

Family Nurse Practitioner (FNP) and Physician Assistant (PA) and Certified Nurse Midwifery (CNM)

Song-Brown Program

Department of Health Care Access and Information (HCAI)

October 2024

About Song-Brown

- Song-Brown provides funding to education programs including:
 - Family Nurse Practitioner (FNP) and Physician Assistant (PA) training programs
 - Registered Nurse education programs
 - Primary Care residency programs (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
 - Licensed Midwifery (LM) and Certified Nursing Midwifery (CNM) training programs
- Song-Brown provides financial incentives to programs to:
 - Graduate individuals who practice in medically underserved areas
 - Enroll members of underrepresented groups in medicine to the program
 - Locate the program's main training site in a medically underserved area
 - Operate a main training site at which the majority of the patients are Medi-Cal recipients

Application Release Dates

- Registration: **Open now**
- Application release: **September 26, 2024**
- Early submission review deadline: **October 29, 2024**
- Application deadline: **November 12, 2024**

- Applications open and close at **3:00 p.m.**

Before You Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the Grant Agreement
- Applicants must agree to the terms and conditions before receiving funds
- HCAI will not make changes to the terms and conditions specified in the Grant Agreement
- Funding shall be used to expand primary care services
- Funds shall not supplant existing federal, state, or local funds to provide primary care services

Changes in 2024

- Changes to the scoring criteria for all applications
- Separate applications are available for the FNP and PA and CNM existing/expansion programs
- Student race/ethnicity will now be collected in aggregate only
- Limited number of training sites now accepted
- Organizational NPI required for each training site

Information to Gather (1/2)

- Grant Agreement and Payee Data record (STD 204) signatories
- Organization name and/or Doing Business As (DBA) name as listed in the W-9 IRS forms for your program
- Name(s) and full address(es) of the five training site(s) with the most cumulative hours used in the last academic year (AY)
 - Do not include specialty or elective rotation sites, out-of-state training sites, and/or those where primary care is not provided
 - Include the number of cumulative hours per training site
- Facility type for each training site

Information to Gather (2/2)

- Race/ethnicity and gender data for all current students
- Current practice site information for all graduates entered
- National Provider Identification number for all graduates entered
- Any applicable attachments:
 - For FNP programs – Approval letter from the California Board of Registered Nursing (BRN)
 - For PA programs – Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter
 - For CNM Programs – Accreditation Commission for Midwifery Education (ACME) letter
 - For Expanding CNM programs – Approval letter indicating number of approved expansion slots

Helpful Resources

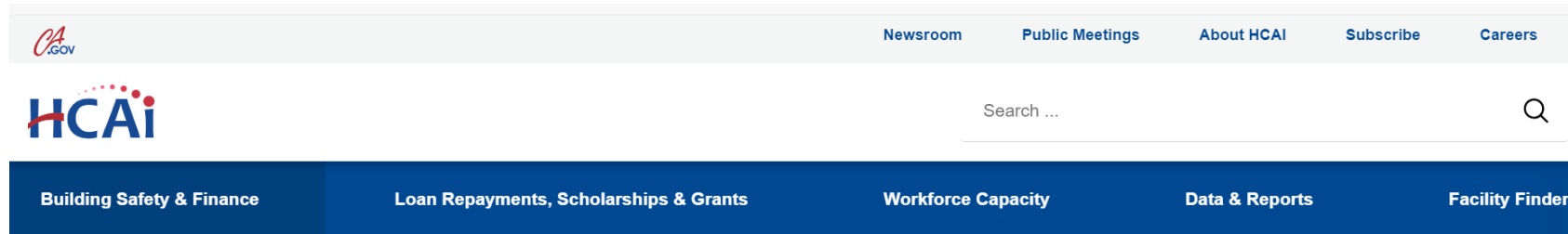
- [FNP and PA Grant Guide](#)
- [Song-Brown Glossary](#)

Electronic Application (eApp) Registration

System Requirements

- For the best experience, use Google Chrome or Microsoft Edge
- Internet Explorer is not supported

Creating an Account



Apply to HCAI Funding

Students, professionals, and organizations may be eligible for HCAI's scholarships, loan repayment programs, and grants. Check your eligibility, view our open applications, or sign in to start an application. Need help? [Contact Us](#)

Check your eligibility

Sign in or Register



Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

If you are a new applicant, register now – don't wait

Creating an Account, Continued

HCAi

Sign in with your email address

Email Address

Password

Forgot your password?

