Welcome to the FFY 2018 MCAH Cost Analysis webinar. This training will provide an orientation for completing the upcoming year’s Cost Analysis. The Cost Analysis process will allow your agency to establish costs for your Maternal Health and Child & Adolescent Health services for FFY 2018.

This webinar will be recorded and be available on the MCAH Project Management Portal. You may print the slides from the PowerPoint as ‘Notes Pages’ to obtain narrative from the training.
Why complete a Cost Analysis?

It is sound business practice.
Knowing the cost of providing goods and services is an important factor to ensure success in any business, including public health.

This information will help analyze and develop efficiency in operations and assist in controlling costs.

Federal regulations and state rules require it.
Each agency receiving MCAH funds and billing Medicaid and Medicaid MCOs must have a schedule of fees for the services provided.

Charges must be based on an analysis of costs of each service provided within the entire service area.

Needed to establish appropriate cost-based fees.
Fees are expected to be realistic and reflect the cost of operation at the fair market value in the service area.
Legal Authority

- The MCAH Cost Analysis approach follows the principles and standards for determining costs as found in OMB Circular 2 CFR 200. These were formerly:
  - 2 CFR Part 225 Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87);
  - 2 CFR Part 230 Cost Principles for Non-Profit Organizations (OMB Circular A-122);
  - 2 CFR 215 Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals and other non-profit organizations (OMB Circular A-110)

- See the Code of Federal Regulations (CFR) - 2 CFR 200 at

OMB = The federal Office of Management and Budget.

These rules govern what can be and cannot be included as costs per federal guidelines.
Your work on cost analysis has assisted our staff in advocating for and receiving increases in Medicaid maximum payment for codes including S9123 (home visit for nursing), H1003 (maternal health education), and T1001 (nursing assessment).

Recently the information was instrumental in reinstating the reimbursement level of $8.19 for 96160 and 96161 (formerly 99420).
Relative Value Units (RVUs)

- RVUs replace the historical ‘customary, prevailing, and reasonable fees’.
- They are quantifiable and standardized.
- Medical RVUs are updated annually by CMS.
- Dental RVUs are published by Indian Health Services.

**RBRVS = Resource-based relative value scale**

**Sources of Relative Values:**

**RESOURCE BASED RELATIVE VALUES UNITS**
- Established by CMS = Centers for Medicare and Medicaid Services
- American Medical Association’s Relative Value Scale Update Committee consists of 31 members from major medical society specialties.
- The RVUs are published in the Federal Register for public comment prior to final posting.
- Are used for Maternal and Child & Adolescent Health medical services

**RELATIVE VALUES FOR DENTISTS**
- Published by Indian Health Services
- Are used for Child Oral Health and Maternal Oral Health services
A relative value is a number that relates one service to all other services based on the amount of time, materials, and level of skill of the personnel involved in providing that particular service. Relative values indicate how much one procedure is ‘worth’ in relation to another procedure.

If the relative value for procedure A is 10.0 and that for procedure B is 5.0, procedure A is ‘worth’ two times as much as B. If the relative value for procedure B is 5.0 and that for procedure C is 2.5, procedure B is ‘worth’ two times as much as C. Each relative value is important only in how it compares to other relative values.
What Tools are involved in the MCAH Cost Analysis?

- Contract Agency Workbook and Guide
- Subcontractor Worksheet and Guide
- Transportation Report
- Time Study Workbook and Guide
The various resources for completing the Cost Analysis are found on the MCAH Project Management Portal. Be sure to use the tools for the **FFY 2018** Cost Analysis resources.

