

# School Based Medi-Cal Administrative Activities (SMAA)

## Invoice Training 2016

# Agenda

- Audit File
- The SMAA Detail Invoice
- The SMAA Summary Invoice
- Submitting the SMAA Invoice

# Questions

- Type Questions in Comment Box
- SMAA Team will Provide Written Responses After the Presentation
- The training will be posted to the SMAA website.

# Document Review

- The January 2015 SMAA Manual
- Policy and Procedure Letters (PPLs)

<http://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx>

# Audit File

- Roster Report
- Job Descriptions/Duty Statements
- Medi-Cal Percentage Documentation
- Certified Time Factor Documentation
- Vendor Contracts, or MOUs
- School Calendars
- DHCS Approved Outreach Material

# The SMAA Invoice

# SMAA Detail Invoice

Tab 1 Total Moment Calculation

Tab 2 Activities and Medi-Cal Percentages

Tab 3 Direct Charge (Pool 1)

Tab 4 Direct Charge (Pool 2)

Tab 5 Payroll Data Collection

Tab 6 Cost and Revenue (Pool 1)

Tab 7 Cost and Revenue (Pool 2)

# SMAA Summary Invoice and Averaged Quarter Worksheet

Tab 8 Summary Invoice (LEC)

Tab 9 Summary Invoice (LGA)

Tab 10 Average Quarter (Pool 1)

Tab 11 Average Quarter (Pool 2)



**RANDOM MOMENT TIME SURVEY (RMTS)**  
**SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)**  
 I. Total Moment Calculation

RMTS INVOICE INFORMATION	
Version 2016	
1	Claiming Unit Name
	CDS Code
2	DHCS Contractor (Region)
3	Contract #
4	Prepared by
5	Title
6	Phone #
7	Date
8	Contract year/quarter
9	Period of Service

Total Number of Moments Selected Randomly Prior to the Start of the Quarter for Pool 1 in the Universe:	
Total Number of Invalid Moments:	
Total Valid Moments:	0
Compliance Percentage:	#DIV/0!

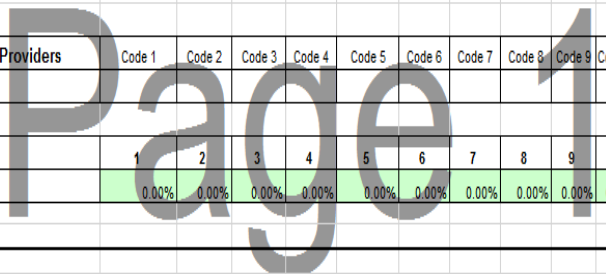
Pool 1: Direct Svc. & Admin. Providers	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16	
Moments:																				0	0

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Number of Moments Selected Randomly Prior to the Start of the Quarter for Pool 2 in the Universe:	
Total Number of Invalid Moments:	
Total Valid Moments:	0
Compliance Percentage:	#DIV/0!

Pool 2: Admin. Svc. Providers ONLY	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16	
Moments:																				0	0

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	



[ ]

RANDOM MOMENT TIME SURVEY (RMTS)  
SCHOOL-BASED MEDICAL ADMINISTRATIVE ACTIVITIES (SMAA)  
I. Total Moment Calculation

Box 1 LEA Identifying Information

Version

Box 2 Compliance Data Pool 1

RMTS INVOICE INFORMATION	
Version 2016	
1	Claiming Unit Name
	CDS Code
2	DHCS Contractor (Region)
3	Contract #
4	Prepared by
5	Title
6	Phone #
7	Date
8	Contract year/quarter
9	Period of Service

Total Number of Moments Selected Randomly Prior to the Start of the Quarter for Pool 1 in the Universe:	
Total Number of Invalid Moments:	
Total Valid Moments:	0
Compliance Percentage:	#DIV/0!

Pool 1: Direct Svc. & Admin. Providers	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16	
Moments:																				0	0

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Box 4 Moment Count Data Pool 1

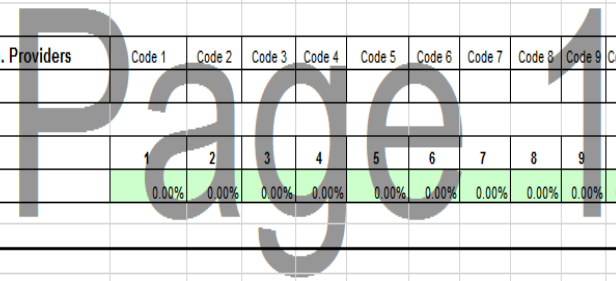
Box 3 Compliance Data Pool 2

Box 5 Moment Count Data Pool 2

Total Number of Moments Selected Randomly Prior to the Start of the Quarter for Pool 2 in the Universe:	
Total Number of Invalid Moments:	
Total Valid Moments:	0
Compliance Percentage:	#DIV/0!

Pool 2: Admin. Svc. Providers ONLY	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16	
Moments:																				0	0

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

RMTS INVOICE INFORMATION	
Version 2016	
1 Claiming Unit Name	Fill info Tab 1
2 CDS Code	Fill info Tab 1
3 HCS Contractor (Region)	Fill info Tab 1
4 Contract #	Fill info Tab 1
5 Prepared by	Fill info Tab 1
6 Title	Fill info Tab 1
7 Phone #	Fill info Tab 1
8 Date	Fill info Tab 1
9 Contract gear/quarter	Fill info Tab 1
10 Period of Service	Fill info Tab 1

Box 1 LEA Identifying Information

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS													
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)				Participant Pool 2: Administrative Providers Only (RMTS Results) (a)		Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)		Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)		FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS	
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)	Participant Pool 2: Administrative Providers Only (RMTS Results) (a)	Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)						
<b>Non-Discounted:</b>																
10 Medi-Cal Outreach	4	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
11 Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
12 Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
<b>Discounted:</b>																
13 Referral, Coordination, and Monitoring of Medi-Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
14 Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
15 Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				0.0000%	0.0000%				
16 Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
<b>Non-claimable:</b>																
17 School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%	0.00%									
18 Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%	0.00%									
19 Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%	0.00%									
20 Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%	0.00%									
21 Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%	0.00%									
22 Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%	0.00%									
23 Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%	0.00%									
24 Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%	0.00%									
<b>Allocated:</b>																
25 General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated										
26 TOTAL TIME			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0000%	0.00%				
27 Number of Claiming Unit Staff Included in each Participant Pool																
28 State Approved Indirect Cost Rate for the Current Billing Period												11				

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.

Column Letters

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
Prepared by	Fill info Tab 1
Title	Fill info Tab 1
Phone #	Fill info Tab 1
Date	Fill info Tab 1
Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

Row Numbers

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS													
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)				Participant Pool 2: Administrative Providers Only (RMTS Results) (a)		Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)		Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)		FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS	
			Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)				
<b>Non-Discounted:</b>																
Medi-Cal Outreach	4	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Discounted:</b>																
Referral, Coordination, and Monitoring of Medi-Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%	
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Non-claimable:</b>																
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Allocated:</b>																
General Administration/Paid Time Off	16		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>TOTAL TIME</b>					0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Claiming Unit Staff Included in each Participant Pool																

28 State Approved Indirect Cost Rate for the Current Billing Period 12

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

Column Letters

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
Prepared by	Fill info Tab 1
Title	Fill info Tab 1
Phone #	Fill info Tab 1
Date	Fill info Tab 1
Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