Sign in

Don't have an account? [Sign up now](#)

Sign in with your social account

HCAI

Microsoft

Google

Our funding portal has a 2-step authentication process for new applicants, when setting up their account

Funding portal link:
[Apply to HCAI Funding](#)

Make sure to select “Sign up now” link and enter the information as requested to receive a verification code via email

Setting up Your Profile

Profile

Your email has been confirmed successfully.

Select your user type (Choose all that are applicable):

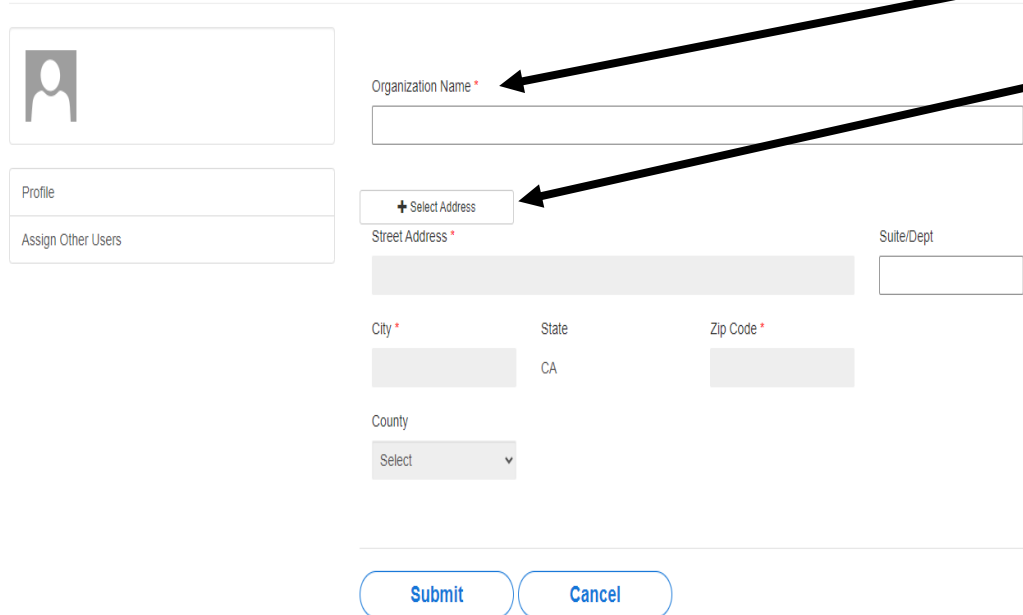
- Healthcare Professional
- Student
- Organization

Select an organization from the search list below. If your organization is not listed, click on the **Request New Organization** button to submit a request for your organization to be added to the list.

1. Check the “**Organization**” box to gain access to Song-Brown FNP and PA applications (do not check the “HealthCare Professional” box)
 2. Click the magnifying glass to search for a pre-existing organization
 3. Click “Request New Organization” to submit a new organization for approval
 4. Once you have selected or submitted an organization, it will populate the search field
- Note:** Most organizations are in the system. Use the search function before submitting a new organization name for approval

Adding a New Organization

New Organization



The screenshot shows a web form for adding a new organization. On the left, there is a profile section with a placeholder icon and buttons for 'Profile' and 'Assign Other Users'. The main form area contains the following fields and buttons:

- Organization Name ***: A text input field with an arrow pointing to it from the first step.
- + Select Address**: A button with an arrow pointing to it from the second step.
- Street Address ***: A text input field.
- Suite/Dept**: A text input field.
- City ***: A text input field.
- State**: A dropdown menu with 'CA' selected.
- Zip Code ***: A text input field.
- County**: A dropdown menu with 'Select' selected.
- Submit** and **Cancel**: Two buttons at the bottom of the form.

