



RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

DATE: JULY 30, 2014

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIRECTORS  
BLACK INFANT HEALTH (BIH) COORDINATORS  
ADOLESCENT FAMILY LIFE PROGRAM (AFLP) DIRECTORS

SUBJECT: FY 2014-15 AGREEMENT FUNDING APPLICATION (AFA) INSTRUCTIONS

This letter provides instructions for your agency's Fiscal Year (FY) 2014-15 Agreement Funding Application (AFA) for the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division's, Maternal, Child and Adolescent Health (MCAH), Black Infant Health (BIH), and Adolescent Family Life (AFLP) Programs. Please note that there are significant changes to the scopes of work (SOWs) and budget templates for those agencies that administer one or two programs in addition to an MCAH program. These changes were undertaken in an effort to streamline the AFA and invoicing processes and allow more funding flexibility for local agencies.

Attached are the MCAH, BIH, and AFLP allocation tables for FY 2014-15. The documents are located on the CDPH/MCAH website at:

<http://www.cdph.ca.gov/services/funding/mcah/Pages/AgreementFundingApplication14-15.aspx>

### **FUNDING FOR FY 2014-15**

Funding for FY 2014-15 has increased for all programs for FY 2014-15. As was done in FY 2013-14, those agencies with Fetal Infant Mortality Review (FIMR) funding will not have a separate allocation for FIMR. Rather, the FIMR funding is still included in the base MCAH allocation. Similarly, Small County Funding, which was previously shown as a separate allocation, is now part of the MCAH base allocation.

The CDPH/MCAH Program received notice that Title V would not be subject to sequestration this year, so California will receive \$2.4 million more than anticipated for FY 2014-15. Of that \$2.4 million, \$300,000 will be kept for State support costs, \$700,000 will go to the Department of Health Care Services for Children's Medical Services, and \$1.4 million will be allocated to the counties for MCAH and AFLP.

### **MCAH**

Of the \$1.4 million for local health jurisdictions (LHJs) and Community Based Organizations (CBOs), local MCAH has been allocated a \$1million increase. The \$1 million was added to MCAH allocations in two steps. The first step increased the minimum allocations to small and medium sized Local Health Jurisdictions (LHJs) by \$12,000 each. The second step allocated the balance of the increase to each MCAH agency based on need using specific factors. The need

factors used to determine the MCAH increases are based on 2010-11 U.S. Census Data for cities and counties using the following data sets:

- Number of women of child-bearing age, ages 12-44
- Number of women of child-bearing age living at or below the federal poverty level
- Number of births
- Number of children, ages 0-5
- Number of children living at or below the federal poverty level

### **AFLP**

Local AFLP agencies have been allocated a \$460,000 increase statewide. As with MCAH, the FY 2013-14 AFLP allocations remain intact, but the increase to each LHJ or CBO is based on an increased minimum allocation of \$40,000, with the balance allocated based on need using the same factors as were used to calculate the FY 2013-14 AFLP allocations, which were:

- Teen birth rate
- Percent of children living in poverty, ages 0-18
- High school drop-out rate
- Percent of repeat teen births
- Number of teen births

### **BIH**

The FY 2014-15 State Budget reinstated \$4 million State General Fund (SGF), ongoing, for BIH programs. The BIH allocations were calculated based on need for both Title V and SGF, using the following criteria:

- Number of African American (AA) births
- Number of low birth-weight AA births
- Number of pre-term AA births
- Number of AA fetal deaths
- Number of AA infant deaths

Please note, the reinstated SGF can be used to leverage Title XIX Federal Financial Participation (FFP) funds.

### **NEW BLOCK BUDGET TEMPLATE**

In order to allow LHJs with multiple MCAH programs more flexibility with their budgets, MCAH has implemented a new block budget and SOW for those LHJs. The block budget and invoice template appears exactly the same as the FY 2013-14 budget and invoice template, except that it will contain a budget for each program. Those budgets will then automatically roll up into a summary cover sheet.

LHJs may opt to use the block budget template or continue to submit individual program budgets. The advantage to using the block budget for example, if in the third quarter, it is clear

that one program will be underspent and another overspent, up to 10% of the underspent Title V allocation may be moved to a program that is overspent. This transfer of funds is only allowable if an LHJ opts for the block budget from the beginning; an LHJ may not submit single budgets at the beginning of the year and then decide to opt for a block budget mid-year.

The rules governing the block budget are as follows:

- You must submit a block budget for all your programs at the beginning of the year
- All program budgets must be submitted at the same time
- Quarterly or monthly invoices for all programs must be submitted together
- Transfers of funds between programs will require a budget revision

### **OPERATING AND OTHER COSTS**

All costs related specifically to client support, for example, educational and client support materials should be listed under "Other Costs," rather than "Operational Costs." Operating Costs include equipment, office supplies, communications, software, and any other day-to-day office necessities.

If you have questions, please contact your assigned contract manager for clarification.

### **FY 2014-15 MCAH, FIMR, AFLP and BIH SOWs**

In an effort to increase efficiency, simplify the AFA process and align with the block budget template, CDPH/MCAH has consolidated three Title V programs, MCAH, AFLP, and BIH, into one SOW. The Local MCAH SOW includes the Sudden Infant Death Syndrome (SIDS) Program and FIMR objectives and activities. Due to the current, ongoing local Title V Needs Assessment process, the Program Narrative is not required to be submitted for local MCAH Programs.

