



Local Educational Agency Provider Using Model 2 Delivery of Service (Model 2 providers contract out all health service practitioners)

Instructions: Complete and submit this form to the LEA inbox (LEA@dhcs.ca.gov) prior to the start of Quarter 1 (July 1) of every State Fiscal Year in order to certify that your LEA uses the Model 2 Delivery of Service and does not employ any health service practitioners. LEAs operating under Model 2 are not required to participate in the Random Moment Time Survey (RMTS) for the applicable state fiscal year. For more information on Model 2 see the LEA Provider Manual section titled Local Educational Agency: A Provider's Guide (*loc ed a prov*). **The subject of your e-mail should read "Model 2 Certification".**

Submittal Date: _____ For Fiscal Year: _____

LEA Name: _____

NPI Number: _____ CDS Number: _____

LEA Coordinator Name: _____

I certify that the LEA listed above is an active participant under the Local Educational Agency Medi-Cal Billing Option Program that utilizes the Model 2 delivery of service, in which 100% of the direct medical service practitioners are contracted out from a third party. Per the Department of Health Care Services, LEAs that meet the Model 2 requirements do not need to participate in the Random Moment Time Survey. All other compliance documents, such as the Provider Participation Agreement and Cost and Reimbursement Comparison Schedule, must be submitted.

Print Name: _____

Signature: _____ Date: _____

Title: _____