1. Enter the “Organization Name”

2. Click the “+Select Address” button

3. A new window will open and allow you to enter and search for an address

4. Click the confirmed address and it will auto-populate the address fields on the page

Note: Song-Brown staff will review the new organization request within 5 business days. **Ensure that the organization name is accurate.** During this time, you may still begin an application

Completing Your Profile

Prefix
Select

First Name *
Middle Initial

Last Name *
Suffix
Select

Title
Degree *
N/A

Phone 1 *
(555) 555-5555
Phone 2
Provider telephone number

Email *

Receive email announcements for new funding opportunities

Submit

1. Enter all required fields. When finished click the “Submit” button
2. If there are no errors on the page, you will receive a message stating your profile has been updated successfully

Note: Incomplete information may delay your registration

Account Roles

Account Validation Complete: Current eApp Account Role Inbox x



SVC-Dynamics <no-reply@hcai.ca.gov>

10:05 AM (17 minutes ago)



to me ▾

Dear Avenger New,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

[Healthcare Workforce Development Division](#)

This is an automatically generated email. Please do not reply.

1. All newly created accounts are assigned the “Grant Preparer” role
2. If you are the FNP and PA or CNM Program Director, email SongBrown@hcai.ca.gov to request the “Program Director” role
3. Only accounts with the "Program Director" role may initiate and submit applications
4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval

Note: Program Directors may initiate, view, edit, submit applications, pay certifications and Final Reports

Assigning Other Users

Assign Other Users

Profile

Assign Other Users

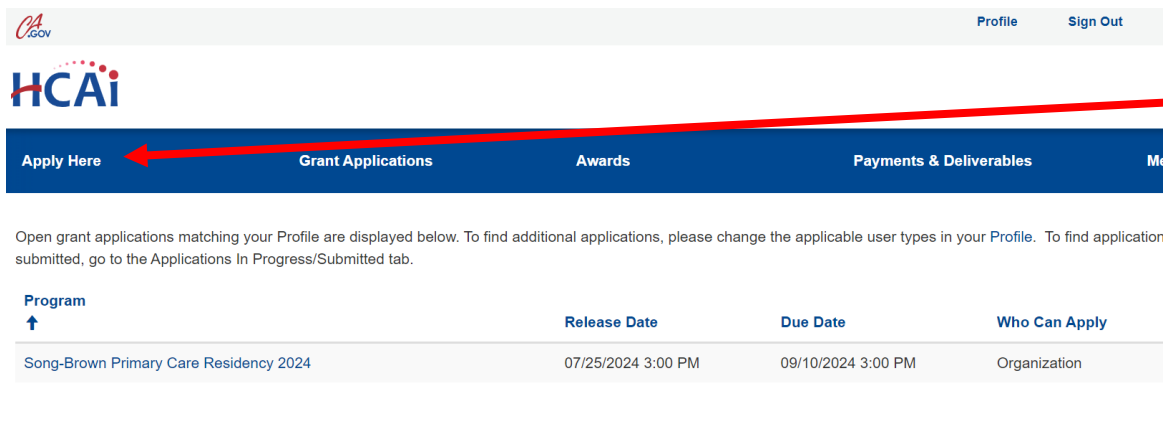
Full Name	Organization	Applicant Role	E-mail	Phone	Degree
There are no records to display.					

