		

Department/County: 202416 Kings

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202416 MCAH Q3

FY and Quarter: FY 2024-25 202416 MCAH Q3

**Total amount of requested Title XIX funding:** \$ -

Period(s) of Service: January - March

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off		
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
1	Nichole Fisher	Supervising Public Health Nurse /Mate	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Miriam Morales	Public Health Nurse/Maternal, Child, a	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Vacant	Public Health Nurse/Perinatal Services	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Pauline Dominguez	Fiscal Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Erik Alba	Office Assistant II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Jessica Pannell	Car Seat Technician, Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Vacant	SIDS Coordinator, Public Health Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Jessica Pannell	Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											



Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
132											
133											
134											
135											
136											
137											
138											
139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
<b>Total Expenditures by PCA</b>				<b>\$0.00</b>			<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>
<b>Title XIX federal funding:</b>							<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

*I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.*

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
*sign and print name*

**INVOICE SUMMARY**

**FISCAL YEAR**  
2024-25

**INVOICE #**  
202416 MCAH Q4

**INVOICE PERIOD**  
April - June

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>																
<b>ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL INVOICED*</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>TOTAL MCAH-TV</b>	0.00	→	0.00													
<b>TOTAL MCAH-SIDS</b>	0.00	→		0.00												
<b>TOTAL TITLE XIX</b>	0.00	→						0.00	[50%]	0.00			0.00	[75%]	0.00	
<b>TOTAL AGENCY FUNDS</b>	0.00	→					0.00		[50%]	0.00				[25%]	0.00	

**\$ - Maximum Amount Payable from State and Federal resources**

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

**FINAL INVOICE**

**Y/N?**

MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL A/ AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Only NE	MCAH-Only E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

Program:		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:																	
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
<b>(II) OPERATING EXPENSES DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL OPERATING EXPENSES</b>		0.00	100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	0.00%
TRAVEL																	Match Available
TRAINING																	
1 COMMUNICATIONS																	
2 INFORMATION SERVICES																	
3 OFFICE EXPENSE																	
4 800 PHONE LINE																	
5 SIDS - TRAVEL																	
6 SIDS - TRAINING																	
7 MCAH MEMBERSHIP																	
8 LICENSE RENEWAL																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
<b>(III) CAPITAL EXPENDITURE DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL CAPITAL EXPENDITURES</b>			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
<b>(IV) OTHER COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL OTHER COSTS</b>		0.00	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																	Match Available
1																	
2																	
3																	
4																	
5																	
OTHER CHARGES																	Match Available
1 Educational Material																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
<b>(V) INDIRECT COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL INDIRECT COSTS</b>		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
0.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>
<b>ORIGINAL</b>																

<b>(I) PERSONNEL DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>														
		100.00%	102,534.83	100.00%	2,117.92	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	45,748.68	#DIV/0!	0.00	100.00%	81,764.09	
<b>TOTAL PERSONNEL COSTS</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>FRINGE BENEFITS</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>TOTAL WAGES</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern																
2	Miriam Morales	Public Health Nurse/Maternal, Child, and																
3	Vacant	Public Health Nurse/Perinatal Services C																
4	Pauline Dominguez	Fiscal Specialist II																
5	Erik Alba	Office Assistant II																
6	Jessica Pannell	Car Seat Technician, Health Educator																
7	Vacant	SIDS Coordinator, Public Health Nurse																
8	Jessica Pannell	Health Educator																
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
52																		
53																		
54																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E				
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55																		
56																		
57																		
58																		
59																		
60																		
61																		
62																		
63																		
64																		
65																		
66																		
67																		
68																		
69																		
70																		
71																		
72																		
73																		
74																		
75																		
76																		
77																		
78																		
79																		
80																		
81																		
82																		
83																		
84																		
85																		
86																		
87																		
88																		
89																		
90																		
91																		
92																		
93																		
94																		
95																		
96																		
97																		
98																		
99																		
100																		
101																		
102																		
103																		
104																		
105																		
106																		
107																		
108																		
109																		
110																		
111																		
112																		
113																		
114																		
115																		
116																		
117																		
118																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		

Department/County: 202416 Kings

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202416 MCAH Q4

FY and Quarter: FY 2024-25 202416 MCAH Q4

<b>Total amount of requested Title XIX funding:</b>	<b>\$</b>	<b>-</b>
Period(s) of Service:	April - June	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Nichole Fisher	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Miriam Morales	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Vacant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Pauline Dominguez	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Erik Alba	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Jessica Pannell	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Vacant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Jessica Pannell	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				<u>53107 &amp; 53112</u>		<u>53118</u>		<u>53117</u>			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>					
Time %		Cost		Time %		Cost		Time %		Cost	
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											



Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off		
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
132												
133												
134												
135												
136												
137												
138												
139												
140												
141												
142												
143												
144												
145												
146												
147												
148												
149												
150												
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00			
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00					
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00			
<b>Total Expenditures by PCA</b>					<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>	
<b>Title XIX federal funding:</b>								<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

*I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.*

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
*sign and print name*

**INVOICE SUMMARY**

**FISCAL YEAR**  
2024-25

**INVOICE #**  
202416 MCAH S1

**INVOICE PERIOD**  
July 1 - June 30

Version 7.0 - 150 Quarterly 4.20.20

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>																
<b>ORIGINAL</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
<b>TOTAL INVOICED*</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>

<b>TOTAL MCAH-TV</b>	0.00	→	0.00													
<b>TOTAL MCAH-SIDS</b>	0.00	→		0.00												
<b>TOTAL TITLE XIX</b>	0.00	→						0.00	[50%]	0.00			0.00	[75%]	0.00	
<b>TOTAL AGENCY FUNDS</b>	0.00	→				0.00			[50%]	0.00				[25%]	0.00	

**\$ - Maximum Amount Payable from State and Federal resources**

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL A/ AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Only NE	MCAH-Only E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
<b>Totals for PCA Codes</b>	0.00	0.00	0.00		0.00	0.00

Program:		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E					
SubK:		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
BUDGET LINE ITEMS		(1)															
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
<b>(II) OPERATING EXPENSES DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL OPERATING EXPENSES</b>		0.00	100.00%	8,524.42	100.00%	882.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	1,337.68	#DIV/0!	0.00	100.00%	1,099.28	0.00%
TRAVEL																	Match Available
TRAINING																	
1 COMMUNICATIONS																	
2 INFORMATION SERVICES																	
3 OFFICE EXPENSE																	
4 800 PHONE LINE																	
5 SIDS - TRAVEL																	
6 SIDS - TRAINING																	
7 MCAH MEMBERSHIP																	
8 LICENSE RENEWAL																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
<b>(III) CAPITAL EXPENDITURE DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL CAPITAL EXPENDITURES</b>			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
<b>(IV) OTHER COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL OTHER COSTS</b>		0.00	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																	Match Available
1																	
2																	
3																	
4																	
5																	
OTHER CHARGES																	Match Available
1 Educational Material																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
<b>(V) INDIRECT COSTS DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>															
<b>TOTAL INDIRECT COSTS</b>		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
0.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

<b>Program:</b>	<b>Maternal, Child and Adolescent Health (MCAH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202416 Kings</b>	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
<b>BUDGET LINE ITEMS</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>
<b>ORIGINAL</b>																

<b>(I) PERSONNEL DETAIL</b>		<b>RECONCILIATION SECTION (Remaining Funds)</b>														
		100.00%	102,534.83	100.00%	2,117.92	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	45,748.68	#DIV/0!	0.00	100.00%	81,764.09	
<b>TOTAL PERSONNEL COSTS</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>FRINGE BENEFITS</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>TOTAL WAGES</b>		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Nichole Fisher	Supervising Public Health Nurse /Matern																
2	Miriam Morales	Public Health Nurse/Maternal, Child, and																
3	Vacant	Public Health Nurse/Perinatal Services C																
4	Pauline Dominguez	Fiscal Specialist II																
5	Erik Alba	Office Assistant II																
6	Jessica Pannell	Car Seat Technician, Health Educator																
7	Vacant	SIDS Coordinator, Public Health Nurse																
8	Jessica Pannell	Health Educator																
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		
46																		
47																		
48																		
49																		
50																		
51																		
52																		
53																		
54																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
55																		
56																		
57																		
58																		
59																		
60																		
61																		
62																		
63																		
64																		
65																		
66																		
67																		
68																		
69																		
70																		
71																		
72																		
73																		
74																		
75																		
76																		
77																		
78																		
79																		
80																		
81																		
82																		
83																		
84																		
85																		
86																		
87																		
88																		
89																		
90																		
91																		
92																		
93																		
94																		
95																		
96																		
97																		
98																		
99																		
100																		
101																		
102																		
103																		
104																		
105																		
106																		
107																		
108																		
109																		
110																		
111																		
112																		
113																		
114																		
115																		
116																		
117																		
118																		

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)				
Agency:		202416 Kings			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		



Department/County: 202416 Kings

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202416 MCAH S1

FY and Quarter: FY 2024-25 202416 MCAH S1

**Total amount of requested Title XIX funding:** \$ -

Period(s) of Service: July 1 - June 30

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off		
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
1	Nichole Fisher	Supervising Public Health Nurse /Mate	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Miriam Morales	Public Health Nurse/Maternal, Child, a	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Vacant	Public Health Nurse/Perinatal Services	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Pauline Dominguez	Fiscal Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Erik Alba	Office Assistant II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Jessica Pannell	Car Seat Technician, Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Vacant	SIDS Coordinator, Public Health Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Jessica Pannell	Health Educator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				<u>53107 &amp; 53112</u>		<u>53118</u>		<u>53117</u>			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>					
Time %		Cost		Time %		Cost		Time %		Cost	
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127											
128											
129											
130											
131											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 &amp; 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
132											
133											
134											
135											
136											
137											
138											
139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
<b>Total Expenditures by PCA</b>					<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>
<b>Title XIX federal funding:</b>							<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

*I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.*

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
*sign and print name*

INVOICE RECONCILIATION SUMMARY TABLE		Budgeted	Paid	Balance														
		199,929	0	199,929														
Version 7.0 - 150 Quarterly 4.20.20																		
Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)											
Agency:	202416 Kings																	
SubK:	0																	
		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
	TOTAL FUNDING REMAINING	%	MCAH-TV REMAINING	%	MCAH-SIDS REMAINING	%	OAH REMAINING	%	Agency Funds* REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency* REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency* REMAINING	
(I) PERSONNEL	100.00%	232165.52	100.00%	102534.83	100.00%	2117.92		0.00		0.00	0.00	100.00%	45748.68		0.00	100.00%	81764.09	
(II) OPERATING EXPENSES	100.00%	11843.46	100.00%	8524.42	100.00%	882.08		0.00		0.00	0.00	100.00%	1337.68		0.00	100.00%	1099.28	
(III) CAPITAL EXPENDITURES		0.00		0.00		0.00		0.00		0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	
(IV) OTHER COSTS	100.00%	178.75	100.00%	178.75		0.00		0.00		0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	
(V) INDIRECT COSTS		0.00		0.00		0.00		0.00		0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	
<b>TOTALS*</b>	<b>100.00%</b>	<b>244187.73</b>	<b>100.00%</b>	<b>111238.00</b>	<b>#####</b>	<b>3000.00</b>		<b>#DIV/0!</b>		<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>100.00%</b>	<b>47086.36</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>100.00%</b>	<b>82863.37</b>