RANDOM MOMENT TIME SURVEY RESULTS													
Type of Activity	Code	Medi-Cal Discount %	FOR NON-ENHANCED CALCULATIONS				FOR ENHANCED CALCULATIONS						
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)	Participant Pool 2: Administrative Providers Only (RMTS Results) (a)	Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)			
<b>Non-Discounted:</b>													
Medi-Cal Outreach	4						0.00%	0.00%	0.00%				
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Discounted:</b>													
Referral, Coordination, and Monitoring of Medi-Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%		
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Non-claimable:</b>													
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%							
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%							
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%							
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%							
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%							
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%							
<b>Allocated:</b>													
General Administration/Paid Time Off	16				Allocated	Allocated							
<b>TOTAL TIME</b>					0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Claiming Unit Staff Included in each Participant Pool													

Cell B 10

Page 1

Row Numbers

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### SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

#### II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

Column Letters

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
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Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS										
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)	Participant Pool 2: Administrative Providers Only (RMTS Results) (a)	Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)	FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS				
							Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)			
<b>Non-Discounted:</b>													
Medi-Cal Outreach	4					0.00%	0.00%	0.00%					
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Discounted:</b>													
Referral, Coordination, and Monitoring of Medi-Cal Services	8			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%		
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Non-claimable:</b>													
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%							
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%							
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%							
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%							
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%							
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%							
<b>Allocated:</b>													
General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated							
<b>TOTAL TIME</b>			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0000%	0.0000%	0.00%	0.00%
Number of Claiming Unit Staff Included in each Participant Pool													

Cell B 10

Page 1

Row Numbers

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.

Column Letters

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
Prepared by	Fill info Tab 1
Title	Fill info Tab 1
Phone #	Fill info Tab 1
Date	Fill info Tab 1
Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS									
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)	Participant Pool 2: Administrative Providers Only (RMTS Results) (a)	Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)	FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS			
							Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)		
<b>Non-Discounted:</b>												
Medi-Cal Outreach	4					0.00%	0.00%	0.00%				
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Discounted:</b>												
Referral, Coordination, and Monitoring of Medi-Cal Services	8			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%	
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
<b>Non-claimable:</b>												
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%						
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%						
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%						
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%						
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%						
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%						
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%						
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%						
<b>Allocated:</b>												
General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated						
<b>TOTAL TIME</b>						0.00%	0.00%	0.00%	0.00%	0.0000%	0.00%	
Number of Claiming Unit Staff Included in each Participant Pool												

Row Numbers

Cell B 10

Page 1

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.



Column Letters

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
Prepared by	Fill info Tab 1
Title	Fill info Tab 1
Phone #	Fill info Tab 1
Date	Fill info Tab 1
Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS										
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)	Participant Pool 2: Administrative Providers Only (RMTS Results) (a)	Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)	Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)	FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS				
							Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)			
<b>Non-Discounted:</b>													
Medi-Cal Outreach	4					0.00%	0.00%	0.00%					
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Discounted:</b>													
Referral, Coordination, and Monitoring of Medi-Cal Services	8			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.0000%	0.0000%		
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Non-claimable:</b>													
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%							
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%							
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%							
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%							
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%							
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%							
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%							
<b>Allocated:</b>													
General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated							
<b>TOTAL TIME</b>						0.00%	0.00%	0.00%	0.00%	0.0000%	0.00%		
Number of Claiming Unit Staff Included in each Participant Pool													

Row Numbers

Cell B 10

Page 1

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.



SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

II. RMTS - ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET: Pool 1 and Pool 2

RMTS INVOICE INFORMATION	
Version 2016	
Claiming Unit Name	Fill info Tab 1
CDS Code	Fill info Tab 1
HCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1
Prepared by	Fill info Tab 1
Title	Fill info Tab 1
Phone #	Fill info Tab 1
Date	Fill info Tab 1
Contract gear/quarter	Fill info Tab 1
Period of Service	Fill info Tab 1

Type of Activity	Code	Medi-Cal Discount %	RANDOM MOMENT TIME SURVEY RESULTS													
			Participant Pool 1: Direct Service & Administrative Providers (RMTS Results) (a)				Participant Pool 2: Administrative Providers Only (RMTS Results) (a)		Pool 1: Allocate Gen. Admin./Paid Time Off (Code 16)		Pool 2: Allocate Gen. Admin./Paid Time Off (Code 16)		FOR NON-ENHANCED CALCULATIONS		FOR ENHANCED CALCULATIONS	
			Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)	Pool 1 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. H)	Pool 2 - RMTS Results: Apply Medi-Cal Discount % (Col. C X Col. I)				
<b>Non-Discounted:</b>																
Medi-Cal Outreach	4	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Facilitating Medi-Cal Application	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Medi-Cal Claims Administration, Coordination & Training	15	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Discounted:</b>																
Referral, Coordination, and Monitoring of Medi-Cal Services	8		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Arranging Transportation in Support of Medi-Cal Services	10	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
Translation to Access Medi-Cal Services	12	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					0.0000%		0.0000%		
Program Planning, Policy Development & Interagency Coordination Related to Medi-Cal Services	14	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
<b>Non-claimable:</b>																
School-Related, Education, and Other Activities	1		0.00%	0.00%	0.00%	0.00%	0.00%									
Direct Medical Services	2		0.00%	0.00%	0.00%	0.00%	0.00%									
Non-Medi-Cal Outreach	3		0.00%	0.00%	0.00%	0.00%	0.00%									
Facilitating Application for Non-Medi-Cal Programs	5		0.00%	0.00%	0.00%	0.00%	0.00%									
Referral, Coordination, and Monitoring of Non-Medi-Cal Services	7		0.00%	0.00%	0.00%	0.00%	0.00%									
Transportation for Non-Medi-Cal Programs	9		0.00%	0.00%	0.00%	0.00%	0.00%									
Non-Medi-Cal Translation	11		0.00%	0.00%	0.00%	0.00%	0.00%									
Program Planning, Policy Development & Interagency Coordination Related to Non-Medi-Cal Services	13		0.00%	0.00%	0.00%	0.00%	0.00%									
<b>Allocated:</b>																
General Administration/Paid Time Off	16		0.00%	0.00%	Allocated	Allocated										
<b>TOTAL TIME</b>			0.00%	0.00%	0.00%	0.00%			0.00%	0.00%	0.0000%		0.00%		0.00%	
Number of Claiming Unit Staff Included in each Participant Pool																

28 State Approved Indirect Cost Rate for the Current Billing Period 17

(a) The summary report (Tab 1) supporting amounts entered in these columns are required to be completed and submitted with the invoice. Invoices will not be processed or paid by CMS without this supporting documentation.

# Medi-Cal Eligibility Rate Calculation

The Medi-Cal Eligibility Rate (MER) is the fraction of the total student population that consists of Medi-Cal eligible students, as identified on the DHCS Tape Match. The numerator is the number of students that are Medi-Cal eligible, and the denominator is the total number of students in the district.

The only approved methodology for determining the MER is the actual client count (as determined by the DHCS Tape Match). The MER must be calculated at least twice per year, once in the 1<sup>st</sup> and 3<sup>rd</sup> quarters or once in the 2<sup>nd</sup> and 4<sup>th</sup> quarters; this percentage must be utilized in the invoices for those quarters.

