CDPH
California Department of Public Health

Maternal, Child and Adolescent Health Division Fiscal Administration Policy & Procedure Manual

This manual applies to Local Health Jurisdictions (LHJs) and Community Based Organizations (CBOs) operating the:

- **Maternal, Child and Adolescent Health (MCAH) Program**
- **Black Infant Health (BIH) Program**
- **Adolescent Family Life Program (AFLP)**
- **California Home Visiting Program (CHVP)**
- **Perinatal Equity Initiative (PEI)**

TABLE OF CONTENTS

Administrative Funding

Overview

Under the California Department of Public Health (CDPH), the State Maternal, Child and Adolescent Health (MCAH) administers federal and state funds to local partners to promote the health of women of reproductive age, pregnant women, mothers, infants, children, and adolescents in California.

State MCAH will administer funds to Local Health Jurisdictions (LHJs) and Community Based Organizations (CBOs) annually through contracts and/or allocation agreements. All contracts and allocation agreements are subject to federal and state funding appropriations.

Funding sources that support MCAH activities include the Title V Block Grant, the Maternal, Infant and Early Childhood Home Visiting Grant (MIECHV), State General Funds (SGF), and Title XIX (Medicaid) Funds.

HRSA Grants – Title V Block Grant and MIECHV

The **Title V Block Grant** is federally administered by the Health Resources and Services Administration (HRSA). Title V Block Grant funds are used to reimburse MCAH, Black Infant Health (BIH), and Adolescent Family Life Program (AFLP) program expenses incurred for activities consistent with the goals and purposes of the grant.

The Title V Block Grant is authorized under the Social Security Act of 1935. CDPH/MCAH applies annually for Title V funds to maintain Title V programs. CDPH/MCAH may use Title V Block Grant funds for the provision of health services and related activities (including planning, administration, education, and evaluation) in accordance with the CDPH/MCAH application. The Title V Block Grant funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.

Title V funds help each state to:

- Assure access to quality maternal and child health care services for mothers and children, especially for those with low-incomes or limited availability of care.
- Reduce infant mortality.
- Provide access to prenatal, delivery, and postnatal care, especially for pregnant women who are low-income.
- Increase regular screenings and follow-up diagnostic and treatment services for children who are low-income.
- Provide access to preventive and primary care services for children who are low-income and rehabilitative services for children with special health needs.
- Implement family-centered, community-based, systems of coordinated

care for children with special health care needs.
- Set up toll-free hotlines and assistance with applying for services to pregnant women with infants and children eligible for Medicaid.

Pursuant to the Federal Social Security Act (42 U.S.C., Section 704), the Agency cannot use Title V or MIECHV funds to:

- Provide inpatient services.
- Make cash payments to intended recipients of health services.
- The purchase or improvement of land; construction; or permanent improvement (other minor remodel) of any building or facility, or the purchase of major medical equipment.
- Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
- Provide funds to any entity other than a public or non-profit private entity for research or training services.
- Payment for any item or service (other than an emergency item or service) furnished by:
- An individual or entity during the period such individual or entity is excluded from participation in any other federally funded program, and/or
- At the medical direction or on the prescription of a physician during the period when the physician is excluded from participation in any other federally funded program.

State General Funds

State General Funds (SGFs) are used to enhance and promote MCAH programs. Pursuant to Section 123255 of the California Health and Safety Code, SGFs are used to maximize the reimbursement of available federal funds claimable under Title XIX of the Federal Social Security Act (42 U.S.C., Sec. 1396 et seq.).

Agency Funds

Agencies contribute funds toward the total cost of operating and promoting MCAH programs. Pursuant to Section 123255 of the California Health and Safety Code, non- federal agency funds can maximize the use of available matching federal funds claimable under Title XIX of the Federal Social Security Act (42 U.S.C., Sec. 1396 et seq.).

Agencies that receive Title V Block Grant funding and contribute Agency funds must report the Agency funds in the proposed program budget and the monthly/quarterly invoices.

Certified Public Funds

Title 42 of the Code of Federal Regulations (42 CFR), Section 433.51, which is based on the authority of Section 1903(a) of the Social Security Act, provides:

(a) Public funds may be considered as the State's share in claiming Federal Financial Participation (FFP) if they meet the conditions specified in paragraphs (b) and (c) of this section.

(b) The public funds are appropriated directly to the State or local Medicaid agency or transferred from other public agencies (including Indian tribes) to the State or local agency and under its administrative control or certified by the contributing public agency as representing expenditures eligible for FFP under this section.

(c) The public funds are not federal funds, or are federal funds authorized by federal law to be used to match other federal funds.

CBOs contracting with the CDPH/MCAH or subcontracting with an LHJ under MCAH Programs may utilize public funds that must be certified by a public agency as funds eligible for the drawdown of Federal Financial Participation.

Questions regarding use of funds not identified should be directed to your assigned Contract Liaison.

Title XIX Medi-Cal Funds

Federal Title XIX Medi-Cal (Medicaid) funds may be used to reimburse a percentage of expenses incurred for personnel and associated operating costs for matchable activities. Title XIX matching funds are applicable only to programs that serve Medi-Cal members. The budget may include Title XIX federal funds matched at either an Enhanced rate (75% federal funds and with 25% agency general funds/SGF) or Non-Enhanced rate (50% federal funds and with 50% agency general funds/SGF). Agencies claiming Title XIX funding must conform to requirements contained in the FFP section of this Policy and Procedure Manual.

Community Based Organizations (CBOs)

CBOs receiving MCH Block Grant funds to provide AFLP services are eligible for FFP.

The Non-Enhanced rate (50/50) can be claimed for any of the agency's staff involved in activities that are necessary for proper and efficient Medi-Cal administration. As non-government agencies, CBOs are prohibited by Federal regulations from claiming and receiving the Enhanced rate matching of 75/25.

Grant Requirements

UEI and SAM.GOV Registration Requirements

All agencies receiving federal funds through the CDPH/MCAH must be registered with the federal System for Award Management (SAM.gov) and possess an **active** Unique Entity Identifier (UEI). This requirement applies to both direct recipients and subrecipients of federal funds. The UEI has replaced the legacy DUNS number and serves as the official identifier for federal awards.

Agencies are required to comply with federal regulations:

- 2 CFR Part 25 – Universal Identifier and System for Award Management
- 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

These requirements promote transparency, accountability, and regulatory compliance in the use of federal funds.

Agency Responsibilities

Agencies receiving federal funding must:

1. Obtain a UEI through SAM.gov prior to applying for or receiving federal funding (prior to initial Agreement Funding Application (AFA) process).
2. Maintain an active SAM.gov registration for the entire duration of the agreement.
3. Ensure that all subrecipients and subcontractors receiving federal funds are also registered in SAM.gov and fully compliant.
4. Provide verification of UEI and active SAM.gov registration upon request or as part of the award documentation.

Noncompliance Consequences

Failure to comply with UEI and SAM.gov registration requirements may result in:

- Delays in contract execution
- Suspension or withholding of federal funds
- Disallowance of associated costs
- Termination of the funding agreement
- CDPH/MCAH reserves the right to purse corrective actions or enforcement measures in accordance with 2 CFR 200.339 in cases of noncompliance by a subrecipient.

Federal Financial Participation

Overview

Fiscal support for programs is available from federal Medicaid Title XIX funds. This fiscal support is called Federal Financial Participation (FFP). The LHJs, i.e., city or county health departments, and CBOs responsible for the public health needs in the designated geographic area can claim partial reimbursement through FFP Title XIX funds. Programs can claim FFP funds when activities meet at least one (1) of the two (2) FFP objectives:

1. Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assisting members on Medi-Cal to access Medi-Cal services.

The Centers for Medicare and Medicaid Services (CMS) regulations allow matching for administrative activities that are reimbursable at a Non-Enhanced rate (50/50) for the majority of expenses necessary for the proper and efficient administration of the Medi-Cal program. CMS also allows reimbursement at an Enhanced rate (75/25) for certain activities performed by Skilled Professional Medical Personnel (SPMP) that require specified education and/or training, as well as their direct clerical support that require specified education and/or training, as well as their direct clerical support.

This reimbursement:

1. is provided through matching Medi-Cal Title XIX funds with local agency general funds and/or State MCAH allocated SGF to maximize funding for the Program.
2. applies to personnel employed directly by an FFP participating agency or subcontracted agency.

Documentation for FFP Claiming

Policy

The following types of documentation must be part of the agency's time study/FFP audit file:

- Organization chart(s)
- Job specification for each SPMP position
- Position duty statement for each employee
- Training log, agenda/brochure of training, and registration receipt
- Correspondence related to CDPH/MCAH FFP policies
- Supporting documentation
- Working papers used to calculate/develop invoices
- SPMP questionnaire for claiming status
- Signed time studies

Documentation

Supporting documentation to verify and substantiate appropriate Title XIX claiming and percentages of FFP matching must be maintained at all times and, when applicable, provided during on-site audits and/or by written request by CDPH/MCAH. Examples of supporting documentation include daily logs, appointment books, event flyers, meeting agendas with minutes, calendars, journals, and day planners. This documentation must identify the following:

- Staff name(s), Position(s), and applicable Title XIX matchable program(s)
- Date of each activity or activities
- Amount of time spent on each activity or activities
- Narrative description of activities conducted and how they support the applicable
- Number of clients seen or contacted (target audience), which should be broken out by Medi- Cal eligible clients versus non-Medi-Cal eligible clients whenever possible. Documentation submitted to CDPH can be deidentified and aggregated for reporting purposes, but original records should be maintained in the case of an audit by CDPH or State control agency.
- When using a variable Medi-Cal Percentage (MCP), verification and documentation of Medi-Cal enrollment is required (see the Medi-Cal Percentage section of this manual for more information).

Time study documents, including supporting documentation, must be kept for a minimum of seven years from the date of the last payment for the fiscal year, and must be presented to MCAH upon request at any time.

FFP Ineligible Activities*

The following list summarizes the Medi-Cal activities and/or services that are not eligible for federal reimbursement:

- Other Programs/Activities
- Direct Patient Care
- Outreach to Non Medi-Cal Programs
- Referral, Coordination, and Monitoring of Non Medi-Cal Services
- Facilitating Non Medi-Cal Application
- Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non Medi-Cal covered Service
- Contract Administration for Non Medi-Cal Services
- Program Planning and Policy Development for Non Medi-Cal Services
- Non-Targeted Case Management

*See full list in the DHCS County-Based Medi-Cal Administrative Activities (CMAA) Operational Plan.

Additional examples of unallowable FFP expenses include but are not limited to:

- Malpractice insurance
- Equipment used for providing medical treatment

- Medical Supplies
- Drugs and Medications
- Payments made to resolve audits
- Costs of elected officials and their related costs
- Costs for lobbying activities
- Fund Raising

Note: If you have questions regarding allowable activities, please consult your Program Consultant.

Claiming FFP Funds

There are **two** factors that determine the amount of FFP funds an agency can claim:

1. Title XIX time studied activities
2. Agency's Medi-Cal Percentage (MCP)

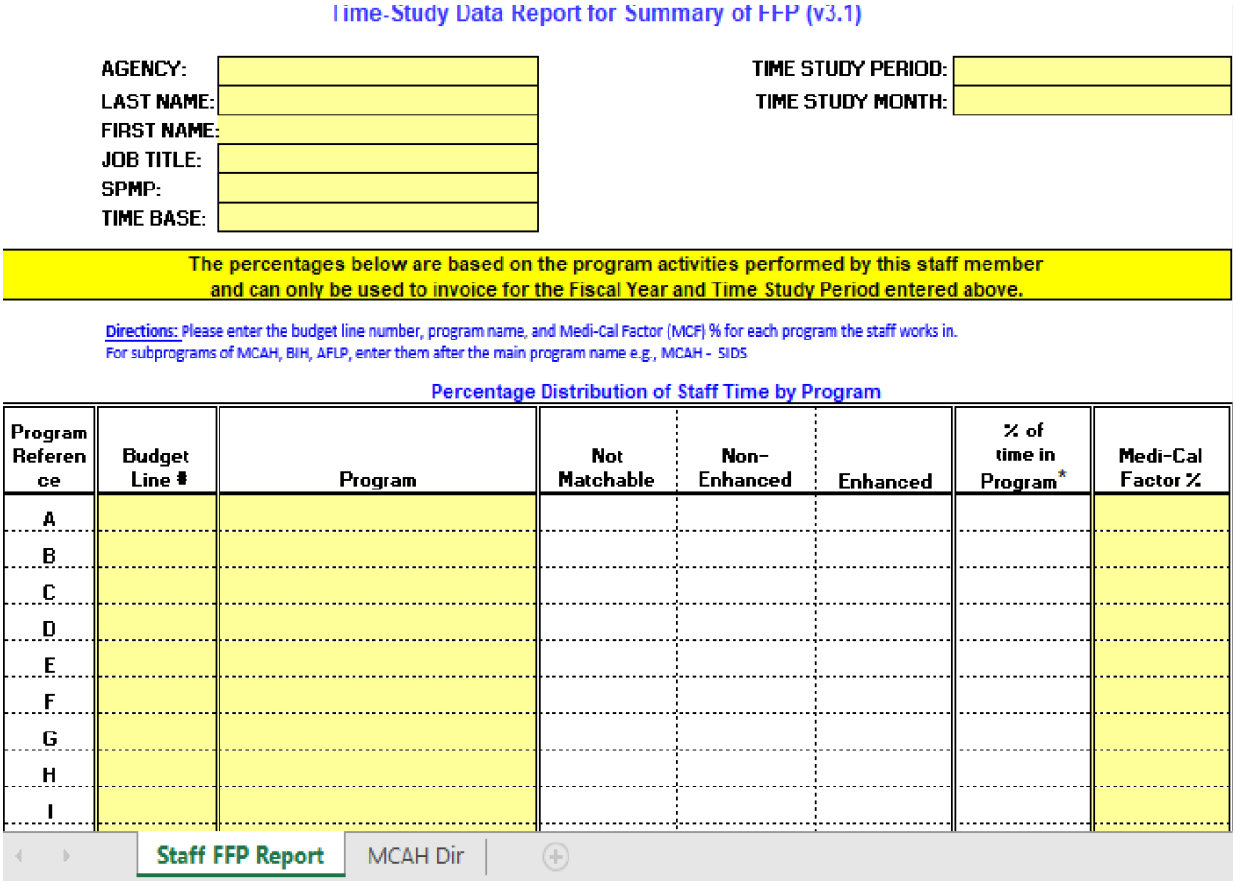
FFP Time Studies

To claim Medi-Cal Title XIX funds, agency budgeted staff must document, through time studies, actual staff time worked in all programs during the time study period. Time studies are the primary documentation source of FFP and used to determine the percent of personnel time that is matchable and non-matchable. The time claimed to receive FFP match must be spent performing Medi-Cal administrative activities that meet at least one of the two FFP objectives.