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
	%	TOTAL FUNDING	(2) % Remaining	(3) PCA 53107 Remaining	(4) % Remaining	(5) PCA 53112 Remaining	(6) % Remaining	(7) PCA 53144 Remaining	(8) % Remaining	(9) PCA Remaining	(10) % Remaining	(11) PCA Remaining	(12) % Remaining	(13) PCA Remaining	(14) % Remaining	(15) PCA Remaining		
(I) PERSONNEL																		
ORIGINAL		232,165.52	1	102,534.83	1	2,117.92	1	0.00	1	0.00	1	0.00	1	45,748.68	1	0.00	1	81,764.09
Difference			1		1		1		1		1		1		1		1	
BUDGETS																		
Difference			1		1		1		1		1		1		1		1	
Difference			1		1		1		1		1		1		1		1	
Difference			1		1		1		1		1		1		1		1	
202416 MCAH Q1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
202416 MCAH Q2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
202416 MCAH Q3	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
202416 MCAH Q4	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
202416 MCAH S1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
202416 MCAH S2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0.00	#DIV/0!	0.00	0%	0.00
Adjustments/Corrections		0.00																
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	100.00%	232,165.52	100.00%	102,534.83	100.00%	2,117.92		0.00		0.00		0.00	100.00%	45,748.68		0.00	100.00%	81,764.09

(II) OPERATING EXPENSES			UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)						ENHANCED MATCHING (75/25)					
			0		0		0		0		0		0		0		0			
<b>BUDGETS</b>	<b>ORIGINAL</b>		11,843.46	1	8,524.42	1	882.08	1	0.00	1	0.00	1	0.00	1	1,337.68	1	0.00	1	1,099.28	
	<b>Difference</b>			1		1		1		1		1		1		1		1		
				1		1		1		1		1		1		1		1		
	<b>Difference</b>			1		1		1		1		1		1		1		1		
				1		1		1		1		1		1		1		1		
202416 MCAH Q1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
202416 MCAH Q2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
202416 MCAH Q3	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
202416 MCAH Q4	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
202416 MCAH S1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
202416 MCAH S2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00		
Adjustments/Corrections		0.00																		
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00		
<b>Balance of Available Funds*</b>	<b>100.00%</b>	<b>11,843.46</b>	<b>100.00%</b>	<b>8,524.42</b>	<b>100.00%</b>	<b>882.08</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>100.00%</b>	<b>1,337.68</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>100.00%</b>	<b>1,099.28</b>		

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING						NON-ENHANCED (50/50)					
	%	(1) TOTAL FUNDING	0		0		0		0		0		0	
			(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining 0	(5) PCA 53112 Remaining 0	% Remaining 0	PCA 53144 Remaining 0	(6) % Remaining Agency	(7) PCA Remaining Agency	(8) % Remaining Fed/State	(9) PCA Remaining Fed/State	(10) % Remaining Fed/Agency	(11) PCA 53118 Remaining Fed/Agency
<b>(III) CAPITAL EXPENDITURES</b>			<b>UNMATCHED FUNDING</b>						<b>NON - ENHANCED MATCHING (50/50)</b>		<b>NON-ENHANCED (50/50)</b>			
<b>BUDGETS</b>		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00
	<b>Difference</b>		1		1		1		1		1		1	
			1		1		1		1		1		1	
	<b>Difference</b>		1		1		1		1		1		1	
			1		1		1		1		1		1	
202416 MCAH Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
<b>Balance of Available Funds*</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>	<b>#DIV/0!</b>	<b>0.00</b>

(IV) OTHER COSTS		UNMATCHED FUNDING										NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
BUDGETS	ORIGINAL	178.75	1	178.75	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00
	Difference		1		1			1		1		1		1		1		1		1
			1		1			1		1		1		1		1		1		1
	Difference		1		1			1		1		1		1		1		1		1
			1		1			1		1		1		1		1		1		1
	Difference		1		1			1		1		1		1		1		1		1
202416 MCAH Q1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q3	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q4	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections		0.00																		
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	100.00%	178.75	100.00%	178.75	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING							NON-ENHANCED (50/50)				
	% Funding	(1) TOTAL FUNDING	(2) Remaining (3)	(3) PCA 53107 Remaining (3)	(4) Remaining (3)	(5) PCA 53112 Remaining (3)	(6) Remaining (3)	(7) PCA 53144 Remaining (3)	(8) Remaining Agency	(9) PCA Remaining Agency	(10) Remaining Fed/State	(11) PCA Remaining Fed/State	(12) Remaining Fed/Agency	(13) PCA 53118 Remaining Fed/Agency
(V) INDIRECT COSTS			UNMATCHED FUNDING							ENHANCED MATCHING (50/50)		NON-ENHANCED (50/50)		
BUDGETS		0.00	1	0	0.00	1	0	0.00	1	0	1	0	1	0.00
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
202416 MCAH Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202416 MCAH S2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00



**CDPH Audit Section**

Program Maternal, Child and Adolescent Health (MCAH)  
 Agency: 202416 Kings  
 SubK: 0  
 FY: 2024-25

**ORIGINAL BUDGET**

	Budgeted Funds	Remaining Funds	
		\$	%
TOTAL MCAH-TV	111,238.00	111,238.00	100.00%
TOTAL MCAH-SIDS	3,000.00	3,000.00	100.00%
TOTAL OAH	0.00	0.00	
TOTAL TITLE XIX	85,690.71	85,690.71	100.00%
TOTAL AGENCY FUNDS	44,259.02	44,259.02	100.00%
<b>TOTALS</b>	<b>244,187.73</b>	<b>244,187.73</b>	<b>100.00%</b>

INVOICE	REIMBURSEMENT TOTALS
202416 MCAH Q1	0.00
202416 MCAH Q2	0.00
202416 MCAH Q3	0.00
202416 MCAH Q4	0.00
202416 MCAH S1	0.00
202416 MCAH S2	0.00
Adjust/Corr	0.00
<b>YTD Total</b>	<b>0.00</b>

\*Balance of Available Funds includes Title V, State General Fund, Title XIX, and Agency Funds. Agency funds are not reimbursable through the MCAH Program.  
 \*\*Advance payment will be recovered at the State level when the first three quarterly invoices are submitted for payment and is dependent on funding availability

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 6/28/2024

Agency Name: Kings County Department of Public Health

Contract/Agreement Number: 202416

Contract Term/Allocation Fiscal Year: 2024-2025

## **1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

       % Fixed Percent of:

Total Personnel Costs

## **2. LOCAL HEALTH JURISDICTIONS (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

16.87 % Fixed Percent of:

Total Personnel Costs

Total Allowable Direct Costs

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

## **3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES**

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

\_\_\_\_\_ % Fixed Percent of:

- Total Personnel Costs (Includes Fringe Benefits)
- Total Personnel Costs (Excludes Fringe Benefits)
- Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

Indirect Costs are base on FTE and include the following Accounts:

REGULAR EMPLOYEE SALARIES  
EXTRA HELP SALARIES  
OVERTIME  
RETIREMENT  
HEALTH INSURANCE  
MANAGEMENT BENEFITS  
WORKMANS COMP INSURANCE  
UNEMPLOYMENT INSURANCE  
O.A.S.D.I.  
24 HOUR CUSTODY MEDICAL  
CASH OVER/STORAGE  
CONTRIBUTIONS TO OTHER GOVT. AGENCIES  
INCENTIVES  
LAB SERVICES  
LABORATORY SUPPLIES  
MEDICAL, DENTAL & LAB SERVICES  
MEDICAL COST/TRANSPORTATION/MAINTENANCE  
MEDICAL SUPPLIES  
PROFESSIONAL LICENSE FEES  
OFFSET PRINTING/STORES  
LAB REFRIGERATOR  
MOBILE DECONTAMINATION UNIT  
MAINTENANCE EQUIPMENT  
MAINTENANCE S.I.&G.  
INFORMATION TECHNOLOGY SERVICES  
INSURANCE - MALPRACTICE  
MEMBERSHIPS  
MOTOR POOL SERVICES

# CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

BOOKS AND PERIODICALS  
COMPUTER SOFTWARE  
OFFICE EQUIPMENT  
OFFICE EXPENSE  
PUBLIC EDUCATION MATERIALS

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Crystal Hommerding

Title/Position: Fiscal Analyst III

Signature: Crystal Hommerding Digitally signed by Crystal Hommerding  
Date: 2024.06.10 10:21:44 -07'00'

Date: 6/10/2024

## DUTY STATEMENT SPMP

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: MCAH Director  
County Job Specification: Supervising Public Health Nurse

### General Responsibilities

The Local MCAH Director's role as the manager of the local MCAH program is to direct the local program and ensure the performance of the core public health functions of assessment, policy development, assurance, and evaluation. The MCAH Director reports directly to the Health Jurisdiction Nursing Division Manager. This position meets the criteria for Skilled Professional Medical Personnel (SPMP).

### Specific Duties

- Ensure implementation and coordination of local MCAH programs.
- Participate in CDPH/MCAH sponsored training on data sources, data management, preparation of data for analysis, and the translation of data into information for program planning.
- Monitor local health status indicators for pregnant women, infants, children, including CYSHCN, adolescents and their families using standardized data techniques or the purpose of identifying at-risk populations, including monitoring incidence of SIDS/SUIDS.
- Share data annually with the Local Health Officer and/or key health department leadership. Utilize this data to develop an understanding of health needs within the community and identify barriers to the provision of health and human services for the MCAH population.
- Identify health issues and interact with local health care providers, community members, managed care plan providers, coalitions, etc., to enhance program efforts and improve outcomes.
- Use the information gathered during assessments to develop and implement local policies and programs with measurable objectives
- Develop plans and direct resources consistent with program goals and objectives.

## MCAH Director (continued)

## Specific Duties

- Facilitate access to care and appropriate use of services. This may include, but not be limited to, oversight of CPSP, patient/client outreach, services for CYSHCN, education, community awareness, referral, transportation, childcare, translation services and care coordination.
- Develops policies and programs using the needs assessment to implement effective interventions.
- Ensure that SIDS activities take place, including community infant safe sleep and SIDS risk reduction education and grief and bereavement support for families experiencing a presumed SIDS death.
- Ensure hiring and orientation of key personnel, adhering to MCAH program policies for personnel requirements.
- Coordinate all MCAH patient/client outreach, education, and community services provided by local, state, and federal programs, including CCS, to prevent duplication of services and facilitate optimal use of resources.
- Evaluate and modify program to ensure best practices are implemented. Include methods of measuring outcomes and evaluating progress toward achieving both State and Local MCAH objectives in selected local priority activities.
- Participate in quality assurance activities designed to improve community health outcomes for women, children, adolescents, and their families.
- Provides direction and support to MCAH staff and programs, including PSC, SIDS, and toll-free telephone service.
- Attend MCAH Action meetings, MCAH Directors meetings, statewide planning meetings, and Regional Consultation Section visits, and other required trainings.
- Identify barriers/challenges to implementation activities.
- Submit an Annual Report to the CDPH/MCAH.
- Conduct a community Needs Assessment every five years.
- Conduct periodic review of protocols, evaluate, and modify program to ensure best practices are implemented.
- Participates in the development and implementation of the MCAH plan, including the scope of work, in accordance with State regulations, standards and guidelines.

MCAH Director (continued)

## Specific Duties

- Participates in development of budgets and monitors program expenditures.
- Promotes, develops, and coordinates professional and community resources to serve the multidisciplinary needs of women of childbearing years and their families.
- Participates in outreach activities that improve community health indicators for women, children, and families.
- Participates in quality assurance activities that improve community health indicators for women, children, and families.
- Provides consultation and technical assistance in the design, development, and review of health-related professional materials.
- Liaise with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, and program policy and regulations.
- Develops advisory or work groups of other skilled professionals to provide program consultation.
- Developing strategies to increase the capacity of the Medi-Cal system and close gaps in Medi-Cal services to Medi-Cal eligible.
- Attends meeting with countywide agencies to coordinate health service agreements for low-income families and improve delivery of Medi-Cal Services.
- Inform individuals, agencies, and community groups about health programs.
- Planning and resource development with other agencies, which will improve the cost effectiveness of the healthcare delivery system and improve availability of medical services.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost effectiveness of the health care delivery system and availability of Medi-Cal medical, and dental referral sources.
- Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal program requirements.
- Planning and resource development with other agencies, which will improve the cost effectiveness of the healthcare delivery system and improve availability of medical services.

