

**School-Based Medi-Cal Administrative Activities (SMAA)  
Participant Pool 2 Time Survey Participant (TSP)  
Equivalency Request Form**

LEC/LGA: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Claiming Unit: \_\_\_\_\_ Fiscal Year and Quarter: \_\_\_\_\_

Approved Job Classification Title: \_\_\_\_\_

Proposed Equivalent Job Classification Title: \_\_\_\_\_

Number of proposed positions that will participate in Medi-Cal Administrative Activities: \_\_\_\_\_

Pursuant to the California School-Based Medi-Cal Administrative Activities (SMAA) Manual, each LEC/LGA must ensure claiming unit staff performing MAA activities are included on the authorized Time Study Participant (TSP) list. Please answer the following questions for the Equivalent Job Classification Title 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 and include a job description. Submit requests with the subject line **“Pool 2 TSP Equivalency Request - LEC/LGA name”** to the DHCS RMTS mailbox at [RMTS@dhcs.ca.gov](mailto:RMTS@dhcs.ca.gov).

1. What are the job functions of this position that make it equivalent to the authorized job classification?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide a clear description of the type of SMAA related activities performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided herein is true and correct and accurately reflects the performance of Medi-Cal Administrative Activities (MAA). I also certify the information provided complies with 42 Code of Federal Regulations (CFR) 433.15(b) (7) and the Office of Management and Budget (OMB) Circular A-87.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DHCS Review/Authorization Process:**

Processing Date: \_\_\_\_\_

Effective SFY/RMTS Quarter:  
\_\_\_\_\_

Date Approval/Denial Sent to LEC/LGA: \_\_\_\_\_

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

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\_\_\_\_\_