LEC SMAA

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
2025-2026

1 DISTRICT/SCHOOL

District/School Name _____ *County* _____

Claiming Unit: _____
If different than name above.

2 DISTRICT SMAA COORDINATOR

Name _____ *District Job Title* _____

Street Address _____ *City, State, Zip* _____

Mailing Address (if different than street address) _____ *City, State, Zip* _____

Phone (please include extension) _____ *Fax* _____ *Email* _____

Check the box for this person to:
- ☐ **have access to the RMTS systen**
- ☐ **receive RMTS late notifications**

3 SUPERVISOR OF DISTRICT SMAA COORDINATOR

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**

4. ALTERNATE DISTRICT CONTACT – SMAA COORDINATOR DESIGNEE/ASSISTANT

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**

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)
DISTRICT INFORMATION
2025-2026

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. DISTRICT CONTACT – FISCAL DESIGNEE (SMAA INVOICE SIGNOR)

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**

6. DISTRICT CONTACT – FISCAL/PAYROLL DATA

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**

7. LEA BILLING OPTION PROGRAM SUBCONTRACTOR/THIRD-PARTY VENDOR

Company Name

Contact | *Contact Job Title*

Phone | *Email*

PRINTED NAME OF PERSON FILLING OUT FORM | **JOB CLASSIFICATION TITLE**

DATE