MCAH Director (continued)

## Specific Duties

- Provide technical assistance to other agencies/programs that interface with the medical care needs of clients.
- Participate in provider meetings and workshops on issues of client health assessment, preventative health services and medical care and treatment.
- Provide general supervision of staff.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and reauthorization process.
- Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- Schedule, coordinate, and conduct Quality assurance activities; evaluate compliance with program standards; and monitor the clinical effectiveness of programs, including Medi-Cal client satisfaction surveys.
- Participate in the design, development, and review of MCAH related professional educational materials.



Budget Line: 1

## DUTY STATEMENT SPMP

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: Supervising Public Health Nurse  
County Job Specification: Public Health Nurse

### General Responsibilities

The Supervising Public Health Nurse (SPHN) is the MCAH Director and will provide direct supervision and program guidance to the MCAH Coordinator and PSC. This position meets the criteria for Skilled Professional Medical Personnel (SPMP).

If needed to maintain the LHJ FTE requirements as outlined in the “Local MCAH Program Policies and Procedures,” the SPHN will fulfill the role of the MCAH Coordinator and/or Perinatal Services Coordinator (PSC).

### Specific Duties

- Participate in CDPH/MCAH sponsored training on data sources, data management, preparation of data for analysis, and the translation of data into information for program planning.
- Monitor local health status indicators for pregnant women, infants, children, including (CYSHCN), adolescents and their families using standardized data techniques for the purpose of identifying at-risk populations, including monitoring incidence of SIDS/SUIDS.
- Share data annually with the Local Health Officer and/or key health department leadership. Utilize this data to develop an understanding of health needs within the community and identify barriers to the provision of health and human services for the MCAH population.
- Identify health issues and interact with local health care providers, community members, managed care plan providers, coalitions, etc., to enhance program efforts and improve outcomes.
- Use the information gathered during assessments to develop and implement local policies and programs with measurable objectives.
- Develop plans and direct resources consistent with program goals and objectives.

## Supervising Public Health Nurse (continued)

## Specific Duties

- Facilitate access to care and appropriate use of services. This may include, but not be limited to, oversight of CPSP, patient/client outreach, services for CYSHCN, education, community awareness, referral, transportation, childcare, translation services and care coordination.
- Ensure that SIDS activities take place, including community infant safe sleep and SIDS risk reduction education and grief and bereavement support for families experiencing a presumed SIDS death.
- Coordinate all MCAH patient/client outreach, education, and community services provided by local, state, and federal programs, including CCS, to prevent duplication of services and facilitate optimal use of resources.
- Evaluate and modify program to ensure best practices are implemented.
- Participate in quality assurance activities designed to improve community health outcomes for women, children, adolescents, and their families.
- Attend MCAH Action meetings and other required training.
- Provides direction and support to MCAH staff and programs, including PSC, SIDS, and toll-free telephone service.
- Identify barriers/challenges to implementation activities.
- Assist MCAH Director/Coordinator in submitting the Annual Report to CDPH/MCAH.
- Conduct a Needs Assessment within the community every five years.
- Coordinate with the MCAH Director and the Perinatal Services Coordinator (PSC) in the development of the Kings County MCAH Community Health Assessment and Local Plan.
- Participates in the development and implementation of the MCAH plan, including the scope of work, in accordance with State regulations, standards and guidelines.
- Participates in development of budgets and monitors program expenditures.
- Promotes, develops, and coordinates professional and community resources that will serve the multidisciplinary needs of women of childbearing years and their families.

## Supervising Public Health Nurse (continued)

## Specific Duties

- Identifies and interacts with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics, identifying at-risk populations and conducting surveys to assess health needs in the community.
- Identifies barriers to the provision of health and human services for MCAH populations.
- Participates in MCH Branch sponsored training on data sources, data management, data analysis, and program planning.
- Develops policies and programs using the needs assessment to implement effective interventions.
- Develops plans and directs resources consistent with program goals and objectives.
- Maintains the agency's toll-free telephone line to assure access into services for women and children and appropriate referral to needed health and human services.
- Participates in outreach activities that improve community health indicators for women, children, and families.
- Participates in quality assurance activities that improve community health indicators for women, children, and families.
- Provides program oversight of staff.
- Drafts, analyzes, and/or reviews reports, documents, and correspondence.
- Provides consultation and technical assistance in the design, development, and review of health-related professional materials.
- Liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, and program policy and regulations.
- Develops advisory or work groups of other skilled professionals to provide program consultation.
- Attends MCAH Directors meetings, statewide planning meetings, and Regional Consultation Section visits.

## Supervising Public Health Nurse (continued)

## Specific Duties

- Assist in the oversight of all MCAH programs, including PSC, SIDS, and toll-free telephone service.
- Monitors perinatal data assessing the adequacy of the obstetrical provider network and its ability to meet the needs of the target population.
- Interagency coordination to improve delivery of Medi-Cal services. (Human Services Agency, Behavioral Health, Mental Health, Multi-County Collaborations, etc.)
- Developing resource directories for Medi-Cal Services and providers through interagency coordination.
- Performing activities around and developing strategies to increase the capacity of the Medi-Cal system and close gaps in Medi-Cal services to all eligible.
- Review, update or implement policies that integrate evidence-based best or promising practices to improve early access to and the quality of perinatal care.
- Develop shared policies or quality initiatives with local health plans to ensure that pregnant and postpartum women receive needed comprehensive perinatal care.
- Assure that comprehensive perinatal services are available to all Medi-Cal eligible women in both fee-for-service and capitated health systems.
- Inform individuals, agencies, and community groups about health programs.
- Develop and provide program materials to individuals and their families, community agencies and health care providers.
- Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.
- Participate in case conferences or multidisciplinary teams to review client needs and treatment plans.
- Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-cal program requirements.
- Consult and provide technical assistance to MCAH staff regarding Medi-Cal development and administration.

## Supervising Public Health Nurse (continued)

## Specific Duties

- Orientation and training of new SPMP staff regarding Federal Financial Participation (FFP) rules and regulations as they pertain to an SPMP.
- Training new staff members in their responsibilities relative to Medi-Cal enrollment and referral services and in areas of health-related topics and assisting clients to access medical care.
- Conduct periodic reviews of protocols.
- Develop budgets and monitor program expenditures.

## Specific Perinatal Services Duties

- Evaluate implemented activities to determine outcome and quality of services.
- Report collected data and outcomes related to implemented activities to the MCAH Director.
- Prepare quality assurance reports for CDPH/MCAH upon request.
- Monitors perinatal data assessing the adequacy of the obstetrical provider network and its ability to meet the needs of the target population.
- Provides oversight of PSC activities and PSC coordinator functions.
- Assisting individuals on Medi-Cal to access Medi-Cal service.
- Develop staff knowledge of the local systems of maternal and perinatal care through training and supervision.
- Provide training, consultation, and technical assistance to CPSP providers and Medi-Cal Managed Care plan staff on program implementation

## DUTY STATEMENT SPMP

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: MCAH Coordinator  
County Job Specification: Public Health Nurse

### General Responsibilities

The MCAH Coordinator under the direct supervision of the SPHN assists the MCAH Director in fulfilling the MCAH Director's responsibilities. The MCAH Coordinator will be responsible for implementing the MCAH program under the direction of the MCAH Director. This position meets the criteria for SPMP.

### Specific Duties

- Participate in CDPH/MCAH sponsored training on data sources, data management, preparation of data for analysis, and the translation of data into information for program planning.
- Monitor local health status indicators for pregnant women, infants, children, including children and youth with special health care needs (CYSHCN), adolescents and their families using standardized data techniques for the purpose of identifying at-risk populations, including monitoring incidence of SIDS/SUIDS.
- Share data annually with the Local Health Officer and/or key health department leadership. Utilize this data to develop an understanding of health needs within the community and identify barriers to the provision of health and human services for the MCAH population.
- Identify health issues and interact with local health care providers, community members, managed care plan providers, coalitions, etc., to enhance program efforts and improve outcomes.
- Use the information gathered during assessments to develop and implement local policies and programs with measurable objectives.
- Develop plans and direct resources consistent with program goals and objectives.
- Facilitate access to care and appropriate use of services. This may include, but not be limited to, oversight of CPSP, patient/client outreach, services for CYSHCN, education, community awareness, referral, transportation, childcare, translation services and care coordination.

## MCAH Coordinator (continued)

## Specific Duties

- Ensure that SIDS activities take place, including community infant safe sleep and SIDS risk reduction education and grief and bereavement support for families experiencing a presumed SIDS death.
- Develop policies and programs using the needs assessment to implement effective interventions.
- Coordinate all MCAH patient/client outreach, education, and community services provided by local, state, and federal programs, including CCS, to prevent duplication of services and facilitate optimal use of resources.
- Evaluate and modify program to ensure best practices are implemented. Include methods of measuring outcomes and evaluating progress toward achieving both State and Local MCAH objectives in selected local priority activities.
- Participate in quality assurance activities designed to improve community health outcomes for women, children, adolescents, and their families.
- Attend MCAH Action meetings and other required training. Adequate funding for training and meeting expenses, including travel, must be built into the annual budget.
- Based on activities of assessment, policy development and assurance:
  - Evaluate and modify program to ensure best practices are implemented.
  - Include methods of measuring outcomes and evaluating progress toward achieving both State and Local MCAH objectives in selected Local priority activities.
- Identify barriers/challenges to implementation activities.
- Submit an Annual Report to the CDPH/MCAH.
- Conduct a community Needs Assessment every five years.
- Coordinate with the MCAH Director and the Perinatal Services Coordinator (PSC) in the development of the Kings County MCAH Community Health Assessment and Local Plan.
- Participate in the development and implementation of the MCAH plan, including the scope of work, in accordance with State regulations, standards and guidelines.
- Participate in development of budgets and monitors program expenditures.

## MCAH Coordinator (continued)

## Specific Duties

- Promote, develop, and coordinate professional and community resources that will serve the multidisciplinary needs of women of childbearing years and their families.
- Identify and interact with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics, identifying at-risk populations and conducting surveys to assess health needs in the community.
- Identify barriers to the provision of health and human services for MCAH populations.
- Participate in MCH Branch sponsored training on data sources, data management, data analysis, and program planning.
- Develop policies and programs using the needs assessment to implement effective interventions.
- Maintain the agency's toll-free telephone line to assure access into services for women and children and appropriate referral to needed health and human services.
- Coordinate all MCAH outreach services from various programs to prevent duplication of services.
- Participate in outreach activities that improve community health indicators for women, children, and families.
- Participate in quality assurance activities that improve community health indicators for women, children, and families.
- Provide program oversight and technical assistance to staff performing activities in the program SOW.
- Provide consultation and technical assistance in the design, development, and review of health-related professional materials.
- Liaise with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, and program policy and regulations.
- Develop advisory or work groups of other skilled professionals to provide program consultation.
- Attend MCAH Directors meetings, statewide planning meetings, and Regional Consultation Section visits.
- Oversee all MCAH programs, including PSC, SIDS, and toll-free telephone service.



## MCAH Coordinator (continued)

## Specific Duties

- Monitor perinatal data assessing the adequacy of the obstetrical provider network and its ability to meet the needs of the target population.
- Interagency coordination to improve delivery of Medi-Cal services. (Human Services Agency, Behavioral Health, Mental Health, Multi-County Collaborations, etc.)
- Develop resource directories for Medi-Cal Services and providers through interagency coordination.
- Perform activities around and developing strategies to increase the capacity of the Medi-Cal system and close gaps in Medi-Cal services to all eligible people.
- Conduct activities with local provider networks and/or health plans, community agencies and partners to improve perinatal access, service integration and coordination to meet client needs.
- Use local maternal and infant data to develop safety-net strategies with providers and community partners to ensure at-risk women receive appropriate perinatal care and relevant services.
- Assess disparities, strengths, and needs of pregnant women, families, and populations and apply appropriate interventions.
- Ensure that pregnant and postpartum women who have an undocumented resident status are aware of and linked to appropriate perinatal and applicable safety net health and human services.
- Develop staff knowledge of the local systems of maternal and perinatal care.
- Develop a comprehensive resource and referral guide of available health and social services.
- Implement local best or promising practice strategies to improve perinatal systems of care.
- Collaborate with partners such as Medi-Cal, Medi-Cal Managed Care, and managed care health plans, identify strategies and activities to improve access to health care services of early prenatal care and postpartum visit(s) for postpartum women.
- Promote, develop, and coordinate professional and community resources to serve the multi-disciplinary needs of women of childbearing years and their partners including their families.