LHJs are required to complete the SOW for the programs in which they are funded. Depending on funding, LHJs will select from one of the four SOWs posted on the MCAH website at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/LocalMCAHProgramDocuments.aspx> Select '2014-15 Local MCAH Program Documents' at this link to access additional instructions and SOW templates:

1. Local MCAH SOW
2. Local MCAH and AFLP SOW
3. Local MCAH and BIH SOW
4. Local MCAH, AFLP, and BIH SOW

### **PLEASE NOTE THE CHANGE TO THE LOCAL MCAH SOW FOR FY 2014-2015:**

This FY each LHJ is required to develop two objectives for Goal 3: a SIDS objective to promote infant safe sleep and risk reduction community health education, and an objective to improve infant health outcomes.

**FOR LHJs THAT RECEIVE FIMR FUNDING:**

- Perform the activities in the shaded area in Goal 3, Objectives 3.5-3.7. In the second shaded column, **Intervention Activities to Meet Objectives**, insert the number and percent of cases you will review for the fiscal year.
- For 3.8, an objective addressing the development of interventions to prevent fetal, neonatal, and postneonatal deaths is required.

**NEW ALLOWABLE INDIRECT COST RATES (ICRs)**

At the request of the County Health Executives Association (CHEAC), the California Conference of Local Health Officers (CCLHO), and individual public health directors, CDPH has agreed to apply the same ICR to all CDPH program funds within each LHJ. Each county health officer has submitted a worksheet, verified by the county auditor, as to allowable indirect costs and a final ICR for all public health programs within that LHJ.

A maximum rate is imposed; the maximum allowable ICR is 25% of salaries and benefits or 15% of total allowable direct costs. Your county health director has determined which method to use and calculated your ICR for FY 2014-15.

For all CBOs, the maximum allowable ICR is 15% of salaries and benefits.

Since this is a substantial increase over our previous allowable ICR of 10% of salaries and wages, any indirect costs over your county's allowable ICR is not recoverable from Title V funds or, in the case of BIH, from SGF.

A table showing each county's allowable ICR is attached. If you have any questions, please contact your assigned contract manager.

**AFA AND INVOICE SUBMISSIONS**

Submit **ALL** electronic copies of AFAs, budget revisions, and invoices to:  
**[MCAHFinAct@cdph.ca.gov](mailto:MCAHFinAct@cdph.ca.gov)**

Your FY 2014-15 AFA is due 45 days after the date of this letter. You may request up to two 30-day extensions via email or telephone; ***any extension requests beyond 60 days must be via email and must be accompanied by a detailed reason why the extension is needed with an estimated date of completion.***

***New this year:*** When LHJs with sub-contracts submit invoices to the state, copies of the subcontractor invoices submitted to the county must also be submitted.

***Quarterly and monthly invoices are due on or before 45 days after the end of the period for which you are requesting reimbursement; final invoices are due no more than 90 days after the end of the fiscal year.***

### **TITLE V 30/30 EARMARKING AND TIME STUDIES**

The Title V 30/30 time studies by local MCAH agencies are an ongoing requirement for receipt of Title V funding under the Social Security Act. The State will continue to collect quarterly time study data from the local MCAH agencies.

### **MILEAGE REIMBURSEMENT**

As of January 1, 2014, the approved mileage reimbursement rate for travel is \$ 0.56 (56 cents) per mile.

### **FY 2014-15 AFA PROCESS SUMMARY**

**Draft AFA packages are to be submitted to your contract manager electronically within 45 days of this letter.** All agencies, CBOs and LHJs must submit the required documents listed on the AFA Checklist. If you have any difficulties finding, completing, or submitting the required documents, or questions regarding the submission of your FY 2014-15 AFA Package, please contact your contract manager immediately for assistance.

**ALL agencies are required to submit a complete AFA package.**

Once your contract manager has notified you that your AFA is approved, mail hardcopies of the AFA package to:

#### **Regular Mail:**

California Department of Public Health  
Maternal, Child and Adolescent Health Division  
Attn: [Contract Manager Name]  
1615 Capitol Avenue, Suite 73.560, MS 8305  
P.O. Box 997420  
Sacramento, CA 95899-7420

#### **FedEx/UPS/Overnight Courier:**

California Department of Public Health  
Maternal, Child and Adolescent Health Division  
Attn: [Contract Manager Name]  
1615 Capitol Avenue, Suite 73560, MS 8305  
Sacramento, CA 95814-5015

### **AFA DOCUMENTS**

All documents needed for FY 2014-15, including the AFA documents – the AFA Checklist, Allocation Tables, Medi-Cal Factor Tables, SOWs, Policy and Procedure Manuals, Forms, and the Contract Manager/Program Consultant Assignment Listing – can be accessed at our MCAH website, located at:

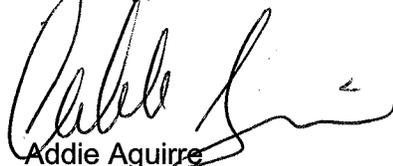
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[http://www.cdph.ca.gov/services/funding/mcah/Pages/FY2013-14AgreementFundingApplication\(AFA\).aspx](http://www.cdph.ca.gov/services/funding/mcah/Pages/FY2013-14AgreementFundingApplication(AFA).aspx)

Please note: The budget and invoice template is in Office 2010 format, which is currently incompatible with our server. As a consequence, the budget template is not currently located on our website. Until the server is updated, please contact your contract manager for budget and invoice templates.

Thank you for all the services you provide, and for your continuing dedication to improving the health of Californians.

Sincerely,

A handwritten signature in black ink, appearing to read "Addie Aguirre". The signature is fluid and cursive, with a long horizontal stroke at the end.

Addie Aguirre  
Acting Division Chief