

**NON-LGA LOCAL PUBLIC ENTITY CERTIFICATION
AND LOCAL GOVERNMENT AGENCY ATTESTATION
STATEMENTS FOR MEDI-CAL TARGETED CASE MANAGEMENT**

Non-LGA Local Public Entity (LPE) Name: _____

Target Population: _____

Reporting Period From: _____ **To:** _____

For LPE Service Provider, please complete the information below:

Total Expenditures on Medi-Cal TCM Services in Reporting Period _____

For LPE Non-Service Provider, please complete the information below:

Total Amount paid to Service Provider _____

Contract Number _____

I HEREBY CERTIFY under penalty of perjury that:

1. I am the official responsible for the information submitted to the Local Government Agency (LGA) for cost reporting purposes, for the above named LPE, and I am authorized to make this certification on behalf of the LPE.
2. The information submitted to the LGA for cost reporting purposes is true and correct and in accordance with state and federal law, and:
 - 2.1. This certification is 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 (FFP) pursuant to Code of Federal Regulations Title 42, Section 433.51.
 - 2.3. The information submitted to the LGA for cost reporting purposes was prepared from the books and records of the LPE in accordance with the TCM program Policy and Procedure Letter (PPL) Number 14-015.
3. The costs submitted to the LGA for the cost reporting purposes 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 submitted to the LGA for cost reporting purposes 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 interim TCM encounter rate 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, or other applicable state and federal law.

Signature: _____ Date: _____

Print Name: _____

Title: _____

LGA Attestation Statement

I, the undersigned, attest: 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 LOCAL GOVERNMENT AGENCY that the certification information stated above 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, or other applicable state and federal law.

Signature: _____ Date: _____

Print Name: _____

Title: _____