## MCAH Coordinator (continued)

## Specific Duties

- Identify and interact with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics and identifying at risk populations.
- Identify barriers to the provision of health and human services for MCAH population.
- Participate in outreach activities that improve community health indicators for women and their partners, children, and their families.
- Provide consultation and technical assistance in the design, development, and review of health-related professional materials.
- Provide on-going liaison with the community and health care providers around issues of preventive health services, medical care, and program policy and regulations.
- Inform the perinatal community, including providers and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the MCAH County Plan.
- Identify and address barriers to care and to the delivery of appropriate and timely prenatal care.
- Assisting individuals on Medi-Cal to access Medi-Cal services.

## DUTY STATEMENT SPMP

Health Jurisdiction: Kings County

Program: Maternal, Child and Adolescent Health (MCAH)

Program Position: PERINATAL SERVICES COORDINATOR (PSC)

County Job Specification: Public Health Nurse and or Supervising Public Health Nurse

### General Responsibilities

The PSC, under the direct supervision of the Supervising Public Health Nurse and the general direction of the MCAH Director or MCAH Coordinator, will have the responsibility to perform activities to improve systems of care for pregnant and postpartum women. This position meets the criteria for SPMP.

### Specific Duties

- Conduct activities with local provider networks and/or health plans, community agencies and partners to improve perinatal access, service integration and coordination to meet client needs.
- Assist in the maintenance and management of a network of perinatal providers, including enrolled CPSP providers.
- Identify at-risk maternal and infant populations and develop strategies to address barriers and improve access to early and comprehensive quality perinatal care.
- Use local maternal and infant data to develop safety-net strategies with providers and community partners to ensure at-risk women receive appropriate perinatal care and relevant services.
- Assess disparities, strengths, and needs of pregnant women, families, and populations and apply appropriate interventions.
- Review, update or implement policies that integrate evidence-based best or promising practices to improve early access to and the quality of perinatal care.
- Develop shared policies or quality initiatives with local health plans to ensure that pregnant and postpartum women receive needed comprehensive perinatal care.
- Assure that comprehensive perinatal services are available to all Medi-Cal eligible women in both fee-for-service and capitated health systems.

## Perinatal Services Coordinator (continued)

## Specific Duties

- Work with the perinatal community, including providers, Regional Perinatal Program Coordinators/Directors, managed care plans and other health and human service providers to reduce barriers to care, avoid duplication of services and improve quality of perinatal care.
- Ensure that pregnant and postpartum women who have an undocumented resident status are aware of and linked to appropriate perinatal and applicable safety net health and human services.
- Evaluate implemented activities to determine outcome and quality of services.
- Report collected data and outcomes related to implemented activities to the MCAH Director.
- Prepare quality assurance reports for CDPH/MCAH upon request.
- Developing staff knowledge of the local systems of maternal and perinatal care.
- Developing a comprehensive resource and referral guide of available health and social services.
- Coordinating perinatal activities between MCAH and the Regional Perinatal Programs of California (RPPC) to improve maternal and perinatal systems of care, including coordinated post-partum referral systems for high-risk mothers and infants upon hospital discharge.
- Implementing local best or promising practice strategies to improve perinatal systems of care.
- Collaborating with partners such as Medi-Cal, Medi-Cal Managed Care, and managed care health plans, identify strategies and activities to improve access to health care services of early prenatal care and postpartum visit(s) for postpartum women.
- Identifies and interacts with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics and identifying at risk populations.
- Identifies barriers to the provision of health and human services for MCAH population.
- Participates in outreach activities that improve community health indicators for women and their partners, children, and their families.

## Perinatal Services Coordinator (continued)

## Specific Duties

- Provides consultation and technical assistance in the design, development, and review of health-related professional materials.
- Provides on-going liaison with the community and health care providers around issues of preventive health services, medical care, and program policy and regulations.
- Monitors perinatal data assessing the adequacy of the obstetrical provider network and its ability to meet the needs of the target population.
- Informs the perinatal community, including providers and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the MCAH County Plan.
- Perform activities that increase access and utilization of CPSP services for Medi-Cal eligible individuals and promote a strong safety-net support for pregnant and postpartum people (e.g., food security, shelter, housing, school placement).
- Promote CPSP in the provider community.
- Promote formal or informal agreements to improve maternal and infant care coordination and collaboration in the community.
- Improve access to maternal and infant care.
- Attend the PSC statewide meetings and state directed trainings related to perinatal systems of care, the online CPSP overview training, and skill-based online training modules, as needed (either virtually or in-person).
- Facilitates in-service training and educational seminars regarding perinatal topics for providers and related agencies.
- Fill the role of the SIDS Coordinator.

## DUTY STATEMENT

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: FISCAL SPECIALIST  
County Job Specification: Fiscal Specialist

### General Responsibilities

Under the direct supervision of the Health Department Fiscal Analyst and general direction of the MCAH Director and MCAH Coordinator, assists in compiling quarterly time study information for MCAH program personnel, assists with budget preparation and prepares quarterly invoices.

### Specific Duties

- Assists in preparing the budget.
- Assists in compiling quarterly time study information for the MCAH program.
- Tracks MCAH expenses and allocates to appropriate line item in MCAH budget.
- Tracks personnel cost and summarizes them according to FFP function codes.
- Processes quarterly invoices for the MCAH program.
- Provides fiscal consultation regarding FFP activities to program staff.

Budget Line: 5

## DUTY STATEMENT

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: OFFICE ASSISTANT  
County Job Specification: Office Assistant

### General Responsibilities

Under the direct supervision of the Supervising Public Health Nurse and general direction of the MCAH Director/Coordinator, the Office Assistant provides direct clerical support to the MCAH Director, MCAH Coordinator, Perinatal Services Coordinator and MCAH staff. The Office Assistant is also responsible for assisting professional staff in the delivery of services to clients and to perform related work to support the objectives of the MCAH scope of work.

### Specific Duties

- Provides clerical support to the MCAH staff.
- Provide clerical services directly necessary for carrying out the professional medical responsibilities and function codes of a SPMP.
- Conducts activities that directly support SPMP functions to the extent that the non-professional can be responsible for performing functions directly necessary for carrying out of the professional medical responsibilities of a SPMP.
- Provides specialized health education to clients according to protocols and under the direction of SPMP staff.
- Assists with training and conference preparation. This includes, but is not limited to, registering participants, making sign-in sheets, certificates, gathering and printing materials and setting up for the event.
- Under the direction and guidance of SPMP staff (MCAH Director/Coordinator and/or Perinatal Services Coordinator) prepares health information materials and program materials.
- Assists with producing flyers, brochures, handouts, etc. for community outreach events or for public health messages.

- Assist in health care planning and resource development with other agencies to improve access, quality and cost effectiveness of the health delivery system and availability of Medi-cal medical, and dental referral sources.
- Meetings, office visits, and community outreach to potentially Medi-Cal eligible to inform them about health programs.
- Verify a client's Medi-Cal status or eligibility.
- Provides information to low-income individuals and families concerning the nature, availability, and potential benefits of public health services and Medi-Cal program services.
- Assist individuals eligible for Medi-cal to enroll in the Medi-cal program and to access Medi-cal services.
- Carry out strategies that inform high-risk children and their families of health programs that will benefit them.
- Outreach using oral and written methods to inform individuals, agencies, and community about health programs and how to access program services.
- Assist in establishing and maintaining favorable relationships between the Health Department and the community served.
- Assist in the development and implementation of educational outreach programs and coordinates with local community resources.
- May use bilingual skills in performance of job duties.



Budget Line: 6

## DUTY STATEMENT

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: CAR SEAT TECHNICIAN  
County Job Specification: Health Educator

### General Responsibilities

Under direct supervision of the Supervising Public Health Nurse and general direction of the MCAH Director/Coordinator, the MCAH Car Seat Technician will assist and participate in public health educational programs specific to the car seat program.

### Specific Duties

- Assist in promoting, organizing, and implementing car seat safety resources and education within the community. Evaluate educational needs pertaining to car seat safety among community members, providers, and schools.
- Promote, develop, and coordinate professional and community resources to serve the multi-disciplinary needs of the community's use of car seats.
- Identify and interact with key informants in the community, coalitions, etc., for the purpose of sharing information about the use of car seat safety, identifying at-risk populations, and conducting surveys to assess health needs in the community.
- Participate in outreach activities pertaining to car seat safety to improve prevention and reduce negative outcomes.
- Demonstrate how to properly install a child safety seat and have the participant install the seat in their vehicle.

## DUTY STATEMENT SPMP

Health Jurisdiction: Kings County

Program: Maternal, Child and Adolescent Health (MCAH)

Program Position: SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR

County Job Specification: Public Health Nurse and or Supervising Public Health Nurse

### General Responsibilities

Under the direct supervision of the Supervising Public Health Nurse and general the direction of the MCAH Director/Coordinator, ensure contact with the families who experience SIDS and complete CDPH reports per protocols and procedures. This position meets the criteria for SPMP.

### Specific Duties

- Fill the role of the SIDS Coordinator.
- Provide or coordinate education about SIDS, grief counseling and what can be done to reduce the risk of SIDS.
- Promote and implement Infant Safe Sleep intervention.
- Provide direction to Health Educators and Community Health Aides presenting safe sleep guidance and intervention to the community, partners, and/or medical providers.
- Attend the SIDS Annual Conference, SIDS advisory committee meetings, and other SUID/SIDs trainings and educational forums.
- Consult with the infant's physician, when possible, upon being notified by the coroner of a presumed SIDS death.
- Provide information, support, referral, and follow-up services to family, caregivers, and/or foster parent of SIDS through home visits and/or mail resource packets.
  - a. Activities may include:
    - i. Medical Case Management
    - ii. Making referrals and/or coordinating medical or physical examinations for necessary medical, dental, and/or mental health services covered by Medi-Cal.
    - iii. Assisting individuals on Medi-Cal to access Medi-Cal services.

## DUTY STATEMENT

Health Jurisdiction: Kings County  
Program: Maternal, Child and Adolescent Health (MCAH)  
Program Position: HEALTH EDUCATOR  
County Job Specification: Health Educator

### General Responsibilities

The Health Educator, under the direct supervision of the program manager and the general direction of the MCAH Director/Coordinator, will assist and participate in public health educational programs and assist in the implementation of MCAH scope of work activities.

### Specific Duties

- Prepares health information materials and program materials.
- Inform individuals, agencies, and community groups about health programs using oral and written methods.
- Inform and assist clients and their families to access program services.
- Develop and provide program materials to individuals and their families, community agencies and health care providers.
- With the guidance of the SPMP, design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.
- Provides specialized health education to clients according to protocols.
- Assists in studies of health education needs and resources, and the effectiveness of health education methods, techniques, and material.
- Assists in the planning of and participates in workshops, seminars, and discussion groups.
- Assists in the development of in-service training programs for staff and community organizations.
- Provides consultation and technical assistance in the design, development, and review of health-related professional materials.