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<td>• Cost Analysis Guide</td>
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*Submitted to IDPH*
Time studies demonstrate actual time spent on an activity after the fact (not the time scheduled to be worked). They provide information as to how much time each staff person spends in the various cost centers – so that staff costs can be allocated appropriately.
<table>
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<th>Cost Analysis Reminders</th>
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<tr>
<td>Staff costs, other costs, and utilization data are based upon FFY 2017 information.</td>
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<tr>
<td>Direct care services included in your Cost Analysis should align with those included in your FFY 2018 Service Delivery Tables.</td>
</tr>
<tr>
<td>A Subcontractor Workbook is required for each subcontracted agency providing billable services.</td>
</tr>
<tr>
<td>All subcontractor utilization data for billable MCAH services is incorporated into the contract agency’s Cost Analysis Workbook.</td>
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Be sure to report the name of each subcontractor at the top of their respective Subcontractor Worksheet.
There are 11 tabs in the contract agency’s Cost Analysis Workbook.

There are two (2) additional tabs for the Certificate of Cost Allocation (required of all agencies – affirms accuracy of information) and the Certificate of Indirect Costs (for only those who are including a Federally approved indirect cost). We ask that you ‘copy & paste’ the completed and signed forms into the Cost Analysis Excel workbook.

If you need assistance with this process, please let us know.
This is the opening tab in your Cost Analysis Workbook. Most of this page automatically fills upon completion of the rest of your workbook. The one area to be completed on this page is the SQUARE FOOTAGE.
Cost Center Report Tab

At the top of the Cost Rpt tab, you will see ‘#Unduplicated CAH Clients and #Unduplicated MH Clients’.

The upper right-hand corner of the first tab of your Excel Workbook ('Cost Rpt' tab) includes fields for reporting the number of unduplicated Child & Adolescent Health clients and the number of unduplicated Maternal Health clients served in your MCAH program.

Report the unduplicated number of clients served by each program during the reporting period for your Cost Analysis. Be sure to include the clients served through any subcontracts that you may have for MCAH services. These cells are also included on the first tab of the Subcontractor Workbook.

Completing this information is optional. However, you may find it useful in estimating a ‘cost per client’ for your Child & Adolescent Health and Maternal Health programs.
Double check to make sure that the following four totals match (in red font). These must all be the same.

- Column D: Row 21
- Column H: Row 21
- Column B: Row 39
- Column E: Row 39
Cost Center Report Reminders

- Facility Costs include all ‘space’ used for your cost centers.
- **SQUARE FOOTAGE:** Be sure to complete! The information can be presented as a percentage or as actual square footage and should total 100% for the programs.
- Be sure all appropriate cost centers are represented on the form per your contract.
- Make sure your totals match. These must all be the same.
  - Column D: Row 21
  - Column H: Row 21
  - Column B: Row 39
  - Column E: Row 39
Be sure to report both credentials (if applicable) and job title for each staff person.

The total percent of each individual’s time should equal 100% (100% of their time in MCAH – not necessarily 100% of time in your agency).

Include any staff who have time in your MCAH program – within the scope of your MCAH contract. For example, this would include CCNC and hawk-i Outreach staff ---- and also any 1st Five staff who have a role in the MCAH program (such as providing ASQs or ASQ:SE services).

Oral health staff who provide dental care coordination services will have some time in Child & Adolescent Health and Maternal Health.

Be sure that costs in cost centers align with services provided (e.g. if you are providing immunization services, you will have staff time included in the Immunization Cost center). Remember, because 90460 (immunization administration with counseling) is in the Immunization Cost Center, be sure to include the staff time for both the immunization administration and the counseling under Immunization.
The ‘Check Total’ column must match the ‘Total Paid’ column.
Alloc – Staff Reminders

Allocate Staff Tab

- The staff time allocated to cost centers needs to be consistent based on the services provided (utilization data).
- The total percent of each individual’s time should equal 100% (100% of time in MCAH).
- Use the ‘Check Total’ column to assure that it matches the ‘Total Paid’ column.
This tab includes costs other than staff/personnel – such as supplies, printing, communication, travel, professional development, memberships/subscriptions, indirect costs administrative or indirect costs apply, other (identify), and subcontracted services.

The ‘Amount to Distribute’ column must match the ‘Check Total’ column.

