

**MATERNAL, CHILD and ADOLESCENT HEALTH/
OFFICE OF FAMILY PLANNING (MCAH/OFP) BRANCH**

MCAH PROGRAM POLICIES AND PROCEDURES

Introduction These Policies and Procedures are to be followed for all issues pertaining to the Allocation Agreement between the MCAH/OFP Branch of the California Department of Public Health (CDPH) and the local health jurisdictions (LHJs). These Policies and Procedures may be amended by subsequent Policy Letters.

Contents This section contains the following:

	TOPIC	See page
	MCAH/OFP Branch Mission	2
	MCAH Program Goals	2
	Mandates and Regulations	2
	Annual Funding	4
	Understanding Federal Title V	5
	Needs Assessment	7
	MCAH/OFP Branch Priorities	8
	Specialized Programs	9
	MCAH Scope of Work Information	10
	Local Health Jurisdictions Responsibilities	14
	Product/Publication Approval and Credit	15
	Key Personnel	16
	Patient/Client Education and Community Awareness	23
	Appendix A: MCAH SOW Appendix B: MCAH & Title V Priorities Appendix C: Duty Statement Example	

MCAH/OFP Branch Mission

The mission of the State MCAH/OFP Branch is to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families.

MCAH Program Goals

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

Mandates and Regulations

In 1997, Section 123255 was added to the California Health and Safety Code. The statute specifies the structure and requirements for state-funded local MCAH programs. The following statutes and regulations are applicable to the state-funded local programs of MCAH and Children's Medical Services (CMS).

Statutes & Budget Acts

The following statutes and Budget Acts apply to the MCAH Program:

- California Health and Safety Code Section 123225-123255, Maternal and Child Health Program.
- California Health and Safety Code Section 123475-123525, Comprehensive Perinatal Services Program.
- California Welfare and Institutions Code Section 14132-14134.5, Medi-Cal Coverage of Comprehensive Perinatal Services.
- California Health and Safety Code Section 104560-104569, Comprehensive Perinatal Patient/Client Education and Community Awareness Program.

- California Health and Safety Code Section 123550-123610, Regional Perinatal Program Coordinators.
- California Health and Safety Code Section 123725-123745, Sudden Infant Death Syndrome.
- California Health and Safety Code Section 124250-124251, Domestic Violence.
- Senate Bill (SB 165), Budget Act of 1989 (Alquist, Chapter 93, Statutes of 1988), Black Infant Health Program.
- California Welfare and Institutions Code Section 14134.5.

Regulations

The following regulations apply to the MCAH Programs:

- U.S. Code of Regulations Title 42, The Public Health and Welfare, Chapter 7, Social Security, Subchapter V—Maternal and Child Health Services Block Grant.
- California Code of Regulations, Title 22. Social Security, Division 3. Health Care Services, Subdivision 1. California Medical Assistance Program, Chapter 3. Health Care Services, Article 3. Standards for Participation, Section 51249. Application Process for Comprehensive Perinatal Providers.
- California Code of Regulations, Title 17, Public Health, Division 1. State Department of Health Services, Chapter 3. Local Health Service, Subchapter 1. Standards for State Aid for Local Health Administration, Article 1. Organization, Section 1253. Public Health Nursing Staff.

Annual Funding

Introduction	The MCAH/OFP Branch allocates funds annually to support local MCAH Programs that are developed, operated, and managed by LHJs and Community-Based Organizations (CBOs) throughout California. There are 61 LHJs funded to accomplish the State MCAH Program goals and objectives.
Purpose	The purpose of the MCAH/OFP Branch allocation is to: <ul style="list-style-type: none">• Ensure that each LHJ has the resources and leadership to carry out the core public health functions of assessment, policy development, assurance, and evaluation to improve the health of their MCAH population.• Assist the LHJs to provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care. This includes assessment of needs, coordination of effort at both state and local levels, planning to assure systems of care that achieve the health objectives set by the state and in conjunction with the national health objectives, and evaluation for identifying and incorporating best practices.
Funding Sources	Federal Title V MCH Block Grant Funds, State General Funds, Federal Title XIX Medicaid (Medi-Cal) Funds, and local government (county/city) funds are combined to support the program activities as defined in the scope of work (SOW).
Forecasting Annual Budget	To forecast an annual budget, each LHJ must establish a SOW for the budget year based on the identified needs of the jurisdiction and the State and Federal MCAH objectives.
Training and Meetings	Adequate funding for training and meeting expenses, including travel must be built into the annual MCAH budget.