# Medi-Cal Eligibility Rate Calculation

$$\text{Medicaid Costs} = \left[ \frac{\text{Total Number of Medi - Cal Students}}{\text{Total Number of Students}} \right] \times \text{Costs to be Allocated}$$

III. DIRECT CHARGES WORKSHEET - Participant Pool 1 - Direct Service and Administrative

Claiming Unit Name	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1
Contract #	Fill info Tab 1

Date	Fill info Tab 1
Contract Year/Qtr.	Fill info Tab 1
Period of Service	Fill info Tab 1

		SALARIES (Object 1000-2999)					BENEFITS (Object 3000-3999)					PERSONAL SERVICE CONTRACTS (Object 5800)				OTHER COSTS (Object 4000-5999)			
PARTICIPANT POOL 1: COST CATEGORY	MAA ACTIVITY CODE	GROSS STAFF SALARIES	Medi-Cal Certified Time Factor	Medi-Cal Discount Percentage	CLAIMABLE	NON-CLAIMABLE	GROSS STAFF BENEFITS	Medi-Cal Certified Time Factor	Medi-Cal Discount Percentage	CLAIMABLE	NON-CLAIMABLE	Contract Costs	Medi-Cal Discount Percentage	CLAIMABLE	NON-CLAIMABLE	Total Other Costs	Medi-Cal Discount Percentage	CLAIMABLE	NON-CLAIMABLE
Medi-Cal Outreach	4																		
a		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
b		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
c		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
d		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
TOTAL		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
Facilitating Medi-Cal Application	6																		
a		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
b		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
c		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
d		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
TOTAL		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
Medi-Cal Claims Admin., Coordination, & Training	15																		
a		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
b		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
c		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
d		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
TOTAL		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	0
<b>NON-DISCOUNTED SUB-TOTAL</b>		0			0	0	0			0	0	0		0		0		0	0
Referral, Coordination, and Monitoring of Medi-Cal Svcs	8																		
a		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
b		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
c		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
d		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
TOTAL		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
Arranging Transportation in Support of Medi-Cal Services	10																		
a		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
b		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
c		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
d		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
TOTAL		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
Translation to Access Medi-Cal Svc	12																		
a		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
b		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
c		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
d		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
TOTAL		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
Program Planning, Policy Dev. & Interagency Coordination Related to MCO Svc	14																		
a		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
b		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
c		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
d		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
TOTAL		0	0.00%	0.00%	0	0	0	0.00%	0.00%	0	0	0	0.00%	0	0	0	0.00%	0	0
<b>NON-ENHANCED DISCOUNTED SUB-TOTAL</b>		0			0	0	0			0	0	0		0		0		0	0
<b>NON-ENHANCED TOTAL COSTS</b>		0			0	0	0			0	0	0		0		0		0	20
<b>ENHANCED TOTAL COSTS</b>		0			0	0	0			0	0	0		0		0		0	0

Page 1

# Direct Charge

## Consultant / Consulting Firm / Vendor Fees

LECs/LGAs/LEAs may enter into agreements with Consultants / Consulting Firms / Vendors for the administration of the SMAA program. These agreements may be based on a per-person fee, or a flat fee reimbursement. However, if the fees are being claimed for reimbursement on any of the quarterly invoice(s), those fees will be limited depending on the details of the sub-recipient contract.

- Per-person fee reimbursement will be limited to: 1) no more than fifteen percent of the total amount claimed during a given fiscal year; and 2) only DHCS approved job classifications that participate in the quarterly Time Survey.
- Flat fee reimbursement will be limited to no more than fifteen percent of the total amount claimed during a given fiscal year.

Note: Claiming reimbursement for contingency fee contracts is strictly prohibited.

# Direct Charge

## Who Can Direct Charge?

- 100% of Staff Time spent on activities
- Participants Must Be Identified Separately from TSPs on Roster Report
- Costs Must Be Tracked Through Entire Year
- Activities Itemized Separately and Kept in Audit File

# Direct Charge

## Who Cannot Direct Charge?

- No Other Section of the Invoice
- Multiple SMAA Activities Prohibited
- Specific Functions are Prohibited
- Specific SACS Function Codes are Prohibited

# Indirect Cost Rate

- Use this link to find the Indirect Cost Rate:
  - <http://www.cde.ca.gov/fg/ac/ic/>
- On that page is another link which will open an Excel file for the School District, County Office, and Joint Powers Agency Rates:
  - [2012–13 to 2016–17 Indirect Cost Rates](#)



1 RANDOM MOMENT TIME SURVEY (RMTS)

2 V. PAYROLL DATA COLLECTION WORKSHEET

5	Claiming Unit Name	Fill info Tab 1	Date	Fill info Tab 1
6	DHCS Contractor (Region)	Fill info Tab 1	Contract year/qtr	Fill info Tab 1
7	Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

	A	B	C	D	E	F		
	Functions	Functions	Functions	Functions				
11	Non-Administrative SALARIES (Objects 1000-2999):	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Non-Administrative BENEFITS (Objects 3000-3999):	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
13	43 Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
14	44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)				
15	45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)				
16	46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and 2	0	0		
17	47 TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0	TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)	0	0		
19	School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189		
21	48 Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
22	49 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)				
23	50 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)				
24	51 Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	0	0		
25	52 TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0	TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)	0	0	0	0

Total from Column E	Total from Column F
---------------------	---------------------

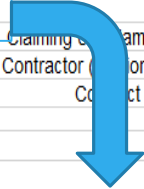
(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows 44, 45, 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

RANDOM MOMENT TIME SURVEY (RMTS)

V. PAYROLL DATA COLLECTION WORKSHEET

Salary Info.



Claiming Unit Name	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Division)	Fill info Tab 1	Contract year/qtr	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

	A	B	C	D	E	F	
	Functions	Functions	Functions	Functions			
<b>Non-Administrative SALARIES (Objects 1000-2999):</b>	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	<b>Non-Administrative BENEFITS (Objects 3000-3999):</b>	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
<b>43 Total Non-Federally Funded Claiming Unit Salaries (b)</b>		0	<b>Total Non-Federally Funded Claiming Unit Benefits (b)</b>		0	0	0
<b>44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)</b>			<b>Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)</b>				
<b>45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)</b>			<b>Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)</b>				
<b>46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2</b>	0	0	<b>Less: Direct Charge Benefit Costs in Participant Pools 1 and 2</b>	0	0		
<b>47 TO NON-MAA COST POOL (Tab 6 &amp; 7, Line 46, Col. K)</b>	0	0	<b>TO NON-MAA COST POOL (Tab 6 &amp; 7, Line 47, Col. K)</b>	0	0		
<b>School Administration and General Administration</b>	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	<b>School Administration and General Administration</b>	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189		
<b>48 Total Non-Federally Funded Claiming Unit Salaries (b)</b>		0	<b>Total Non-Federally Funded Claiming Unit Benefits (b)</b>		0	0	0
<b>49 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)</b>			<b>Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)</b>				
<b>50 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)</b>			<b>Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)</b>				
<b>51 Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2</b>	0	0	<b>Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2</b>	0	0		
<b>52 TO ALLOCATED COST POOL (Tab 6 &amp; 7, Line 46, Col. L)</b>	0	0	<b>TO ALLOCATED COST POOL (Tab 6 &amp; 7, Line 47, Col. L)</b>	0	0	0	0

Total from Column E      Total from Column F

(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows 44, 45, 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

RANDOM MOMENT TIME SURVEY (RMTS)

V. PAYROLL DATA COLLECTION WORKSHEET

Salary Info.

Benefit Info.