## Health Educator (continued)

## Specific Duties

- Prepares public information material including reports, bulletins, news releases, social media posts and website content.
- Attend collaborative meetings with other community partners to plan, develop, and assist in community events and outreach.
- Assists in developing, organizing, implementing, and evaluating health promotional activities, education needs and resources pertaining to preconception and interconception health and reproductive life plan targeting the community, schools, and the health care providers.
- Promotes, develops, and coordinates professional and community resources to serve the multi-disciplinary needs of women of childbearing age and their partner infants, children and children and youth with special health care needs and adolescents and their families.
- Identifies and interacts with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics, identifying at-risk populations and conducting surveys to assess health needs in the community.
- Participates in outreach activities that improve community health indicators for women and their partners and their families.
- Prepares public information material including reports, bulletins, and news releases.
- Establishes collaborative relationships and confers with community groups, agencies, and individuals in developing and presenting health promotion programs and activities relating to preconception health
- Under the direction of the Perinatal Services Coordinator (PSC) perform activities that increase access and use of CPSP services for Medi-Cal eligible individuals. Examples of activities include:
  - Deliver presentations to increase understanding of CPSP and promote access to CPSP services to partner agencies such as WIC offices, schools, foster homes, care providers, CalWORKs, Community Based Organizations (CBOs) and nonprofit organizations.
  - Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost effectiveness of the health delivery system and availability of Medi-Cal medical, and dental referral sources.

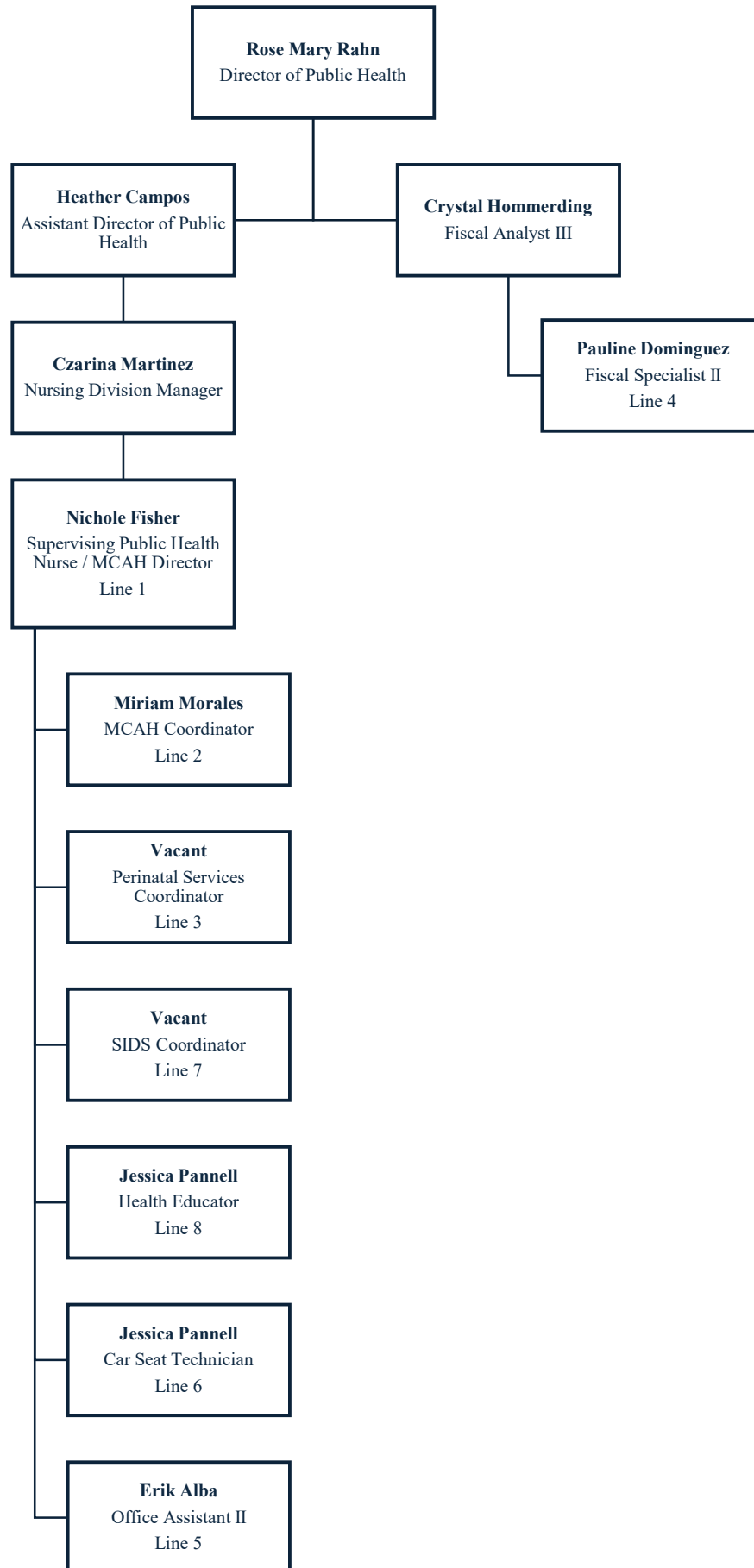
Health Educator (continued)

Specific Duties

- Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.
- Plans and facilitate professional training and technical assistance, which improves the quality of health assessment, preventive health services and care.
- May utilize bilingual skills in performance of job duties.



# MCAH Organizational Chart



# MCAH Director Verification Form

**Local Health Jurisdiction:** Kings County Depart. of Public Health

**Fiscal Year:** SFY 2024-25

## MCAH Director Qualifications and Full Time Equivalent (FTE) Requirements

---

All LHJs are required to have an MCAH Director and should have other key positions to support the leadership structure and core functions of the Local MCAH program.

The LHJ must meet the Full Time Equivalent (FTE) and qualification requirement(s) for the MCAH Director as outlined below.

### MCAH Director FTE Requirements

The MCAH Director will dedicate a percentage of time or Full Time Equivalent (FTE) to MCAH activities that complies with the following CDPH/MCAH guidelines for the population.

MCAH Director Full-time Equivalent (FTE) and Qualification Requirements	
Total Population	MCAH Director FTE/Qualification
3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	0.75 Public Health Nurse
25,001-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

If the MCAH Director is not able to meet the FTE requirements, CDPH/MCAH recommends the LHJ add an MCAH Coordinator position and/or other positions to assist with the responsibilities of the MCAH Director.

**Please list key positions, including MCAH Director, that will assist with the responsibilities of the MCAH Director:**

Position Title	FTE
MCAH Director	0.25 FTE
MCAH Coordinator	1.0 FTE
Perinatal Services Coordinator	0.25 FTE
Please list other:	
Please list other:	

# MCAH Director Verification Form

## MCAH Director Qualification Requirements

The MCAH Director must be a qualified health professional as defined below.

Please indicate the MCAH Director's qualification:

- A physician who is board-certified or board-eligible in specialties of Obstetrics/Gynecology, Pediatrics, Family Practice or Preventive Medicine; or
- A non-physician who is a certified public health nurse (PHN); or
- Other professional qualifications

Please list other professional qualifications of the MCAH Director below.


## REQUIRED FOR ALL LHJS

Please describe how your Local MCAH Program provides clinical oversight. For example, the MCAH Director is a qualified physician as described above and/or a Public Health Nurse (PHN).

The MCAH Director is a Supervising Public Health Nurse (SPHN).

## MCAH Director Requirements for LHJs Participating in the California Home Visiting Program (CHVP)

In LHJs participating in the California Home Visiting Program (CHVP), the MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).

Signature of MCAH Director or Designee	
Signature 	Date 7/3/24.



# MCAH Director Verification Form

## Information and requirements for completing the form:

A copy of the form must be submitted annually during the Agreement Funding Application (AFA) process. The form will be verified with the submitted Local MCAH budget, Organizational Charts and Duty Statements.

Additionally, a new form is required to be submitted for any changes to the MCAH Director position throughout the year such as budget revisions and/or change in MCAH Director.

CDPH/MCAH may hold reimbursement unless a current form is on file with CDPH/MCAH.

## Submittal During AFA Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director or designee.

## Changes after the AFA process:

- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).

**California Department of Public Health (CDPH)  
Maternal, Child and Adolescent Health (MCAH) Division  
Local MCAH Scope of Work (SOW)**

The Local Health Jurisdiction (LHJ), in collaboration with the CDPH/MCAH Division, shall strive to develop systems that protect and improve the health of California’s women of reproductive age, infants, children, adolescents and their families.

The development of the Local MCAH SOW was guided by several public health frameworks including the ones listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- [The Ten Essential Services of Public Health](#) and [Toolkit](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective and Social Determinants of Health](#)
- [The Social-Ecological Model](#)

All Title V programs must comply with the MCAH Fiscal Policy and Procedures Manual and the Local MCAH Program Policies and Procedures Manual.

Certification by MCAH Director:	Name: Nichole Fisher  Title: MCAH Director  Date: 6/28/2024  <i>I certify that I have reviewed and approved this Scope of Work.</i>
------------------------------------	---

Note: The Title V Maternal and Child Health Block Grant provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.

CDPH/MCAH may post SOWs on the CDPH/MCAH website.

## Section A: General requirements and activities for all LHJs

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Local MCAH Annual Report	<b>A1</b> Complete and submit an Annual Report each fiscal year to report on Scope of Work activities.	Annually, each fiscal year	The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
Title V Requirement	Toll-Free Line	<b>A2</b> Provide a toll-free telephone number or “no cost to the calling party” number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle.  Report in Annual Report: <ul style="list-style-type: none"> <li>List toll-free telephone number</li> </ul>
Title V Requirement	MCAH Website	<b>A3</b> Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: <ul style="list-style-type: none"> <li>List the URL for the Local MCAH Title V program website</li> </ul>
Title V/ CDPH/MCAH Requirement	Workforce Development and Training	<b>A4</b> Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> <li>MCAH Directors’ meeting(s)</li> <li>SIDS Coordinators’ meeting</li> </ul>
CDPH/MCAH Requirement	MCAH Director	<b>A5</b> Maintain required MCAH Director position and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	<b>A6</b> Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> <li>Submit/upload a copy or link to the existing resource and referral guide</li> </ul>
CDPH/MCAH Requirement	Protocols	<b>A7</b> Develop and adopt protocols to ensure that MCAH clients are enrolled in health insurance, are linked to a provider and access preventive visits.	Annually, each fiscal year	Report on protocols in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	<b>A8</b> Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment deliverable documents provided by CDPH/MCAH.

Section B: Domain specific requirements and activities				
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1</b> <b>Required for Infant Domain - all LHJs</b> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1.a.</b> Submit Public Health Services Report Form of a sudden, unexpected infant death to the CDPH/MCAH.	Annually, each fiscal year	
CDPH/MCAH Requirement	Infant – Safe Sleep	<b>B2</b> <b>Required for Infant Domain - all LHJs</b> Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health - Developmental Screening	<b>B3</b> <b>Required for Child Domain - all LHJs</b> Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year	Report on developmental screening activities in the Annual Report.
CDPH/MCAH Requirement	Child Health – Family Economic Supports	<b>B4</b> <b>Required for Child Domain - all LHJs</b> Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year	Report on family economic support activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B5</b> <b>Required for CYSHCN Domain - all LHJs</b> Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year	Report on screening and referral activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B6</b> <b>Required for CYSHCN Domain - all LHJs</b> Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. <a href="https://www.frcnca.org">Get Connected - Family Resource Centers Network of California (frcnca.org)</a>	Annually, each fiscal year	Report on outreach activities in the Annual Report.
CDPH/MCAH Requirement	Infant –	<b>B7</b> <b>Required for funded LHJs only</b>	Annually, each fiscal year	Report on activities in the Annual Report.

