

**MEDI-CAL COUNTY INMATE PROGRAM
CERTIFICATION OF VOLUNTARY CONTRIBUTIONS
TO NON-FEDERAL SHARE OF MEDICAID EXPENDITURES
State Fiscal Year 2023-24**

On behalf of _____ (the Governmental Funding Entity), I hereby certify that the intergovernmental transfer amount specified herein represents a voluntary contribution by the Governmental Funding Entity to the non-federal share of Medicaid expenditures for purposes of all federal laws, including, but not limited to Section 10201(c)(6) of the Patient Protection and Affordable Care Act (Public Law No. 111-148). The funds transferred qualify for Federal Financial Participation (FFP) pursuant to 42 C.F.R. part 433, subpart B, and are not derived from impermissible sources. Governmental Funding Entity shall indemnify DHCS for any deferral or disallowance of FFP should funds transferred pursuant to this certification be deemed ineligible for FFP.

This voluntary contribution in the amount of \$ _____ is intended to fulfill the Governmental Funding Entity's responsibility for the non-federal share of certain payments under the Medi-Cal County Inmate Program (MCIP) implemented in accordance with California Welfare and Institutions Code (WIC) Section 14053.7 and 14053.8.

These funds are provided solely to enable DHCS to obtain FFP for MCIP payments as permitted by federal law. In the event DHCS is unable to obtain FFP for these MCIP payments, or the full MCIP payments cannot otherwise be made to and retained by hospital providers of acute inpatient services under the MCIP, and therefore all or a portion of the transferred amount cannot be used as intended, DHCS will notify the Governmental Funding Entity and return the applicable portion of the unused intergovernmental transfer amount. Amounts due to or owed by the Governmental Funding Entity may be offset against future transfers related to MCIP as determined by DHCS. The governmental funding entity may not receive and retain any of the Medicaid payments funded by the IGT funds.

All records of public funds constituting the non-federal share are subject to review and audit by DHCS. The Governmental Funding Entity understands that DHCS must deny payment under WIC sections 14053.7, 14053.8, and Penal Code 5072 if it is determined that the IGT, the certification, or both is not adequately supported for purposes of claiming FFP.

I am authorized to sign this certification of voluntary contributions on behalf of the Governmental Funding Entity. I understand that knowingly filing a false or fraudulent statement in support of a claim may violate the Federal False Claim Act or other applicable statute, and be punishable thereunder.

Signature

Title of Authorized Signatory

Governmental Funding Entity

Date