

CERTIFICATION OF ASSEMBLY BILL (AB) 2527 TARGETED CASE MANAGEMENT COST REPORT
From **Non-LGA Local Public Entity**

Non-LGA Local Public Entity (LPE) 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 LPE, and I am authorized to make this certification on behalf of the LPE.

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 LPE 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 from the books and records of the LPE in accordance with the Targeted Case Management (TCM) program Policy and Procedure Letter (PPL) No. 09-002.

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.

4. – 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 a Financial Officer or other individual duly authorized in a resolution by the governing board as having authority to sign on behalf of the LPE, I am authorized and designated to make this certification for and on behalf of _____ (LPE 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 constitute violation of the Federal False Claims Act.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Local Government Agency Attestation Statement:

I, the undersigned attest: That as the Local Government Agency Coordinator, Financial Officer or other individual duly authorized in a resolution by the governing board as having authority to sign on behalf of the _____ (County Name) that the certification above hereto are true to my knowledge. I attest that the certification information is true and correct. I understand that the making of false statements or the filing of false or fraudulent documentation is punishable and constitute violation of the Federal False Claims Act.

Signature: _____ Date: _____

Print Name: _____

Title: _____