Understanding Title V

Introduction The Federal Maternal and Child Health (MCH) Services, Title V Block Grant Program authorizes appropriations to states to improve the health and well-being of mothers and children by providing health services and related activities consistent with the applicable health status goals and national health objectives.

The Federal MCH Block Grant is authorized under Title V of the Social Security Act of 1935. MCAH/OFP Branch applies to the federal government annually to maintain the Title V Programs within the MCAH/OFP and CMS Branches.

Title V Focus The focus of the Title V Grant is to improve the health of all mothers and children in the nation consistent with the applicable health status goals and National Health Objectives of Healthy People 2010. The Title V Grants allow each state to:

- Provide and assure access to quality MCH services for mothers and children, especially those with low income or limited availability to services; improve access to health care services for women, children and families; increase the number of children receiving comprehensive health assessments with follow up diagnostic and treatment services;
- Provide rehabilitation services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX;
- Provide and promote family-centered, community-based, coordinated care, including care coordination services as defined in the legislation, for Children with Special Health Care Needs (CSHCN) and facilitate the development of community-based systems of service for such children and their families;
- Reduce maternal and infant mortality; improve the quality and availability of prenatal, delivery and postpartum services; reduce the need for inpatient or long term health care services;
- Promote preventive services for women, children and families through public education; collaborate with federal, state and local agencies to provide preventative services for families; implement safety measures to reduce safety hazards for children; increase public awareness of potential safety hazards; improve utilization of preventive measures to reduce the incidence of injuries to

women and children; promote healthy lifestyle modalities and assist families to incorporate beneficial physical and mental health practices into their everyday lives; and

- Provide and promote preventive services for children that include injury prevention and healthy lifestyles programs to reduce the incidence of personal risk and health problems.

**Title V
Requirements**

- Every five years the MCAH/OFP Branch must prepare a comprehensive statewide needs assessment;
- For each fiscal year, the MCAH/OFP Branch is required to submit a plan for meeting the needs identified by the statewide needs assessment; and
- Each year, the MCAH/OFP Branch is required to submit a report of its activities under the Title V Grant. This includes reporting on national and state performance measures, setting annual targets and reporting on progress toward meeting the identified goals and objectives.

Needs Assessment

Introduction

The MCAH/OFP Branch, as a recipient of the federal Title V MCH Block Grant, is required to complete a statewide needs assessment. This is the first step in a cycle for continuous improvement of maternal, child and adolescent health. In California, it was decided that the Title V Five Year Needs Assessment would be conducted by population group. The 61 MCAH LHJs drive the process and thereby encompass all the variations across this large, diverse state. Every five years, the LHJs complete a Community Health Assessment and from this develop a local Five-Year MCAH Plan for their health jurisdiction consistent with the State Title V Plan.

Needs Assessment

The five-year needs assessment leads to the identification of the priorities for the State and for the LHJ. The State MCAH Program requires that each LHJ perform a Community Needs Assessment and address their priority need(s) in their SOW. The needs assessment must be consistent with the national health objectives and address the preventive and primary care services for pregnant women, mothers, infants and children, including Children with Special Health Care Needs (CSHCN).

Changes to Needs Assessment

Proposed changes to the Five-Year Community Health Assessment must be submitted in writing and electronically with all corresponding documents to the MCAH/OFP Branch Program Consultant for review and approval within 30 days of the change. Proposed changes should be discussed with the MCAH/OFP Branch Program Consultant and Contract Manager if there are fiscal implications prior to submitting them for approval. The MCAH/OFP Branch will respond in writing within 30 days after receiving all required documents and information.