Add User

1. Program Directors have an additional tab on their “Profile” page called “Assign Other Users”
2. Navigating to this page from your “Profile” page allows you to add users who can view and edit applications only
3. Click the “Add User” button to give registered Grant Preparers access to your application

Note: Only Program Directors can submit a completed application

Apply Here



CA Gov Profile Sign Out

HCAi

Apply Here Grant Applications Awards Payments & Deliverables

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find application submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
Song-Brown Primary Care Residency 2024	07/25/2024 3:00 PM	09/10/2024 3:00 PM	Organization

1. Navigate to the “Apply Here” page on the main menu

2. Select the “Song-Brown Family Nurse Practitioner/Physician Assistants 2024” or “Song-Brown Certified Nurse Midwifery 2024” link and click the apply button when you are ready to begin

Note: Only program directors will have the ability to start an application

Helpful Tips

Useful Information

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page



Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application

Apply Here	Applications - In Progress/Submitted	Awards	Payments	Messages	Forms/Requests			
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		▼

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

Copyright 2019 State of California

Useful Information, Continued

Asterisks


The red asterisks indicate which fields require a response before proceeding to the next page

Training Program Title *

Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * 

FNP and PA and CNM Application Walk-through

Program Information

Program Information

Organization - If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved.

Program Director


Program Director Email

On behalf of which type of training program are you applying?*

Family Nurse Practitioner (FNP)

Physician Assistant (PA)

Select a training program from the **Training Program Title** search list below. If you applied previously and your training program is not listed, e-mail Songbrown@hcai.ca.gov to ensure your training program is approved.

Training Program Title 



Training Program not listed

1. Your program information will pre-populate with information you entered in your “Profile” page
2. Select the program type you want to apply for
3. Select a “Training Program Title” from a list of training programs by clicking on the magnifying glass
4. If your training program is not listed, check the box “Training Program not listed”

Note: Most training programs, unless they are new, are in the system. Use the search function before submitting a new training program name for approval.

Contract Administration

Contract Administration

Contract Organization Name *

Please select the type of entity *

Governmental Entity

Non-governmental Entity

Doing Business As (DBA)

Prefix

Contract Admin First Name *

Contract Admin Last Name *

Contract Admin Title *

Phone 1 *

Phone 2

Contract Admin Email *

Grant Agreement Signatory *

Grant Agreement Signatory First Name *

Grant Agreement Signatory Last Name *

Grant Agreement Signatory Phone *

Email *

1. “Contract Organization Name” and “Doing Business As (DBA)” must match what you report to the Internal Revenue Service (IRS).
2. “Please select the type of entity” identify the contractor organization as a Governmental or Non-governmental Entity.
3. Contract Admin is the main administrator for the grant
4. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.

Contract Administration: STD 204 Signatory

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? No Yes

Payee Data Record (STD 204) Signatory

First Name * Last Name * Phone Number *
Provide a telephone number

Email *

The legal address for your organization must match the address on file with the IRS.
Is the legal address for your organization a PO box? *
 No Yes

PO Box *

City * State * Zip Code *
Sacramento CA 95833

Should payments be sent to a different address than what is on file with the IRS?
 No Yes

1. If your STD 204 signatory is different from your Grant agreement signatory, select "NO"
2. "STD 204 Signatory" name must be an authorized signatory.
3. PO box option available for the 204 category.

Note: Verify this information with your finance or contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

Program Description

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting the priorities of the Song Brown statute. Please reference the FNP/PA Grant guide (page 3) on the Song-Brown website for more information.

Maximum limit of 2500 characters.

1. Provide requested program description information.
2. You have a maximum limit of 2,500 characters.
3. After completing this page, save and proceed by clicking “Save & Next”.

Note: If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured.

Program Data

"Student Only" should be chosen if you have no 22/23 and 21/22 graduates. Please select "Graduate and Student data" if you have any 22/23 or 21/22 graduates.

Program Data

Select the data you will be reporting: *

- Student and Graduate data
- Student data only
- New program: no Resident/Student or Graduate data

Based on the program you selected , what year was your first student admitted?*

YYYY

1. If you have any 22/23 and or 21/22 graduates, select "Student and Graduate data."
2. "Student Only" should only be selected if you have no 22/23 and 21/22 graduates.

Training Sites: Adding and Reviewing Sites

Training Sites

Add up to five Primary Care training sites with the highest cumulative number of student training hours in the past academic year (AY 23/24). Only include training sites located in the state of California. Do not include specialty or elective rotation sites.

To add a new training site, click the **Add a Site** button and enter the requested information.

To edit information or delete a training site, click on the **arrow** button next to a the training site name and select **Edit** or **Delete**.

Note to all programs: Only one physical address is allowed per site for the purpose of this application, regardless of differing suite/room/department numbers used. For example, if you have 123 Blue Street, Purple Dept. Ste 160 and 123 Blue Street, Green Dept. Ste 178, you may only list one of those on the application.

Total Number of Training Sites

4

Training Site Name ↑	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
									San Francisco	↓
									San Francisco	↓
									San Mateo	↓
									San Francisco	↓

1. The five primary care training sites with the most cumulative student training hours will be entered in this section

2. To add a training site(s), click the “Add a Site button”

3. A pop-up window will display

4. To review, edit or delete graduates select the dropdown list for that line using the arrow

Training Sites: Adding and Reviewing Sites

Note: For scoring purposes, it is important that you select the correct facility type(s). Please research your facility using the provided links. Please click on [More Information](#) to research your facility using the provided links and resources.
▶ [More Information](#)

Facility Type (select all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Community Health Centers ↗ | <input type="checkbox"/> Government Owned Facility ↗ |
| <input type="checkbox"/> County Primary Care Clinic ↗ | <input type="checkbox"/> Indian Health Services Clinic ↗ |
| <input type="checkbox"/> Disproportionate Share Hospital ↗ | <input type="checkbox"/> Rural Hospital ↗ |
| <input type="checkbox"/> FQHC ↗ | <input type="checkbox"/> Student Run Clinic ↗ |
| <input type="checkbox"/> FQHC Look-a-Like ↗ | <input type="checkbox"/> Teaching Hospital ↗ |

Provide the total number of hours that all trainees combined spent at this site in the previous academic year. *

Site NPI Number* (Check NPI Registry)

Payer Mix

Provide payer mix information (%) for the last 12 months (May 2023-April 2024). *

Medicare/Medi-Cal (Dual Eligibility)*

Medi-Cal (Traditional and Managed Care)*

Uninsured*

1. For each Training site you must identify the Facility Type. Verify the facility types using the links under more information.
2. Enter the total cumulative hours that all students spent in the corresponding training site from the previous academic year
3. Click on the link to find the NPI number of the training site
4. Enter the payer mix information of the training site from between May 2023-April 2024

Program Expenditures and Funding

Program Expenditures and Funding

Funds Requested

Program Type	# of Slots Requested*	Maximum Amount per Slot	Total Funds Requested
Family Nurse Practitioner (FNP)	<input type="text" value="Select"/>	<input type="text" value="13,000.00"/>	<input type="text" value="0"/>
Grand Total			<input type="text" value="0"/>

Enter the AY 2023-2024 training program annual expenditures below for each line item.

Personnel*	<input type="text" value="\$"/>
Operating Expenses*	<input type="text" value="\$"/>
Major Equipment*	<input type="text" value="\$"/>
Other Costs*	<input type="text" value="\$"/>
Total	<input type="text" value="\$"/>

1. Complete all required fields
2. “Total Funds Requested” is auto calculated based on the “# of Slots Requested” and the maximum amount per slot.
3. Enter your total expenditures for each category from the 23/24 academic year
4. The “Total” training program expenditures must be equal to or greater than the “Total Funds Requested”

Aggregate Student Data

Aggregate Student Data

Enter the following data for the 24/25 academic year:

