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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: April 27, 2022

School-Based Medi-Cal Administrative Activities PPL No.: 22-007

TO: All Local Educational Consortia (LEC),  
Local Governmental Agency (LGA), and  
Local Educational Agency (LEA) Coordinators for the  
School-Based Medi-Cal Administrative Activities (SMAA) Program

SUBJECT: Notification of New Requirements for Time Survey Participant (TSP)  
Equivalency Requests for the SMAA Program under the Random  
Moment Time Survey (RMTS) Process

PURPOSE: This Policy and Procedure Letter (PPL) notifies LEAs, LECs, and LGAs  
of the new requirements for submitting a Participant Pool 2 TSP  
equivalency request (DHCS Form) to the Department of Health Care  
Services (DHCS). The requirements that are outlined in this PPL only  
pertain to requests for TSPs that are listed in Participant Pool 2.  
Requirements for TSPs in Participant Pool 1 can be found in PPL 20-  
031.

REFERENCE: Welfare and Institutions Code (WIC) section 14132.47

BACKGROUND:

The SMAA Program is authorized under WIC section 14132.47. This authority allows the SMAA Program to reimburse LECs and LGAs for providing certain Medi-Cal Administrative Activities (MAA) approved by the Centers for Medicare and Medicaid Services (CMS). Pursuant to the California [SMAA Manual](#), each LEC/LGA must ensure claiming unit staff performing MAA are included on the authorized TSP list.

The LECs/LGAs will use two-participant pools for the TSP list. All claiming unit staff in the Participant Universe will be reported in one of the two participant pools: Participant Pool 1, "Direct Service Providers," and Participant Pool 2, "Administrative Services Providers." The two participant pools are mutually exclusive, i.e. claiming unit staff must not be included in both pools. The claiming unit staff with job classifications listed in Participant Pool 1 are eligible to provide direct medical services through the Local Educational Agency Billing Option Program (LEA BOP), as well as activities

reimbursable under the SMAA Program. Participant Pool 2 is comprised of only administrative claiming staff who do not bill direct medical services during the quarter, but rather perform and claim reimbursement for allowable Medi-Cal administrative activities under the SMAA Program on a regular basis.

The TSP list for Administrative Service Personnel outlined in Participant Pool 2 has been approved by CMS and can be found in Section 6 of the [SMAA Manual](#), which specifies it must be submitted 45 days before the next quarterly time survey. LEA staff with approved job classifications in Participant Pool 2 are not automatically included in the time survey as a TSP. As such, each LEA is responsible to determine whether each individual performs SMAA reimbursable activities and if their position is less than 100 percent federally funded. Individuals in positions that are 100 percent federally funded or fully funded by the Indirect Cost Rate will be excluded from the time survey and their costs will not be included in the SMAA invoice for the respective quarter.

#### POLICY:

The Participant Pool 2 TSP Equivalency Request Form (attached) identifies specific job classifications that perform duties that are substantially similar to the job classifications on the approved Participant Pool 2 TSP list. Requests for exceptions to the Participant Pool 2 TSP list must be submitted on the TSP Equivalency Request Form approved by DHCS. LEA Administrative Service Personnel can only be included in Participant Pool 2 if they perform allowable Medi-Cal administrative activities on a regular basis. Job Classification #36 under Participant Pool 2 (Other groups/individuals that may be approved by DHCS) must be approved through the TSP Equivalency Request form process by DHCS.

For all requests, the LEC/LGA must provide DHCS with a detailed justification on the TSP Equivalency Request Form and a copy of the job description that meet the requirements of the job categories listed on the CMS approved job classifications list in the [SMAA Manual](#). Specific job classification equivalency requests only require a one-time submission to DHCS. If DHCS grants approval for the equivalency request, no further requests need to be made for the specific job classification unless the job title or job description changes. Requests for an individual TSP must be made when the LEC/LGA does not intend to request equivalency for an entire job classification.

Please follow the steps below for job titles and job descriptions that are in question.

1. The TSP Equivalency Requests must be electronically submitted to the DHCS RMTS inbox at [RMTS@dhcs.ca.gov](mailto:RMTS@dhcs.ca.gov).
  - a. These requests must be submitted to DHCS at least forty-five (45) calendar days before the beginning of a new quarterly time survey.
  - b. Submit the request with "Pool 2 TSP Equivalency Request – [LEC/LGA name]" in the subject line of the email.
2. Approved requests will be provided to the LEC/LGA three (3) to five (5) calendar days before the sample generation of a new quarterly time survey.

3. Each LEC/LGA and LEA must maintain the approved equivalency forms for the LEAs within its service region.

If you have any questions or require further assistance regarding this PPL, please contact the SMAA mailbox at [SMAA@dhcs.ca.gov](mailto:SMAA@dhcs.ca.gov).

Sincerely,

**Original Signed By**

Brian Fitzgerald, Chief  
Local Governmental Financing Division  
Department of Health Care Services

Attachment: DHCS 4023 B Pool 2 TSP Equivalency Request Form