MCAH/OFP Branch Priorities

Introduction The CDPH MCAH/OFP Branch utilizes a collaborative effort with the LHJs, other State agencies and programs, health care providers, community groups, and health care consumers and families for assessing needs and for meeting its annual reporting requirements for the Title V Grant. Through this process, the MCAH/OFP Branch develops its priorities.

**Priorities
2006-2010**

The MCAH/OFP Branch has the following priorities:

1. Enhance preconception care and eliminate disparities in infant and maternal morbidity and mortality.
2. Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents.
3. Promote responsible sexual behavior to decrease the rate of teen pregnancy and sexually transmitted infections.
4. Improve mental health and decrease substance abuse among children, adolescents and pregnant or parenting women.
5. Improve access to care and quality of health and dental services, including the reduction of disparities.
6. Decrease unintentional and intentional injuries and violence, including community, family, and intimate partner violence.
7. Increase breastfeeding initiation and duration.

Specialized Programs

Introduction

Under the MCAH/OFP Branch umbrella, there are four specialized programs:

- Adolescent Family Life Program (AFLP),
- Black Infant Health (BIH) Program,
- Fetal Infant Mortality Review (FIMR) and BIH-FIMR, and
- Sudden Infant Death Syndrome (SIDS)

Note: These programs are not required and a LHJ may have one or more of these programs.

Components of Programs

Each specialized program has an assigned MCAH/OFP Branch Program Consultant and Contract Manager.

The AFLP and BIH Programs require a separate budget, which is necessary to maintain specific program and budgetary mandates.

The FIMR and BIH-FIMR Programs are included in the local MCAH budget, while the local SIDS Programs receive a specific allocation that is tracked on the local MCAH budget.

All of these specialized programs have a separate SOW except SIDS, which is included as part of Objective 4 in the MCAH SOW.

MCAH Scope Of Work Information

Introduction The MCAH SOW is part of the annual Agreement Funding Application (AFA), which is due every year on July 1, and is developed based on:

- Title V requirements
- MCAH/OFP Branch and LHJ priorities

The SOW is the mechanism by which the MCAH/OFP Branch mission and MCAH Program goals are met.

Structure of SOW The MCAH SOW consists of four required objectives.

- Objectives 1-3 define implementation activities, timelines, and methods of evaluating outcomes. They form the infrastructure of the local MCAH program and are consistent for all 61 LHJs. Also defined are Key Personnel with specific professional qualification and time commitment requirements.
- Objective 4 is developed based on the identified needs and priorities of the LHJs as a result of their five-year community needs assessment and includes SIDS.

Requirements Each LHJ must have a SOW that includes:

- The MCAH Objectives 1 through 3 templates, and
- Objective 4 reflecting the needs and priorities specific to the LHJ plus a SIDS specific objective.

The MCAH/OFP Branch Program Consultant must approve the SOW and any changes.

SOW Objectives The SOW consists of the following four objectives:

Objective 1 explains the professional qualifications and time commitment requirements for the MCAH Director. It also details the responsibilities of the MCAH Director to implement, monitor, evaluate and modify the local MCAH Program. Emphasis is on community collaboration, infrastructure development, and provision of family-centered, culturally competent services to improve health outcomes for the MCAH population. The MCAH Director is also responsible for developing policies and procedures, coordinating and implementing all programs included in the MCAH Allocation.

Objective 2 describes outreach, client education, community awareness and case finding activities that are the responsibility of the local MCAH Program for the MCAH population.

- Client education and community awareness activities must include targeted activities to high risk MCAH populations to assist them in receiving early and continuous perinatal, infant and well child services.
- The Title V requirement of a toll free or no cost telephone information service is included in this objective.

Objective 3 describes the responsibilities of the LHJ to provide skilled expertise for MCAH programs. It also describes the responsibilities of the Perinatal Services Coordinator (PSC) and the professional qualifications and time commitment requirements. The PSC implements the Comprehensive Perinatal Services Program (CPSP) at the local level in addition to evaluating the perinatal care needs of the entire jurisdiction.

Objective 4 reflects the LHJ's priorities developed from its Community Health Assessment. Every five years the LHJ uses the findings from their Community Health Assessment to develop a local Five-Year MCAH Plan consistent with the State MCAH and Title V Plan.