Requirements

Each person listed on a program budget claiming Title XIX activities (full-time, part-time, or temporary staff) must complete weekly time studies that document 100% of their paid work time for a minimum of one full month each quarter and submit a state MCAH time study data summary form or alternate approved format.

Note: At times of a state of emergency, such as the COVID-19 pandemic, staff may be required to time study everyday as a perpetual time study until CDPH/MCAH provides guidance that the requirement is no longer necessary.



Time-Study Data Report for Summary of FFP (v3.1)

AGENCY:		TIME STUDY PERIOD:	
LAST NAME:		TIME STUDY MONTH:	
FIRST NAME:			
JOB TITLE:			
SPMP:			
TIME BASE:			

The percentages below are based on the program activities performed by this staff member and can only be used to invoice for the Fiscal Year and Time Study Period entered above.

Directions: Please enter the budget line number, program name, and Medi-Cal Factor (MCF) % for each program the staff works in.
For subprograms of MCAH, BIH, AFLP, enter them after the main program name e.g., MCAH - SIDS

Percentage Distribution of Staff Time by Program

Program Reference	Budget Line #	Program	Not Matchable	Non-Enhanced	Enhanced	% of time in Program*	Medi-Cal Factor %
A							
B							
C							
D							
E							
F							
G							
H							
I							

Staff FFP Report | MCAH Dir

Note: Prior approval of an alternate time study format or data collection system must be approved by MCAH prior to implementation. Agencies must retain MCAH written approval for audit and administrative purposes while receiving MCAH Funding and provide such information to MCAH upon request.

Annually during the AFA process, all MCAH agencies must designate in writing their time study month as (1st, 2nd, or 3rd month) and must remain constant with the time study period throughout the fiscal year. Any deviation from the approved period must be pre-approved by the MCAH Program Consultant and Contract Liaison via formal written approval.

Time Study Data Summary Report Format

All MCAH funded agencies must use the MCAH developed time study template unless they have received formal written approval to use an alternate template. If an alternate time study data summary report format is approved, it must be consistent with the MCAH Time Study Data Summary Report components identified below:

- Agency name
- Time study period
- Time study month
- First and last name of employee
- Employee classification or title

- Time base (e.g., full-time or part-time)
- Employee eligible for SPMP (e.g., “yes” or “no”)
- Budget line number
- Percent of time studied to each program listed
- Percentage of time by activity classification
    - Enhanced (75/25)
    - Non-Enhanced (50/50)
    - Unmatched - Not eligible for any Title XIX matching funds
- If applicable, MCP for each program and/or employee listed

The signed invoice package submission certifies and verifies all documents including the time studies. If staff does not conduct a time study within the required time study period, FFP is not claimable, and your invoice will be rejected. Please consult your Contract Liaison and Program Consultant with any time study questions.

FFP Time Studies & Function Codes:

The time study report is the mechanism used to document reimbursable activities performed by staff. There are 12 total function codes used to identify these unique set of activities, including paid time-off.

When completing the time study, enter a time to the appropriate function code (1-12) and a program code (A-L) into each weekly slot. Time worked in programs other than MCAH programs must be coded to Other Programs. See example below:

FFP Monthly Time Study Calculation

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
10							
12			3.00				3.00
			3.00				3.00

Program A: MCAH

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
A1	3.00						3.00
A2	8.00						8.00
A3				3.00			3.00
A4	1.00		6.00				7.00
A5							
A6	7.00						7.00
A7	0.50			2.00			2.50
A8							
A9	2.00						2.00
A11	0.50		8.00	3.00			11.50
	22.00		14.00	8.00			44.00

Program B: MCAH-SIDS

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
B1							
B2							
B3							
B4							
B5							
B6							
B7							
B8							
B9							
B11	1.00		3.00	6.00			10.00
	1.00		3.00	6.00			10.00

Program C: BIH

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
C1							
C2							
C3	4.00						4.00
C4							
C5							
C6				5.00			5.00
C7							
C8							
C9							
C11		40.00	20.00	10.00			70.00
	4.00	40.00	20.00	15.00			79.00

Program D: Other Programs

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
D1							
D2	5.00						5.00
D3	3.00						3.00
D4	8.00			3.00			11.00
D5							
D6							
D7							
D8				8.00			8.00
D9							
D11							
	16.00			11.00			27.00

Note: Time spent doing the following administrative activities associated with a function code is to be considered as time spent doing the function.

- The performance of necessary paperwork, travel, and supervision including the supervision of the SPMP staff by a SPMP supervisor.
- Employee break time is coded to the activity the employee is engaged in immediately before or

- after the break period. Lunchtime is **NOT** coded because it is unpaid time.

Once the data entry portion of the Title XIX time study is filled out, the information rolls onto the Title XIX summary page.

Time-Study Data Report for Summary of FFP (v3.1)

AGENCY:	Bean County
LAST NAME:	Smith
FIRST NAME:	Mary
JOB TITLE:	PHN
SPMP:	Yes
TIME BASE:	Full-Time

TIME STUDY PERIOD:	July-September (Q1)
TIME STUDY MONTH:	August

The percentages below are based on the program activities performed by this staff member and can only be used to invoice for the Fiscal Year and Time Study Period entered above.

Directions: Please enter the budget line number, program name, and Medi-Cal Factor (MCF) % for each program the staff works in.
For subprograms of MCAH, BIH, AFLP, enter them after the main program name e.g., MCAH - SIDS

Percentage Distribution of Staff Time by Program

Program Reference	Budget Line #	Program	Not Matchable	Non-Enhanced	Enhanced	% of time in Program*	Medi-Cal Factor %
A	1	MCAH	54.20%	17.61%	28.18%	28.03%	62.0%
B	2	MCAH SIDS	100.00%			6.37%	62.0%
C	6	BIH	90.32%		9.68%	50.32%	85.0%
D		Other programs	100.00%			15.29%	
E							
F							
G							
H							
I							
J							
K							
L							
					Total	100.00%	

*This information is to be used by agencies to determine the percentage of staff salary that is billable to MCAH Programs. It can be used by agencies that do not maintain a daily record of program time.

Once the function codes and program codes are entered for each week, the time study report calculates the percent of time, by program, that staff is allowed to claim within four rates of reimbursement. The rates are:

- **Enhanced (75/25)** – Reimbursement for Medi-Cal administrative activities performed by a Skilled Professional Medical Personnel (SPMP) and/or clerical support staff directly supervised by a SPMP that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP. In addition to the qualification of the SPMP personnel, the activity must require the use of their professional medical knowledge, training, and/or expertise. The rate of reimbursement is $0.75 for every dollar expended for activities that meet one of the two FFP objectives.
- **Non-Enhanced (50/50)** – Reimbursement for Medi-Cal administrative activities performed by any of the agency's staff. The rate of reimbursement is $0.50 for every dollar expended for activities

that meet one of the two FFP objectives.

- **Not eligible for Title XIX (Unmatched)** – Reimbursement for activities performed by agency staff that meet the requirements of the Scope of Work but do not meet one of the two FFP objectives. This may be claimed under Title V, State General Funds or Agency funds.
- **Allocated** – Reimbursement for costs, which are prorated according to the ratio of time recorded under the above rates.

Reimbursement Rates & Function Codes

Each rate of reimbursement is unique in its reimbursement formula. Within the four rates, there are a total of 12 function codes. Each function code has a definable and unique set of activities that are performed by staff. Consequently, all activities and paid time-off are identified under the function codes in the appropriate reimbursement class.

Enhanced Rate

Enhanced rate function codes are reimbursed at the rate of 75/25 and may be used for salary, benefits, travel costs, training, and possibly subcontract costs. Subcontractor costs can be enhanced if the subcontractor is a governmental agency contracted by a governmental agency that time study (Refer to the Budget Documentation Section, for detailed information). The Enhanced rate covers activities performed by a SPMP and/or clerical support staff when directly supervised by a SPMP that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP under the following function codes:

Function Code	Title/Description
2	SPMP Administrative Medical Case Management
3	SPMP Intra/Interagency Coordination, Collaboration & Administration
6	SPMP Training
8	SPMP Program Planning & Policy Development
9	Quality Management by SPMP

Non-Enhanced Rate

Non-Enhanced rate function codes are reimbursed at the rate of 50/50 for salary, benefits, training, travel costs, and associated operating expenses. Subcontractor costs may be reimbursed at a Non- Enhanced rate if Title XIX requirements are met.

The Non-Enhanced rate covers activities under the following function codes:

Function Code	Title/Description
1	Outreach
4	Non-SPMP Intra/Interagency Collaboration & Coordination
5	Program Specific Administration
7	Non-SPMP Training

Not eligible for Title XIX (Unmatched Rate)

The unmatched rate function code is for activities included in the Scope of Work (SOW) that may or may not meet one of the two FFP objectives.

Function Code	Title/Description
11	Other Scope of Work Activities

Allocated Rate

Allocated rate function codes are to be used by all staff to record usage of any paid leave other than Compensatory Time Off (CTO), including holiday, vacation, and sick leave. The allocated activities are covered by the following function codes:

Function Code	Title/Description
10	Non-Program Specific General Administration: Non-program specific general administration is prorated between programs and matchable and unmatchable function codes. The portion allocated as matchable may only be matched at the Non- Enhanced rate (50/50).
12	Paid Time Off: Paid Time Off is prorated between programs and matchable and unmatchable function codes. CMS permits the matchable amount to be proportionately distributed between the Enhanced (75/25) rate and the Non- Enhanced (50/50) rate.

Additional Time Worked

Overtime and/or CTO earned must be recorded to the function code appropriate for the activities performed. CTO time is recorded when earned, and NOT to be recorded when used.

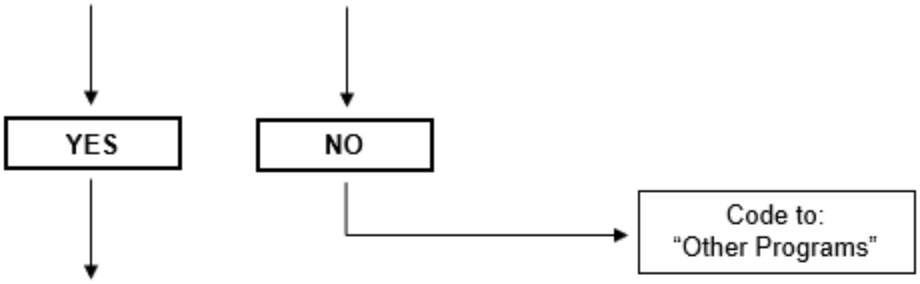
FFP Function Codes

Please note the function codes table has moved to MCAH Administrative Funding and Fiscal Documents page under Title XIX Function Codes. The Department of Health Care Services Title XIX Claiming Toolkit is also available to provide additional guidance and clarification to assist with appropriately documenting and seeking reimbursement for Title XIX matching funds through interagency agreements (IAs) maintained between DHCS and the California Department of Public Health (CDPH), California Department of Social Services (CDSS), and other state departments.

FFP (Title XIX) Decision Tree

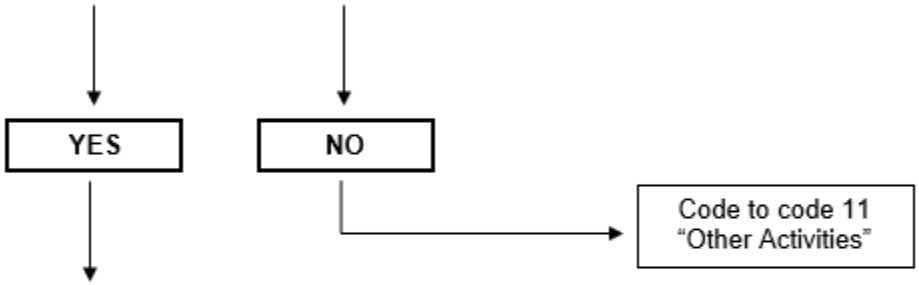
Title XIX Decision Tree

1. Is this activity in the MCAH, CHVP, BIH, PEI or AFLP Scope of Work?

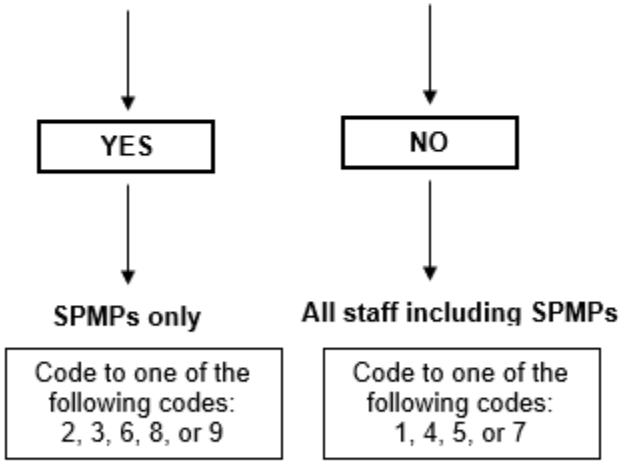


2. Does this activity meet Objective #1 or #2 of the FFP Guidelines?

   Objective #1 - Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program*
   Objective #2 – Assisting members on Medi-Cal to access Medi-Cal covered benefits and services*



3. Does this activity require the skill, knowledge, and expertise of an SPMP?



Code 10 Non-Program specific general administration: This code is to be used by staff when attending an Agency required meeting, training, staff development, etc. (Examples: Sexual Harassment training, Workplace Violence, IT Security. Any training or meeting that is mandatory for your employment).

Code 12 Paid time off: Sick Leave, Vacation, and Paid Holidays.

***Includes MCAH program activities that support the proper and efficient administration of the Medi-Cal Program.**

SPMP Requirements: Professional Classification

Policy

The Agency has the responsibility to substantiate claiming based on SPMP status. The Agency's job class specification must stipulate that the incumbent be from one of the following classifications and the Program duty statement must reflect enhanced and non- enhanced activities.

Pursuant to Title 42, Code of Federal Regulations (CFR), Sections 432.2 and associated State policy, SPMP classifications include the following:

- Physician
- Registered Nurse
- Physician Assistant
- Dentist
- Dental Hygienist
- Registered Dental Assistant
- Nutritionist – with a Bachelor of Science (BS) degree in Nutrition or Dietetics and registered with the Commission of Dietetic Registration (RD)
- Licensed Clinical Social Worker with medical specialization or master's degree in social work
- Licensed Vocational Nurse
- Licensed Clinical Psychologist – with a PhD in psychology
- Licensed Audiologist – certified by the American Speech and Hearing Association
- Licensed Physical Therapist
- Licensed Occupational Therapist – registered by the National Registry of American Occupational Therapy Association
- Licensed Speech Pathologist
- Licensed Marriage and Family, Therapist)

SPMP includes only professionals in the field of medical care. SPMP does not include non- medical health professionals, such as public administrators, medical budget directors, analysts or senior managers of public assistance or Medicaid programs. Experience in the administration, direction or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care.