Be sure that costs in cost centers align with services provided (e.g. if you are providing immunization services, you will likely have supplies in the Immunization Cost center).
Be sure to enter subcontracted costs accurately – across the columns for each cost center. These must align with the Subcontractor Worksheets. Include any and all subcontracted costs!

Totals: All 3 -- must match!
Alloc-Other Reminders

Allocate Other Tab

- Compare the ‘Amount to Distribute’ column with the ‘Check Total’ column to assure that these align.

- Dollar amounts from subcontractor worksheets must be transcribed accurately onto the Allocate Other tab ---- across each column.

- Three total columns must match.
Other Public Health examples: These are costs attributed to non-billable MCAH activities.

Non-billable care coordination. (Note that care coordination provided in conjunction with direct care is considered a part of the direct care service.)

HCCI / CCNC examples of ‘Other Public Health’ include:
• CAH Director writing grants and reports for local Early Childhood Iowa Board or attending local ECI Board Meetings.
• Working with child care providers on health and safety issues (assessments) or delivering trainings for providers (e.g. obesity prevention or emergency preparedness).

hawk-i Outreach: The population-based outreach is Other Public Health. (Note that PE for children is included in the CAH Cost Center because this is a billable service.)

Early ACCESS: Infrastructure and systems building (meetings, etc.) are Other Public Health. Developmental screens are included in the CAH Cost Center.

I-Smile: The majority of an I-Smile Coordinator’s time would be in Other Public Health for infrastructure-building activities and population-based activities (e.g. working with dental offices).

‘Other public health’ does NOT include services or programs provided outside the MCAH contract such as 1st Five, WIC, the lead grant, or immunizations funded through public health nursing (immunization grant). All of these are separate grants – outside of MCAH. (Note that developmental screens or emotional behavioral assessments provided by 1st Five staff are considered part of CAH and would be reported in the utilization in this cost center. The costs related to the portion of 1st Five staff time completing the screens would be included in CAH.)
About Administration Costs..............

These include general administrative activities:
- project management
- policy and procedure development
- evaluation
- human resource
- staff development
- billing
- audit
- legal and word processing

Costs include:
- personnel
- fringe benefits
- other costs such as office supplies and telephone
- and more!

Administrative activities are those that are not directly attributable to the billable health care services within Maternal, and Child & Adolescent, and Oral Health cost centers. They typically apply broadly across the MCAH program.

As a result, Administrative costs in Column 8 in the Allocate Staff and Allocate Other tabs are proportionally distributed across ALL cost centers.

If administrative staff are doing work related to billable services (e.g. MH or CAH), then their work in the various programs should be reported in the column for that Cost Center (e.g. MH or CAH).

Note: No entries are made to the next two tabs -- Procedures-MCAH tab and Procedures-Oral tab.
The remaining pages of the Cost Analysis are those for each program’s cost center. Enter the utilization for each service provided = units of each service provided. Each sheet will generate your agency’s cost in Column J. The Medicaid maximums for each service are listed for you in the far right column.
Use data to determine your best estimate of FFY 2017 service utilization. For example, two quarters of data can be doubled to determine utilization for FFY 2017.

CARes Data Reports for 1st and 2nd Quarter 2017 (6 months)

WHIS Data Reports – October 2016 through April 2017

TAV CAH Reports for 3rd Quarter 2017

TAV Quick Counts – MH and CAH services

Use data to determine your best estimate of FFY 2017 service utilization. For example, two quarters of data can be doubled to determine utilization for FFY 2017.

CARes Data Reports for 1st and 2nd Quarter were recently sent earlier this week.

TAV Quick Counts were sent out August 1 that show April, May, and June 2017 data for MH and CAH.

TAV Quick Counts were sent out August 10 that show May, June, and July 2017 data for MH and CAH.