	Infant Mortality Reviews	LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.		
CDPH/MCAH Requirement	Black Infant Health (BIH) Program	<b>B8</b> <b>Required for BIH funded LHJs only</b> LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.	Annually, each fiscal year	Report on BIH activities in the Annual Report.
CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	<b>B9</b> <b>Required for AFLP funded LHJs only</b> LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

**Section C: Local Activities by Domain**

**At least one activity must be selected or the LHJ must develop at least one activity of their own in the Women/Maternal Health Domain**

Women/Maternal Health Domain	
<p><b>Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b></p> <p><i>Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.</i></p>	
<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year).  <b>ESM 1.1:</b> Percent of local health jurisdictions that have adopted a protocol to ensure that all persons in MCAH Programs are referred for enrollment in health insurance and complete a preventive visit.</p>
<p><b>Women/Maternal State Objective 1:</b>                      By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 18.6 deaths per 100,000 live births (2020 CA-PMSS) to 12.2 deaths per 100,000 live births.</p>	
<p><b>Women/Maternal State Objective 1: Strategy 1:</b>                      Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.</p>	<p><b>Women/Maternal State Objective 1: Strategy 2:</b>                      Partner to translate findings from pregnancy-related mortality investigations into recommendations for action to improve maternal health and perinatal clinical practices.</p>
<p><b>Local Activities for Women/Maternal Objective 1: Strategy 1:</b></p>	<p><b>Local Activities for Women/Maternal Objective 1: Strategy 2:</b></p>
<p><b>w 1.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the general public and local partners, including perinatal obstetric providers.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 1.2.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 1.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 1.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

**Women/Maternal Health Domain**

**Priority Need: Ensure women in California are healthy before, during and after pregnancy.**

*Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.*

<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year). <b>ESM:</b> The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)</p>
--	--

**Women/Maternal State Objective 2:**  
By 2025, reduce the rate of severe maternal morbidity from 110.5 per 10,000 delivery hospitalizations (2021 PDD) to 88.8 per 10,000 delivery hospitalizations.

<p><b><u>Women/Maternal State Objective 2: Strategy 1:</u></b> Lead surveillance and research related to maternal morbidity in California.</p>	<p><b><u>Women/Maternal State Objective 2: Strategy 2:</u></b> Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.</p>	<p><b><u>Women/Maternal State Objective 2: Strategy 3:</u></b> Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.</p>
--	---	--

<b>Local Activities for Women/Maternal Objective 2: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 2: Strategy 2</b>	<b>Local Activities for Women/Maternal Objective 2: Strategy 3</b>
--	--	--

<p><b>w 2.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the general public and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.1</b></p> <p><input type="checkbox"/> Partner with local Regional Perinatal Programs of California (RPPC) Director to understand efforts to establish Perinatal Levels of Care and quality improvement efforts.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.1</b></p> <p><input checked="" type="checkbox"/> Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.</p> <p><b>What is your anticipated outcome?</b> Our anticipated outcome is to increase knowledge in consumers and providers of chronic health conditions during pregnancy and subsequently increase management of present chronic health conditions. Additionally, we want to increase knowledge of local resources (WIC, CPSP, etc.) that help manage health conditions during pregnancy.</p>
---	---	--

<p><b>w 2.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.2</b></p> <p><input type="checkbox"/> Perinatal Service Coordinator (PSC) will collaborate with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key partners to ensure integration of resources and a coordinated delivery system for women during and after pregnancy.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.2</b></p> <p><input type="checkbox"/> For Black Infant Health (BIH) funded sites only, disseminate culturally responsive materials to inform Black women on chronic health conditions.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**



## Woman/Maternal Health Domain

**Priority Need: Ensure women in California are healthy before, during and after pregnancy.**

*Women/Maternal Focus Area 3: Improve mental health for all mothers in California.*

<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year). <b>ESM:</b> The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)</p>
--	--

**Women/Maternal State Objective 3:**  
By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 54.2% (2021 MIHA) to 56.9%.

<p><b><u>Women/Maternal State Objective 3: Strategy 1:</u></b> Partner with state and local programs to disseminate information and resources to reduce mental health conditions in the perinatal period.</p>	<p><b><u>Women/Maternal State Objective 3: Strategy 2:</u></b> Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.</p>	<p><b><u>Women/Maternal State Objective 3: Strategy 3:</u></b> Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.</p>
---	--	--

<b>Local Activities for Women/Maternal Objective 3: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 3: Strategy 2</b>	<b>Local Activities for Women/Maternal Objective 3: Strategy 3</b>
--	--	--

<p><b>w 3.1.1</b></p> <p><input type="checkbox"/> Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.1</b></p> <p><input type="checkbox"/> Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and other partners in their communities are aware of mental health requirements at roundtable discussions or through other communications.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.1</b></p> <p><input type="checkbox"/> Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 3.1.2</b></p> <p><input type="checkbox"/> Partner with local mental health service providers to improve referral and linkages to mental health services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.2</b></p> <p><input type="checkbox"/> Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.2</b></p> <p><input type="checkbox"/> Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health and identify systems gaps.</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>w 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.3</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 3.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

## Woman/Maternal Health Domain

**Priority Need: Ensure women in California are healthy before, during and after pregnancy.**

*Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.*

<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year). <b>ESM:</b> The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)
--	--

**Women/Maternal State Objective 4:**  
 By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.1% (2021 CCMBF) to 76.4%.

<b><u>Women/Maternal State Objective 4: Strategy 1:</u></b> Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	<b><u>Women/Maternal State Objective 4: Strategy 2:</u></b> Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	<b><u>Women/Maternal State Objective 4: Strategy 3:</u></b> Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.	<b><u>Women/Maternal State Objective 4: Strategy 4:</u></b> Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
--	--	--	--

<b>Local Activities for Women/Maternal Objective 4: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 4: Strategy 2</b>	<b>Local Activities for Women/Maternal Objective 4: Strategy 3</b>	<b>No Local Activities</b>
--	--	--	----------------------------

<b>w 4.1.1</b>  <input type="checkbox"/> Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives.  <b>What is your anticipated outcome?</b>		<b>w 4.3.1</b>  <input type="checkbox"/> Partner with Perinatal Service Coordinators (PSCs) to identify barriers in access to care in medically underserved areas and collaborate with local health plans to reduce barriers.  <b>What is your anticipated outcome?</b>	
---	--	---	--

<b>w 4.1.2</b>  <input type="checkbox"/> Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.  <b>What is your anticipated outcome?</b>	<b>w 4.2.2</b>  <input type="checkbox"/> Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.  <b>What is your anticipated outcome?</b>	<b>w 4.3.2</b>  <input type="checkbox"/> Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs).  <b>What is your anticipated outcome?</b>	
--	--	---	--

<p><b>w 4.1.3</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to promote preconception/inter-conception health programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.3.3</b></p> <p><input type="checkbox"/> Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>w 4.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.3.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**If you have additional local activities, please add a row.**

<b>Woman/Maternal Health Domain</b>	
<b>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b> <i>Women/Maternal Focus Area 5: Reduce maternal substance use.</i>	
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 1:</b> Well-woman visit (Percent of women with preventive medical visit in the a past year). <b>ESM:</b> The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)
<b>Women/Maternal State Objective 5:</b> By 2025, reduce the rate of maternal substance use from 20.8 per 1,000 delivery hospitalizations (2021 PDD) to 19.7 per 1,000 delivery hospitalizations.	
<b>Women/Maternal State Objective 5: Strategy 1:</b> Lead research and surveillance on maternal substance use in California.	<b>Women/Maternal State Objective 5: Strategy 2:</b> Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
<b>Local Activities for Women/Maternal Objective 5: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 5: Strategy 2</b>
<b>w 5.1.1</b>  <input type="checkbox"/> Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the general public and local partners.  <b>What is your anticipated outcome?</b>	<b>w 5.2.1</b>  <input type="checkbox"/> Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.  <b>What is your anticipated outcome?</b>
<b>w 5.1.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>w 5.2.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>

**If you have additional local activities, please add a row.**

**Section C: Local Activities by Domain**

**At least one activity must be selected or the LHJ must develop at least one activity of their own in the Perinatal/Infant Health Domain**

Perinatal/Infant Health Domain			
<p><b>Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life.</b>  <i>Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.</i>  <i>Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.</i></p>			
<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p><b>NPM 4a:</b> Percent of infants who are ever breastfed.  <b>NPM 4b:</b> Percent of infants breastfed exclusively through 6 months.  <b>ESM 4.1:</b> Number of online views/hits to the "Lactation Support for Low-Wage Workers".  <b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women.</p>	
<p><b>Perinatal/Infant State Objective 1:</b> By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 69.2% (2021 GDSP) to 72.5%.</p>			
<p><b>Perinatal/Infant State Objective 1: Strategy 1:</b> Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 2:</b> Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 3:</b> Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 4:</b> Partner with birthing hospitals to support caregiver/infant bonding.</p>
<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 1</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 2</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 3</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 4</b></p>
<p><b>p 1.1.1</b></p> <p><input type="checkbox"/> Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.1</b></p> <p><input type="checkbox"/> Promote breastfeeding education to prenatal women in local MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.1</b></p> <p><input type="checkbox"/> Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.1</b></p> <p><input type="checkbox"/> Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach.</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>p 1.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.2</b></p> <p><input type="checkbox"/> Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.2</b></p> <p><input type="checkbox"/> Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 1.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.3</b></p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 1.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

Perinatal/Infant Health Domain		
<b>Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities.</b> <i>Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.</i>		
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 4a:</b> Percent of infants who are ever breastfed <b>NPM 4b:</b> Percent of infants breastfed exclusively through 6 months <b>ESM 4.1:</b> Number of online views to the "Lactation Support for Low-Wage Workers Report" <b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women.	
<b>Perinatal/Infant State Objective 2:</b> By 2025, reduce the rate of infant deaths from 4.1 per 1,000 live births (2021 BSMF/DSMF) to 4.0. <i>*Note: Even though the objective has been surpassed, California has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation and we want to ascertain if it is an actual stable trend.</i>		
<b>Perinatal/Infant State Objective 2: Strategy 1:</b> Lead research and surveillance related to fetal and infant mortality in California.	<b>Perinatal/Infant State Objective 2: Strategy 2:</b> Lead planning and development of evidence-based practices and lesson learned for reducing infant mortality rates.	<b>Perinatal/Infant State Objective 2: Strategy 3:</b> Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.
<b>Local Activities for Perinatal/Infant Objective 2: Strategy 1</b>	<b>No Local Activities</b>	<b>Local Activities for Perinatal/Infant Objective 2: Strategy 3</b>
<b>p 2.1.1</b>  <input type="checkbox"/> Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners.  <b>What is your anticipated outcome?</b>	<b>p 2.2.1</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>p 2.3.1</b>  <input type="checkbox"/> Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies.  <b>What is your anticipated outcome?</b>
<b>p 2.1.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>		<b>p 2.3.2</b>  <input type="checkbox"/> Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.  <b>What is your anticipated outcome?</b>
<b>p 2.1.3</b>		<b>p 2.3.3</b>



<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>		<input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge.  <b>What is your anticipated outcome?</b>
<p><b>p 2.1.4</b></p> <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>		<p><b>p 2.3.4</b></p> <input checked="" type="checkbox"/> Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.  <b>What is your anticipated outcome?</b> Our anticipated outcome is to improve knowledge of SIDS/SUID and increase knowledge of the importance of safe sleep practices among various diverse local communities. Utilizing evidence-based teaching methods and interactive demonstrations, our goal is to have all members of the family unit understand and practice safe sleep.
<p><b>p 2.1.5</b></p> <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>		<p><b>p 2.3.5</b></p> <input type="checkbox"/> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.  <b>What is your anticipated outcome?</b>
		<p><b>p 2.3.6</b></p> <input type="checkbox"/> Other local activity (Please Specify/Optional):

