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
2023-2024

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 system**
                                               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 (1)

_____   _____
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
2023-2024

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 CONTACT – FISCAL DESIGNEE

_____   _____
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. SMAA INVOICE SUBCONTRACTOR/THIRD-PARTY VENDOR

_____
Company Name

_____   _____
Contact   *Contact Job Title*

_____   _____
Phone   *Email*

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