

**LOCAL GOVERNMENT AGENCY CERTIFICATION STATEMENT FOR TARGETED CASE MANAGEMENT COST REPORT**

**Local Government Agency (LGA) Name:** \_\_\_\_\_

**Target Population:** \_\_\_\_\_

**Reporting Period: From** \_\_\_\_\_ **To** \_\_\_\_\_

I HEREBY CERTIFY under penalty of perjury that:

1. - I am the official responsible for the information contained in this cost report, for the above-named LGA, and I am authorized to make this certification on behalf of the LGA.
2. – The information provided in this cost report is true and correct and in accordance with state and federal law:
  - 2.1 – Based on actual costs of providing Targeted Case Management (TCM) services pursuant to Welfare and Institutions Code section 14132.44, and California Code of Regulations Section 51535.7.
  - 2.2 – This certification is based on actual, total expenditures made by the LGA of public funds that meet the requirements for claiming federal financial participation pursuant to Code of Federal Regulations Title 42, Section 433.51.
  - 2.3 – This cost report was prepared in accordance with the Targeted Case Management (TCM) program Policy and Procedure Letter (PPL) No. 12-017.
3. - The costs contained in this cost report have not previously been, nor will subsequently be used for federal match in this or any other program.
4. - The public funds expended for the costs contained in this cost report do not include impermissible provider taxes or donations as defined under Section 1903(w) of the Social Security Act, or other federal funds. For this purpose, federal funds do not include patient care revenue rendered under programs such as Medicare or Medicaid.
5. – I have received notice that this information is to be used to establish a new TCM encounter rate and new maximum Medi-Cal reimbursement amount (CAP) that will be used as a basis to claim for federal funds and that knowing misrepresentation of the costs contained in this cost report will constitute violation of the Federal False Claims Act.

I, the undersigned, state: That as the LGA Coordinator, Financial Officer or other individual duly authorized in a resolution by the governing board as having authority to sign on behalf of the LGA, I am authorized and designated to make this certification for and on behalf of \_\_\_\_\_ (LGA name), that the certification above hereto are true to my knowledge. I declare that the certification information is true and correct. I understand that the making of false statements or the filing of false or fraudulent costs is punishable and constitutes a violation of the Federal False Claims Act.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_