Establishing Objectives 1-3

LHJs must define the implementation activities and/or interventions and define outcome measures that will be used to determine progress toward achieving improvements in the specified areas.

1. Each implementation activity must have a method of measuring or evaluating the outcome as it relates to meeting the objective.
2. All implementation activities must be specific and measurable.
3. Timelines must conform to the fiscal year for which the allocation applies. The timeframe for a particular objective or activity may be shorter than the fiscal year, but it cannot be longer than the fiscal year.

Establishing Objective 4

Based upon the local needs assessment, the LHJ identifies objectives as negotiated with the program consultant and:

1. Develops a plan to address the LHJ's priority needs and SIDS objective by identifying implementation strategies and activities consistent with the MCAH/OFP Branch and Title V goals and objectives.
2. Ensures implementation activities, interventions and strategies are evidence-based.
3. Implements activities that are specific and measurable.
4. Ensures each implementation activity has a method of evaluating the outcome as it relates to meeting the objective.

5. Completes the plan within the fiscal year in which the allocation applies except if the local priority need is an ongoing issue. These activities may be carried over to the next year.
6. Continues to monitor local MCAH needs and modify the local plan to improve maternal, child and adolescent health.
7. Report local trends in MCAH and the impact on implementing their plan and meeting their objectives.

MCAH SOW

See appendix for the SOW document.

Changes to SOW

Proposed changes to the SOW must be submitted in writing and electronically with all corresponding documents to the MCAH/OFP Branch Program Consultant for review and approval within 30 days of the change. If there are fiscal implications prior to submitting them for approval, discuss the proposed changes with the Program Consultant and Contract Manager. The MCAH/OFP Branch will respond in writing within 30 days after receiving all required documents and information.

Writing Local Objectives For The SOW

Objectives are specific to an identified problem and must contain activities to accomplish the objective, a time frame, and a method of evaluation. The outcome is measurable within a designated time frame. A SOW may contain structure, process and outcome objectives.

Duty Statements
(See Appendix for a sample)

- All personnel funded through the local MCAH Budget need Duty Statements, which describe those activities funded through the MCAH Allocation or directly related to the MCAH program.
- Duty Statements for personnel identified in the budget shall be used as supporting documentation for the percent of time assigned to MCAH Program activities and level of Federal Financial Participation (FFP).
- Duty Statements must:
 - Contain position titles that match those on the organizational chart, budget, and budget justification documents.
 - Accurately reflect the MCAH activities.
 - Contain only those duties performed for the MCAH Program or specific program duties.
 - Provide information regarding:
 - Targeted populations
 - Targeted geographic areas
 - Specific practice settings or functions

- Duty Statements for Skilled Professional Medical Personnel (SPMP) will note 'SPMP' at the top of the duty statement or along with the position title.
 - LHJ job specifications must signify they require a SPMP skill level if enhanced funding match is claimed.

Organizational Charts

Each LHJ must have an organizational chart for all MCAH Programs and any special programs that receive MCAH/OFP Branch funding.

Organizational charts and current Duty Statements for personnel identified on the local MCAH budget serve as supporting documentation for the percent of time assigned to local MCAH Program activities and the level of FFP match.

The organizational chart must:

- Identify the MCAH Program and its relation to other public services for women and children;
- Illustrate the relationship of local MCAH personnel and programs to the MCAH Director, the local health officer and overall agency;
- Identify all staff positions funded with MCAH funds or involved in MCAH activities; and
- Match staff position titles with the duty statement titles; and
- List the budget line number and initials of the staff member on the organizational chart for ease of identification with the positions in the budget and budget justification documents.
 - Listing FTEs on the organizational chart is helpful but not required.

Local Health Jurisdiction Responsibilities

Purpose of Funding Through the AFA process, the MCAH/OFP Branch funds LHJs to carry out the core public health functions of assessment, policy development, assurance and evaluation to improve the health of the MCAH population.