Total enrollment capacity for all cohorts *	Provide the race/ethnicity of all students enrolled in aggregate.	Asian-Malaysian
<input type="text"/>	American Indian/Native American/Alaska Native	<input type="text"/>
Total number of students that applied *	<input type="text"/>	Asian-Other
<input type="text"/>	Asian-Asian Indian	<input type="text"/>
Total number of students enrolled *	<input type="text"/>	Asian-Pakistani
<input type="text"/>	Asian Cambodian	<input type="text"/>
Enrolled 1st Year *	<input type="text"/>	Asian-Thai
<input type="text"/>	Asian Chinese	<input type="text"/>
Enrolled 2nd Year	<input type="text"/>	Asian-Vietnamese
<input type="text"/>	Asian Filipino	<input type="text"/>
Enrolled 3rd Year	<input type="text"/>	Black, African American, or African
<input type="text"/>	Asian Indonesian	<input type="text"/>
Total	<input type="text"/>	Hispanic or Latino
<input type="text"/>	Asian Japanese	<input type="text"/>
	Asian-Korean	White/Caucasian/European/ Middle Eastern
	Asian-Laotian/Hmong	<input type="text"/>
		Total
		<input type="text"/>

1. Student race and ethnicity data will now be collected in aggregate for all the years requested

2. Provide the total number of enrolled slots for each academic year

Note: Previously the student data was collected at the student level, starting with this year we are collecting the data in aggregate.

Graduate Data: Adding and Reviewing Graduates

Graduate Data

Enter your total number of graduates for the following academic years:

AY 2021-22 *

AY 2022-23 *

Total

To add a new graduate, click on the Add a Graduate button and enter the required information. National Provider Identifier (NPI) numbers are required for graduates. To find a graduate's NPI number, check the [NPI Registry](#).

To edit information, click on the Options button next to an individual's name and select Edit or Delete.

Total Number of Graduates

Graduates With No Errors

Add a Graduate

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
2019Q2	David	Crosby	Male	Asian - Korean

All Grads Submitted

1. Enter graduate data for each academic years requested.
2. Graduate data needs to match the number of graduates entered
3. To add graduate data, click the “Add Graduate” button
4. A pop-up will display
5. To review, edit or delete graduates select the dropdown list for that line using the arrow
6. After completing this step, click “Save & Next”

Graduate Data: Adding and Reviewing Graduates

Do you have an NPI Number?*

No Yes

NPI Number (Check NPI Registry) *

Practice Specialty *

Select ▼

Do you know the graduate's practice site? *

No Yes

Practice Site Name *

1. If you know the graduate's NPI number, select "Yes"
 - i. Enter the graduate's 10-digit NPI number
2. Select their practice specialty
3. You must add practice site information for all graduates unless they are working outside of California.
4. If you know your graduate's practice site in California, please provide the practice site information
5. If you are not sure of their practice site or they are practicing outside of California select "No"
 - i. Select "Out of State" if they are practicing outside of California
 - ii. Select "Other " for any other reason

Required Documents

Required Documents

Approval Letter

Based on the program type identified on the first page of this application, attach your most recent approval or accreditation letter.

Approval Letter Upload 0 files uploaded, 1 file required.*

Filename must start with Appr_ to be accepted, Example: Appr_MyDocument

Correspondence

Upload all correspondence related to approval or accreditation.

Correspondence Upload 0 files uploaded, 0 files required.

Filename must start with Corr_ to be accepted, Example: Corr_MyDocument

1. The red button on this page indicates required documents.
2. Click on the “Approval Letter Upload” to upload your required document
3. The document must begin with "Appr_ " for it to be accepted
4. Once the document is successfully uploaded, the box will turn green signifying that you may continue

Note: You may delete an uploaded document by clicking the down-arrow next to the desired entry

Assurances

100%

Assurances

I certify that the information contained herein is true and the most current information available at time of application submission.

I Certify

[Previous](#)

1. Read the statement
2. Agree to the statement by checking the box
3. Click the “Submit” button

Note: Once you submit your applications you cannot make further edits

Note: Only Program Directors may submit an application. Grant preparers will not see the “Submit” button

CNM Application

CNM Application Differences from FNP and PA

- CNM shares most of the same application pages as FNP and PA with slight changes
 - The **program information** page has the option for a program expansion
 - The **program expenditures and funding** page asks for the number of expansion slots that are being requested

Program Information

Program Information

Organization - If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved.