Claiming Unit Name	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Person)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

	A	B	C	D	E	F	
	Functions	Functions	Functions	Functions			
Non-Administrative SALARIES (Objects 1000-2999):	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Non-Administrative BENEFITS (Objects 3000-3999):	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
43 Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)				
45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)				
46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and 2	0	0		
47 TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0	TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)	0	0		
School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189		
48 Total Non-Federally Funded Claiming Unit Salaries (b)		0	Total Non-Federally Funded Claiming Unit Benefits (b)		0	0	0
49 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)				
50 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)			Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)				
51 Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2	0	0	Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	0	0		
52 TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0	TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)	0	0	0	0
						Total from Column E	Total from Column F

(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows 44, 45, 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

**RANDOM MOMENT TIME SURVEY (RMTS)**

**V. PAYROLL DATA COLLECTION WORKSHEET**

**Salary Info.**

**Benefit Info.**

Claiming Unit Name	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
DHCS Contractor (Location)	Fill info Tab 1	Period of Service	Fill info Tab 1
Contract #	Fill info Tab 1		

	A	B	C	D	E	F
	Functions	Functions	Functions	Functions		
<b>Non-Administrative SALARIES (Objects 1000-2999):</b>	1000-2699, 2800-2999, & 7200-9999	6999, & 7200-9999	1000-2699, 2800-2999, & 7200-9999	Participant Pool 1: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 2: 1000-2699, 2800-6999, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits
<b>43 Total Non-Federally Funded Claiming Unit Salaries (b)</b>		0	<b>43 Total Non-Federally Funded Claiming Unit Benefits (b)</b>		0	0
<b>44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)</b>			<b>44 Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)</b>			
<b>45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)</b>			<b>45 Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)</b>			
<b>46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2</b>	0	0	<b>46 Less: Direct Charge Benefit Costs in Participant Pools 1 and 2</b>	0	0	
<b>47 TO NON-MAA COST POOL (Tab 6 &amp; 7, Line 46, Col. K)</b>	0	0	<b>47 TO NON-MAA COST POOL (Tab 6 &amp; 7, Line 47, Col. K)</b>	0	0	
<b>School Administration and General Administration</b>	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	<b>School Administration and General Administration</b>	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	
<b>48 Total Non-Federally Funded Claiming Unit Salaries (b)</b>		0	<b>48 Total Non-Federally Funded Claiming Unit Benefits (b)</b>		0	0
<b>49 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)</b>			<b>49 Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)</b>			
<b>50 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)</b>			<b>50 Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)</b>			
<b>51 Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2</b>	0	0	<b>51 Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2</b>	0	0	
<b>52 TO ALLOCATED COST POOL (Tab 6 &amp; 7, Line 46, Col. L)</b>	0	0	<b>52 TO ALLOCATED COST POOL (Tab 6 &amp; 7, Line 47, Col. L)</b>	0	0	0

**Non Federal Salaries and Benefits**

**Page 1**

(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows , 44, 45 and 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

RANDOM MOMENT TIME SURVEY (RMTS)

V. PAYROLL DATA COLLECTION WORKSHEET

Salary Info.

Benefit Info.

Claiming Unit Name  
DHCS Contractor (Location)  
Contract #

Fill info Tab 1  
Fill info Tab 1  
Fill info Tab 1

Contract year/quarter  
Period of Service

Fill info Tab 1  
Fill info Tab 1

	A	B	C	D	E	F
	Functions	Functions	Functions	Functions		
Non-Administrative SALARIES (Objects 1000-2999):	1000-2699, 2700-2799, 7000-7119, & 7200-9999	6999, & 7200-9999	1000-2699, 2700-2799, 7000-7119, & 7200-9999	Participant Pool 1: 1000-2699, 2700-2799, 7000-7119, & 7200-9999	Participant Pool 2: 1000-2699, 2700-2799, 7000-7119, & 7200-9999	Participant Pool 1: Total Claiming Unit Salaries & Benefits Participant Pool 2: Total Claiming Unit Salaries & Benefits
43 Total Non-Federally Funded Claiming Unit Salaries (b)		0			0	0
44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)						
45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)						
46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2	0	0			0	0
47 TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)	0	0			0	0
	Functions	Functions	Functions	Functions		
School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	School Administration and General Administration	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	
48 Total Non-Federally Funded Claiming Unit Salaries (b)		0			0	0
49 Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)						
50 Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)						
51 Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2	0	0			0	0
52 TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)	0	0			0	0

TSP Salary and Benefits

Participant Pool 1

(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows , 44, 45 and 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

RANDOM MOMENT TIME SURVEY (RMTS)

V. PAYROLL DATA COLLECTION WORKSHEET

Salary Info.

Benefit Info.

Claiming Unit Name  
DHCS Contractor (Location)  
Contract #

Fill info Tab 1  
Fill info Tab 1  
Fill info Tab 1

Contract year/quarter  
Period of Service

Fill info Tab 1  
Fill info Tab 1

	A	B	C	D	E	F
	Functions	Functions	Functions	Functions		
11	Non-Administrative SALARIES (Objects 1000-2999):		Participant Pool 1		Participant Pool 1: Total Claiming Unit Salaries & Benefits	Participant Pool 2: Total Claiming Unit Salaries & Benefits
	1000-2699, 2700-2999, & 7200-9999	6999, & 7200-9999	1000-2699, 2700-2999, & 7200-9999	1000-2699, 2700-2999, & 7200-9999		
12						
13	43 Total Non-Federally Funded Claiming Unit Salaries (b)		Total Non-Federally Funded Claiming Unit Benefits (b)			
14	44 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)		Less: Time Survey Participant in Pool 1 (Employee) Benefit Costs (c)			
15	45 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)		Less: Time Survey Participant in Pool 2 (Employee) Salary Costs (c)			
16	46 Less: Direct Charge Salary Costs in Participant Pools 1 and/ or 2		Less: Direct Charge Benefit Costs in Participant Pools 1 and 2			
17	47 TO NON-MAA COST POOL (Tab 6 & 7, Line 46, Col. K)		TO NON-MAA COST POOL (Tab 6 & 7, Line 47, Col. K)			
19	School Administration and General Administration		School Administration and General Administration			
	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189	2700-2799, 7000-7119, & 7130-7189		
21	48 Total Non-Federally Funded Claiming Unit Salaries (b)		Total Non-Federally Funded Claiming Unit Benefits (b)			
22	49 Less: Time Survey Participants in Pool 1 (Employee) Salary Costs (c)		Less: Time Survey Participants in Pool 1 (Employee) Benefit Costs (c)			
23	50 Less: Time Survey Participants in Pool 2 (Employee) Salary Costs (c)		Less: Time Survey Participants in Pool 2 (Employee) Benefit Costs (c)			
24	51 Less: Direct Charge Salary Costs in Participant Pools 1 and/or 2		Less: Direct Charge Benefit Costs in Participant Pools 1 and/or 2			
25	52 TO ALLOCATED COST POOL (Tab 6 & 7, Line 46, Col. L)		TO ALLOCATED COST POOL (Tab 6 & 7, Line 47, Col. L)			
27					Total from Column E	Total from Column F

Direct Charge Salary and Benefits

(b) A summary general ledger report for Salary and Benefits Costs entered in these cells (Rows 43 and 48, Columns A,B,C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

(c) Supporting payroll documentation for Salary and Benefit Costs entered in these cells (Rows , 44, 45 and 49 and 50, Columns A, B, C and D) is required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.



# TAB 5- Payroll Data Collection Worksheet

## Non-Administrative Salaries

- Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999) for the billing period using only Function codes 1000–2699, 2800-6999 and 7200-9999, and excluding Federal series of SACS Resources 3000-5639 and 5650-5999.
- Enter the total in Row 43, Column A for Participant Pool 1. The amount entered will automatically populate into Participant Pool 2, Row 43, Column B.
- This combination of Object and Function codes will provide the amount of gross non-claimable salary expenditures for the billing period that belong to the Non-SMAA Cost Pool before determining which portion pertains to the Time Survey Cost Pool (Participant) and the Direct Charge Cost Pool.

# TAB 5- Payroll Data Collection Worksheet

## School Admin. And General Admin. Salaries

- Produce an expenditure report of the claiming unit's salary costs (Objects 1000–2999 for the billing period using only Function codes 2700-2799, 7000-7119, and 7130-7189, and excluding Federal series of SACS Resources 3000-5639 and 5650-5999.
- Enter the total in Row 48, Column A for Participant Pool 1. The amount entered will automatically populate into Participant Pool 2, Row 48, Column B.
- This combination of Object and Function codes will provide the amount of Gross School and General Administrative salary expenditures that belong to the Allocated Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.