Each LHJ receiving an allocation will address the selected goals and objectives contained in the SOW which was developed based on:

- CDPH MCAH Policy and Procedures Manual
- LHJ's Community Health Assessment
- Local MCAH Plan
- Current Five-Year State MCAH Application and Report

LHJ Requirements Under the direction of the MCAH Director, the LHJ will:

- Develop policies and standards and conduct activities that improve health outcomes for the MCAH population.
- Develop agency and/or community infrastructures that provide family-centered, culturally competent services.
- Use core public health functions to assure that progress is made toward meeting the MCAH/OFP Branch priorities.

MCAH SOW Requirements Each LHJ must have an approved SOW that is consistent with the MCAH/OFP Branch template (refer to Section MCAH SOW Information, page 16)

- Objectives one through three are standard for all LHJs.
- Objective four contains the activities specific to the LHJ as prioritized from their five-year Community Health Assessment, including a specific SIDS objective and activities.

The LHJs must continue to implement activities to address the objectives as identified in the SOW, which include:

- Define the implementation activities and/or interventions and define outcome measures to determine progress toward achieving improvements in these areas.
- Develop a method of measuring or evaluating the outcome as it relates to meeting the objective.
- Report local trends in MCAH and the impact on implementing their plan and meeting their objectives.
- Timelines must conform to the fiscal year for which the allocation applies.

Documentation Documentation must be in writing and kept on file for audit purposes for three years from the date of final payment or later for open audits. (See MCAH Policies and Procedures, Fiscal Administration, Audit File Retention.)

Product/Publication Approval and Credit

Product/Publication Approval

All products, including publications, reports, brochures, letters of interest or other materials that are developed and produced using MCAH Allocation funds, must be approved by the CDPH MCAH Program prior to printing and distribution. Any products currently in use which have not been approved by the CDPH MCAH Program must be approved prior to reprinting and further distribution.

The process for approval is:

- Submit the product either electronically or by hard copy to the State Program Consultant sixty days prior to publication or reprinting;
- Include a cover letter explaining the purpose of the product and requesting approval;
- The Program Consultant will review the product; provide feedback and approval/disapproval within 60 days; and
- Complete and submit a Form 7, "Annotations of Products Developed" with the Annual Report.

Product/Publication Credit

All products, journal articles, public reports or publications that are developed using funds provided from the MCAH/OFP Branch Allocation Plan and Budget must acknowledge this support with a written statement. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH/OFP Branch Allocation Plan and Budget.

- Include a statement identifying funding support on the title page of public reports or publications.
- Include a statement identifying funding support on the first page of any journal articles.
- Sample statement/credit: "This project was supported by funds received from the California, Department of Public Health, Maternal, Child and Adolescent Health Branch".

Reports

Unless specified otherwise, activities shall be documented in writing as part of the Annual Report submitted to MCAH/OFP Branch (Refer to MCAH Annual Report).

Key Personnel

Policy

Each LHJ must have an MCAH Director and a PSC who are approved by the MCAH/OFP Branch. They must approve all changes to the MCAH Director and PSC positions including the person, allocated time, duties, job specifications and organizational charts.

MCAH Director Requirements

The MCAH Director must be a qualified health professional, defined as:

- A physician who is board-certified or board-eligible in specialties of OB/GYN, Pediatrics, Family Practice or Preventive Medicine; or
- A non-physician who must be a certified public health nurse (PHN).

All MCAH Directors funded in whole or in part by MCAH allocation will be the agency lead for the local MCAH Program. The MCAH Director will dedicate a percentage of time to MCAH activities that complies with the following State MCAH Program guidelines for the population.

**MCAH Directors Chart
Full-Time Equivalent (FTE)**

Total Population	FTE MCAH Director
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	.75 Public Health Nurse
25,000-75,000	.50 Public Health Nurse
<25,000	.25 Public Health Nurse

- The MCAH Director, in collaboration with the local health officer, has the general responsibility and authority to plan, implement, evaluate, coordinate and manage MCAH services in the LHJ.

