

LGA: Service Provider: Program Name:	Reporting Period From: To:
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SUMMARY OF ALLOWABLE FUNDING FOR CLAIMING FEDERAL MATCHING FUNDS
 [42 CFR 433.51 - Certified Public Expenditure (CPE)]

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Comments
Name all funding sources that support the whole budget unit. Add Funding Source Lines (Macros must be enabled. Security set to Med or Low)	List the total amount of these funding sources that support the budget unit.	Do the amounts from Step 2 support TCM encounters? (Yes/No) If "No" Stop. If "Yes" complete steps 4-7.	If "Step 3" is Yes, identify funding in Step 2 eligible for Federal Matching funds pursuant to 42 CFR 433.51 (CPE); otherwise, enter "0."	Enter the Average Percent TCM from the Survey Averaging Worksheet; otherwise, enter N/A	Enter the Percent of TCM Medi-Cal Encounters / Total TCM Encounters [Source: "Encounter Methodology" schedule; otherwise enter N/A]	Identify allowable funding eligible for Federal Matching funds pursuant to 42 CFR 433.51 for Medi-Cal TCM services. [If applicable Multiply Step 4 x Step 5 x Step 6.]	
1 OA-Grant	\$ 100,000.00	Yes	\$ 100,000.00	55.000000%	25.000000%	\$ 13,750.00	
2 MCH	\$ 250,000.00	No	\$ -	N/A	N/A	\$ -	
3 TCM Reimbursement Prior Year	\$ 150,000.00	Yes	\$ 150,000.00	N/A	N/A	\$ 150,000.00	Reimbursement received
4 First 5 Commission	\$ 1,000,000.00	Yes	\$ 1,000,000.00	45.250000%	28.725000%	\$ 129,980.63	
5 Sac. Co. General Fund	\$ 250,000.00	Yes	\$ 250,000.00	N/A	N/A	\$ 250,000.00	Payments for Medi-Cal TCM Services
6 Office of AIDS Sacramento County	\$ 2,000,000.00	Yes	\$ 200,000.00	N/A	28.725000%	\$ 57,450.00	Funds Restricted to TCM
7 Totals-Local Public Entety #1	\$ 500,000.00	Yes	\$ 250,000.00	N/A	N/A	\$ 250,000.00	Total from Local Public Entety #1 TCM C/E
8 Totals-Local Public Entety #2	\$ 75,000.00	Yes	\$ 65,000.00	N/A	N/A	\$ 65,000.00	Total from Local Public Entety #2 TCM C/E
A	Totals \$ 4,325,000.00		\$ 2,015,000.00			\$ 916,180.63	
B	Enter "Cost / Encounter" from Cost Report Worksheet A, Line 20						
C	Enter "Total Reported Claimable TCM Medi-Cal Only Encounters" from Cost Report "Encounter Methodology" Schedule						
D	Total Medi-Cal TCM Program Cost [B x C]						\$ -
E	Allowable Funding: Excess / <Deficit> [A - D]						<u>\$ 916,180.63</u>

Note 1: An alternate methodology may be used to determine the CPE dollar amount for TCM services provided to Medi-Cal beneficiaries. You must explain the methodology used or rationale in the Comment column.

Note 2: All funds must be expended prior to invoicing the TCM Program for TCM services provided to Medi-Cal Beneficiaries. Refer to PPL 08-006.

NOTE: Use the Excel version of this schedule from the TCM website to identify all funding sources eligible for Federal Matching funds in accordance to 42 CFR 433.51 (CPE) for billable TCM services provided to Medi-Cal beneficiaries. Additionally, this schedule determines if total allowable funding is sufficient for "Total Reported Claimable TCM Medi-Cal Only Encounters" identified in the TCM Cost Report for Federal reimbursements. The schedule does not take into account timing requirements for expenditures. Refer to PPL 08-006- *Certified Public Expenditure (CPE) Requirements for Federal Financial Participation (FFP) for TCM.*