# TAB 5- Payroll Data Collection Worksheet

## Time Study Participants

- Identify salary costs of the claiming unit's employees included in the approved participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-2699, 2800-6999 and 7200-9999.
- Enter the result for the Non-Administrative salaries in Row 44, Column A for Participant Pool 1 and enter the results in Row 45, Column B for participant Pool2.
- The balance of the salary costs for employees in the gross School and General Administration participant benefit costs universe represents SACS Function Codes 2700-2799, 7000-7119 and 7130-7189. Enter these in Row 49, Column A for Participant Pool 1 and Row 50, Column B for Participant Pool 2.

# TAB 5- Payroll Data Collection Worksheet

## Direct Charge Participants

- Identify the Claiming Unit's salary costs to be direct-charged, excluding Federal series of SACS Resources 3000-5639 and 5650-5999 and excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400 and 8700. Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-9999, excluding SACS Function codes 2700 and 7000-7199.
- Enter the results in Row 46, Column A for Participant Pool 1 and Row 46, Column B for Participant Pool 2. The balance of the direct charge salary costs represents salary costs coded with SACS Function codes 2700, 7000–7119, and 7130-7189. These should be entered in Row 51, Column A for Participant Pool 1 and Row 51, Column B for Participant Pool 2.

# TAB 5- Payroll Data Collection Worksheet

## Determining Total Benefit Costs

- Produce an expenditure report of the Claiming Unit's benefit costs (Objects 3000–3999) for the billing period using only SACS Function codes 1000–2699, 2800-6999, and 7200-9999. Exclude Federal series of SACS Resources 3000-5639 and 5650-5999.
- Enter the total in Row 43, Column C for Participant Pool 1 and the amount entered will automatically populate into Participant Pool 2, Row 43, Column D.
- This combination of Object and Function codes will provide the amount of gross non-claimable benefit expenditures for the billing period that belong to the Non-SMAA Cost Pool before determining which portion pertains to the Time Survey Cost (Participant) Pools and the Direct Charge Cost Pool.

# TAB 5 – Payroll Data Collection Worksheet

## Determining Total Benefit Costs

- Identify benefit costs of the Claiming Unit's employees included in the participant universe, excluding Federal series of SACS Resources 3000-5639 and 5650-5999.
- Once these costs are identified, determine which portion of these costs are coded with SACS Function codes 1000-2699, 2800-6999, and 7200-9999. Enter the result in Row 44, Column C for Participant Pool 1, and in Row 45, Column D for Participant Pool 2.
- The balance of the benefit costs for those taking part in the participant universe represents SACS Function codes 2700-2799, 7000-7119, and 7130-1789, and should be entered in Row 49, Column C for Participant Pool 1 and Row 50, Column D for Participant Pool 2.

# TAB 5 – Payroll Data Collection Worksheet

## Determining Total Benefit Costs

- Identify the Claiming Unit's benefit costs to be direct-charged, excluding Federal Series of SACS Resources 3000-5639 and 5650-5999, AND excluding SACS Function codes 7120, 7190, 7200-7600, 7700, 8100-8400, and 8700.
- Enter the results in Row 46, Column C for Participant Pool 1 and Row 46, Column D for Participant Pool 2.
- The balance of the direct charge benefit costs represents SACS Function codes 2700, 7000-7119, and 7130-7189, and should be entered in Row 51, Column C for Participant Pool 1 and Row 51, Column D for Participant Pool 2.

RANDOM MOMENT TIME SURVEY (RMTS)

VI. COSTS AND REVENUES WORKSHEET - Participant Pool 1 - Direct Service and Administrative

Claiming Unit Name:   
 DHCS Contractor (Region):   
 Contract #:

Date:   
 Contract year/quarter:   
 Period of Service:

PARTICIPANT POOL 1: CATEGORY (OBJECTS)	TIME SURVEY					DIRECT CHARGE				NON-MAA		ALLOCATED	CONTROL TOTAL
	Participant	Non-Exhausted MAA Year Survey Percentage	Exhausted MAA Year Survey Percentage	Equal Non-Exhausted MAA Period Code [A X B]	Equal Exhausted MAA Period Code [A X C]	Non-Claimable Year Survey Code [A - B - E]	Claimable Non-Exhausted	NON-CLAIMABLE Non-Exhausted	Claimable Exhausted	NON-CLAIMABLE Exhausted	NON-CLAIMABLE (Facilities: 2000-2033, 2000-2035, 2000-2036)	GENERAL ADMIN. (Facilities: 2000-2035, 2000-2036 & 2000-2038)	
<b>PERSONNEL COSTS</b>	\$	%	%	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
53 Salaries (000-2033)	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0
54 Benefits (000-2033)	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0
55 <b>TOTAL PERSONNEL</b>	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0
<b>REVENUE OFFSETS</b>													
56 Federal Revenues (000-2033)							0	0	0	0			0
57 LCFI Source Revenues (000-2033)													0
58 Other State Revenues (000-2033)							0	0	0	0			0
59 Other Local Revenues (000-2033)													0
60 Other Financing Sources (000-2033)													0
61 Contributions to Restricted Programs (000-2033)													0
62 Total Revenues							0	0	0	0		0	0
63 Personal Costs less Revenue Offsets				0	0	0	0	0	0	0	0		0
64 Allocation Percentage				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
<b>OTHER COSTS AND ALLOCATIONS</b>													
65 Personal Service Contracts		0.00%	0.00%	0	0	0	0	0	0	0			0
66 Direct Charge Other Costs							0	0	0	0			0
67 <b>ALLOCATION OF OTHER COSTS:</b>				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		0
68 <b>ALLOCATION OF GENERAL ADMIN.:</b>				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		0
69 Subtotal Costs				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
70 Individual Rate Applied				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
71 <b>TOTAL COSTS</b>				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
<b>FFP CALCULATIONS</b>													
72 <b>MAA CLAIMABLE COSTS</b>				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!
73 <b>Apply FFP Percentage (50% &amp; 75%)</b>				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!
74 <b>TOTAL FEDERAL SHARE</b>				#DIV/0!									

**CLAIMING NOT OTHER COSTS - NET OF FEDERALLY FUNDED EXPENDITURES (4)**  
 [04]-rate: 000-2033, 5000-2000 & 000-2035; Facility: 2000-2035, 2000-2036, 2000-2038, & 2000-2038

I, the undersigned under the penalty of perjury state the following:  
 1. The information on the accompanying claim form is true and correct and documentation will be maintained supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.  
 2. All expenditures under the SMAA program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Title 2 Code of Federal Regulations (CFR) Part 200 et seq, the Welfare and Institutions (W&I) Code Section 14132.47(b), Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.  
 3. That all expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive FFP funds under Medi-Cal or any other program.  
 4. That the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes a violation of federal and state law.  
 5. That all records of funds expended are subject to review by DHCS.  
 6. I understand that DHCS must deny payment of any claim submitted if it is determined that the Certification and/or claim form is not adequately supported for purposes of FFP.  
 As a public administrator, a public officer or other public individual for the above listed governmental entity, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under W&I Code Sections 14107.11 and other applicable provisions of law.

Typed Name of Provider:

Fill info Tab 1:

Title:  Typed Name of Authorized LEA Business Official

Signature of Authorized LEA Business Official:  (Blue Ink Only)

Fill info Tab 1:

Telephone #:  Title

Date:

(d) A summary general ledger report supporting amounts entered in this cell (Row 65, Column N) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.

