



Department of Health  
and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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## CERTIFIED PUBLIC EXPENDITURES AGREEMENT

I certify that \_\_\_\_\_ has  
*Name of Provider*  
public funds in the amount of \$\_\_\_\_\_ to be used for certified public expenditures for services provided to  
MaineCare eligible clients for the period July 1, 2011 through June 30, 2012. These funds will be used solely to provide  
services under the following: (select all that apply)

Specialty	Policy Section	Policy Description
<input type="checkbox"/> 164 - Therapy Services	65, 68, 85, 109	Behavioral Health Services, Occupational Therapy Services, Physical Therapy Services, Speech & Hearing Services
<input type="checkbox"/> 142 - Private Duty Nursing	96	Private Duty Nursing
<input type="checkbox"/> 020 - Community Support Services	65	Behavioral Health Services
<input type="checkbox"/> 163 - Children's Community Rehabilitation	28	Children's Community Rehabilitation
<input type="checkbox"/> 012 - Case Management	13	Targeted Case Management

These funds will not be used as matching public funds to receive federal financial participation in any other Service area.

I also certify that when this provider has billed MaineCare from this location in the amount of \$\_\_\_\_\_ (the  
amount entered on this line is equal to the amount entered above divided by **0.3660**) further MaineCare billing shall cease until such time  
as additional public funds are available and certified.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Service Location ID: \_\_\_\_\_

### STATE OR LOCAL (TAXING AUTHORITY) AGENCY APPROVAL (Schools this section is reserved for the DOE):

*I certify that based on the funds my agency has given this provider the amount provided above is reasonably accurate.*

Public Funds Provided by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

**Once you have completed your section of this form, fax it to 1-877-314-8776**

If you have any questions regarding completion of this form, contact  
Natalie Bragan at MaineCare Finance – (207) 287-3161 – [natalie.bragan@maine.gov](mailto:natalie.bragan@maine.gov)

## Instructions on how to fill out the Certified Public Expenditures Agreement

### Providers:

*This form only applies to providers enrolled in MIHMS under the following provider types:*

**87 – Public School**

**88 – Special Purpose Private School**

**89 – Intermediate Education Unit**

**90 – Government Agency**

I.) You will need to complete a separate form for each NPI number and/or service location ID that you have enrolled in MIHMS.

*These numbers should have been provided to you in the welcome letter upon enrollment in MIHMS.*

II.) The Certified Seed Amount is the amount of your special education budget that pertains to services provided to MaineCare eligible clients/students.

### **ATTENTION SCHOOLS!**

*A simple calculation for this would be to subtract out any costs not directly related to the MaineCare reimbursable services you are providing, as well as any administrative personnel and building related costs from your special education budget, then take that number and multiply it by the percentage of students you know to be MaineCare eligible to get your final seed number.*

III.) Have an authorized official, i.e. superintendent, director, certify the funds by providing their name, title, signature and the date.

IV.) Finally, fax the form to the number provided.

Please monitor your remittance advices (RA) from MaineCare, as they will inform you if your budget is getting low and need to submit another form certifying additional funds.

### Agency/Municipality Providing seed funds:

### **ATTENTION PUBLIC SCHOOLS!**

**THIS SECTION IS RESERVED FOR DEPARTMENT OF EDUCATION APPROVAL AND SIGNATURE.**

I.) Review the seed amount(s) that the provider has placed in the top section of the form.

*Are they reasonably accurate based on the amount of funds that you have provided them for the applicable services?*

II.) If so, sign off on the amount(s) with your agency name, signature, name, title and the date.

III.) Finally, fax the form to the number provided.