



TOMÁS J. ARAGÓN, M.D., Dr.P.H
 Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
 Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

_____ has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year _____, based on our review of all the criteria below:

- Professional Education and Training
- Job Classification
- Job Duties /Duty Statement
- Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- Organizational Chart
- Accurate, complete, and signed SPMP Questionnaire
- Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

Agency Name/Local Health Jurisdiction

Name and Title

Signature

Date



**SPMP ATTESTATION
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1					
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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