TAV Quick Count data (Source Data tab) can be sorted by county, MH/CAH, month, CPT code, and primary payer. There are counts and minutes.
Enter utilization for each service provided. The cost for each service is the ‘Adjusted Cost’ – Column J. The last column presents Iowa Medicaid’s maximum rates.
CAH Cost Center Code Changes

New CAH Codes

- Code 92551: Hearing screening, pure tone
- Code 96160: Administration & interpretation of health risk assessment (e.g. adolescent DV or depression screen)
- Code 96161: For caregiver -- Administration & interpretation of health risk assessment (depression, DV, alcohol &/or substance abuse screen)

Removed Code 99420
Non-billable care coordination (not billed as FFS to IDPH) includes:
- Any medical care coordination provided for Medicaid MCO clients
- Any care coordination provided for Title V (uninsured or under-insured) clients

These care coordination services are to be included under ‘Other Public Health’ or are incorporated into direct care costs if related to direct care services.
Also remember that any developmental testing (G0451) and/or behavioral assessments (g6127) provided by 1st Five staff are considered part of the CAH program. These services (utilization) are reported in the CAH Cost Center.
The Child Oral workbook pages have not changed from last year.

Assure that the total number of oral screens on the first 5 rows, including
• Initial oral evaluation by a dentist or non-dentist,
• Periodic oral evaluation by a dentist or non-dentist
• Oral evaluation and counseling
equals the total number of risk assessments - low, moderate, and high.
Enter utilization for each service provided. The cost for each service is the ‘Adjusted Cost’ – Column J. The last column presents Iowa Medicaid’s maximum rates.
MH Cost Center Code Changes

New MH Codes

- Code 96160: Administration & interpretation of health risk assessment (e.g. Medicaid prenatal risk assessment, depression screen, or DV screen)
- Code S9443: Lactation classes, per session

Removed Code 99420
MH Cost Center Reminders

Maternal Health Cost Center

- Utilization for care coordination includes that for **billable** services – those billed fee-for-service to IDPH. **This includes medical care coordination for Medicaid fee-for-service clients and all dental care coordination.**

- Costs for care coordination that is not billable as fee-for-service to IDPH are included under ‘Other Public Health’.
The Maternal Oral workbook pages have not changed from last year.

Assure that the total number of oral screens on the first 4 rows, including
- Initial oral evaluation by a dentist or non-dentist,
- Periodic oral evaluation by a dentist or non-dentist
equals the total number of risk assessments, - low, moderate, and high.
Assure that staff providing dental care coordination are included in the CAH cost center for time spent providing dental care coordination for children and adolescents -- and in the MH cost center for time spent providing dental care coordination for pregnant women.

The cost report must reflect the contract requirement that all ISCs provide at least 20 hours of infrastructure, enabling, or population-based services. Therefore their time must be allocated to the Other Public Health, CAH/MH, or Administrative cost centers to reflect this 20 hours/week.

A common error is the alignment of risk assessment codes and screening codes. Utilization for the 3 Risk Assessment Codes (D0601, D0602 & D0603) must equal the total utilization for all screens.
Enter utilization for each service provided. The cost for each service is the ‘Adjusted Cost’ – Column J. The last column presents Iowa Medicaid’s maximum rates.
Immunization Cost Center

**New CAH vaccine codes included for non-VFC children:**
- Code 90620: Meningococcal B, 2 dose schedule
- Code 90636: Hepatitis A and B (adult)
- Code 90685: Influenza quadrivalent, 6-25 months
- Code 90686: Influenza quadrivalent, 3 years and older

**New MH vaccine codes:**
- 90656: Influenza, preservative free, 3 years and older
- 90674: Influenza, quadrivalent, Flucelvax
Immunization Cost Center Reminders

- If costs are reported in the Immunization Cost Center, be sure that both staff and utilization data are also included.

- Assure that costs included for ‘Immunizations’ under Allocate Staff and Allocate Other tabs are appropriate for the number of services included in immunization utilization data.

- Include utilization data for subcontractors providing billable CAH and MH immunizations.
Immunization Cost Center Reminders

✓ Because 90460 is included in the Immunization Cost Center, be sure to include the cost of your ‘counseling’ time for this code in this same cost center.