The following are **not** considered to be SPMP classifications consistent with federal guidance and state policy:

- Master of Social Work without a Licensed Clinical Social Worker (LCSW) license
- Master of Public Health (MPH)
- Health Education Consultant (HEC)
- Community Health Worker (CHW)

SPMP Requirements Professional Education and Training

Policy

Per 42 CFR, Chapter IV Subchapter C 432.50, for the enhanced FFP rate of 75 percent to be available for expenditures for salary or other compensation, fringe benefits, travel, per diem, and training for SPMPs, or staff directly supporting such personnel, the following requirements must be met:

- The activities performed by the SPMP, or staff directly supporting such personnel, must be necessary for the proper and efficient administration of the Medicaid State Plan and must not include expenditures for medical assistance.
- The staff designated as SPMP must have professional education and training in the field of medical care or appropriate medical practice.
- "Professional education and training" means the completion of a 2-year or longer program leading to an academic degree or certificate in a medically related profession (42 CFR 432.2.(d)
    - This is demonstrated by possession of a medical license, certificate, or other document issued by a recognized National or State medical licensure or certifying organization; or
    - A degree in a medical field issued by a college or university certified by a professional medical organization. The activities performed by the SPMP must require the use of their professional medical knowledge, training, and/or expertise.
- The staff supporting SPMPs are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP.
- The SPMP staff must directly supervise the supporting staff and the performance of the supporting staff's work.
- The SPMP, and staff directly supporting such personnel, must have a documented employer- employee relationship.
- The Agency must have a written agreement with the State to verify that the requirements listed above are met.

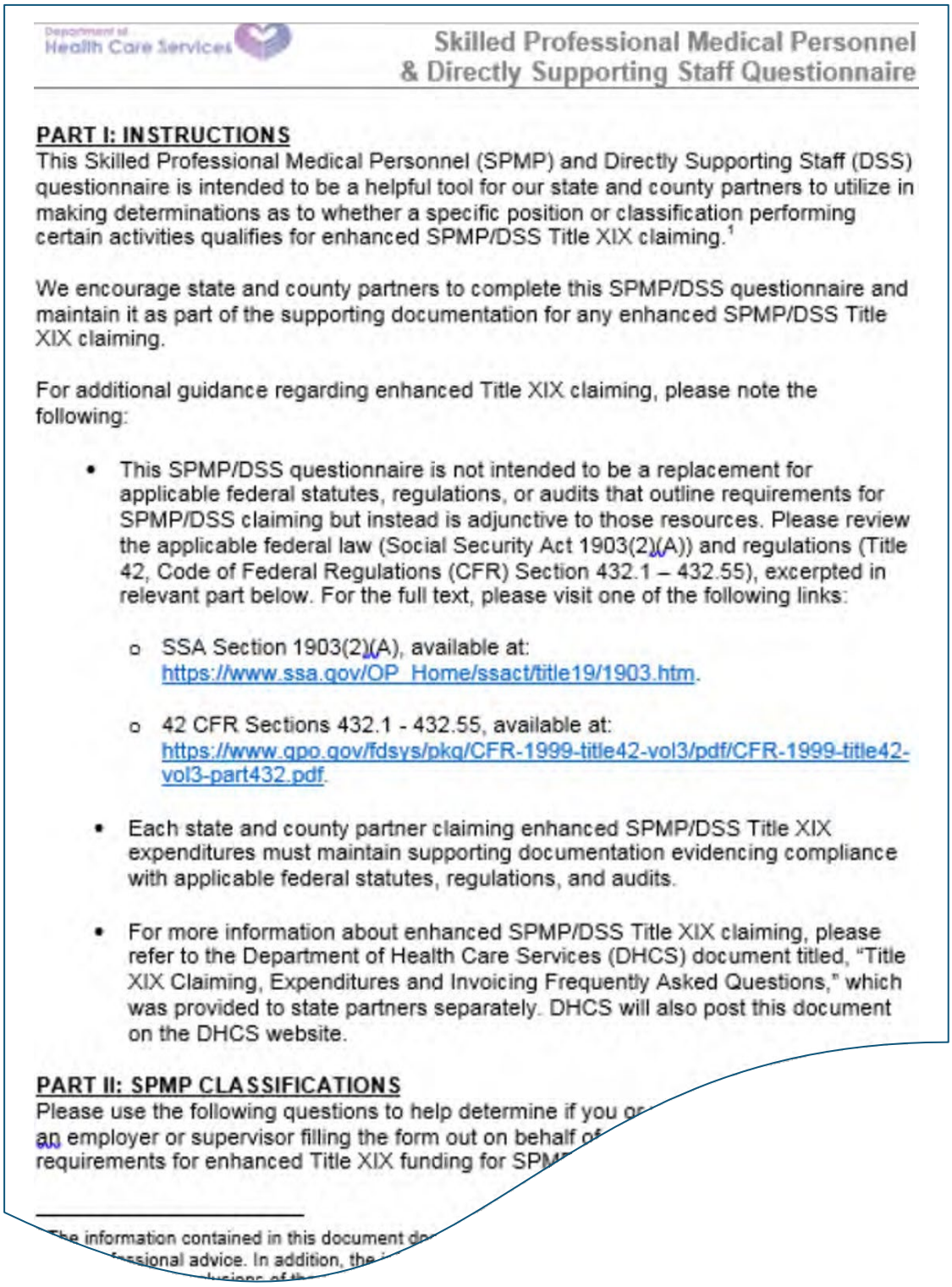
Procedure

Review the optional SPMP questionnaire that follows. If you find it would be a helpful resource, reach out to your Contract Liaison for the most recent version.

Complete the optional SPMP questionnaire to determine the SPMP/non-SPMP status of an employee. The questionnaire needs to be administered only once, although periodic repetition may help the Agency to identify changes in staff education and composition. Retain any completed SPMP questionnaires as part of

the Agency's audit files while SPMP staff are employed with the Agency and through the documentation retention period.

Example of SPMP Questionnaire



Department of Health Care Services

Skilled Professional Medical Personnel & Directly Supporting Staff Questionnaire

PART I: INSTRUCTIONS

This Skilled Professional Medical Personnel (SPMP) and Directly Supporting Staff (DSS) questionnaire is intended to be a helpful tool for our state and county partners to utilize in making determinations as to whether a specific position or classification performing certain activities qualifies for enhanced SPMP/DSS Title XIX claiming.[1]

We encourage state and county partners to complete this SPMP/DSS questionnaire and maintain it as part of the supporting documentation for any enhanced SPMP/DSS Title XIX claiming.

For additional guidance regarding enhanced Title XIX claiming, please note the following:

- This SPMP/DSS questionnaire is not intended to be a replacement for applicable federal statutes, regulations, or audits that outline requirements for SPMP/DSS claiming but instead is adjunctive to those resources. Please review the applicable federal law (Social Security Act 1903(2)(A)) and regulations (Title 42, Code of Federal Regulations (CFR) Section 432.1 – 432.55), excerpted in relevant part below. For the full text, please visit one of the following links:
  - SSA Section 1903(2)(A), available at: https://www.ssa.gov/OP_Home/ssact/title19/1903.htm.
  - 42 CFR Sections 432.1 - 432.55, available at: https://www.gpo.gov/fdsys/pkg/CFR-1999-title42-vol3/pdf/CFR-1999-title42-vol3-part432.pdf.
- Each state and county partner claiming enhanced SPMP/DSS Title XIX expenditures must maintain supporting documentation evidencing compliance with applicable federal statutes, regulations, and audits.
- For more information about enhanced SPMP/DSS Title XIX claiming, please refer to the Department of Health Care Services (DHCS) document titled, "Title XIX Claiming, Expenditures and Invoicing Frequently Asked Questions," which was provided to state partners separately. DHCS will also post this document on the DHCS website.

PART II: SPMP CLASSIFICATIONS

Please use the following questions to help determine if you or
an employer or supervisor filling the form out on behalf of
requirements for enhanced Title XIX funding for SPM

The information contained in this document do
fessional advice. In addition, the

SPMP Requirements: Activity

Policy

In addition to the qualifications of the provider meeting SPMP criteria, the activities performed by the SPMP must require the use of their professional medical knowledge, training, and/or expertise in order to qualify for enhanced matching funds.

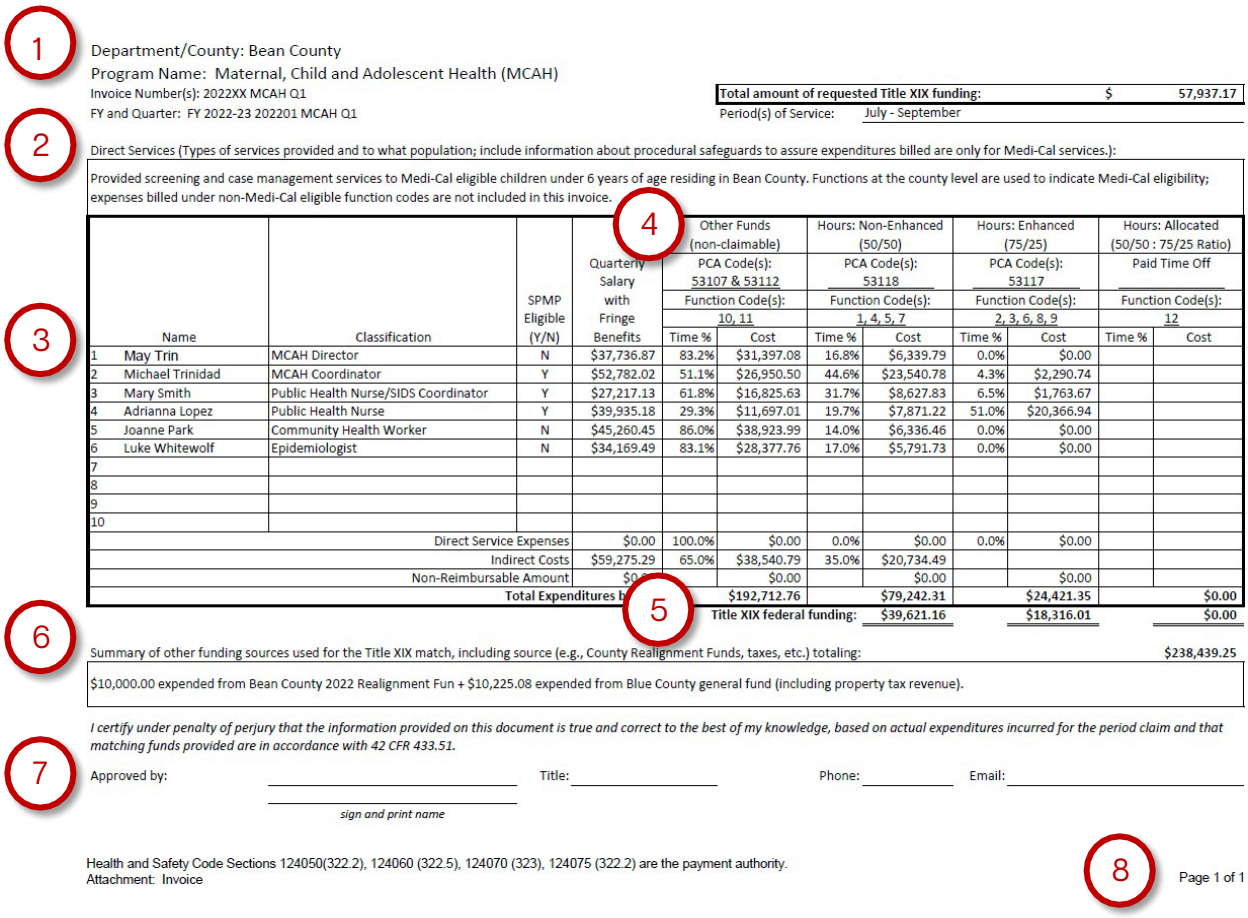
Work by directly supporting staff is also eligible for enhanced funding when secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP.

The SPMP staff must directly supervise the supporting staff and the performance of the supporting staff's work. The SPMP and staff directly supporting such personnel must have a documented employer-employee relationship.

The local or county partner must have a written agreement with the State to verify that the requirements listed above are met.

Title XIX Claiming Cover Letter

For invoices claiming enhanced SPMP Title XIX expenditures (including allocated rates for paid time off), LHJs must submit their invoices using a standardized detailed description letter and accompanying documentation to substantiate expenditures billed under the applicable inter-agency agreement. Each state department or LHJ claiming expenditures under an inter-agency agreement must submit a Title XIX Claiming Cover Letter (as shown below) which includes the following information:



1

Department/County: Bean County
Program Name: Maternal, Child and Adolescent Health (MCAH)
Invoice Number(s): 2022XX MCAH Q1
FY and Quarter: FY 2022-23 202201 MCAH Q1

Total amount of requested Title XIX funding: $ 57,937.17
Period(s) of Service: July - September

2

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.):

Provided screening and case management services to Medi-Cal eligible children under 6 years of age residing in Bean County. Functions at the county level are used to indicate Medi-Cal eligibility; expenses billed under non-Medi-Cal eligible function codes are not included in this invoice.

4

3

	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable) PCA Code(s): 53107 & 53112 Function Code(s): 10, 11 Time %	Cost	Hours: Non-Enhanced (50/50) PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7 Time %	Cost	Hours: Enhanced (75/25) PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9 Time %	Cost	Hours: Allocated (50/50 : 75/25 Ratio) Paid Time Off Function Code(s): 12 Time %	Cost
1	May Trin	MCAH Director	N	$37,736.87	83.2%	$31,397.08	16.8%	$6,339.79	0.0%	$0.00		
2	Michael Trinidad	MCAH Coordinator	Y	$52,782.02	51.1%	$26,950.50	44.6%	$23,540.78	4.3%	$2,290.74		
3	Mary Smith	Public Health Nurse/SIDS Coordinator	Y	$27,217.13	61.8%	$16,825.63	31.7%	$8,627.83	6.5%	$1,763.67		
4	Adrianna Lopez	Public Health Nurse	Y	$39,935.18	29.3%	$11,697.01	19.7%	$7,871.22	51.0%	$20,366.94		
5	Joanne Park	Community Health Worker	N	$45,260.45	86.0%	$38,923.99	14.0%	$6,336.46	0.0%	$0.00		
6	Luke Whitewolf	Epidemiologist	N	$34,169.49	83.1%	$28,377.76	17.0%	$5,791.73	0.0%	$0.00		
7												
8												
9												
10												
		Direct Service Expenses		$0.00	100.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
		Indirect Costs		$59,275.29	65.0%	$38,540.79	35.0%	$20,734.49				
		Non-Reimbursable Amount		$0.0		$0.00		$0.00		$0.00		
		Total Expenditures b				$192,712.76		$79,242.31		$24,421.35		$0.00
							Title XIX federal funding:	$39,621.16		$18,316.01		$0.00

5

6

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: $238,439.25

$10,000.00 expended from Bean County 2022 Realignment Fun + $10,225.08 expended from Blue County general fund (including property tax revenue).