		<b>What is your anticipated outcome?</b>
--	--	--

**If you have additional local activities, please add a row.**

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 4: Reduce preterm births.</i>			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)		<b>NPM 4a:</b> Percent of infants who are ever breastfed <b>NPM 4b:</b> Percent of infants breastfed exclusively through 6 months <b>ESM 4.1:</b> Number of online views to the "Lactation Support for Low-Wage Workers Report" <b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 9.1% (2021 BSMF) to 8.4%.			
<b>Perinatal/Infant State Objective 3: Strategy 1:</b> Lead research and surveillance on disparities in preterm birth rates in California.	<b>Perinatal/Infant State Objective 3: Strategy 2:</b> Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	<b>Perinatal/Infant State Objective 3: Strategy 3:</b> Lead the implementation of the state general fund effort, Perinatal Equity Initiative (PEI), to support local initiatives to support birthing populations of color.	<b>Perinatal/Infant State Objective 3: Strategy 4:</b> Lead the development and dissemination of preterm birth reduction strategies across California.
<b>Local Activities for Perinatal/Infant Objective 3: Strategy 1</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 2</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 3</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 4</b>
<p><b>p 3.1.1</b></p> <p><input type="checkbox"/> Monitor and track local preterm birth rates and disseminate data to community and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.4.1</b></p> <p><input checked="" type="checkbox"/> Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies.</p> <p><b>What is your anticipated outcome?</b> Our anticipated outcome is to increase knowledge of preterm birth reduction strategies and thus decrease preterm birth rates locally. Birthing people will have an increased knowledge of where to find evidence-based information on how to prevent preterm birth and increased knowledge of local resources through social media strategies that will help reduce preterm birth.</p>

<p><b>p 3.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.4.2</b></p> <p><input type="checkbox"/> Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.4.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

**Section C: Local Activities by Domain**

**At least one activity must be selected or the LHJ must develop at least one activity of their own in the Child Health Domain**

Child Health Domain			
<p><b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b></p> <p><i>Child Focus Area 1: Expand and support developmental screening.</i></p>			
(National/State Performance Measures and Evidence-Based Strategy Measure)	<p><b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p> <p><b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months’ time points) during the reporting period.</p>		
<p><b>Child State Objective 1:</b></p> <p>By 2025, increase the percentage of children (ages 9 through 35 months) who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.2% (NSCH 2022) to 32.4%.</p> <p><i>*Please note: We are waiting for the incoming NSCH oversample before updating this target.</i></p>			
<p><b>Child State Objective 1: Strategy 1:</b> Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.</p>	<p><b>Child State Objective 1: Strategy 2:</b> Partner to improve early childhood systems to support early developmental health and family well-being.</p>	<p><b>Child State Objective 1: Strategy 3:</b> Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.</p>	<p><b>Child State Objective 1: Strategy 4:</b> Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.</p>
<b>No Local Activities</b>	<b>Local Activities for Child Objective 1: Strategy 2</b>	<b>Local Activities for Child Objective 1: Strategy 3</b>	<b>Local Activities for Child Objective 1: Strategy 4</b>
	<p><b>ch 1.2.1</b></p> <p><input type="checkbox"/> Partner with local stakeholders and partners, such as the local First 5 program, Help Me Grow system (if available in your jurisdiction), or Home Visiting Community Advisory Board to identify key local resources for developmental screening/linkage.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.1</b></p> <p><input type="checkbox"/> Partner with early childhood and family-serving programs (including CHVP, AFLP, BIH) to assess current policies and practices on developmental screening and monitoring developmental milestones and determine whether additional monitoring or screening should be incorporated into the programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.1</b></p> <p><input type="checkbox"/> Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures.</p> <p><b>What is your anticipated outcome?</b></p>

	<p><b>ch 1.2.2</b></p> <p><input type="checkbox"/> Lead the development of a community resource map that links referrals to services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.2</b></p> <p><input type="checkbox"/> Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.2</b></p> <p><input type="checkbox"/> Track County Medi-Cal managed care health plan developmental screening data.</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>ch 1.2.3</b></p> <p><input type="checkbox"/> Implement a social media campaign or other outreach to educate families on the importance of well-child and other preventive health visits.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.3</b></p> <p><input type="checkbox"/> Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>ch 1.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.4</b></p> <p><input type="checkbox"/> Partner with Women Infant Children (WIC) to disseminate developmental milestone information, educational resources, and tools.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

	<p><b>ch 1.2.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
--	--	--	--

**If you have additional local activities, please add a row.**

Child Health Domain		
<p><b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b></p> <p><i>Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.</i></p>		
<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p> <p><b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>	
<p><b>Child State Objective 2:</b></p> <p>By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 85.1% (NSCH 2022) to 84.5%.</p>		
<p><b>Child State Objective 2: Strategy 1:</b> Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.</p>	<p><b>Child State Objective 2: Strategy 2:</b> Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.</p>	<p><b>Child State Objective 2: Strategy 3:</b> Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.</p>
<p><b>Local Activities for Child Objective 2: Strategy 1</b></p>	<p><b>Local Activities for Child Objective 2: Strategy 2</b></p>	<p><b>Local Activities for Child Objective 2: Strategy 3</b></p>
<p><b>ch 2.1.1</b></p> <p><input type="checkbox"/> Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.1</b></p> <p><input type="checkbox"/> Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships within MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.1</b></p> <p><input type="checkbox"/> Participate and promote within local county agencies the Surgeon General's ACEs trainings.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 2.1.2</b></p> <p><input type="checkbox"/> Identify opportunities to expand data collection on key child adversity and family resilience measures.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.2</b></p> <p><input type="checkbox"/> Research and share information on statewide initiatives that address social determinants of health and strengthen economic supports for families.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.2</b></p> <p><input type="checkbox"/> Share information to support the Surgeon General and DHCS' efforts on trauma screening and training for health care providers.</p> <p><b>What is your anticipated outcome?</b></p>



<p><b>ch 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.3</b></p> <p><input type="checkbox"/> Incorporate policies and practices to strengthen economic supports, including improving access to safety net programs, for families within MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.3</b></p> <p><input checked="" type="checkbox"/> Identify resources and training opportunities locally on ACEs and trauma-informed care for local programs.</p> <p><b>What is your anticipated outcome?</b>  Our anticipated outcome is to increase the knowledge of our local programs and partners on ACEs and trauma informed care through resources, educational materials, and training opportunities. Thus, increasing and promoting patient-centered care, evidence-based care and trust between the provider and patient.</p>

**If you have additional local activities, please add a row.**

## Child Health Domain

**Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.**

*Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*

**Performance Measures**  
(National/State Performance Measures and Evidence-Based Strategy Measure)

**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.  
**ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.

### Child State Objective 3:

By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive dental visit in the past year from 81.1% (NSCH 2022) to 82.6%.

#### Child State Objective 3: Strategy 1:

Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.

#### Local Activities for Child Objective 3: Strategy 1

##### ch 3.1.1

Other local activity (Please Specify/Optional):

Local MCAH will partner with the local oral health program to promote dental health among children and children and youth with special healthcare needs.

##### What is your anticipated outcome?

Our anticipated outcome is to improve dental health among children and children and youth with special healthcare needs (CYSHCN). Through partnerships with the local oral health program, local MCAH will be able to collaborate to improve knowledge of the dental home, dental resources and other dental education within the community. Additionally, MCAH will be able to advocate the importance of special considerations for CYSHCN and other communities with disparities with our partners.

**If you have additional local activities, please add a row.**

Child Health Domain	
<b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b> <i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i>	
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. <b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
<b>Child State Objective 4:</b> By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.	
<b>Child State Objective 4: Strategy 1:</b> Partner to enable the reporting of data on childhood overweight and obesity in California.	<b>Child State Objective 4: Strategy 2:</b> Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.
<b>Local Activities for Child Objective 4: Strategy 1</b>	<b>Local Activities for Child Objective 4: Strategy 2</b>
<b>ch 4.1.1</b>  <input type="checkbox"/> Contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity, utilize guidance to inform local-level prevention initiatives.  <b>What is your anticipated outcome?</b>	<b>ch 4.2.1</b>  <input type="checkbox"/> Partner with local WIC, local Center for Healthy Communities Programs and Initiatives, local Education initiatives, and local CDPH/MCAH programs and initiatives, stakeholders, and partners to identify resources and best practices and tools on healthy eating and share with families in MCAH programs.  <b>What is your anticipated outcome?</b>
<b>ch 4.1.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>ch 4.2.2</b>  <input type="checkbox"/> Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources.  <b>What is your anticipated outcome?</b>
<b>ch 4.1.3</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):	<b>ch 4.2.3</b>  <input type="checkbox"/> Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.

<p><b>What is your anticipated outcome?</b></p>	<p><b>What is your anticipated outcome?</b></p>
<p><b>ch 4.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.4</b></p> <p><input type="checkbox"/> Share the child MyPlates and related messaging with families and providers to promote healthy eating in children.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 4.1.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

<p><b>Child Health Domain</b></p>	
<p><b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b></p>	
<p><i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i></p>	
<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 17:</b> Medical home. <b>ESM 17.1:</b> Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule.</p>
<p><b>Child State Objective 5:</b> By 2025, increase the percentage of children (ages 1 – 17 years) who had a preventive medical visit in the past year from 70.0% (NSCH 2022) to TBD%</p>	

<p align="center"><b>Child State Objective 5: Strategy 1:</b></p> <p>Support local MCAH programs in ensuring children and their families have access to preventive and primary medical care.</p>	<p align="center"><b>Child State Objective 5: Strategy 2:</b></p> <p>Partner to build data capacity and program monitoring and evaluation to evaluate availability and access of regular, routine medical care for children and families in California.</p>
<p align="center"><b>Local Activities for Child Objective 4: Strategy 1</b></p>	<p align="center"><b>Local Activities for Child Objective 4: Strategy 2</b></p>
<p><b>ch 5.1.1</b></p> <p><input type="checkbox"/> Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.</p> <p><b>What is your anticipated outcome?</b></p>	<p>No Local Activities</p>
<p><b>ch 5.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**Section C: Local Activities by Domain**

**At least one activity must be selected or the LHJ must develop at least one activity of their own in the CYSHCN Health Domain**

**Children and Youth with Special Health Care Needs (CYSHCN) Domain**

**CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.**

*CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.*

<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<p><b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.</p> <p><b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.</p>
--	--

**CYSHCN State Objective 1:**

By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.

<b>CYSHCN State Objective 1: Strategy 1:</b> Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	<b>CYSHCN State Objective 1: Strategy 2:</b> Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	<b>CYSHCN State Objective 1: Strategy 3:</b> Partner to build data capacity to understand needs and health disparities in the CYSHCN population.
<b>Local Activities for CYSHCN Objective 1: Strategy 1</b>	<b>Local Activities for CYSHCN Objective 1: Strategy 2</b>	<b>No Local Activities</b>
<p><b>cy 1.1.1</b></p> <p><input type="checkbox"/> Conduct an environmental scan focused on CYSHCN and their families, which could include strengths, opportunities, needs, gaps, and resources available in your county or region.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.1</b></p> <p><input type="checkbox"/> Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.2</b></p> <p><input checked="" type="checkbox"/> Improve coordination of emergency preparedness and disaster relief support for CYSHCN and their families.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

<p>Our anticipated outcome is to increase knowledge for CYSHCN and their families regarding emergency preparedness. Also, improve disaster relief support by increasing knowledge of local emergency response teams on the best practices of aiding families with CYSHCN.</p>		
<p><b>cy 1.1.3</b></p> <p><input type="checkbox"/> Conduct a local data/evaluation project focused on CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.4</b></p> <p><input type="checkbox"/> Create or join a public health taskforce focused on the needs of CYSHCN in your county or region.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.5</b></p> <p><input type="checkbox"/> Partner with your county CCS program to improve connections and referrals between CCS and Local MCAH.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**If you have additional local activities, please add a row.**

**Children and Youth with Special Health Care Needs (CYSHCN) Domain**

**CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.**

**CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.**

<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care <b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems
--	---

**CYSHCN State Objective 2:**  
By 2025, increase the percent of adolescents with special health care needs (ages 12 – 17) who received services necessary to make transitions to adult health care from 18.4% to 20.2%. (NSCH 2016-20)

<b>CYSHCN State Objective 2: Strategy 1:</b> Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.	<b>CYSHCN State Objective 2: Strategy 2:</b> Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.	<b>CYSHCN State Objective 2: Strategy 3:</b> Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.
--	--	---

<b>Local Activities for CYSHCN Objective 2: Strategy 1</b>	<b>No Local Activities</b>	<b>No Local Activities</b>
--	----------------------------	----------------------------

<p><b>cy 2.1.1</b></p> <p><input type="checkbox"/> Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>		
--	--	--

<p><b>cy 2.1.2</b></p> <p><input type="checkbox"/> Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>		
---	--	--



<p><b>cy 2.1.3</b></p> <p><input type="checkbox"/> Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>		
<p><b>cy 2.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		

**If you have additional local activities, please add a row.**

**Children and Youth with Special Health Care Needs (CYSHCN) Domain**

**CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.**

*CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*

<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.</p> <p><b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.</p>
--	--

**CYSHCN State Objective 3:**  
By 2025, maintain the number of local MCAH programs (17) that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.