✓ Include utilization for 90471-90474 only if you do not want to bill for the counseling component OR are billing for clients over the age of 18 years.

✓ Utilization is NOT to be reported for VFC vaccine codes. Agencies receive VFC vaccine at no cost for Medicaid enrolled clients through age 18. Utilization should be included for billing vaccine for clients of older ages (19-21).

✓ Costs covered by other related grants such as the Immunization Grant are not included in this Cost Analysis.
Enter utilization for each service provided. The cost for each service is the ‘Adjusted Cost’ – Column J. The last column presents Iowa Medicaid’s maximum rates.
We anticipate that utilization for venipuncture would be limited, as most agencies perform capillary blood draws.

Include utilization for lead draws – even if not paid as an ‘incidental’ service. You still have a cost for the services you are providing, even if Medicaid or the MCOs do not pay.
COLA = Cost of Living Adjustment

The COLA for 2017 is .30%. The workbook adjusts your costs to include the COLA. MCAH agencies bill the ‘Adjusted Cost’ – Column J.

| Service/Procedure | WC | Rate (Frequency) | No. | Total | Adjusted | Average Cost | Cost of Labor | Cost of Supplies | Cost of Materials | Cost of Equipment | Cost of Supplies | Cost of Materials | Cost of Equipment | Cost of Supplies | Cost of Materials | Cost of Equipment | Adjusted Cost | Column J |
|-------------------|----|-----------------|-----|-------|----------|--------------|---------------|----------------|-----------------|-----------------|----------------|----------------|----------------|-----------------|----------------|----------------|-----------------|--------------|----------|
| Laboratory work   |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Blood chemistry   |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Blood count       |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Blood glucose     |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Blood uric acid   |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Bone marrow biopsy |   |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |
| Other tests       |    |                 |     |       |          |              |               |                |                 |                 |                |                |                 |                 |               |                |                 | 5.5           | 5.5      |

The following costs are based on Medicare reimbursement rates.

| Procedure | WC | Rate (Frequency) | No. | Total | Adjusted | Average Cost | Cost of Labor | Cost of Supplies | Cost of Materials | Cost of Equipment | Cost of Supplies | Cost of Materials | Cost of Equipment | Cost of Supplies | Cost of Materials | Cost of Equipment | Adjusted Cost | Column J |
|-----------|----|-----------------|-----|-------|----------|--------------|---------------|----------------|-----------------|-----------------|----------------|----------------|----------------|-----------------|----------------|----------------|-----------------|--------------|----------|
| Other     |    |                 |     |       |          |              |               |                |                 |                 |                |                |                |                 |               |                |                 | 5.5           | 5.5      |

Note: The table above shows the adjusted costs for various laboratory services based on Medicare reimbursement rates. The COLA adjustment for 2017 is .30%. MCAH agencies use this adjusted cost in their billing.
Subcontractor Reminders

✔ If you have subcontracted agencies providing billable services, they MUST complete the Subcontractor Worksheet.

✔ Be sure to add utilization for services provided by your subcontractors (from the Subcontractor Worksheet(s)) to your agency’s utilization totals in your main workbook.

This a very common error in agency submissions. Subcontractor utilization needs to be added to your main workbook for each individual service in each cost center – CAH, Child Oral, MH, Maternal Oral, Immunization, and Lab.
Transportation barriers continue to be cited by both agency staff and clients as one of the most significant barriers to families in accessing health care.

It is important for agencies to have an accurate picture of the number and types of rides being provided in the MH and CAH programs. The transportation codes on the form apply to those services that you provide for the Medicaid FFS population (non-MCO). These are transportation services that are billable to IME.

Remember from last year that a utilization column has been added to the Transportation Worksheet. Be sure to complete the utilization column, even if the number of services provided for services in your plan in the past year is zero (if so, report ‘0’).
Transportation Report Reminders

✓ Do not send multiple Transportation Reports for the counties served in your service area.