7

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

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

8

Page 1 of 1

Instructions for Filling Out the Title XIX Claiming Cover Letter by Section

1. **Header** – Enter names of state department or county/LHJ and program (e.g., Maternal, Child, and Adolescent Health), invoice number(s), state fiscal year and quarter, and period(s) of service covered by the invoice.
2. **Direct Services** – (Yellow cell in the template) If the invoice includes direct services, provide information on the types of services provided and to what Medi-Cal population(s). Include information about procedural safeguards as to how the claiming state department or LHJ assures that the expenditures billed are for Medi-Cal members or services only. *For example, some*

programs use a dedicated billing code at the county level to designate Medi-Cal eligibility of a service recipient. Please ensure this is completed.

3. **Staff Details –** For staff providing direct services or support, provide the following:
    a) Names of individual staff persons (no initials, full name is required). Please ensure you are listing the full names under the personnel cells. First and Last names should be visible and not truncated. Extending the cell may be required.
    b) Use official state/LHJ classifications and titles (no acronyms for classifications or titles; Must match duty statements and organizational charts provided). For SPMP staff with a Director/Coordinator/Supervisory classification, please add Public Health Nurse, Registered Nurse, etc.
    c) Names and classifications – Please ensure all name and classification columns are wide enough to accommodate all the words. You may extend the cell/s if necessary.
    d) SPMP eligibility status, to be consistent with the Code of Federal Regulations (CFR), Title 42, https://www.ecfr.gov/current/title-42/chapter-IV/subchapter- C/part-432 State Personnel Administration:
        i. "Skilled professional medical personnel means physicians, dentists, nurses, and other specialized personnel who have professional education and training in the field of medical care or appropriate medical practice and who are in an employer-employee relationship with the Medicaid agency. It does not include other nonmedical health professionals such as public administrators, medical analysts, lobbyists, senior managers or administrators of public assistance programs or the Medicaid program." (Excerpted from 42 CFR Section 432.2, emphasis added.)

            Note: Consistent with federal guidance, DHCS interprets medical care and practice strictly in accordance with 42 CFR Section 432.50, Subsection (d).

        ii. "Directly supporting staff means secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that directly support the responsibilities of [SPMP], who are directly supervised by the [SPMP], and who are in an employer-employee relationship with the Medicaid agency." (Excerpted from 42 CFR Section 432.2.)
    e) Monthly salary, with fringe benefits.

4. **Hours –** Non-Claimable, Non-Enhanced, Enhanced, and Allocated Paid

Time Off (PTO)

a. **PCA and function codes** should be those assigned to the services for each column. *Note: Please attach for DHCS' records standard detailed descriptions of the reimbursable activities that fall under each PCA/function code claimed as an expenditure. A brief list of function names is not sufficient.*

b. **Percentage of time worked** per category of non-claimable or claimable function, from the period(s) of service for the invoice(s) summarized.

   Note: The calculation for Paid Time Off (PTO) is a weighted average that automatically calculates based upon the percentages of time the employee worked on Non- Claimable, Non-Enhanced, and Enhanced activities. For example, if an employee spent all of their work time performing Non-Enhanced activities, their paid time off will also be at the Non- Enhanced rate. However, if the employee spent only one-half of their time in the office at the Non-Enhanced rate, only one-half of the paid time off will be reimbursed at the Non-Enhanced rate.

   Please also note that the allocated cost of each employee's PTO is immediately visible at only its reimbursable portion, whereas the cost columns for Non- Enhanced and Enhanced activities show the total labor cost in each row and prorate to the reimbursable portion at the bottom, next to "Title XIX federal funding." Accordingly, the costs within each row may not add up to 100 percent of that employee's salary if any percent of their time is being reimbursed at the allocated rate for PTO. This does not indicate an error.

   The percentage of time worked for each row must include at least one number above zero in order for the automatic calculations to be correct. The default is to have 100 percent in the Hours: Non-Claimable column. Any TXIX cover sheet that includes excel value errors (#VALUE!) must be corrected by removing the zero under the "Total Wages" and/or "Actual Benefits" on the quarterly invoice tab.

c. **Direct service expenses**.

d. **Indirect / operating expenses** (if allowed under the appropriate inter- agency agreement) are ineligible for enhanced or allocated rates.

5. **Total amount of Title XIX federal funding being requested** – These cells will automatically calculate subtotals for enhanced, non-enhanced, and allocated rates. The overall total federal funding requested appears at the top right of the cover letter
6. **Summary of non-federal expenditures** (Yellow cell) used for matching the Title XIX reimbursement. Please describe the qualifying expenditures,

including source (e.g., County Realignment Funds, taxes, etc.), in the box provided.

7. **Approval** – Sign and print name on printed copy. Please include official classification title (no acronyms), phone number, and email address.
8. **Page numbers** – Please add the current and total page numbers for the invoice submittal package. If the number of the employees for the invoice(s) summarized exceed the space on a single cover letter, include subsequent pages.

Additional guidance on Title XIX funding for your reference:

- CMS State Operations Manual available at cms.gov.
- Medicaid Administrative Claiming available at medicaid.gov.
- CMS Regulations & Guidance available at cms.gov.

Attestation Form

This form certifies that SPMP criteria for all enhanced classifications have been met. In addition, the form must be dated, completed in its entirety, and signed by authorized staff who have signing authority. Signing authority is defined as the person listed on your Agency Information Form (AIF) which was submitted with your AFA package, dated, boxes checked, and returned MCAHFinAct@cdph.ca.gov with a Cc to your Contract Liaison. This form only needs to be submitted at the beginning of the fiscal year with your AFA package, however, if there are changes within SPMP staffing, a new form must be submitted to your Contract Liaison.

CDPH Health and Human Services Agency
California Department of Public Health

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

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,

_____

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 _____, 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.

_____
Agency Name/Local Health Jurisdiction

_____	_____	_____
Name and Title	*Signature*	*Date*

Medi-Cal Percentage (MCP)

Policy

Title XIX FFP funds are intended to reimburse agency costs for time spent doing certain administrative activities that benefit Medi-Cal members exclusively. However, Program activities are generally performed for both Medi-Cal members and the general population. Therefore, it is necessary to use a base MCP to identify what portion of the general population receiving services are Medi-Cal members. A program's MCP is the percent of the primary target population served by the program that are current Medi-Cal beneficiaries.

The purpose of this section is to clarify policy and requirements regarding calculation, documentation, approval, and use of a base MCP for the BIH, AFLP, CHVP, PEI and MCAH Program.

Base Medi-Cal Percentage

The Base MCP is the number of Medi-Cal births divided by the total number of live births for a region. It is re-calculated when new birth data is available.

AFLP Base Medi-Cal Percentage

AFLP's base Medi-Cal Percentage MCP is calculated by CDPH/MCAH for each AFLP agency using their client data entered in the software information system provided by the Program Consultant.

BIH Program Base Medi-Cal Percentage

The BIH Base Medi-Cal Percentage MCP is calculated by CDPH/MCAH for each BIH Agency using data from the BIH MIS Current Pregnancy Report (statewide aggregate data) and the BIH pregnant individuals from the prior calendar year. Each BIH Agency must use the MCP posted on the BIH Base MCP table.

MCAH Program Base Medi-Cal Percentage

The MCAH Base MCP is calculated by CDPH/MCAH for each MCAH Agency using data compiled from the Birth Statistical Master File to derive the percent of Medi-Cal paid births to total County live births. Each MCAH Agency can use the MCP posted on the MCAH Base MCP table.

Besides using the MCAH Base MCP posted by CDPH/MCAH, the MCAH Medi-Cal Percentage can also be any of the following:

1. **A Local MCP** determined by the Agency, approved by CDPH/MCAH, and used for some or all staff.

2. Factoring two or more Medi-Cal Percentages MCP for one staff (**multiple or weighted MCP**).
3. **Variable Medi-Cal Percentages MCP** for staff dependent on their actual client contacts.

Note: When performing client counts for any of the above alternate methods, Medi-Cal members with a Share of Cost (SOC) **can be** included in the Medi-Cal enrolled client counts.

When a MCAH Agency uses an MCP other than the MCAH Base MCP, supporting documentation is required to substantiate the invoiced MCP. If an audit reveals that the documentation does not support the invoiced MCP, the Agency will be responsible for repayment of the difference between the invoiced amounts and the amounts the documentation supports. If there is no supporting documentation, the repayment amount will be calculated based on the MCAH Base MCP.

Local Medi-Cal Percentage MCP

An Agency may have access to more current or region-specific final birth data and can use an alternate Local MCP for some or all of their staff. Local MCPs must be reviewed and approved by CDPH/MCAH each fiscal year they are used.

To use a Local MCP an Agency must:

1. Submit with the Agreement Funding Application (AFA), via the Budget Template (I) Justification worksheet, the data source(s) and methodology used for the calculation(s).
2. Calculations need to be based on population-wide, publicly available (posted on the city or county website) and statistically valid data.
3. Maintain the data sources, methodology, CDPH/MCAH approval, client counts and any other supporting documentation for audit purposes.

When proposing a Local MCP, the data source(s) and methodology must be submitted to CDPH/MCAH for approval each fiscal year.

Multiple Medi-Cal Percentage MCP For Single Staff

In some instances, Agency staff duties can be divided into two or more specific areas of responsibility. Each area is based on a different function, activity, or client contact, and stated on two or more budget and invoice lines. For example, a MCAH Director performs 60% general administrative MCAH Director duties and 40% Perinatal Services Coordinator (PSC) duties. The Director could be listed on two budget and invoice lines with one line stating 60% FTE as the MCAH Director performing administrative functions using the CDPH Base or Local MCP; and on the second line 40% FTE performing PSC duties claiming up to 95% MCP.

The Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal program; therefore a Medi-Cal Percentage MCP of up to 95% may be claimed for a PSC. Specific activities of the PSC will determine the percent of FFP match with each time

study period.

The duty statement of the PSC must describe the activities assigned to that position including activities that qualify for FFP.

To use Multiple Medi-Cal Percentage MCP for the same staff an Agency must:

1. Submit with the AFA, via the Budget Template (I) Justification worksheet, the data source(s) and methodology used for the calculation(s).
2. Verify each fiscal year that there were no data changes or shifts in workload. If there are changes, an updated methodology needs to be submitted for CDPH/MCAH review and approval each fiscal year.
3. Maintain the methodology, CDPH/MCAH approval, client counts, supporting documentation, and any other substantiating documentation for audit purposes.

Weighted Medi-Cal Percentage

Only MCAH Directors and Coordinators can use a “Weighted” MCP. A Weighted MCP must be approved by CDPH/MCAH. The weighted MCP is a **projection** factoring the expected FTEs and MCPs. You will invoice using the **actual** FTE based on the time studies and MCPs based on actual client counts for that quarter. The Weighted MCP is based on time (% FTE) spent in managing varying programs or entities that have a higher MCP than the MCAH Base or Local Medi-Cal Percentage.

The Weighted MCP is calculated by adding the sums of the MCP multiplied by the percentage of time performing activities in a program. For example:

Activity/Program	%Total FTE x MCP	Weighted MCP
CPSP	.1 FTE x 95%	9.5%
High Risk Visiting Program	.2 FTE x 80%	16.0%
General MCAH Work	.7 FTE x 52% (Base MCP)	36.4%
(MCP on Budget)	**1.0 FTE**	**61.9%**

To use a Weighted MCP an Agency must:

1. Complete the Weighted MCP table located at the bottom of the (I) Justification worksheet within the MCAH Budget Template.
2. Submit with the AFA via the MCAH Budget Template (I) Justification worksheet, the data source(s) and methodology used for the calculation(s).
3. Verify each year that there were no data changes or shifts in workload. If there are changes an updated methodology needs to be submitted for CDPH/MCAH review and approval each fiscal year.

4. Maintain the data sources, methodology, CDPH/MCAH approval, client counts, and any other supporting documentation for audit purposes.

Variable Medi-Cal Percentage

MCAH Agency staff whose job duties and duty statement specify that they work with a unique population are permitted to use Variable MCPs. A Variable MCP is one that varies each quarter and is based on 100% client counts during the time study month for that quarter.

The Variable MCP is determined each quarter using one of the following methods:

1. The total number of clients seen with documented Medi-Cal member identification numbers, divided by the total number of clients served by a specific staff member.
2. An Agency with a specialized program may determine a Variable MCP based on data for the entire program. If CDPH/MCAH approved, all staff working in that program can use the same Variable MCP.

During an Agency's time study month each staff claiming a Variable MCP must document 100% of their client contact as either "non Medi-Cal" or "Medi-Cal" in their supporting documentation. "Medi- Cal" does not mean assumed eligibility. A client must be a current Medi-Cal beneficiary. Supporting documentation must be able to substantiate a client's Medi-Cal enrollment status in the event of an audit.

When **budgeting Variable Medi-Cal Percentage** for individual staff an Agency is *projecting* what the FYs ratio of Medi-Cal enrolled to total client contact will be for that specific staff. Budget projections should be based on prior year actual client counts and staff duty statements.

Invoicing with Variable Medi-Cal Percentage must reflect ***actual client counts*** for that claiming period and client count documentation must be maintained for a minimum of seven years for audit purposes. This documentation will be reviewed during an on-site audit, and copies can be requested at any time by CDPH/MCAH staff to substantiate an Agency's Variable MCP. If a client's Medi-Cal enrollment cannot be verified, they cannot be counted as Medi-Cal enrolled.

Documentation of client counts to support Variable MCP must identify the following:

1. Staff name and position/title
2. Date and time span of activity
3. Activity and nature/intent of activity (e.g., outreach at health fair)
4. Total number of "clients" seen or contacted
5. Documented Medi-Cal verifications (e.g., member's Medi-Cal identification numbers)

To use a Variable MCP for one or more staff an Agency must:

1. Submit with the AFA via the MCAH Budget Template (I) Justification worksheet the data source(s) and methodology used for the calculation(s).

2. Staff or Program need to document 100% of their client contact as either Medi-Cal enrolled or not in their supporting documentation during the time study month. Verification of client enrollment status needs to be maintained for audit purposes.
3. Calculate MCP as a percent using the number of Medi-Cal enrolled clients to the total clients seen by a staff member for the quarter being invoiced. Use that MCP for the corresponding quarterly invoice for that staff member.
4. The actual client counts must be re-calculated each quarter for each quarterly invoice.
5. Maintain the data sources, methodology, quarterly calculation summaries, client counts, CDPH/MCAH approval, and any other supporting documentation for audit purposes.

