



State of California—Health and Human Services Agency
Department of Health Care Services



Participant Pool 1 Time Survey Participant (TSP)
Equivalency Request Form

LGA/LEC: _____ Submittal Date: _____

LEA Name: _____ Fiscal Year and Quarter: _____

National Provider Identifier (NPI) Number: _____ CDS Code: _____

Approved Job Classification Title: _____

Proposed Equivalent Job Classification Title: _____

Request for:

- Individual TSP
Specific job classification (list number of TSPs that will participate):__

Pursuant to the California School-Based Random Moment Time Survey Manual, each LEC/LGA must ensure LEA staff performing school-based Medi-Cal activities are included on the authorized Time Study Participant (TSP) list. Please answer the following questions for the Equivalent Job Classification listed above in order to describe how that job classification complies with the authorized list and performs an equivalent job function. Please attach additional pages as necessary. Include a job description and copies of credential, certification or license, if applicable. Submit requests with the subject line "Pool 1 TSP Equivalency Request" to the RMTS mailbox at RMTS@dhcs.ca.gov.

- 1. Is the primary job function of the proposed equivalent classification to provide instructional services or direct medical services?
This job classification routinely (daily) provides instructional services
This job classification routinely (daily) provides direct medical services
This job classification routinely (daily) provides both instructional and medical services
2. Does the LEA intend to bill for services provided by the proposed equivalent classification when covered services are provided to Medi-Cal students?
Yes, we intend to bill Medi-Cal covered services to the LEA Program
No, we do not intend to bill for this job classification's services
3. Do all practitioners in the proposed equivalent classification meet the practitioner qualification requirements outlined on the RMTS Webpage?
Yes, all practitioners in the job classification meet the LEA Program qualifications
No, all practitioners in the job classification do not meet the LEA Program qualifications
If no, please explain: _____

I certify that the information provided herein is true and correct and accurately reflects the performance of LEA Medi-Cal Billing Option Program (LEA BOP) services. I also certify the information provided complies with 2 CFR Part 200 et seq.

Print Name: _____

Signature: _____ Date: _____

Title: _____

DHCS Review/Authorization Process:

Processing Date: _____

Effective FY/RMTS Quarter: _____

Date Approval/Denial_Sent to LEC/LGA: _____

Notes (follow-up notes, need for additional information, etc.): _____
