

**Attachment A of PPL 24-003****Certified Time Factor****Staff Certification of Direct Charge Time**

Staff who perform eligible School Based Medi-Cal Administrative Activities must complete this form to certify that the percentage of claimable direct charge time, also referred to as the certified time factor, is accurate, true, and correct. The certified time factor must be supported by a staff activity log, which must be attached to this form and submitted with the quarterly invoice.

I, \_\_\_\_\_ hereby certify that \_\_\_\_ % of my work was spent performing related SMAA activity Code 15 – Medi-Cal Claims Administration, Coordination, and Training between the period of \_\_\_\_\_ and \_\_\_\_\_, and that written documentation to support this percentage is attached. Further, I certify that my activities are entirely (100%) for the direct benefit of the Medicaid program.

I certify, under the penalty of perjury, that the direct charge percentage is a reasonable proxy of the time spent during the entire claiming period and results in allowable costs consistent with the requirements of 2 CFR part 200 et seq. I also certify that I have not been instructed to perform any additional SMAA-related activities beyond what I perform during the normal course of an average claiming quarter. I declare that the foregoing is true and correct to the best of my knowledge, information, and belief, and that I have notice that this information is to be used for filing a claim with the Federal Government for federal funds, and the known misrepresentation constitutes a violation of the Federal False Claims Act.

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 Typed Name of Signer

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 Title / Classification

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 Signature (Electronic)

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 Date