

CERTIFICATION OF PUBLIC EXPENDITURE (CPE)

GOVERNMENTAL PROVIDER USE ONLY: CERTIFICATION OF TOTAL COMPUTABLE PUBLIC EXPENDITURE

1 Governmental Provider Name and Address:

[Redacted]

2 Reporting Period (Medicaid State Plan Rate Year):

From: [Redacted]
To: [Redacted]

Medicaid Provider Number (NPI):

[Redacted]

3 a. Type of Report:

- Partial Period Report
- Quarterly Cost Report
- Full Year Cost Report
- Revised Cost Report

b. Total Computable Certified Public Expenditure by Component:

Medicaid
Medical Services

Total Computable Expenditure [Redacted]

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER

I HEREBY CERTIFY THAT:

1. I have examined this statement, the accompanying supporting exhibits, the allocation of expenses, services and activities, and the attached worksheets for the period from [Redacted] to [Redacted] and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the governmental provider in accordance with applicable instructions.
2. The expenditures included in this statement are based on the actual cost of recorded expenditures and reflect the reporting provider's cost of serving Medicaid recipients.
3. I am the officer authorized by the referenced governmental provider to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
4. The required amount of State and/or local funds were used to pay for total computable allowable expenditures included in this statement, and such State and/or local funds were in accordance with all applicable Federal requirements for the non-Federal share match of expenditures (including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs).
5. The total computable expenditures identified herein are submitted in accordance with 42 CFR 433.51.
6. I understand that this certification of public expenditures serves as the basis for Federal matching funds; that such expenditures were allowable to the State Medicaid program in accordance with all procedures, instructions, and guidance issued by and to the single state agency during the reporting period; and that falsification or concealment of a material fact may be prosecuted under Federal or State civil or criminal law.

[Redacted]
SIGNATURE (officer of the governmental provider)

[Redacted]
DATE

[Redacted]
TITLE

[Redacted]
PHONE NUMBER