

Checklist & Certification

Agreement Period: July 1, 2026 – June 30, 2029

LHJ: _____

Program
(select all that apply)

- AFLP**
 BIH
 CHVP
 MCAH
 PEI

 MIECHV

 EBHV

 INNV

Board of Supervisor (BOS) approval required to accept funds? **Yes** **No**

List any other reviews that your county requires the AFA to go through before funds can be accepted (include estimated timelines if possible) *i.e. legal/compliance/contracts review-approximately 6 weeks:*

LHJ initials	Required for 2026-2029 AFA Approval Documents are due by May 29, 2026. Submit items 1 – 5 to MCAHFINDACT@cdph.ca.gov Submit item 6 to the assigned Program Consultant
	<p>1. Checklist & Certification Revised! Required for 2026-2029 AFA approvals. LHJs will submit the items listed in this table and complete the certification on the last page of this document.</p>
	<p>2. Agency Information Form Required for 2026-2029 AFA approval. The Agency Information Form includes two options for submitting contact information. LHJs may choose to complete the multi-program form or complete the program-specific forms. LHJs will provide updates as needed when contact information changes or as requested by CDPH/MCAH during the agreement period.</p>
	<p>3. Budget Templates Revised! Required for 2026-2029 AFA approval. LHJs will submit budgets for each program and each fiscal year where funding is allocated. See the updated <i>Fiscal Administration Policy and Procedure Manual, dated April 10, 2026</i>, for more details.</p> <p>Note that names are not required to be included in the personnel lines of the budget for AFA approval; however, names are required for Title XIX invoicing. We recommend that LHJs enter names in the budget if they are available. Prior to invoicing, the budget will need to include names in the personnel lines.</p> <p>In addition, budget justifications are no longer required to be submitted with the budget templates for AFA approval, and so that tab has been removed from the budget template. CDPH/MCAH may request additional information during the agreement period to support unusual budget items and/or invoice expenditures.</p>
	<p>4. Duty Statements Required for 2026-2029 AFA approval. LHJs will submit information about each position included in the budget using the template provided. All duty statements forms are to be numbered with the budget line numbers. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.</p>
	<p>5. Organizational Chart(s) Required for 2026-2029 AFA approval. LHJs will submit organizational chart(s) that include all the positions listed in the budgets. Positions on the organizational charts are to be numbered with the coordinating line numbers and match the duty statements. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.</p>
	<p>6. Scope of Work (SOW) Required for 2026-2029 AFA approval. LHJs will complete Scopes of Work using the templates provided. Documents for all applicable programs to be submitted directly to assigned Program Consultant.</p>

Any of the following documents that were approved during the previous CDPH MCAH agreement period can be carried over to the new agreement period. The LHJ will maintain the approved document(s) on file and will submit any revisions or new requests for approval to their assigned [Program Consultant](#).

Title XIX MCP Justification Letter

- Agencies that opt to claim Title XIX *and are utilizing a Medi-Cal Percentage (MCP) other than base* must submit a signed justification letter, which provides the rationale for the intended MCP. This letter must be on agency letterhead and include justification in claiming each of the various MCPs that are being requested on your budget. Please note, the letter will not replace the MCP justification area for personnel on the budget template.

Subcontractor (SubK) Agreement Packages

- To be kept on file and submitted with updates for all subcontracts of \$5,000 or more. The Subcontractor Agreement Package includes a transmittal form, brief explanation of the award process, subcontractor agreement or waiver letter, duty statements, organizational charts, and budgets.
- Subcontractor Agreement Packages for all applicable programs are to be submitted directly to assigned [Program Consultant](#). LHJs will need to obtain approval from their Program Consultant prior to submitting an invoice.

Title XIX Skilled Professional Medical Personnel (SPMP) Compliance Attestation

- To be kept on file and submitted with updates as applicable. LHJs will need to obtain approval from their Program Consultant on any changes prior to submitting an invoice.

I affirm that all statements in the AFA are true and complete. I have initialed each item on the table above to affirm that I understand the requirements and have provided the required documents.

I certify that all MCAH programs including AFLP, BIH, CHVP, MCAH, PEI, will comply (as applicable) with the most current MCAH Program Manuals and MCAH Fiscal Policies and Procedures Manual.

These programs will also comply with:

- I. Title V of the Social Security Act [§§501-509 \(42 U.S.C. §§701-709\)](#)
- II. Title XIX of the Social Security Act §1903 [\(42 U.S.C. §1396 et seq.\)](#)
- III. [2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- IV. Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003)
- V. Any applicable rules or regulations issued by CDPH under the above-referenced laws.

I understand that MCAH programs may be subject to sanctions or other remedies if found in violation of any applicable laws, regulations, or policies.

The agency agrees to maintain and retain all supporting documentation necessary to substantiate claims, expenditures, and compliance, and to provide such documentation to CDPH/MCAH or oversight entities upon request. As changes occur to documents identified on the Checklist, the agency will provide updated documents to the assigned Contract Liaison and/or Program Consultant, in accordance with the guidance provided.

Original Signature of Official authorized by the Agency to enter into an Agreement with CDPH/MCAH.

Name (Print)

Title

Signature

Date