MCAH Director - Medi-Cal Percentage (MCP)

Policy

The Division's intent is to assure that all pregnant women and their children can obtain quality maternal and child health services in the State of California. The MCAH Director is responsible for overseeing local MCAH staff and activities that carry out this mission. It is important that the MCAH Director's MCP be representative of the target population being served.

LHJs can augment their Programs' funds using FFP, which provides federal funding (Title XIX) for certain activities that:

- Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program
- Assist members on Medi-Cal to access Medi-Cal services

Reimbursement of costs for matchable activities and related expenses is based on time spent by qualified staff performing matchable activities on behalf of Title XIX, Medi-Cal beneficiaries only. A Program's MCP is the percent of the primary target population served by the program that are current Medi-Cal beneficiaries.

Procedure

The local jurisdiction's MCAH Director Medi-Cal percentage, the MCP may be determined by one of three different methods:

- **Using the CDPH/MCAH Base MCP Table** – CDPH/MCAH calculates the percent of Medi-Cal beneficiaries in the population of each local health jurisdiction based on the Medi-Cal paid delivery and birth data from the previous calendar year. The MCAH Director is allowed to time study all activities performed in the MCAH program time using the CDPH/MCAH's Base MCP for reimbursement.
- **Using a locally determined MCP** – This is a locally determined MCP based upon population wide, publicly available or documented data (Local Base MCP), or direct documentation of Medi-Cal

beneficiary's identification numbers (Variable MCP).

- **Using more than one MCP** – The MCAH Director may be responsible for overseeing local MCAH staff and activities in more than one MCAH program. The MCAH Director is allowed to time study to each specific MCAH program (such as MCAH, CPSP, FIMR, Education/Outreach and Dental) and use the MCP for each of these programs for claiming purposes. Each program can be budgeted and invoiced on separate lines in the MCAH Budget and Invoice template.

Requirements

Prior written approvals from the MCAH Program Consultant and Contract Liaison are required to claim an MCP different from the one listed in the CDPH/MCAH's Base MCP Table. Role and responsibilities for participation or oversight of local jurisdiction MCAH or MCAH-related programs must be addressed in the MCAH Director's duty statement.

Local jurisdictions must determine the percent of time spent per program based on actual time documented for activities/programs on the CDPH/MCAH approved Time Study. The MCAH Director must include 100% of their work time on the time study including time worked outside of MCAH related programs.

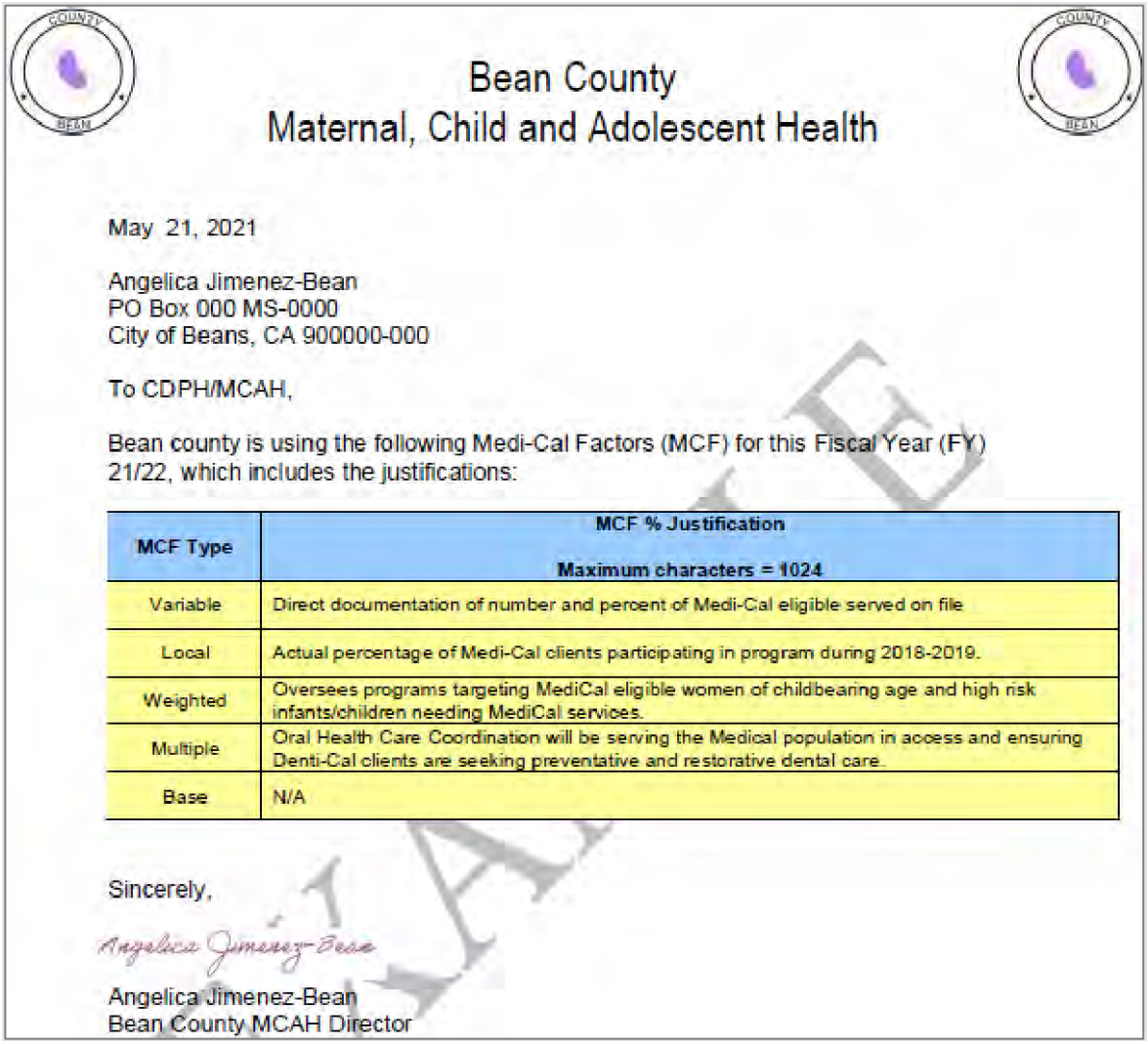
All data sources and methodology used to determine the MCAH Director MCP must be maintained for seven years for audit purposes. The audit file must be maintained until the records retention schedule for the same audit period expires.

Note: If a State or Federal audit is performed in which there are findings resulting from the data or methodology used to determine the MCAH Director's MCP, the local jurisdiction is solely liable for any financial recovery and/or penalties as a consequence of the findings.

MCP Annual AFA Justification letter

Policy

Agencies must submit a signed justification letter, which provides the rationale for your intended MCP percentages if utilizing a MCP other than base. This letter must be on county letterhead and include your justification in claiming each of the various MCPs that are being requested on your budget. The letter will **not** replace the MCP justification area for personnel on the budget template. We have provided an example letter for your reference titled “Bean County” letter.



Bean County
Maternal, Child and Adolescent Health

May 21, 2021

Angelica Jimenez-Bean
PO Box 000 MS-0000
City of Beans, CA 900000-000

To CDPH/MCAH,

Bean county is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 21/22, which includes the justifications:

MCF Type	MCF % Justification Maximum characters = 1024
Variable	Direct documentation of number and percent of Medi-Cal eligible served on file
Local	Actual percentage of Medi-Cal clients participating in program during 2018-2019.
Weighted	Oversees programs targeting MediCal eligible women of childbearing age and high risk infants/children needing MediCal services.
Multiple	Oral Health Care Coordination will be serving the Medical population in access and ensuring Denti-Cal clients are seeking preventative and restorative dental care.
Base	N/A

Sincerely,

Angelica Jimenez-Bean
Bean County MCAH Director

Title V 30/30 Earmarking

Overview

Pursuant to Title V of the Social Security Act, Section 505, CDPH is mandated to provide oversight in the expenditure of Federal MCH Title V Block Grant funding. Federal MCH Title V Block Grant funding is the key source of support for promoting and improving the health of all mothers and children, including children with special health care needs.

Requirements

As required by Federal regulation, CDPH is required to track and utilize all Federal MCH Title V Block Grant funding as follows:

- At least 30% of Federal MCH Title V Block Grant funds received are to be expended for Preventive and Primary Care Services for Children (PPCSC)
- At least 30% of Federal MCH Title V Block Grant funds received are to be expended for Children & Youth with Special Health Care Needs (CYSHCN) to provide and promote family-centered, community-based, coordinated care and to facilitate the development of community-based systems of services for such children and their families
- 30% (Other) MCAH activities
- 10% Administrative costs

Title V Time Studies

Currently, only the MCAH Program is required to report Title V expenditures to be in compliance with Federal regulations. SIDS activities can be coded to Category I and FIMR should be coded to Category III.

Note: This time study is required and separate from the Title XIX time study. Title XIX time study must be submitted with the quarterly invoice and Title V time studies must be submitted no later than the month following invoice submittal.

Time Studies must be performed for one full month during each of the fiscal quarters listed below.

- July – September
- October – December
- January – March
- April – June

Each agency will designate in their AFA the month in each quarter that Title V 30/30 Earmarking Time Studies are to be completed. Agencies must communicate their selected month to the MCAH Program upon receipt of the first quarter time study.

Budget Documents

Overview

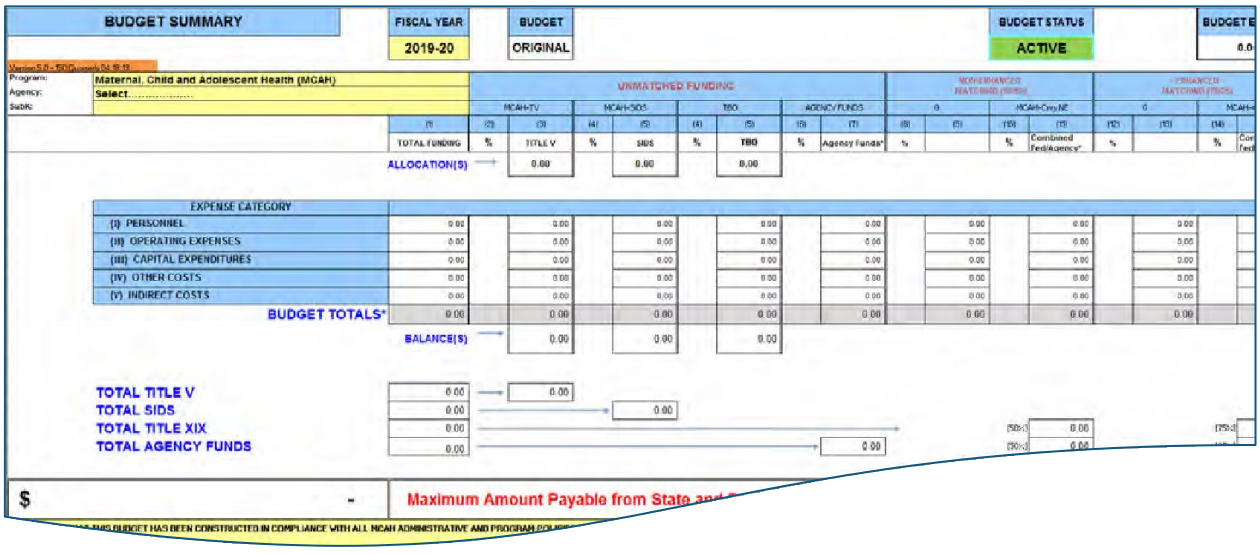
Budget documents form the basis for Agency payments and fiscal accountability for audit compliance. All expenses shown on the budget documents must directly relate to the accomplishment of the goals, objectives, activities, timelines and outcomes identified under the Program(s) Scope of Work (SOW).

The Program Budget/Invoice template contains all the necessary documents for submitting a proposed budget.

Justification worksheets are incorporated in the Budget/Invoice template file to allow agencies to document explanations of each expense listed under Personnel, Operating Expenses, Capital Expenditures and Other Costs. Justifications must include all particulars as specified by CDPH/MCAH for evaluating the necessity or desirability of each expenditure. This portion of the Program Budget Document is used for monitoring and auditing purposes.

The budget and corresponding justification worksheets are a required component of the final approved AFA.

Budget/Invoice Template

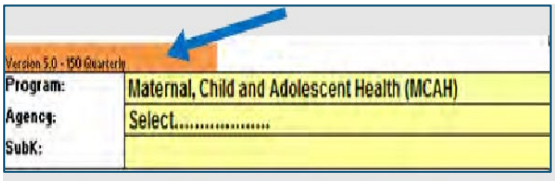


Note: Contact your Contract Liaison if you are having any difficulty accessing the Budget/Invoice template.

Within the Budget/Invoice template are cells shaded in yellow. These cells will accept data entry.

Note: Some of the yellow shaded cells within the Federal/Agency Non-Enhanced column under the Operating Expenses and Other Charges line items contain automatic calculations that may be overridden to reduce percentages if necessary. All other cells are locked, and password protected to prevent accidental entries. Any unauthorized changes made to the original format will require a resubmission by the Agency.

Agencies must ensure that the most current approved version of the Program Budget/Invoice template file is used at all times. The template version is located at the top of the Budget Worksheet in the cell above the Program name.



- All other data (non-shaded cells) are calculated by formulas embedded in the worksheet cells.
- The allocation amount(s), the Indirect Cost Rate (ICR) percentage and application and the Base MCP will automatically populate when the agency name is selected on the Budget Summary Page.
- Funding totals are automatically calculated and forwarded from each of the detail sections (Personnel, Operating Expenses, Capital Expenditures, Other Costs, Indirect Costs, and Operating Expenses) to the Budget Summary Page.
- Negative balances (or red), with the exception of agency funds, are not allowed on any budget or invoice summary page.
- The total balance shown on the Budget Summary Page cannot reflect a negative balance.

Budget Summary

The Budget Summary Page contains the following expense categories:

I. Personnel
II. Operating Expenses
III. Capital Expenditures (Major Equipment)
IV. Other Costs
V. Indirect Costs

EXPENSE CATEGORY
(I) PERSONNEL
(II) OPERATING EXPENSES
(III) CAPITAL EXPENDITURES
(IV) OTHER COSTS
(V) INDIRECT COSTS

Procedure

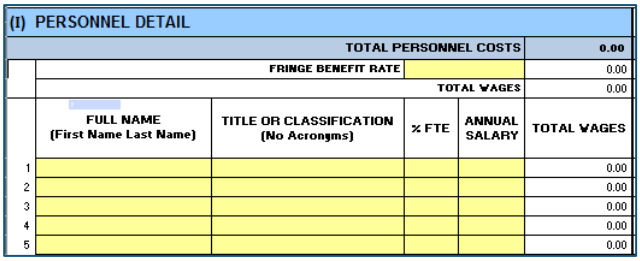
The following provides information on formatting, inputting & submission procedures:

- The California Fetal Infant Mortality Review Plus (CA FIMR+) and Sudden Infant Death Syndrome (SIDS) programs are funded by Title V and cannot be reimbursed with Title XIX funds.