RANDOM MOMENT TIME SURVEY (RMTS)

VI. COSTS AND REVENUES WORKSHEET - Participant Pool 1 - Direct Service and Administrative

Claiming Unit Name:  Fill info Tab 1  
 DHCS Contractor (Region):  Fill info Tab 1  
 Contract #:  Fill info Tab 1

Date:  Fill info Tab 1  
 Contract year/quarter:  Fill info Tab 1  
 Period of Service:  Fill info Tab 1

PARTICIPANT POOL 1: CATEGORY (OBJECTS)	TIME SURVEY					DIRECT CHARGE					NON-CLAIM		CONTROL TOTAL
	Participant	Non-Enhanced H&A Time Savings	Enhanced H&A Time Savings	Equal Non-Enhanced H&A Funded Costs	Equal Enhanced H&A Funded Costs	Non-Claimable Time Savings Costs [A - D - E]	Claimable Non-Enhanced	NON-CLAIMABLE Non-Enhanced	Claimable Enhanced	NON-CLAIMABLE Enhanced	NON-CLAIMABLE [Facilities: 2088-2093, 2188-2225, 2288-2320]	GENERAL ADMIN. [Facilities: 2288-2293, 2188-2410 & 2128-2410]	
<b>PERSONEL COSTS</b>													
53 Salaries [888-2333]						\$	\$	\$	\$	\$	\$	\$	\$
54 Benefits [888-3333]	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0
55 EMPLOYEE PERSONEL	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0
<b>REVENUE OFFSETS</b>													
54 Federal Revenues [818-8233]							0	0	0	0			0
57 LCHF Sources Revenues [818-8233]													0
58 Other State Revenues [818-8233]							0	0	0	0			0
59 Other Local Revenues [818-8233]													0
60 Other Financing Sources [818-8233]													0
61 Contributions to Restricted Programs [818-8233]													0
62 Total Revenues							0	0	0	0		0	0
63 Personal Costs less Revenue Offsets				0	0	0	0	0	0	0		0	0
64 Allocation Percentage				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
<b>OTHER COSTS AND ALLOCATIONS</b>													
65 Personal Service Contracts		0.00%	0.00%	0	0	0	0	0	0	0			0
66 Direct Charge Other Costs							0	0	0	0			0
<b>ALLOCATION OF OTHER COSTS:</b>													
67 ALLOCATION OF OTHER COSTS:				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		0
<b>ALLOCATION OF GENERAL ADMIN.:</b>													
68 Subtotal Costs				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
70 Individual Rate Applied				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
71 TOTAL COSTS				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
<b>FFP CALCULATIONS</b>													
72 NON CLAIMABLE COSTS				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!
73 Apply FFP Percentage [55X A 75X]				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!
74 TOTAL FEDERAL SHARE				#DIV/0!									

Revenue Offsets

CLAIMING MUST OTHER COSTS - NET OF FEDERALLY FUNDED EXPENDITURES [4] [46]-[46] 888-3333; Revenue 888-2333, 5848-5849 & 888-3333; Facilities 2288-2293, 2088-2410, & 2128-2410

Page 1

I, the undersigned under the penalty of perjury state the following:  
 1. The information on the accompanying claim form is true and correct and documentation will be maintained supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.  
 2. All expenditures under the SMAA program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Title 2 Code of Federal Regulations (CFR) Part 200 et seq, the Welfare and Institutions (W&I) Code Section 14132.47(b), Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.  
 3. That all expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive FFP funds under Medi-Cal or any other program.  
 4. That the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes a violation of federal and state law.  
 5. That all records of funds expended are subject to review by DHCS.  
 6. I understand that DHCS must deny payment of any claim submitted if it is determined that the Certification and/or claim form is not adequately supported for purposes of FFP.  
 As a public administrator, a public officer or other public individual for the above listed governmental entity, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under W&I Code Sections 14107.11 and other applicable provisions of law.

Typed Name of Preparer:   
 Fill info Tab 1  
 Title:  Typed Name of Authorized LEA Business Official  
 Signature of Authorized LEA Business Official:  (Blue Ink Only)  
 Fill info Tab 1  
 Telephone #:  Title:   
 Date:

(d) A summary general ledger report supporting amounts entered in this cell (Row 65, Column N) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.



VI. COSTS AND REVENUES WORKSHEET - Participant Pool 1 - Direct Service and Administrative

Claiming Unit Name:   
 DHCS Contractor (Region):   
 Contract #:

Date:   
 Contract year/quarter:   
 Period of Service:

PARTICIPANT POOL 1: CATEGORY (OBJECTS)	TIME SURVEY					DIRECT CHARGE					NON-CLAIM		ALLOCATED	CONTROL TOTAL
	Participant	Non-Enhanced H&A Time Savings	Enhanced H&A Time Savings	Equal Non-Enhanced H&A Filled Costs	Equal Enhanced H&A Filled Costs	Non-Claimable Time Savings Costs [A - D - E]	Claimable Non-Enhanced	NON-CLAIMABLE Non-Enhanced	Claimable Enhanced	NON-CLAIMABLE Enhanced	NON-CLAIMABLE (Facilities: 1888-2333, 2188-2333, 2388-2333)	GENERAL ADMIN. (Facilities: 2188-2333, 2388-2333 & 2588-2333)		
<b>PERSONNEL COSTS</b>														
53 Salaries (1888-2333)						\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
54 Benefits (1888-2333)	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
55 EMPLOYEE PERSONNEL	0	0.00%	0.00%	0	0	0	0	0	0	0	0	0	0	0
<b>REVENUE OFFSETS</b>														
54 Federal Revenues (1818-2333)							0	0	0	0				0
57 LCHF Sources Revenues (1818-2333)														0
58 Other State Revenues (1818-2333)							0	0	0	0				0
59 Other Local Revenues (1818-2333)														0
60 Other Financing Sources (1818-2333)														0
61 Contributions to Restricted Programs (1818-2333)														0
62 Total Revenues							0	0	0	0			0	0
63 Personnel Costs less Revenue Offsets							0	0	0	0			0	0
64 Allocation Percentage							#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>OTHER COSTS AND ALLOCATIONS</b>														
65 Personal Service Contracts		0.00%	0.00%	0	0	0	0	0	0	0				0
66 Direct Charge Other Costs							0	0	0	0				0
67 ALLOCATION OF OTHER COSTS:				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0
68 ALLOCATION OF GENERAL ADMIN.:				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0
69 Subtotal Costs				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
70 Individual Rate Applied				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
71 TOTAL COSTS				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>FFP CALCULATIONS</b>														
72 NON CLAIMABLE COSTS				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!					#DIV/0!
73 Apply FFP Percentage (55% & 75%)				#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!					#DIV/0!
74 TOTAL FEDERAL SHARE				#DIV/0!										

Revenue Offsets

Other Costs

Page 1

CLAIMING UNIT OTHER COSTS - NET OF FEDERALLY FUNDED EXPENDITURES [A] [64]-rate: 1888-2333; Revenue: 1888-2333, 5848-2448 & 1888-2333; Facilities: 2288-2333, 2088-2448, & 2338-2448

I, the undersigned under the penalty of perjury state the following:  
 1. The information on the accompanying claim form is true and correct and documentation will be maintained supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.  
 2. All expenditures under the SMAA program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Title 2 Code of Federal Regulations (CFR) Part 200 et seq, the Welfare and Institutions (W&I) Code Section 14132.47(b), Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.  
 3. That all expenditures claimed have not previously been, nor will they be, claimed at any other time as claims to receive FFP funds under Medi-Cal or any other program.  
 4. That the information is to be used by the Department of Health Care Services (DHCS) for filing of a claim with the federal government for federal funds and understands that misrepresentation of information constitutes a violation of federal and state law.  
 5. That all records of funds expended are subject to review by DHCS.  
 6. I understand that DHCS must deny payment of any claim submitted if it is determined that the Certification and/or claim form is not adequately supported for purposes of FFP.  
 As a public administrator, a public officer or other public individual for the above listed governmental entity, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under W&I Code Sections 14107.11 and other applicable provisions of law.