MCAH Director Responsibilities

The MCAH Director's role as the head of the local MCAH Program is to direct the local program to perform the core public health functions of

assessment, policy development, assurance and evaluation. The core functions are discussed below:

Assessment

- Participate in MCAH Branch-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, and children using standardized data techniques for the purpose of identifying at-risk populations, understanding the health needs in the community, and identifying barriers to the provision of health and human services for MCAH populations.
- Identify health issues and interact with local health care providers, community informants, managed care plan providers, coalitions, etc., to enhance programs and improve outcomes.

Policy Development

- Use information gathered during assessment to develop and implement local policies and programs to implement interventions.
- Develop plans and direct resources consistent with program goals and objectives.

Assurance

- Facilitate access to care and appropriate use of services. This may include patient/client outreach, education, community awareness, referral, transportation, childcare, translation services and care coordination.
- Must have a toll free or "no cost to the calling party" telephone system which provides a current list of available culturally and linguistically appropriate information and referral to community health and human resources and the general public regarding access to prenatal care. The telephone number must be disseminated widely throughout the health jurisdiction by means of pamphlets, publications and media publicity. At a minimum, the toll free line must be operational during normal business hours and must be linguistically appropriate. Personnel staffing the toll-free line should have cultural sensitivity training. After-hours messages must be answered by the end of the following business day.

- Coordinate all MCAH patient/client outreach, education, and community awareness services from various programs to prevent duplication of service and for optimal use of resources.
- Ensure hiring and orientation of key personnel, adhering to MCAH/OFP Branch policy personnel requirements.
- Participate in quality assurance activities in order to improve community health indicators for women, children, and families.
- Attend Maternal, Child and Adolescent Health Action meetings and other required trainings. Adequate funding for training and meeting expenses, including travel, must be built into the annual budget.

Evaluation

- Based on activities of assessment, policy development and assurance;
 - Evaluate and modify program to ensure best practices.
 - Include in selected local priority activities methods of measuring outcomes and evaluating progress toward achieving both State and local MCAH objectives.
 - Include this evaluation in the Annual Report to the MCAH/OFP Branch.

Perinatal Services Coordinator (PSC) Requirements

Based upon the local birth rate, each LHJ must have a PSC that meets the professional qualifications and time requirements displayed in the table below.

- When determining the FTE for a LHJ, consider the number of Medi-Cal births, obstetric providers and geographic issues.

PSC Chart FTE

Total Number of Births	FTE PSC
100,000	2.0 SPMP*
20,001-100,000	1.0 SPMP
5,001-20,000	.75 SPMP
1,000-5,000	.50 SPMP
<1,000	.25 SPMP

* See FFP

**PSC
Responsibilities**

The PSC, under the direction of the MCAH Director, will have responsibility to:

- Serve as a liaison to local provider groups, community agencies and others to promote the coordination and accessibility of health care services for pregnant women and infants, particularly those who are Medi-Cal eligible and/or low income;
- Assist in the recruitment and retention of Medi-Cal providers into the CPSP; and
- Assist providers to deliver CPSP services in accordance with Title 22 California Code of Regulations.

Assessment

- Monitor trends in access and quality of prenatal care, and
- Identify areas that have disproportionately high need in relation to access to care and other barriers to the delivery of quality and timely prenatal care.

Policy Development

- Incorporate assessment findings and activities into the LHJ's community profile and local MCAH Plan to improve services;
- Inform the perinatal community, including providers, managed care plan providers, and other health and human service providers about local status and trends of perinatal outcomes and their relationship to the MCAH yearly plan;
- Educate the provider community, including managed care plan providers, and other health and human service providers about CPSP, the needs of the target population and sub-populations such as the homeless, substance users, and migrant workers, etc.;
- Collaborate with providers and other third party payers to extend comprehensive perinatal care to all pregnant women at or below 200% of poverty;
- Participate in local planning, work groups, advisory committees, etc. (MCAH-related Collaboratives) to address unmet needs to provide access to prenatal care for all pregnant women;
- Conduct provider education and continuous quality improvement programs; and
- Promote, develop and coordinate professional and community resources.