- Agencies cannot use federal funds derived from any other entity for the purpose of Title XIX reimbursement.
- The print command will automatically generate the Budget Summary Page and budget detail pages; however, you must select each justification worksheet individually to print.
- Each Program Budget/Invoice template file is used for both budgeting and invoicing purposes. Submit budget documents via email for each MCAH funded Program.
- Once the budget documents are approved by CDPH/MCAH, the budget must be signed by the Agency's Program Director and Fiscal Agent (Not applicable to clarify CBOs or CHVP).
- The Excel version of the Budget/Invoice template file must be sent via email to the Contract Liaison.
- Submit a scanned signed copy of the budget via email to your Contract Liaison. Electronic signatures are acceptable.

(I) Personnel

Personnel Costs are listed as the first line item on the Budget and Invoice Summary Page. The Personnel Detail Section is titled "I." and is located after the "V. Indirect Costs Detail Section." The Personnel Detail Section needs to be completed prior to all other sections within the budget worksheet in order for the template to auto calculate for matching purposes.



(I) PERSONNEL DETAIL					
				TOTAL PERSONNEL COSTS	0.00
				FRINGE BENEFIT RATE	0.00
				TOTAL WAGES	0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES
1					0.00
2					0.00
3					0.00
4					0.00
5					0.00

Staff name, job title or classification, FTE, the average fringe benefit rate and annual salary entered in the Personnel Detail Section of the budget will populate the (I) Justification worksheet. Agencies may not go over the salary cap limitation imposed by the Health Resources & Services Administration.

Total costs from the Personnel Detail Section will populate the Personnel line item on the Budget Summary Page.

Requirements

The requirements of the Personnel Detail Section are:

- All Program staff, regardless of time worked in the program, or funding source (unless included in indirect expense line items), must be included in the Personnel Detail Section.
- Personnel listed in the Personnel Detail Section must meet all applicable program policies and requirements as detailed in the Program Policy and Procedure Manual. You must also ensure that you insert full names, no abbreviations, and that cells are not truncated.
- Anticipated salary increases must be included in the initial preparation

of the Personnel Detail Section.

- Vacancies must be budgeted at middle salary range.
- CDPH/MCAH allows reimbursement for fringe benefits that meet each of the following criteria:
    - Necessary and reasonable for the performance of the Program Agreement and budget
    - Determined in accordance with Generally Accepted Accounting Principles
    - Consistent with policies that apply uniformly to all activities of the Agency
- Fringe benefits may include, but are not limited to:
    - Health plans (i.e., health, dental and vision)
    - Unemployment insurance
    - Worker's compensation insurance
- Fringe benefits do not include:
    - Compensation for personnel services paid currently or accrued by the Agency for services of employees rendered during the term of this agreement which is identified as regular or normal salaries and wages, vacation, sick leave, holidays, jury duty and/or military leave
    - Incentive or bonus pay
    - Relocation allowances
    - Hardship pay
    - Cost-of-living differentials
- Travel
    - Travel column has been added to the Personnel Detail section in the budget template. For budgeting purposes, the staff members who will be traveling will have to select the "X" from the drop down. This will also help average the Match % allowed in the Operating Expenses section for Travel.

Procedure

List each staff's first and last name and their job title or classification in the appropriate column. Note: Job titles and classifications should be consistent with all duty statements and organization charts.

Enter "VACANT" in the name column if the position is vacant.

- Enter percent of Full Time Equivalent (FTE) for each employee.
- Enter the total annual salary for employees as if they were employed full time.
- Once the FTE and annual salary are entered for an employee, the total wages will populate.
- Insert an average fringe benefit rate that will be applied to the total wages listed in each column. A fringe benefit rate is the cost of an

employee's benefits divided by their total wages.

- Enter the non-enhanced and enhanced percentages based on historical time study data. The combined total of non-enhanced and enhanced percentages should not exceed the allowable MCP for each staff person. If the percentages do exceed the MCP, the cell containing the MCP will turn red. Adjustments to the non-enhanced and enhanced percentages will need to be made until they are at or below the MCP.
- Travel costs are automatically matched at the Non-Enhanced rate, based on the "Percent of Personnel Matched". Agencies electing to enhance travel costs must determine the allowable percentage or amount in accordance with FFP requirements.

(I) Personnel Justification Worksheet

- Choose Program name from the dropdown selection in column "I." (e.g., MCAH, FIMR, SIDS, AFLP, BIH).
- The Base MCP percentage will auto populate under the MCP% column for all staff. If the MCP type is variable, weighted, multiple, or local, enter the appropriate MCP percentage and select the corresponding MCP type from the dropdown menu.
- For the current Fiscal Year MCP rates please refer to the Agreement Funding Application instructions.

Note: When selecting a Multiple MCP type (two or more lines for one staff), you must complete the "MCP % Justification" column.

- When selecting a Weighted MCP you must complete the Weighted MCP Calculation Table (located below the MCP Requirements on the (I) Justification Worksheet), in addition to providing written justification in the "MCP % Justification" column.
- Enter the MCP justification for each staff when using (or projecting for Variable MCPs) an MCP higher than the base. Include source data if applicable, i.e. Penelope software for AFLP. Justification cannot exceed 1024 characters.
- The MCP percentage entered under the justification worksheet will populate in column 16 of the Personnel Detail Section.

(II) Operating Expenses

The Operating Expenses Detail Section is comprised of three expense areas listed under the main expense category:

- Travel
- Training
- Operating Expenses (Other than Travel and Training, lines 1-15)

The total dollar amounts from the Operating Expenses Detail Section will populate the Budget Summary Page.

Operating expenses (other than travel and training) are automatically distributed

to the Title V and Non-Enhanced Combined Federal/Agency columns according to how personnel costs are distributed (Percent of Personnel Matched). Lines 1 through 15 of the Operating Expense Detail Section cannot exceed the Percent of Personnel Matched. Some travel and training costs may be manually distributed to the Enhanced combined Federal/Agency columns if it is in accordance with FFP requirements.

The distribution of these costs can be changed as needed by manually entering new percentages into the percent columns. The allowable Percent of Personnel Matched for operating costs that are Title XIX reimbursable can be found in the Percent of Personnel Matched box located in column 16.

Travel

Travel costs are listed on the budget for all staff who travel to conduct Program business and to attend conferences and training that is directly related to the objectives described in the SOW.

The cost of travel cannot exceed the established State rates noted in the State Travel Reimbursement Information on the CalHR website.

For County/Local Health Jurisdictions Only:

Mileage:

Local health jurisdictions may use their county/agency mileage rate as long as they can provide documentation to substantiate the rate. If the county/agency does not have a county/agency mileage rate, then they must provide documentation to show how the rate included in their allocation agreement was derived. This rate will then be dependent on State approval and will require support documentation when invoices are submitted.

Lodging:

If lodging cost exceed the posted amount in the State Travel Reimbursement Information section, then the traveler must request and submit an Excess Lodging Rate Request form to the state. This request must be submitted two weeks prior to the start of travel and approved by the State. The State may not be able to honor requests submitted after the start of travel.

Out-of-State travel is allowed for agency leadership to travel to the following national conferences, including but not limited to:

- Annual meetings of the Association of Maternal and Child Health Programs (AMCHP)
- Center for Disease Control and Prevention's MCAH Epidemiology Conference
- Annual CityMatCH Conference

Travel to other national conferences may be approved on a case-by-case basis and requires prior written MCAH approval. All requests must be submitted in writing via email to your Contract Liaison and Program Consultant with a brief description that

includes the items listed below:

- Name and date(s) of the conference, training, meeting, etc.
- Name and title of the individual(s) traveling
- Necessity of the trip, how it relates to the goals and objectives of the SOW and how it improves the skills of the attendee
- Travel location and dates
- Breakdown of the proposed costs of the trip

Out-of-State travel must be identified in the training area of the (II-V) Justifications worksheet of the budget and under the appropriate goal and objective in the SOW.

Travel costs are automatically matched at the Non-Enhanced rate, based on the Percent of Personnel Matched.

Travel can be reimbursed at an Enhanced rate if it is in accordance with FFP requirements. Travel cannot be matched at a higher percent than the percentage listed on the Personnel Detail Section for those staff traveling.

There is a Travel column on the Personnel Detail section in the budget template. To accurately calculate the average Match %, an "X" must be selected from the drop down for each staff member who will be traveling.

Requirements

Prior MCAH written approval is required for travel and training costs for staff not listed on the Program Budget, but who contribute a portion of their time to the MCAH program. Any written approval from CDPH/MCAH as well as any receipts or information required for Travel Reimbursement must be retained by the Agency for audit purposes.

Training

Training costs are listed on the budget for staff who conduct or attend conferences and training that are directly related to the objectives described in the SOW.

- Agencies may host or sponsor Program-related trainings, seminars, workshops, or conferences.
- Training **cannot** be matched at a higher percentage than what is listed on the Personnel Detail Page for those staff for whom training is being budgeted. Training can be reimbursed at an Enhanced rate if a SPMP is providing training to another SPMP and it meets one of the FFP objectives.

Requirements

Prior written MCAH approval is required for the following:

- Training and associated travel and per diem costs for staff not listed on the budget, but who contribute a portion of their time to the Program.
- To host trainings, seminars, workshops, or conferences.

Procedure

Agencies requesting approval to host trainings or seminars must submit the following items:

- A description of the proposed training or seminar in the Program Budget Justification Narrative
- A written request at least 60 days prior to the proposed training or seminar date(s) to the Contract Liaison and Program Consultant which includes:
    - The date and location of proposed training or seminar
    - Subject matter of the training or seminar
    - Draft of agenda and list of instructors
    - Draft of instructional/educational materials
    - Targeted audience and projected number of attendees
    - Draft of publicity materials
    - Total cost

Note: Federal regulations disallow the use of any federal funds for advocacy at the local, state, or federal level. Therefore, the $1,100 allocated for the semi-annual MCAH Action training conference may only be used for training and travel related expenses to assist in meeting the educational needs of the MCAH Director. This should be shown in your budget under the travel and/or training line items, as appropriate. Any expenses related in any way to advocacy must be paid from local agency funds and are not eligible for Title XIX matching funds.

Operating Expenses Other Than Travel and Training

Operating expenses other than travel and training include, but are not limited to, items or costs used to support staff such as:

- Rent (methodology required: FTEs x 200 sq. ft. x up to $3 per square foot x 12)
- Office Supplies
- Communications
- Duplication
- Utilities
- Postage
- Minor Equipment - Audio/Visual equipment or Telecommunication items (including phone systems, teleconferencing equipment computers, printers, and furniture) having a base unit cost of less than $10,000.

For lines 1 through 15, enter in each operating expense type and the corresponding dollar amount. A justification for each expense must be entered on the (II-V) Justifications Worksheet. The justification must be detailed enough to substantiate the costs.

Operating Expenses, other than travel and training, can only be reimbursed at the Non-Enhanced rate. The total percentage of the Non-Enhanced Combined Federal/State and Combined Federal/Agency columns in each line item cannot exceed the Percent of Personnel Match as indicated on the right side of column 15

in the Operating Expenses Detail.

Operating Expenses that do not meet the FFP requirements must be claimed as unmatched (see page 9). The formula in the cell under the non-enhanced column will have to be deleted in order to claim the expense as unmatched.

(III) Capital Expenditures

These expenditures are defined as major equipment items with a base cost of $10,000 or more and useful life expectancy of one or more years. MCAH must approve all capital expenditures in writing prior to purchase. Capital Expenditure items purchased using any amount of CDPH/MCAH funds become the property of the State of California.

Expenses entered will automatically be spread based on the Percent of Personnel Matched but may be adjusted as necessary by shifting costs between funding sources.

On the (II–V) Justifications Worksheet, briefly describe the necessity and cost for each expenditure.

(IV) Other Costs

The Other Costs Detail Section is comprised of two expense areas as listed under the main expense category below:

- Subcontracts
- Other Charges (i.e., Client Support Materials, Educational materials, etc.)

The total dollar amounts entered in the Other Costs Detail Section will populate the Budget Summary Page.

Subcontracts

A subcontract is a written agreement between the Agency and a subcontractor. Subcontracts or consultant services can be used only for activities directly related to meeting the goals and objectives of the primary SOW. Subcontractors of LHJs may match at the Enhanced rate only if the subcontractor is performing Enhanced activities **and is a governmental agency**. If a subcontractor is matching at either the Enhanced or Non- Enhanced rate, they are subject to all guidelines as stated in the FFP Section of this Policy and Procedure Manual.

The use of a subcontractor or consultant must be explained and justified on the (II-V) Justifications Worksheet. Line-item titles and amounts entered in the Other Costs Detail section will populate in the (II-V) Justification Worksheet. Briefly describe the necessity, types of services and cost for each subcontract.

Note: For any subcontract $5,000 or more, the agency must provide a subcontract package for review and approval as described in the Subcontractor Agreement Transmittal form.

Subcontract Requirements are included in the Terms and Conditions section of this manual.

Other Charges

Other Charges include, but are not limited to, costs to support the program such as:

- **Client support materials** items used in support of desired behaviors/goals or items that have been determined as necessary for risk reduction after an assessment has been completed. Items such as cabinet locks, plug covers, pack 'n plays, cribs, car seats, breast pumps, diapers, baby clothes, school readiness materials (e.g., picture books, manipulative toys), bus passes or other transportation tokens and flash drives can be included in the invoiced amount.
- **Educational Materials**
- **Outreach Materials**
- **Services** such as development costs of media campaign advertising

Line-item titles and amounts entered in the Other Costs Detail Section will populate in the (II-V) Justification Worksheet. On the worksheet, provide a brief explanation of the necessity and cost of each expenditure.

(V) Indirect Cost

CDPH requires each Local Health Department (LHJ) to submit their proposed Indirect Cost Rate (ICR) and identify the method used to apply it - either:

- **Total personnel costs** (wages + fringe benefits), or
- **Total allowable direct costs** (includes personnel, fringe, operating, capital expenditures, and *other costs).

* When using the direct cost method, overhead may only claim overhead charges on the **first $50,000** of each subcontract.

Agencies must use the ICR percentage and method approved by CDPH, as published at the start of each program's annual AFA announcement letter.

If an agency chooses to apply a **lower rate than the approved ICR**, they must complete the **MCAH ICR Certification Form**, available on the current Fiscal Year AFA website.

