SMAA

## LEC Local Educational Consortium School-Based Medi-Cal Administrative Activities Region 9 • Imperial, Orange, and San Diego Counties

Administered by the Orange County Superintendent of Schools

## SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) **DISTRICT INFORMATION** 2024-2025

1 DISTRICT/SCHOOL			
District/School Name		County	
Claiming Unit:			
If different than nam	ie above.		
2 DISTRICT SMAA COORDIN	ATOR		
Name		District Job Title	
Street Address		City, State, Zip	
Mailing Address (if different than stree	t address)	City, State, Zip	
Phone (please include extension)	Fax		Email
Check the box for this person to:		ess to the RMTS systen RMTS late notifications	
3 SUPERVISOR OF DISTRICT  Name	SWAA CO	District Job Title	
Phone (please include extension)	Fax		Email
Check the box for this person to:	have acc	ded in all program comm cess to the RMTS system RMTS late notifications	unications
4. ALTERNATE DISTRICT C	CONTACT -	- SMAA COORDINA	ATOR DESIGNEE/ASSISTANT (1)
Name		District Job Title	
Phone (please include extension)	Fax		Email
Check the box for this person to:	have acc	ded in all program comm cess to the RMTS system RMTS late notifications	unications

## SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) DISTRICT INFORMATION 2024-2025

## ALTERNATE DISTRICT CONTACT – SMAA COORDINATOR DESIGNEE/ASSISTANT (2)

Name	District Job Title			
Phone (please include extension)	Fax	Email		
Check the box for this person to:	be included in all program communications have access to the RMTS system receive RMTS late notifications			
5. ALTERNATE DISTRICT C	ONTACT – FISCAL DESIGNER	Ξ		
Name	District Job Title			
Phone (please include extension)	Fax	Email		
Check the box for this person to:	be included in all program community have access to the RMTS system	be included in all program communications		
5. SMAA INVOICE SUBCON  Company Name	TRACTOR/THIRD-PARTY VE	NDOR		
	TRACTOR/THIRD-PARTY VE			
Company Name				
Company Name  Contact  Phone	Contact Job T	Title		
Company Name  Contact  Phone  7. LEA BILLING OPTION P	Contact Job T	Title  R/THIRD-PARTY VENDOR		