Assurance

- Process applications for eligible providers desiring to become approved CPSP providers;
- Provide consultant and technical assistance to CPSP providers;
- Undertake quality assurance activities to address issues related to access and quality perinatal care;
- Assure comprehensive perinatal services to all Medi-Cal eligible women in both fee for service and capitated health systems;
- Work with the perinatal community including providers, Regional Perinatal Program Coordinators/Directors, managed care plan providers and other human service providers to reduce barriers to care, avoid duplication of services and improve communication; and
- Attend a new coordinator orientation and a CPSP annual statewide and regional meeting.

**Local Health
Jurisdiction
Candidate
Selection
Requirements**

After the LHJ selects a candidate for the MCAH Director or PSC position who meets the professional qualifications and FTE requirements, they must send a letter to the MCAH/OFP Branch Program Consultant and Contract Manager requesting review and approval of the candidate for the position. Follow these steps:

1. Submit a letter within seven days of selecting a candidate for the position.
2. Include in the letter the candidate's qualifications, license number and effective start date.
3. Submit the candidate's resume.
4. Submit the Duty Statement for the position.

The MCAH/OFP Branch will respond to the request within ten days of receipt of the request.

Prior to appointment of a candidate who does not meet the professional qualifications and/or FTE/time requirements for the MCAH Director position or the PSC position, the LHJ must request and receive an approved MCAH/OFP Branch waiver to the requirements as specified in the section below.

**Key Personnel
Waiver**

The professional qualifications and FTE time requirements for the MCAH Director position and the PSC position (See pages 16 and 19 respectively) were developed based on best practice evaluations and recommendations.

LHJ are encouraged to comply with these requirements for these key positions to maximize the potential for successful implementation strategies designed to meet the MCAH/OFP Branch priorities. When the LHJ is unable to provide a candidate who meets the professional qualification and/or FTE time requirements for either the MCAH Director or PSC positions, a waiver may be requested.

Each LHJ requesting a waiver for the professional qualifications and/or FTE time requirements for the MCAH Director or the PSC positions must follow the steps in this process:

1. Submit the request for a waiver in writing on agency letterhead and signed by the agency director. The request must be submitted to the MCAH/OFP Branch Program Consultant and Contract Manager.
2. Describe the reason(s) for the inability to hire an individual who meets the professional requirements for the MCAH Director or PSC positions by addressing education, licensing and experience of the candidate, and/or
3. Describe the reason(s) for the inability to meet the FTE time requirement for the MCAH Director or PSC position.

4. Submit a description of the candidate's qualifications along with a resume. Include an assessment of expectations for successful program implementation and support for the individual within the LHJ.
5. Submit a duty statement that reflects the roles and responsibilities of the position.
6. Submit an organizational chart from the local MCAH Program and an agency interdepartmental organizational chart.
7. Submit a copy of the approved waiver with the annual AFA and include an explanation for continuing the waiver.

The MCAH/OFP Branch will consider each waiver request individually.

A waiver applies to a particular individual in a specific position. If the individual vacates the position or does not maintain the required FTE, the waiver is void.

The MCAH/OFP Branch will not reimburse a LHJ for the MCAH Director and/or the PSC's positions if the minimal professional qualifications and FTE time commitment requirements are not met unless a waiver is on file in the MCAH/OFP Branch.

Patient/Client Education and Community Awareness

Policy

All MCAH LHJs must have Patient/Client Education and Community Awareness Activities.

Requirements

- The LHJ is responsible for a variety of patient/client education and community awareness activities that recognizes the diversity of effective approaches needed to serve California's heterogeneous population. These activities should include promoting other local programs to increase access to perinatal care and preventive health care services for children, such as Access for Infants and Mothers (AIM), the Healthy Families program for children, and integrated activities within the MCAH SOW, such as Prenatal Care Guidance.
- The agency must track client referrals to obtain unduplicated counts of those receiving patient/client education and community awareness services and summarize the results in the Annual Report.
- Each LHJ must provide coordinated patient/client education and community awareness activities to:
 - Inform low-income pregnant women and women of childbearing age, other target groups, and the agencies that provide services to them of:
 - The need for early and continuing prenatal care.
 - The availability and sources of prenatal care.
 - The Medi-Cal application process.
- Follow high-risk targeted Medi-Cal-eligible women to assist them in continuing prenatal care and to assist them in obtaining other needed services.