

**Quarterly Certification (Attachment D)**

MO HealthNet School District Administrative Claiming [\(SDAC\)](#)  
Quarterly Certification of Total Expenditures

Department of Social Services  
MO HealthNet Division  
P.O. Box 6500  
Jefferson City, MO 65102

Dear Staff:

School District Name: \_\_\_\_\_

I am the financial officer of this school district and am charged with the duties of supervising ~~of~~ the administration of the provision and billing for the [SDAC School District Administrative Claiming](#) activities provided under Title XIX (Medicaid) of the Social Security Act, as amended. I certify the school district has total expenditures equal to the total amount being claimed for federal reimbursement. The school district certifies the expenditures are not being claimed in support of any other grant or program. These expenditures were billed to the state MO HealthNet agency for [SDAC School District Administrative Claiming](#) services provided to Medicaid eligible students during the calendar quarter of \_\_\_\_\_ for the \_\_\_\_\_ school year.

I also certify that the school or school district's certified expenditures were incurred in accordance with the provisions of Missouri's policies. These certified expenditures are separately identified and supported in the school district's accounting system.

School District Quarterly Expenditures

Total Expenditures \_\_\_\_\_ ~~X~~ 50% Total Medicaid Reimbursement Expenditures  
\_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date