<p><b>CYSHCN State Objective 3: Strategy 1:</b> Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.</p>	<p><b>CYSHCN State Objective 3: Strategy 2:</b> Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.</p>	<p><b>CYSHCN State Objective 3: Strategy 3:</b> Support statewide and local efforts to increase resilience among CYSHCN and their families.</p>
---	---	---

<b>Local Activities for CYSHCN Objective 3: Strategy 1</b>	<b>No Local Activities</b>	<b>Local Activities for CYSHCN Objective 3: Strategy 3</b>
--	----------------------------	--

<p><b>cy 3.1.1</b></p> <p><input type="checkbox"/> Collaborate with a local <a href="#">Family Resource Center</a> or other CYSHCN-serving community organization to develop a training for LHJ staff on best practices for working with families of CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.1</b></p> <p><input type="checkbox"/> Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting or other Local MCAH programs, provider outreach to integrate maternal mental health screening into NICU follow-up visits or other pediatric specialty visits).</p> <p><b>What is your anticipated outcome?</b></p>
--	--	---

<p><b>cy 3.1.2</b></p> <p><input type="checkbox"/> Provide training to a local <a href="#">Family Resource Center</a> or other CYSHCN-serving community organization on how to access Local MCAH programs and resources.</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.2</b></p> <p><input type="checkbox"/> Implement a project focused on social and community inclusion for CYSHCN and their families (examples: creating a youth with special health care needs advisory group to improve community inclusion, partner with Parks and Rec or other non-traditional partners to make public spaces and events more inclusive).</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.3</b></p> <p><input type="checkbox"/> Partner with child welfare to address health needs (including mental health) of children and youth in foster care.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 3.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.4</b></p> <p><input type="checkbox"/> Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>

**cy 3.1.5**

Other (Please Specify/Optional):

**What is your anticipated outcome?**



**cy 3.3.5**

Other (Please Specify/Optional):  
Partner with CCS and MTU to increase inclusivity of children and youth with special healthcare needs (CYSHCN) in health promotion social media and educational materials within the department, community-based organizations and stakeholders.

**What is your anticipated outcome?**  
Our anticipated outcome is to increase resiliency for CYSHCN and their families by advocating for the consideration of CYSHCN when health promotion information is created for the community. Additionally, with the collaboration of CCS, local MCAH will create health promotion materials that are inclusive of CYSHCN.

**If you have additional local activities, please add a row.**

**Section C: Local Activities by Domain**

**At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain**

**Adolescent Domain**

**Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.**

*Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.*

**Performance Measures**

(National/State Performance Measures and Evidence-Based Strategy Measure)

**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

**ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.

**Adolescent State Objective 1:**

By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by:

- percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58%
- percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.

**Adolescent State Objective 1: Strategy 1:**

Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.

**Adolescent State Objective 1: Strategy 2:**

Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.

**Adolescent State Objective 1: Strategy 3:**

Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.

**Local Activities for Adolescent Objective 1: Strategy 1**

**a 1.1.1**

Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes.

**What is your anticipated outcome?**

**Local Activities for Adolescent Objective 1: Strategy 2**

**a 1.2.1**

For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.

**What is your anticipated outcome?**

**Local Activities for Adolescent Objective 1: Strategy 3**

**a 1.3.1**

For non-ASH Ed funded county agencies, partner with local ASH Ed funded agencies and/or other community partners to ensure local implementation of sexual health education that is aligned with the California Healthy Youth Act (CHYA) to young people facing the greatest inequities in health and social outcomes.

**What is your anticipated outcome?**

<p><b>a 1.1.2</b></p> <p><input type="checkbox"/> Utilize and disseminate California’s Adolescent Birth Rate (ABR) data report to the public and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.2</b></p> <p><input checked="" type="checkbox"/> Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities.</p> <p><b>What is your anticipated outcome?</b> Our anticipated outcome is to improve our local MCAH workforce capacities through training opportunities, refinement of our current educational materials and establishing strong connections with other local sexual and reproductive health leaders.</p>	<p><b>a 1.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 1.1.3</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.3.3</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

## Adolescent Domain

**Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.**

*Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.*

<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 10:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <b>ESM 10.1:</b> Percent of AFLP participants who received a referral for preventive services.
--	--

### Adolescent State Objective 2:

By 2025, increase the percent of adolescents 12 -17 with a preventive medical visit in the past year from 59.8% (NSCH 2020-2021) to 83.8%.

<b>Adolescent State Objective 2: Strategy 1:</b> Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	<b>Adolescent State Objective 2: Strategy 2:</b> Partner to increase the quality of preventive care for adolescents in California.
--	---

<b>Local Activities for Adolescent Objective 2: Strategy 1</b>	<b>Local Activities for Adolescent Objective 2: Strategy 2</b>
--	--

<b>a 2.1.1</b>  <input type="checkbox"/> Implement evidence-based screening tools or evidence-informed assessments to connect adolescents in Local MCAH programs to needed services.  <b>What is your anticipated outcome?</b>	<b>a 2.2.1</b>  <input type="checkbox"/> Partner with CDPH/MCAH to disseminate tools and resources to improve the quality and accessibility of adolescent health care in their communities.  <b>What is your anticipated outcome?</b>
--	---

<b>a 2.1.2</b>  <input type="checkbox"/> Lead the development of a community resources map that links referrals to services for young people.  <b>What is your anticipated outcome?</b>	<b>a 2.2.2</b>  <input type="checkbox"/> Other (Please Specify/Optional):  <b>What is your anticipated outcome?</b>
---	---

<b>a 2.1.3</b>  <input type="checkbox"/> Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.	<b>a 2.2.3</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):
--	--

<p><b>What is your anticipated outcome?</b></p>	<p><b>What is your anticipated outcome?</b></p>
<p><b>a 2.1.4</b></p> <p><input type="checkbox"/> Implement referrals to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California’s Family Planning, Access, Care and Treatment program.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 2.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**



## Adolescent Domain

**Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.**

*Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.*

<p style="text-align: center;"><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 10:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <b>ESM 10.1:</b> Percent of AFLP participants who received a referral for preventive services.</p>
--	--

**Adolescent State Objective 3:**  
By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 76.7% (NSDUH 2018-2019) to 79.7%.

<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 1:</b> Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.</p>	<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 2:</b> Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.</p>	<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 3:</b> Partner to strengthen knowledge and skills among providers, individuals, and families to identify signs of distress and mental health related needs among adolescents.</p>
--	---	--

<b>Local Activities for Adolescent Objective 3: Strategy 1</b>	<b>Local Activities for Adolescent Objective 3: Strategy 2</b>	<b>Local Activities for Adolescent Objective 3: Strategy 3</b>
--	--	--

<p><b>a 3.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.1</b></p> <p><input type="checkbox"/> Conduct a Positive Youth Development (PYD) Organizational Assessment to build agency capacity to engage and promote youth leadership and youth development.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.1</b></p> <p><input type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p><b>What is your anticipated outcome?</b></p>
--	---	---

<p><b>a 3.1.2</b></p> <p><input type="checkbox"/> Lead or participate on an Adolescent Family Life Program’s (AFLP) Local Stakeholder Coalition (if AFLP exists in the county).</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.2</b></p> <p><input checked="" type="checkbox"/> Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives.</p> <p><b>What is your anticipated outcome?</b> Our anticipated outcome is to increase collaboration between our local MCAH program and other youth focused organizations through a youth advisory board. This will improve our methods of connecting with youth and increase the local youth voice and feedback to our local MCAH program.</p>	<p><b>a 3.3.2</b></p> <p><input type="checkbox"/> Partner with or join local adolescent health coalitions and co-develop a plan to improve adolescent mental health and well-being.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.3</b></p> <p><input type="checkbox"/> Partner with local community agencies to understand and promote efforts to improve youth engagement and leadership opportunities.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.3</b></p> <p><input checked="" type="checkbox"/> Partner to disseminate training opportunities and resources related to adolescent mental health and well-being.</p> <p><b>What is your anticipated outcome?</b> Our anticipated outcome is to improve knowledge of adolescent mental health and well-being across local MCAH staff and their partners utilizing training and educational opportunities. Thus, increasing awareness and receptivity to the state of adolescent mental health locally.</p>
<p><b>a 3.1.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

**INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT**

Exhibit N/A

Report Date 6/28/24

Page 1 of 1

Contract # 2024-16

Contract Expires 6/30/25

Previous Contract # 2023-16

Contractor Kings County Department of Public Health

Address 460 Kings County Dr.

City/State/Zip Hanford, CA 93230

Contact Person Nichole Fisher

Phone Number (559) 852-2586

CDPH Program Name Maternal, Child and Adolescent Health

Address 1615 Capitol Ave., P.O. Box 997420, MS 8300

City/State/Zip Sacramento, CA 95899-7420

Contract Manager Nick Allred

Phone Number (916) 322-5516

**THIS IS NOT A BUDGET FORM**

STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity <sup>1</sup>	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
N/A		No inventory to declare.					

<sup>1</sup> If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.). If van, include passenger capacity.

**INSTRUCTIONS FOR CDPH 1204**

(Please read carefully.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form, checking for accuracy and completeness and then submitting to the California Department of Public Health (CDPH) Asset Management (AM), who uses this form to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See Public Health Administrative Manual (PHAM), Section 1-1000 and Section 3-1320.)

**Inventory:** List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

**Disposal:** *Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).* Complete this form, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receiving this form, the AM will contact the CDPH Program Contract Manager to appropriate arrange disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;
  - A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
    - Tangible item with a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item with a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)
  - B. Minor Equipment/Property: (These items were issued green state/ CDPH property tags.)

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: smartphones, laptops, desktop personal computers, LAN servers, routers and switches.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)
3. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.

For more information on completing this form, call AM at (916) 341-6168.



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

**Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff**

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided, Kings County Department of Public Health

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2024-2025, based on our review of all the criteria below:

- Professional Education and Training
- Job Classification
- Job Duties /Duty Statement
- Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- Organizational Chart
- Accurate, complete, and signed SPMP Questionnaire
- Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

Kings County Department of Public Health

*Agency Name/Local Health Jurisdiction*

Nichole Fisher, MCAH Director

*Name and Title*

*Signature*

6/18/24

*Date*

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health  
MS 8300 • P.O. Box 997420 • Sacramento, CA 95899-7420  
(916) 650-0300 • (916) 650-0305 FAX  
Department Website ([www.cdph.ca.gov](http://www.cdph.ca.gov))



**SPMP ATTESTATION  
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Nichole Fisher	MCAH Director	Bachelor of Science	Registered Nurse / Public Health Nurse	634520/68107
2	Miriam Morales	MCAH Coordinator	Bachelor of Science	Registered Nurse / Public Health Nurse	95225773/560748
3					
4					
5					
6					
7					
8					
9					
10					



**INTEREST IN UTILIZING THE  
NATIONAL FATALITY REVIEW-CASE REPORTING SYSTEM (NFR-CRS)**

**Local Health Jurisdiction:**

**Fiscal Year:** SFY 2024-25

My LHJ is interested in utilizing the National Fatality Review-Case Reporting System (NFR-CRS)

Yes

No

If you check "Yes" please supply the following information:

Name:

Job Title:

E-mail address:

Phone number:

The State FIMR Coordinator will contact you with more detailed information about your desire to utilize the NFR-CRS.