Typed Name of Provider:   
 Fill info Tab 1:   
 Title:  Typed Name of Authorized LEA Business Official  
 Signature of Authorized LEA Business Official:  (Blue Ink Only)  
 Fill info Tab 1:   
 Telephone #:  Title:   
 Date:

(d) A summary general ledger report supporting amounts entered in this cell (Row 65, Column N) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by CMS.



I, the undersigned under the penalty of perjury state the following:

1. The information on the accompanying claim form is true and correct and documentation will be maintained supporting the expenditures claimed on the accompanying claim form. This documentation must include all fiscal records required for Medi-Cal audits.
2. All expenditures under the SMAA program represent allowable expenditures eligible for Federal Financial Participation (FFP) pursuant to the requirements of Title 2 Code of Federal Regulations (CFR) Part 200 et seq., the Welfare and Institutions (W&I) Code Section 14132.47(b), Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations.
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5. That all records of funds expended are subject to review by DHCS.
6. I understand that DHCS must deny payment of any claim submitted if it is determined that the Certification and/or claim form is not adequately supported for purposes of FFP.

As a public administrator, a public officer or other public individual for the above listed governmental entity, I am authorized or designated to make this Certification, and declare that this Certification and claim form documents attached hereto are true and correct. I understand that the making of false statements, or the filing of a false or fraudulent claim is punishable under W&I Code Sections 14107, 14107.11, and other applicable provisions of law.

# Tab 6 and Tab 7

## Costs and Revenues Worksheet

### ***Revenue Offsets***

#### Federal Revenues.

All federally funded costs shall be offset against claimed costs.

#### Matching Revenues.

Claimed costs funded by state/local matching funds required by a federal grant must be offset.

#### Previously Matched Revenues.

All costs funded by State General Fund monies previously matched by the Federal Government must be offset because the Federal Government has already funded these costs.

#### Private Health Insurance.

Insurance collected from non-governmental sources for the delivery of direct client services (private health insurance) may not be used as the local share of a federal match for administrative activities. These funds must be offset if the related expenses are included in the SMAA invoice.

# Tab 6 and Tab 7 Costs and Revenues Worksheet Revenue Offsets

**Row 56** (Tab 6) and **Row 78** (Tab 7) **Columns G and I**: Enter the amount of federally funded costs included in the Direct Charge Cost Pool identified in the Personnel Cost section. Be careful to offset costs only to the extent that the personnel costs included in the “claimable” column of the Direct Charge Cost Pool are funded through federal sources. Enter the balance of federal revenues in Column H (Tabs 6 and 7).

*Note: Because local matching funds are usually combined and recorded with federal funds, typically only Row 56 (Tab 6) and Row 78 (Tab 7) **must be entered as “offset revenue.”***

# Tab 6 and Tab 7 Costs and Revenues Worksheet Revenue Offsets

**Row 58** (Tab 6) and **Row 80** (Tab 7) **Columns G and I**: Enter the amount of Other State Revenue funded costs included in the Direct Charge cost pool identified in the Personnel Cost Section that must be offset. Generally, this includes the State match portion of federally funded programs. Be careful to offset costs only to the extent that personnel costs included in the “claimable” column of the Direct Charge Cost Pool are funded by Other State Revenue sources required to be offset. Enter the balance of Other State Revenue in Column L as non-offset revenue.

# Tab 6 and Tab 7

## Costs and Revenues Worksheet

### Revenue Offsets

**Rows 56-61 (Tab 6) and Rows 78-83 (Tab 7):**

In Column L, enter the total amount of all other revenues for each row that are not to be offset. The amounts entered will automatically populate into Rows 78-83, Column L (Tab 7). All revenues must be identified whether or not they are to be offset.

**Row 64 (Tab 6) and Row 86 (Tab 7):**

This row automatically calculates percentages used to allocate Other Costs and costs included in the Allocated Cost Pool across the Time Survey, Direct Charge, and Non-SMAA Cost Pools based on their percentage of personnel costs to total personnel costs of their three cost pools. The costs are allocated in Rows 65 and 66 (Tab 6) and Rows 87 and 88 (Tab 7).

# Tab 6 and Tab 7

## Costs and Revenues Worksheet

### Other Costs and Allocations

**Row 66** (Tab 6) and **Row 88** (Tab 7): Identify the amount of the Direct Charge Other Costs in Row 66, Columns G-J (Tab 6) and Row 88, Column G-J (Tab 7) that are also included in the Other Costs determined at Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7). Enter the result in **Row 66, Column M** (Tab 6) and **Row 88, Column M** (Tab 7).

# Tab 6 and Tab 7 Costs and Revenues Worksheet Other Costs and Allocations

**Rows 65-66** (Tab 6) and **Rows 87-88** (Tab 7):

Total Other Costs will first be reduced by the total Personal Service Contract costs entered in Row 65, Column M (Tab 6) and Row 87, Column M (Tab 7), and Direct Charge Other Costs in Row 66, Column M (Tab 6) and Row 88, Column M (Tab 7)

This is in order to avoid duplicate billing of costs because the Claiming unit has determined these costs to be a component of the claiming unit's Other Costs in Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7) through an analysis of these costs.

# Tab 6 and Tab 7

## Costs and Revenues Worksheet

### Federal Financial Participation (FFP) Calculations

**Rows 72-74** (Tab 6) and **Rows 94-96** (Tab 7): Do not enter data in these rows. These rows calculate the FFP based upon data entered on this worksheet and each of the previous three worksheets.

**Row 72** (Tab 6) and **Row 94** (Tab 7): These amounts represent the claimable portion of the Time Survey and Direct Charge costs (Columns C and E).



# Tab 6 and Tab 7 Costs and Revenues Worksheet Claiming For Subcontractors

The costs for subcontractors providing SMAA-related services should be billed in a manner similar to personal services contracts and included in the invoice for the claiming unit as follows:

“Specific” contracts: specifically define the SMAA activity to be performed and the cost for each allowable activity. The costs should be direct-charged and entered on the Direct Charge Worksheet (Tab 3 or Tab 4) under the “Personal Service Contracts” (Column L) on the row corresponding to the appropriate activity.

“Non-specific” contracts: do not specifically define the SMAA activity to be performed or the cost for each allowable activity. The contractor’s staff must time survey and include those costs in the Time Survey Cost Pool in **Row 65** (Tab 6) for Participant Pool 1 and **Row 87** (Tab 7) for Participant Pool 2, **Column A** of the Cost and Revenues Worksheet.

# Tab 6 and Tab 7 Costs and Revenues Worksheet

A summary copy of the Claiming Unit's General Ledger supporting the amount entered in Row 65, Column N (Tab 6) and Row 87, Column N (Tab 7) must be submitted with the SMAA Detail Invoice and SMAA Summary Invoice.

Invoices submitted without this documentation will not be processed or paid by DHCS.

# Non-Claimable Costs

- Overhead costs of operating a provider facility.
- An activity that has been, or will be, paid as a medical assistance service (or as a service of another non-Medi-Cal program) shall not be paid again as a Medi-Cal administrative cost.
- An activity that has been, or will be, paid as a Medi-Cal administrative cost shall not be claimed again.
- An activity that is included as part of a managed care rate and is reimbursed by the managed care organization, shall not be claimed as Medi-Cal administration or through a fee-for-service payment rate.
- Cost of elected officials.

