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

YH27-0002 AHCCCS 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:

1. 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.

2. 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.

3. 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.

4. 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: