

LOCAL GOVERNMENT AGENCY CERTIFICATION STATEMENT FOR MEDI-CAL**TARGETED CASE MANAGEMENT COST REPORT****Local Government Agency (LGA) Name:** _____**Target Population:** _____**Reporting Period From:** _____ **To:** _**Total Expenditures on Medi-Cal TCM Services in Reporting Period:** _____

I HEREBY CERTIFY under penalty of perjury that:

1. I am the official responsible for the information contained in this certification and I am authorized, as a Financial Officer or other individual duly authorized in a resolution by the governing board as having authority to sign on behalf of the LGA, to report the eligibility of funding for expenditures of the LOCAL GOVERNMENT AGENCY (the LGA) for the reporting period.
2. The information provided in this certification, including the reported funding for expenditures, is true and correct and in accordance with applicable state and federal law, and:
 - 2.1. This certification is based on actual costs of contracting for Medi-Cal Targeted Case Management (TCM) services pursuant to Welfare and Institutions Code section 14132.44 and California Code of Regulations Title 22, Section 51535.7;
 - 2.2. This certification is based on actual total expenditures made by the LGA of exclusively public funds that meet all requirements for claiming federal financial participation (FFP) pursuant to Code of Federal regulations Title 42, Part 433, Subpart B;
 - 2.3. These Medi-Cal TCM expenditures are documented in the books and records of the LGA in accordance with Pages 5d through 5d(ix) of Attachment 4.19-B of the California State Medicaid Plan governing reimbursement for the TCM program.
3. The expenditures reported in this certification have not previously been, nor will they subsequently be used for federal match in this or any other program.
4. The public funds expended for the reported costs of contracting for Medi-Cal TCM services do not include impermissible provider taxes or non-bona fide provider-related donations as defined under Section 1903(w) of the Social Security Act, or federal funds not eligible for use as State match. For this purpose, federal funds do not include patient care received as payment for services rendered under programs such as Medicare or Medicaid. As such, the amounts reported and certified herein represent expenditures for Medicaid-covered services that are eligible for federal financial participation under title XIX of the federal Social Security Act.
5. The final allocation of funds between the Department of Health Care Services (the Department) and the LGA is conditioned upon the availability of FFP and is limited to the amount of FFP obtained by the Department pursuant to Code of Federal Regulations Title 42, Part 433, Subpart B, on behalf of the LGA.

6. All records of public funds constituting the non-federal share are subject to review and audit by the Department.
7. In the event any portion of the FFP paid for Medi-Cal TCM services for the Reporting Period identified above is either deferred or disallowed, the Department shall be held harmless from any such federal deferral or disallowance and interest, and it shall recoup any non-allowed FFP already paid to the LGA pursuant to Welfare and Institutions Code, Section 14132.44, Subsection (i).
8. I have received notice that knowing misrepresentation of the costs contained in this certification may constitute violation of the Federal False Claims Act or other applicable state and federal law.

Signature: _____ Date: _____

Print Name: _____

Title: _____