Program Director

Program Director Email


Is your program expanding in 2024/25 Academic Year?

No Yes

The training program will permanently increase the number of incoming first-year students in the next academic year.

The training program shall continue to meet all approval requirements set forth by the Board of Registered Nursing while expanding enrollment.

Select a training program from the Training Program Title search list below. If you applied previously and your training program is not listed, e-mail Songbrown@hcai.ca.gov to ensure your training program is approved.

Training Program Title 

Training Program Not Listed

1. If your CNM program is expanding this year, you must select “Yes”
 - i. You must check both boxes verifying that the expansion is permanent and there is documentation that the Board of Registered Nursing has approved the expansion of student enrollment

Program Expenditures and Funding

Program Expenditures and Funding

Funds Requested			
Program Type	# of Slots Requested*	Maximum Amount per Slot	Total Funds Requested
Certified Nurse Midwifery	Select	13,000.00	0
Midwifery Expansion	Select	75,000.00	0
Grand Total			0

Enter the AY 2023-24 training program annual expenditures below for each line item.

Personnel*	\$	
Operating Expenses*	\$	
Major Equipment*	\$	
Other Costs*	\$	
Total	\$	0

1. Enter the number of slots that was previously approved by the BRN
2. Enter the number of slots up to 3 that were approved for expansion
3. The “Total Funds Requested” will auto calculate based on the number of slots selected
4. The “Total” expenditure from the 23/24 academic year should be equal to or greater than the “Total Funds Requested”

FNP, PA and CNM Scoring Explanation

Application Evaluation Criteria

Criteria		Points	eApp Page
1	Percent of graduates in Areas of Unmet Need.	25	Graduate Data
2	Percent of students Underrepresented in Medicine.	25	Aggregate Student Data
3	Percent of main training sites in Areas of Unmet Need. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
4	Average payer mix of main training sites. (Up to 5 training sites with the most cumulative hours)	25	Training Sites
Grand Total		100	

1. The points reflect the maximum number of points you can receive in each criteria and the grand total
2. The eApp column indicates where the information for each criteria will be entered in the eApp

Application Evaluation Criteria: Percentage Examples

- Program X Example:
 - Criteria 1: Percent of graduates in Areas of Unmet Need
 - Total number of graduates: 50
 - Graduates practicing in Areas of Unmet Need: 20
 - Percent of graduates practicing in Areas of Unmet Need: 40%
 - Total points awarded for Criteria 1: $0.4 \times 25 = 10$ points
 - Criteria 2: Percent of students Underrepresented in Medicine
 - Total number of students: 60
 - Students underrepresented in medicine: 30
 - Percent of students underrepresented medicine: 50%
 - Total points awarded for Criteria 2: $0.5 \times 25 = 12.5$ points

Application Evaluation Criteria: Percentage Examples

- Criteria 3: Percent of main training sites in Areas of Unmet Need
 - Training sites provided by Program X: 4
 - Training sites in Areas of Unmet Need: 3
 - Percent of training sites in Areas of Unmet Need: 75%
 - Total points awarded for Criteria 3: $0.75 \times 25 = 18.75$ points

Application Evaluation Criteria: Payer Mix Example

- Criteria 4: Average Payer Mix of main training sites
 - Program X has 3 main training sites
 - Their payer mix breakdown is as follows:

	Site 1	Site 2	Site 3
Medicare/Medical (Dual Eligibility)	30%	20%	40%
Medical (Traditional & Managed Care)	15%	15%	22%
Uninsured	15%	20%	15%
Totals	60%	55%	77%

- Average = $(.60 + .55 + .77) / 3 = .64$
- Total points awarded for Criteria 4 = $.64 \times 25 = 16$ points
- **Total points scored for Program X is 57.25 points out of 100 points**

Follow Us!



Website



Twitter



Facebook



YouTube



LinkedIn

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**

Sign Up to our Newsletter!



<https://hcai.ca.gov/mailing-list/>

Contact Us!



Phone (916) 326-3600

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**