



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Health Care Program for Children in Foster Care
 Certification Statement**

County/City: Humboldt

Fiscal Year: 2022-23

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.



 Signature of HCPCFC Director/County Authorized Representative 7-19-22
 Date Signed



 Signature of Director or Health Officer 7.22.22
 Date Signed



 Signature and Title of Other – Optional 7-20-2022
 Date Signed

I certify that this plan has been approved by the local governing body.

 Signature of Local Governing Body Chairperson Date Signed