✓ Instead, add tabs for each county along the bottom of your Transportation Report. If you need assistance with this, please let us know!
Preparing for Completion of your Cost Analysis

- Collect needed FFY 2017 information......
  - List of services provided under the MCAH Contract by cost center
  - Time Study data
  - Utilization data
  - Square footage used in each facility
  - Expenses for FFY 2017
  - Subcontractor expenses and utilization

The Cost Analysis is based upon a look back to the previous year (FFY 2017). However, if there are significant changes in your program that will result in changes for FFY 2018, you may adjust your Cost Analysis accordingly. For example, this could be changes in the number of staff or changes in the number of services provided.

For new services not previously included for your agency, a time study for a minimum of two months is required to establish your costs.
The Cost Analysis Review Checklist is located on the MCAH Project Management Portal website. We encourage the use of the checklist to reduce the number of errors and reduce the number of required resubmissions.
Submitting Your Cost Analysis

• The Cost Analysis is due **October 13, 2017**.

  ✓ Do not bill Medicaid or Medicaid MCOs for services provided in FFY 2018 (October 1, 2017 and forward) until the cost analysis is submitted, needed corrections are made, and the report is accepted by IDPH.

  ✓ **Continue to send your IDPH monthly FFS billing reports as usual.** They will not be paid until your costs are accepted. Submission of multiple months of billing upon acceptance is not recommended.
Submitting Your Cost Analysis

- Post your FFY 2018 Cost Analysis documents in IowaGrants.gov to the FFY 18 MCAH Cost Analysis component.
- Then send an email to notify Jini Cox that your submission is posted: jinifer.cox@idph.iowa.gov

**Due Date: Friday, October 13, 2017**

- Following IDPH review, feedback will come to you via the Review Checklist.

The IowaGrants.gov MCAH Cost Analysis component includes 5 sections:
- Cost Analysis Workbook
- Transportation Plan
- Subcontractor Workbooks and Other Documentation
- Cost Analysis Checklist
- IDPH Response
Requests for Extension

✓ One extension will be allowed to November 15, 2017.

✓ Email a request for extension by October 3, 2017 to your FFY 2018 MCAH Regional Consultant.

There will be no extensions granted beyond Wednesday, November 15, 2017.
When can you begin?

All FFY 2018 Cost Analysis documents are now posted to the MCAH Project Management Portal.  
http://idph.iowa.gov/family-health/mchportal

Be sure to use the updated FFY 2018 documents and forms.
Technical Assistance

You may contact your FFY 2018 MCAH Regional Consultant with questions.

You may also request a technical assistance session via conference call or webinar.
- We recommend working on the documents prior to scheduling the call so that you can have specific questions ready!
Revising Your Cost Analysis

✓ You may revise your Cost Analysis at anytime throughout the contract year.

✓ Please seek technical assistance from your MCAH Regional or Oral Health Consultant.

✓ A two-month time study is required to establish cost of providing any NEW services.

A time study (minimum of 2 months) is required to establish cost of providing any new services.
- Agencies may begin this right away and include the costs in the October 2018 Cost Analysis submission OR
- Agencies may wait to complete the time study at a later time and submit a revised Cost Analysis for FFY 2018 that includes the new services.
Questions?

It's Your Turn!
Thank you for attending and for your work on the FFY 2018 Cost Analysis!

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<th>CAH:</th>
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<tr>
<td>• Janet Beaman</td>
<td>• Mary Kay Brinkman</td>
<td>• Jini Cox</td>
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<td>• Analisa Pearson</td>
<td>• Stephanie Chickering</td>
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<td>• Kelly Haase</td>
<td>• Katie McBurney</td>
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<td>• Jean Johnson</td>
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MH:
• Stephanie Trusty
• James Olson

You may email your questions to your FFY 2018 Regional MCAH Health Consultant who will work with key program staff to assure you receive accurate guidance!