Note: CDPH MCAH may also require agencies to complete the ICR Certification Form **even when using the approved rate**. This form helps substantiate the rate being applied by confirming the agency's methodology for calculating indirect costs and ensures consistent documentation for audit and compliance purposes.

- **Indirect Cost Limits:**
    - Up to 25% of total personnel costs, **or**
    - Up to 15% of total allowable direct costs (as defined above).
- AFLP CBO's grant agreements are limited to claiming up to 15 percent of personnel costs (wages and fringe benefits). Unless an alternate Federal approved ICR has been submitted to MCAH and approved for use.

- Total Indirect Costs are distributed among the Agency's Unmatched and Non-Enhanced budget columns based upon the Percent of Personnel Matched.
- Total Indirect Costs are not matched at an Enhanced rate.

Budget Revisions

Overview

CDPH/MCAH allows changes to previously approved Program Budget Documents to update and accurately reflect program need **once per fiscal year**. Budget revision (BR) proposals will be accepted for consideration only if the following criteria have been met:

- Your request must be submitted during the third quarter period, January-March, of the current fiscal year.
- Your 2nd quarter invoice has been submitted and approved, and your BR must be submitted no later than March 31st.
- Agencies must first contact their assigned Contract Liaison of the intention to do BR. Once CL approves the BR request, the agency can complete the BR tab on the budget template and submit for review and approval.

MCAH Contract Liaisons and program consultants will review the request and if the revision is approved, the Contract Liaison will inform the agency of approval. All budget revisions will require CDPH/MCAH written approval prior to implementation.

Requirements for BR's

Upon approval, agencies allowed to proceed with a budget revision must submit their proposed revision as follows:

- Submit the proposed budget revision via email to your Contract Liaison.
- Obtain formal written approval from CDPH/MCAH to proceed with signed BR.
- Sign approved budget template and submit to your CDPH/MCAH Contract Liaison.
- Any invoice affected by the pending budget revision cannot be submitted to CDPH/MCAH until the revised budget is approved.

The following documents are required for submission via email:

- Cover Letter stating reason the budget revision is necessary and where changes are requested
- Revised Budget Template (including completed Justification tabs)
- Revised or additional duty statements, if applicable
- Revised organization charts, if applicable
- Any other documents/forms that are applicable, for example, updated FFP/TXIX attestation form if new SPMP personnel are added to the budget.

Once the revised budget documents are approved by CDPH/MCAH, the agency will submit a signed copy of the budget documents to their MCAH Contract Liaison.

Invoices and Payments

Invoices

CDPH/MCAH reimburses agencies for actual costs incurred in meeting the objectives as specified in the SOW, not to exceed the approved program budget.

Quarterly and monthly invoices are due to CDPH 45 days after the end of the invoiced period and 45 days after for final invoices. A preliminary review is not required but can be helpful in identifying potential errors. Prior to submitting a formal invoice, agencies may submit their invoice package directly to their Contract Liaison for preliminary review. A preliminary review must be submitted no less than two (2) weeks prior to the invoice deadline. Contact your Contract Liaison to arrange the review.

Agencies ready to submit their invoices must utilize their approved and State MCAH certified budget and invoice workbook. Each signed invoice and its supporting documentation must be submitted in a separate email (one invoice per email) in PDF and excel format to the dedicated MCAH invoice inbox: MCAHInvoices@cdph.ca.gov.

Invoice Submission (How to Submit Your Invoice)

Your Contract Liaison and Program Consultant will review the invoice for correct format, accuracy and availability of funds. Failure to use the appropriate naming convention can result in delays in reimbursement. To ensure appropriate processing, please use the following invoice naming protocol and in the subject line of the email:

Agreement Number, Agency Name, Fiscal Year and Invoice Month and Number (starting with Month 1 or Quarter 1 as applicable)

CBO Example:

AGREEMENT #20-10004, SAN DIEGO COUNTY, FY 2020-21, MONTHLY/QUARTERLY, INVOICE

LHJ Example:

AGREEMENT #201801, SACRAMENTO COUNTY, FY 2020-21, Q1 INVOICE

Invoice package includes the following:

- **Signed Cover letter on official agency letterhead (PDF)** – the date the cover letter was prepared, program being invoiced, inclusive dates for invoicing period, agreement number, invoice number, total amount of the invoice, contact name, contact number, original signature, agency remittance

address and an explanation on the cover letter regarding any variance from the approved budget such as:
    - Personnel changes or vacancies
    - Substitutions of items budgeted under Other Costs
    - Adjustments or corrections from a prior quarter
- **Signed Invoice (PDF)** – signed and dated by the agency's fiscal agent and Program Director
- **Excel Version of the invoice** (invoicing of the approved CDPH/MCAH invoice excel workbook)
- **Signed & completed TXIX Cover Sheet** (if applicable)
- **Signed and checked Attestation form** (only applicable if there are new staffing)
- **Title V and/or Title XIX Time Studies** (if applicable)- Time Study Data Report for Summary of FFP (for all staff invoicing Title XIX Funds) and/or Title V Time Study Report for the time study month of the invoice period (for all staff in the MCAH budget invoicing Title V Funds)

For updated invoicing process, including a list of invoice deadlines please visit the CDPH/MCAH website.

Your Contract Liaison and Program Consultant will review the invoice package for the correct format, accuracy, and available funds. It may be returned due to incompleteness or other discrepancies that cannot be processed by program staff.

FFP Requirements

Invoicing requirements for FFP are as follows:

1. Expenses requiring prior written approval will be reimbursed only if approval has been granted.
2. Personnel costs invoiced must be based on either a time card or a time study (for all personnel claiming FFP), rather than approved budget documents. Budget documents are only an estimate of expenditures and invoices are based on actual costs.
3. Invoices claiming FFP must be accompanied by an approved time study report for each person claiming FFP. The time study report must reflect 100% of employee's paid work time for a minimum of one full month per quarter, and at a minimum contain the following information:
    - Agency name
    - Time study period
    - Time study month
    - First and last name of employee
    - Employee classification or title
    - SPMP – yes or no
    - Time base – full time/part time
    - Budget line number
    - Percent of time studied to each program listed
    - Percentage of time by activity classification

- Enhanced – (75/25)
- Non-Enhanced – (50/50)
- Unmatched
- MCP for each program and/or staff listed

4. The time study summary report is contained in the CDPH/MCAH FFP Calculation File which is available in the Forms Section of the AFA page on the CDPH/MCAH website. Agencies must use the most current version of the FFP Calculation File or a CDPH/MCAH approved alternate.
5. Negative balances (red) are not allowed on any funded total line.
6. When the budget is overspent in one column and underspent in another, agencies have the option to move expenses from an Enhanced rate to a Non-Enhanced rate (from 75/25 to 50/50), or from matched funds (Title XIX) to unmatched funds (Title V, SGF, agency funds).
7. Information entered on the invoice will automatically update the Fund Reconciliation Worksheet. This worksheet is used to monitor remaining fund balances and should be reviewed before submitting invoices to avoid payment reductions due to insufficient funds.

Special Considerations

MCAH provides two methods to **recoup costs from previous quarters or months** when the fiscal year has not been closed.

1. Recoup on subsequent invoices for the same fiscal year when the year is not closed out. Agencies should contact their MCAH CM for assistance with this option.
2. The Supplemental Invoice.

Costs entered as changes or adjustments from a previous quarter must be listed and described on a separate line item in the appropriate expense category. Please describe the following:

- The type of cost or line item.
- Invoice period in which the cost was incurred.
- Percentages used to distribute the costs should be the same as those used on the invoice originally submitted for the period in which the expenditures occurred. Any changes or adjustments must be explained on the invoice cover letter.

CBOs that submit monthly invoices have the choice to invoice using the most current information data system downloaded MCP for each month, or to use the same MCP for all three months of the quarter. At the beginning of each fiscal year CBO's that invoice monthly must decide which method to use.

Note: Federal regulations disallow the use of any federal funds for advocacy at the local, state, or federal level. Therefore, the $1,100 allocated for the semi-annual MCAH Action training conference may only be used for training and travel related expenses to assist in meeting the educational needs of the MCAH

Director. This should be shown in your budget under the travel and/or training line items, as appropriate. Any expenses related in any way to advocacy must be paid from local agency funds and are not eligible for Title XIX matching funds.

Agencies are responsible for federal audit exceptions and must indemnify the State in the event any exceptions are found, such as services that were:

- Invoiced for FFP but were not eligible for FFP
- Invoiced for FFP but for which there was no proper FFP match
- Invoiced for FFP but for which agency dollars were not expended, as invoiced, when claiming FFP
- Invoiced for FFP but were not adequately documented

MCAH approval and payment of invoices is not evidence of allowable costs. Allowable costs are determined by means of a State and/or Federal fiscal and program audit.

Supplemental Invoices

A Supplemental Invoice is to be used only when the agency determines additional charges are necessary after all invoices have been submitted and processed by CDPH/MCAH. Supplemental invoices must be pre-approved by the Contract Liaison prior to submission, approved Supplemental Invoices are due September 30th.

If a Supplemental Invoice is being submitted, it must meet all the requirements for a standard invoice as noted above and must additionally:

- Be titled “Supplemental Invoice”
- Reflect only the amount of the supplemental billing
- Reflect the same percentage distribution as the invoice period in which the actual cost was incurred

Invoice Detail Worksheet

Invoice Detail Worksheets are nearly identical to the Budget Worksheet in format and operation and share many of the same policies and requirements. Therefore, this Section will only note the unique differences of the Invoice Worksheets. Please refer to the Budget Documents Section for more information regarding Budget/Invoice policies, requirements and procedures.

Personnel Detail Section:

- For each staff member enter the actual fringe benefit amount for the month or quarter in which you are invoicing.
- For each staff member enter the total wages for the time period being claimed
- If matching, enter the non-enhanced and enhanced percentages.
- Enter the percent time in program for each staff member that is claiming FFP. This percentage can be found on the Time Study Data Report for Summary of FFP.

Invoice Deadlines

Invoice Deadlines for the following programs: MCAH, AFLP, BIH, All CHVP, and PEI.

Quarter	Inclusive Dates	Date Due to MCAH
Quarter 1	July-September	November 15th
Quarter 2	October-December	February 15th
Quarter 3	January-March	May 15th
Quarter 4	April-June	August 15th

*Approved Supplemental Invoices are due September 30th

Payments

CDPH/MCAH is liable only for actual costs expended against the approved program budget and SOW.

Maximum Amounts Payable

The maximum amount payable for any fiscal year cannot exceed the CDPH/MCAH approved Agreement and Budget amounts for that fiscal year. The agency must meet all the objectives as specified in the SOW and have incurred the actual costs to receive the maximum amount payable under an approved Agreement and Budget. Agencies are responsible for ensuring that all costs included in this proposal are allowable in accordance with the requirements of Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Health and Human Services Awards.

Reimbursement Limitations

CDPH/MCAH will not reimburse the agency for:

- Overtime at a rate greater than the employee's regular hourly salary
- Earned CTO
- Any services that the agency may claim for reimbursement under any other State, Federal, agency, or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program
- Any services provided under this Agreement and Budget, which are otherwise reimbursable by any third-party payer(s). The agency must fully exhaust its ability to receive third-party reimbursement
- Any subcontract funds expended prior to CDPH/MCAH approval may not be reimbursable in the event CDPH/MCAH should subsequently disapprove the proposed subcontract

If the agency receives any third-party reimbursement for services already reimbursed by CDPH/MCAH, the agency must immediately remit that amount to CDPH/MCAH or offset the amount against future invoices.

Recovery of Overpayments

CDPH/MCAH will recover overpayments to the agency including, but not limited to, payments determined to be:

- In excess of allowable costs
- In excess of expenditures that can be supported by required time study documentation (i.e., required FFP, Title XIX matching)
- In excess of the amounts usually charged by the agency or any of its subcontractors
- For services not documented in records of the agency or any of its subcontractors
- For any services where the documentation of the agency or any of its subcontractors only justifies a lower level of payment;
- Based upon false or incorrect invoices
- For services deemed to have been excessive, medically unnecessary or inappropriate
- For services arranged for or rendered by persons who did not meet the standards for participation in the program at the time the services were arranged for or provided
- For services not covered in the program SOW
- For services that should have been billed to other programs, the Medi-Cal program or any other entitlement program for which the client was eligible to receive payment for such services

Procedures

CDPH/MCAH has three options available for the recovery of overpayments:

1. Agency may pay the full amount in one payment
2. Agency may arrange with CDPH Accounting Section to make payments (12 months maximum)
3. Agency may request that CDPH/MCAH deduct the amount of over payment from a subsequent invoice(s). Repayment is to be made as soon as possible but final payment shall not exceed 12 months from the date of the discovery

Upon receipt of an audit ‘Action Notice,’ CDPH Accounting will send an invoice to the agency, establish accounts receivables, and work with the agency in determining a recovery method. All recovery activities are coordinated directly through CDPH Accounting.

Payment Withholds

CDPH/MCAH, at its discretion, may withhold up to 100% of any amount billed for services until the agency complies with the provisions of the Agreement. CDPH/MCAH will notify the agency in writing regarding non-compliance determinations.

This notification includes:

- The reason for each payment withhold determination
- The percentage withheld (if applicable), or the intent to withhold
- The effective date, conditions, and duration of the withhold

The agency will be afforded a reasonable opportunity to discuss with CDPH/MCAH and respond to the notification. Upon agency compliance, CDPH/MCAH will release the amount withheld for payment to the agency.

Audits

Overview

All agencies receiving funding from CDPH/MCAH must comply with applicable federal and state audit and reporting requirements. These include, but are not limited to:

- 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- Generally Accepted Government Auditing Standards (GAGAS, also known as the Yellow Book)
- Reporting and Audit Requirements per **Exhibit F** – Federal Terms and Conditions for Allocations and Cooperative Agreement (version October 2014)

Federal and state officials may conduct audits, monitoring or on-site reviews of agencies and their subcontractors during standard business hours. These reviews are intended to assess compliance with program agreements.

CDPH/MCAH may also conduct technical assistance site visits.

On-Site Technical Assistance Reviews

CDPH/MCAH may initiate an on-site technical assistance review, either at its discretion or at the agency's request. These informal assessments help identify potential compliance issues and ensure alignment with program expectations ahead of formal audits.

Review process:

- **Entrance Meeting** - Review scope, required documents, and workspace needs.
- **On-Site Review** - Examine administrative, programmatic, and fiscal practices.
- **Exit Meeting** - Share preliminary findings and allow time to respond.
- **Agency Response Window** – 2-4 weeks to submit supporting documentation.
- **Summary Report** - Document findings and recommendations.
- **Corrective Action Plan (CAP)** - Required if deficiencies are identified.
- **CAP Monitoring** - Follow-up on implementation of corrections.
- **Fiscal Recovery Plan** - Required for recovery of unallowable costs, if needed.

