

JOB TITLE CERTIFICATION

SCHOOL DISTRICT: _____

DISTRICT JOB TITLE: _____

FLDOE JOB CODE: _____

Please select one:

SAMPLED STAFF (YES) _____ SUPPORT STAFF (YES) _____

This is to certify for the job title identified above, that the personnel on the attached list perform the Medicaid administrative claiming reimbursable duties or provide clerical support to those that perform Medicaid administrative activities in accordance with Chapter 3 of the federally approved School District Administrative Claiming (SDAC) Guide. District job title refers to the title the district has given or assigned to the title in question and is used by the district to report expenditures to the Florida Department of Education (FLDOE). The district job code equivalent is not acceptable for this certification. It must be the assigned FLDOE job code. The district is asked to identify the source of the job title and code.

I am aware that further review of the title and listed participants in either the sample pool or support staff by appropriate federal or state officials may disallow the inclusion of these personnel with their associated costs and adjust reimbursement claims for the disallowance as claimed. Said judgment as to non-inclusion of this job title class or specific personnel within this class for reimbursement purposes from federal and state officials will be in compliance with specific existing federal policies or the guide. Tests for allowability may be evaluation of this title’s sampling results for reimbursable utilization, direct interview of the listed personnel by Medicaid staff, or other tests deemed necessary by appropriate federal or state officials to insure compliance with the guide.

Attached are the official job duties and responsibilities as they relate to reimbursable activities identified in Chapter 2 of the SDAC guide for this job title and a list of personnel with this job title currently being claimed under the School District Administrative Claiming Program. Also attached is additional school district documentation substantiating the job titles inclusion in the sample pool or as support staff included in the claim’s cost pool. These documents, after AHCA approval, are to be filed in the school district audit file.

Name (Print)

Signature

Title

Date

AHCA Headquarters School-Based Medicaid Staff

Signature/Approval

Date