

EXHIBIT B: Quarterly Certification of State (Non-Federal) Matching Funds

YH21-0007 MEDICAID SCHOOL-BASED CLAIMING

Sample document for submitting a QUARTERLY CERTIFICATION OF STATE (NON-FEDERAL) MATCHING FUNDS
BY LOCAL EDUCATIONAL AGENCIES

Certification for the Year: _____ Quarter Ending: _____

Based on the total quarterly expenditures of \$ _____ for qualified covered services and \$ _____ for the TPA administrative fee; (*Insert Name of the LEA*) is required to certify the expenditure of at least \$ _____ in total state/local matching funds for the same quarter by signing and returning this form to the AHCCCS contracted Third Party Administrator.

As a condition of participation in the AHCCCS Medicaid Schools-Based Claiming Programming, I hereby certify that:

- * The LEA expended the state / local matching funds (as noted above) in an amount sufficient to provide the non-federal share of the expenditures being claimed for federal financial participation.
- * The state and/or local matching funds were not obligated to match other federal funds for any federal program and that these matching funds are not federal funds.
- * The expenditures were incurred in accordance with provisions of AHCCCS policies for the services and that the state / local matching funds are separately identified and supported in the LEAs accounting system.
- * I understand that payment of the claims subject to this certification is from federal and state funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable federal or state laws.

NAME OF LOCAL EDUCATIONAL AGENCY:	SIGNATURE OF AUTHORIZED REPRESENTATIVE:
STREET ADDRESS:	TYPED NAME:
CITY, STATE ZIP	TITLE:
AHCCCS GROUP BILLER NUMBER:	DATE: