



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



JENNIFER KENT
 DIRECTOR

EDMUND G. BROWN JR.
 GOVERNOR

**School-Based Medi-Cal Administrative Activities Random Moment Time Study (RMTS) Participant Exception
 (Attachment A)**

LEC/LGA/Consortia:				
Claiming Unit	Participant Name	Participant Job Classification	Fiscal Year	Quarter
Print Coordinator Name				
I, the undersigned, state the following: As a public administrator, a public officer, or other public employee of the above named LEC/LGA/Consortia, I am duly authorized or designated to sign this Certification for the Random Moment Time Survey (RMTS) for the fiscal years and quarters noted above. I understand that making false statements for the purpose of filing a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11, and other applicable provisions of law. This Certification is made under penalty of perjury.				
Coordinator Signature			Date	

Submit forms to: SMAA@DHCS.CA.GOV