Corrective Action Plan (CAP)

If any review or audit identifies areas of noncompliance, the agency must submit a CAP that:

- Address each finding

- Describes corrective actions and responsible personnel
- Include timelines for completion

Failure to submit or follow the CAP may result in sanctions, such as funding reductions, cost disallowance, or termination of the agreement.

Audit Requirements

Agencies that expend $1,000,000 or more during the agency's fiscal year in Federal awards must undergo a Single Audit or Program Specific Audit in accordance with 2 CFR § 200.501.

Audit reports must be submitted to the Federal Audit Clearinghouse (FAC):

- within 30 calendar days after the agency receives the auditor's report, or
- within 9 months after the end of the audit period (whichever comes first).

Remedies for audit noncompliance

In cases of continued inability or unwillingness to have an audit conducted in accordance with this part, the following actions may be taken under § 200.339:

a) Temporarily withhold payments until the recipient or subrecipient takes corrective action.

b) Disallow costs for all or part of the activity associated with the noncompliance of the recipient or subrecipient.

c) Suspend or terminate the Federal award in part or in its entirety.

d) Initiate suspension or debarment proceedings as authorized in 2 CFR part 180 and the Federal agency's regulations, or for pass-through entities, recommend suspension or debarment proceedings be initiated by the Federal agency.

e) Withhold further Federal funds (new awards or continuation funding) for the project or program.

f) Pursue other legally available remedies.

Terms and Conditions

General Terms and Conditions

All MCAH program agreements and budgets are subject to limitations set by federal or state law, legislature or court decisions. These agreements must comply with:

- 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- State Contracting Manual
- General Terms and Conditions for non-IT services contracts except for Interagency Agreements (Effective 4/4/2017)

CDPH/MCAH may revise or void agreements and budget within 30 days' written notice in the event of funding reductions or legal changes. If an agreement is rendered invalid, CDPH/MCAH will have no financial or contractual obligations, and the agency will be released from its obligations as well.

Agencies receive funding from CDPH/MCAH, as the pass-through entity, to provide MCAH-related services must deliver the full scope of services described in the Scope of Work (SOW), regardless of the proportion of funding provided by CDPH/MCAH.

Special Terms and Conditions

All MCAH agreements must also comply with:

- **Exhibit D** – CDPH Special Terms and Conditions for Cooperative Agreement in accordance to HSC 38070 (August 2022).
- **Exhibit F** – Federal Terms and Conditions for Allocations and Cooperative Agreement (October 2014).
- **Information Privacy and Security Requirements**– IPSR Exhibit used for all agreements (September 2022).

Additional MCAH Provisions

Subcontract Requirements

(Applicable when subcontractors or consultants are engaged)

a. **Prior Authorization**: Required for any subcontract $5,000 and over.
b. **Competitive Bidding**: Minimum three bids or documented justification.
c. **CDPH/MCAH Approval**: CDPH reserves the right to approve or reject the subcontractors.
   (1) Costs incurred before approval may not be reimbursed.
   (2) Subcontract replacement must be completed within 30 days if required.
d. **Documentation: Maintain agreements and procurement records for CDPH/MCAH.**

e. **Payment and Oversight**: Prime agencies are responsible for payment and performance.
f. **Compliance Pass-through**: The subcontract agreement must include a clause:

"(Subcontractor Name) agrees to maintain and preserve all records related to this agreement for seven (7) years following the termination of (Agreement Number) and final payment from CDPH to the contractor. During this period, (Subcontractor Name) shall grant CDPH or any authorized representative, access to review, audit, or examine any pertinent books, documents, papers and records. (Subcontractor Name) also agrees to make relevant personnel available for interviews regarding such records upon request."

Audit and Record Retention

Under 2 CFR 200.337, federal and state officials must be granted access to any records relevant to the award.

Per the State Contracting Manual, Section 7.50, subsection B – Records Keeping and Retention, agencies and/or subcontractors must retain and provide the following documentation for **seven (7)** years upon request:

1. Policy and Procedures, including updates
2. Notices of Intent to Award
3. Approved Agreement Funding Application
4. Initial fiscal year budget and all subsequent revisions
5. SOW, duty statements, organization charts, position classifications.
6. Copies of all changes that occur to any of the documents above during the year, including CDPH/MCAH approvals of those changes.
7. Employee timesheets/timecards
8. FFP time studies documentation
9. Indirect Cost documentation
10. Invoices and expense supporting documentation
11. Cost allocation files
12. Supplemental invoice (if applicable).

Filing Format: Audit files can be kept in electronic or paper format.

Further audit requirements are detailed in Exhibit F.

Capital Expenditures and Inventory Controlled Items

In accordance with 2 CFR 200.1 *Capital Expenditures* means expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life.

Agencies must obtain prior written approval before purchasing capital assets and inventory-controlled items. Requirements include:

- Demonstrated program necessity

- Maintenance of inventory records (CDPH 1204)
- Submission of vendor receipts upon request
- Allowance for audit and verification

Failure to obtain prior approval may result in cost disallowance.

Equipment and other capital expenditures are unallowable as indirect costs (See more rules of allowability with 2 CFR 200.439).

Equipment Disposition

In line with 2 CFR 200.313 (e) *Equipment Disposition* – When equipment acquired under a Federal award is no longer needed for the original project, program, or for other activities currently or previously supported by a Federal agency, the recipient or subrecipient must request disposition instructions from the Federal agency or pass-through entity if required by the terms and conditions of the Federal award.

Agencies shall follow CDPH/MCAH's disposition instructions as follows:

1. Notify the Contract Liaison (CL) of disposal intentions.
2. The CL will obtain the approval from the Program Support Division (PSD) Asset Manager.
3. Follow specific procedures depending on item value and sensitivity.

* Use forms CDPH 1204, STD 152, and CDPH 9051 (for data-wiping sensitive IT)

Glossary of Terms and Acronyms

Term	Definition
Actual Cost	The actual price paid for real bona fide purchase costs of goods and services pursuant to the conduct of the MCAH Agreement and Budget.
AFA	Agreement Funding Application (AFA). The agreement between CDPH/MCAH and the Agencies to administer the MCAH programs. This includes, but is not limited to, the SOWs, Budget Documents, and Policies and Procedures.
AFLP	Adolescent Family Life Program (AFLP).
Agency	A Local Health Jurisdiction (LHJ); i.e., city or county health department or Community Based Organization, responsible for the public health needs in that designated geographic area. In California there are 61 Local Health Jurisdictions, 58 county public health departments and 3 city public health departments (Berkeley, Long Beach & Pasadena).
Agency Funds	Agency contributions towards the budget to help fund the activities needed to fulfill the program SOW.
Allowable Cost	Costs incurred which are necessary to meet the provisions of the SOW and are approved in the MCAH Agreement and Budget.
Base Cost Per Unit	The purchase price of an item, excluding tax, delivery, installation charged, etc.
Budget Revision	A revision in the previously approved budget to change line items and/or amounts.
Capital Expenditures	Major Equipment with a base cost per unit of $10,000 or more and a useful life expectancy of one or more years, including Telecommunications, and Electronic Data Processing/ Automated Data Processing software
CBO	A Community Based Organization (CBO), a non-profit organization which works to serve the disadvantaged in the community in which it is located.

Term	Definition
CDPH	California Department of Public Health (CDPH) works to protect the public's health and shape positive outcomes for individuals, families, and communities.
CDPH 1203	Contractor's Equipment Purchased with CDPH Funds is a form to track Contractor equipment and miscellaneous property which is purchased with CDPH funds and is used to conduct state business under the contract.
CDPH 1204	Inventory/Disposition of CDPH Funded Equipment form for inventory and disposition of equipment purchased with CDPH funds.
CMS	Centers for Medicaid and Medicare Services (CMS).
Confidential Information	Any information containing patient identifier, including but not limited to: Names Address Telephone number Social Security number Medical identification number Driver license number
Contract Liaison (CL)	A CDPH/MCAH staff assigned to an agency, who provides consultation concerning fiscal direction and issues such as Budget development and Invoicing.
Corrective Action Plan (CAP)	If an audit reveals that an Agency is not following required procedures or maintenance of documents, CDPH/MCAH will instruct the Agency to develop a Corrective Action Plan (CAP). The CAP will define the corrective actions the Agency must implement to become compliant. The CAP must be reviewed and approved by CDPH/MCAH staff.
CPSP	Comprehensive Perinatal Services Program (CPSP) is an obstetrical, psychosocial, nutritional, and health education services and related case coordination provided by or under the personal supervision of an approved CPSP provider during pregnancy and 60 calendar days following delivery.
CTO	Compensatory Time Off (CTO), time off in lieu of overtime pay.

Term	Definition
DHCS	Department of Health Care Services (DHCS) is the state agency responsible for managing and administering California's Medicaid program, known as Medi-Cal.
Duty Statement	Defined activities specific to program and position requirements and are considered legal and contractual obligations which can be audited.
Enhanced Rate	Federal Title XIX reimbursement of eligible approved costs at the ratio of 75% federal dollars to 25% State or Agency general fund dollars.
FFP	Federal Financial Participation (FFP) program is a funding mechanism used to generate additional revenue by reimbursing Agency or State funds with Title XIX dollars at an Enhanced and/or Non-enhanced rate for the proper and efficient administration of the Medi-Cal program's two objectives.
Fringe Benefits	Employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training), Employee health plans (i.e., health, dental, and vision), Unemployment Insurance, Workers Compensation Insurance, and Employer's portion of pension. Retirement plans are included, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
FTE	Full-Time-Equivalent (FTE) means a standard eight-hour workday; 40 hours per week; or 2,080 hours per year.
Goals	Goals are overall statements of the mission and purpose of the program or an individual program component.

Term	Definition
Good Cause	Circumstances which are beyond the control of the agency and includes, but is not limited to: Damage to or destruction of the Agency's business office and/or records by a natural disaster, including fire, flood, or earthquake or when circumstances involving such disaster have substantially delayed Agency's operations. Theft, sabotage, or other deliberate, willful acts by an employee that have been reported to the appropriate law enforcement or fire agency when applicable. Other circumstances that are clearly beyond the control of the Agency that have been reported to the appropriate law enforcement or fire agency when applicable. Failure by CDPH/MCAH to fully execute the MCAH Agreement and Budget later than six months after the MCAH Agreement and Budget start date. Untimely illness or absence of any employee trained to prepare invoices, reports, or Budget Revisions. This does not include an Agency vacancy. All circumstances will be reviewed and approved/disapproved on a case-by-case basis by CDPH/MCAH management. Failure by CDPH/MCAH to fully execute revisions before the MCAH Agreement and Budget's termination, expiration date, or fiscal year end.
Indirect Costs	Those costs which are within the Agency and cannot be clearly identified as expenses to direct program costs. The calculation is based on Total Wages (excluding benefits) from the Personnel Detail Worksheet.
Job Specification	County civil service classification describing standard educational and experience requirements for appointment to specific positions. Job Specification can be referred to as a classification specification
LHJ	A Local Health Jurisdiction (LHJ), i.e., city or county health department, responsible for the public health needs in that designated geographic area
MAA	Medi-Cal Administrative Activities (MAA).

Term	Definition
Major Equipment	A tangible or intangible item having a base unit cost of $10,000 or more with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.
MCAH	Maternal, Child and Adolescent Health (MCAH).
MCAH Director	The Maternal, Child and Adolescent Health (MCAH) Director is an individual appointed by the Agency who is responsible for carrying out the terms and conditions of the MCAH program Agreement and Budget.
MCAH-Related Programs	Programs operated under CDPH/MCAH and accountable to follow the policies set forth in this manual; MCAH, AFLP, FIMR, SIDS, BIH and CHVP.
MCP	The Medi-Cal Percentage (MCP) is a percentage that identifies the portion of the region's general population receiving MCAH-related services that are Medi- Cal beneficiaries. The MCP is one of two components that determine Title XIX claiming amounts.
Medi-Cal	California's Medicaid program that provides healthcare and service to those who meet Medi-Cal eligibility requirements.
Medi-Cal Eligible	Individuals who have applied for and been granted Medi-Cal benefits, as well as the Medi-Cal potential eligible population (i.e., the population at the poverty rate qualified to receive Medi-Cal benefits).
Minor Equipment	A tangible item having a base unit cost of less than $10,000 with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement.
Non-Enhanced Funding	Federal Title XIX reimbursement of eligible approved costs at the ratio of 50% federal dollars to 50% State or Agency general fund dollars.
Organization Chart	A diagram illustrating the interrelationship of the local health jurisdiction staff associated with all MCAH-funded programs.
Outreach	Activities to inform and/or connect persons to available services or care.

Term	Definition
Program Consultant (PC)	A CDPH/MCAH staff person, assigned to an agency or program, that provides skilled expertise in the areas of program standards, SOW, personnel, program policy development, and quality improvement.
PSC	Perinatal Services Coordinator (PSC) is the person, in collaboration with the MCAH Director, responsible for the implementation of the CPSP in the LHJ.
QA	Quality Assurance (QA). A program for the systematic monitoring, evaluation, and improvement of the various aspects of a program, entity or group.
Salary Savings	Salary savings are a result of unfilled positions and reduced FTEs and are not allowable in AFLP without Contract Liaison Approval. The criteria is that services provided should not be diminished to cover operational expenses. Please consult the MCAH Program Consultant or Contract Liaison.
Supporting Documentation	Supporting documentation gives support to the claiming of matchable FFP funding, can be requested by CDPH/MCAH to verify high percentages of FFP matching, and is reviewed during on-site audits to verify the percentage of FFP matching.
SGF	State General Fund (SGF).
SIDS	Sudden Infant Death Syndrome (SIDS).
SOW	A Scope of Work (SOW) is a component in the MCAH Agreement and Budget which contains the goals, objectives and methods of evaluation to be met under the terms and conditions of this MCAH Agreement and Budget.
SPMP	Skilled Professional Medical Personnel (SPMP) have the education and training at a professional level in the field of medical care or of an appropriate medical practice.
Subcontract	A written agreement between the Agency and a subcontractor specifically related to securing or fulfilling the Agency's obligation to CDPH/MCAH under the terms of the MCAH Agreement and Budget.
TCM	Targeted Case Management (TCM), a Medicaid program.
Time Study	A method to record time spent on all activities for those staff claiming FFP.

Term	Definition
Title V Funds	Unmatchable federal MCAH Block Grant funds authorized under Title V of the federal Social Security Act.
Title XIX Funds	Federal Medicaid money obtained under Title XIX of the federal code by means of State and/or local revenue match for costs of activities related to eligible and potentially eligible Medi-Cal women and children.