## Note:

- SMAA providers must distinguish between duplicate payments for the same activity and the inefficient use of resources, which may result in the unnecessary duplication of an activity.
- Duplication of services or administrative activities can be avoided by coordinating activities and staff.
- If the same Medi-Cal eligible child received IEP services from both a school and a Medical Care Organization (MCO), there must be a concerted effort to ensure that Medi-Cal is not paying for the same services twice, once to the MCO and again to the school.

**LEC SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)**

**RANDOM MOMENT SUMMARY INVOICE**

Version 11/1/16

**Participant Pool 1 & 2**

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one):

Original Invoice Participant Pool 1 0

Revised Invoice Participant Pool 2 0

Corrected Invoice

Enter the Total Amount Previously Reimbursed for the Period of Service \$ 0

Amount Previously Over or Under Reimbursed for the Period of Service \$ 0

TOTAL to be Reimbursed by Federal Government Representing 50% Share \$ 0

Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer \_\_\_\_\_ LEC Coordinator Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Department of Health Care Services  
Safety Net Financing Division  
School Medi-Cal Administrative Activities  
1501 Capitol Ave., MS 4603  
PO Box 997413  
Sacramento, CA 95899-7413  
CALSTARS Code 1\_\_95929-9912-702-42-60 LEC



# LEC SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

## RANDOM MOMENT SUMMARY INVOICE

### Participant Pool 1 & 2

Version 11/1/16

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one): **← Invoice Type**

Original Invoice  Participant Pool 1 0

Revised Invoice  Participant Pool 2 0

Corrected Invoice

Enter the Total Amount Previously Reimbursed for the Period of Service \$ 0

Amount Previously Over or Under Reimbursed for the Period of Service \$ 0

TOTAL to be Reimbursed by Federal Government Representing 50% Share \$ 0

# Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer \_\_\_\_\_ LEC Coordinator Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Department of Health Care Services  
 Safety Net Financing Division  
 School Medi-Cal Administrative Activities  
 1501 Capitol Ave., MS 4603  
 PO Box 997413  
 Sacramento, CA 95899-7413  
 CALSTARS Code 1\_\_95929-9912-702-42-60 LEC



LEC SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

RANDOM MOMENT SUMMARY INVOICE

Version 11/1/16

Participant Pool 1 & 2

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one): Invoice Type

Original Invoice	<input checked="" type="checkbox"/>	Participant Pool 1	0
Revised Invoice	<input type="checkbox"/>	Participant Pool 2	0
Corrected Invoice	<input type="checkbox"/>		

Enter the Total Amount Previously Reimbursed for the Period of Service	\$	0
Amount Previously Over or Under Reimbursed for the Period of Service	\$	0
TOTAL to be Reimbursed by Federal Government Representing 50% Share	\$	0

Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer LEC Coordinator Signature

Title Date

Department of Health Care Services  
 Safety Net Financing Division  
 School Medi-Cal Administrative Activities  
 1501 Capitol Ave., MS 4603  
 PO Box 997413  
 Sacramento, CA 95899-7413

CALSTARS Code 1\_\_95929-9912-702-42-60 LEC



# LEC SCHOOL-BASED MEDICAL ADMINISTRATIVE ACTIVITIES (SMAA)

## RANDOM MOMENT SUMMARY INVOICE

Version 11/1/16

### Participant Pool 1 & 2

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one):  Invoice Type

Original Invoice Participant Pool 1 0

Revised Invoice Participant Pool 2 0

Corrected Invoice

Enter the Total Amount Previously Reimbursed for the Period of Service \$ 0

Amount Previously Over or Under Reimbursed for the Period of Service \$ 0

TOTAL to be Reimbursed by Federal Government Representing 50% Share \$ 0

# Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer LEC Coordinator Signature

Title Date

Department of Health Care Services  
 Safety Net Financing Division  
 School Medi-Cal Administrative Activities  
 1501 Capitol Ave., MS 4603  
 PO Box 997413  
 Sacramento, CA 95899-7413

CALSTARS Code 1\_\_95929-9912-702-42-60 LEC



LEC SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

RANDOM MOMENT SUMMARY INVOICE

Version 11/1/16

Participant Pool 1 & 2

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one): Invoice Type

Original Invoice  Participant Pool 1 0

Revised Invoice  Participant Pool 2 0

Corrected Invoice

Enter the Total Amount Previously Reimbursed for the Period of Service \$ 0

Amount Previously Over or Under Reimbursed for the Period of Service \$ 0

TOTAL to be Reimbursed by Federal Government Representing 50% Share \$ 0

Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer LEC Coordinator Signature

Title Date

Department of Health Care Services
Safety Net Financing Division
School Medi-Cal Administrative Activities
1501 Capitol Ave., MS 4603
PO Box 997413
Sacramento, CA 95899-7413

CALSTARS Code 1\_\_95929-9912-702-42-60 LEC





# LEC SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA)

## RANDOM MOMENT SUMMARY INVOICE

Version 11/1/16

### Participant Pool 1 & 2

Page 8

Claiming Unit Name:	Fill info Tab 1	Date	Fill info Tab 1
DHCS Contractor (Region)	Fill info Tab 1	Contract year/quarter	Fill info Tab 1
Contract #	Fill info Tab 1	Period of Service	Fill info Tab 1

Type of Invoice (check one): **Invoice Type**

**Original Invoice** Participant Pool 1 0

**Revised Invoice** Pool 2 0

**Corrected Invoice**

Enter the Total Amount Previously Reimbursed for the Period of Service \$ 0

Amount Previously Over or Under Reimbursed for the Period of Service \$ 0

TOTAL to be Reimbursed by Federal Government Representing 50% Share \$ 0

# Page 1

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit incurred for the period claimed, and that the funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51, allowable administrative activities and that these claimed expenditures have not previously been nor shall not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act. LEA will maintain documentation supporting the expenditures claimed on the accompanying form. I acknowledge that all records of funds expended are subject to review and audit by the California Department of Health Care Services (DHCS). I understand that DHCS must deny payment of any claim if it is determined that the certification and or claim form is not adequately supported for purposes of Federal Financial Participation.

Typed Name of Signer	LEC Coordinator Signature
----------------------	---------------------------

Title	Date
-------	------

Department of Health Care Services  
 Safety Net Financing Division  
 School Medi-Cal Administrative Activities  
 1501 Capitol Ave., MS 4603  
 PO Box 997413  
 Sacramento, CA 95899-7413

CALSTARS Code 1\_\_-95929-9912-702-42-60 LEC



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**RANDOM MOMENT SUMMARY INVOICE**

Version 11/1/16

**Participant Pool 1 & 2**

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Typed Name of Signer LEC Coordinator Signature

Title Date

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 Typed Name of Signer → LEC Coordinator Signature

\_\_\_\_\_  
 Title → Date

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 1501 Capitol Ave., MS 4603  
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Original Invoice      Participant Pool 1      0

Revised Invoice      Participant Pool 2      0

Corrected Invoice

Enter the Total Amount Previously Reimbursed for the Period of Service      \$      0

Amount Previously Over or Under Reimbursed for the Period of Service      \$      0

TOTAL to be Reimbursed by Federal Government Representing 50% Share      \$      0

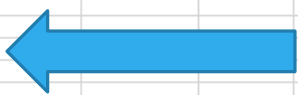
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\_\_\_\_\_  
Typed Name of Signer      LEC Coordinator Signature

\_\_\_\_\_  
Title      Date

Department of Health Care Services  
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 1501 Capitol Ave., MS 4603  
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CALSTARS Code 1\_\_-95929-9912-702-42-60 LEC



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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U		
1	Quarter 2																				Version 11/1/16		
2						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	Page 11
3						Total Number of Invalid Moments:																	
4						Total Valid Moments	0																
5						Compliance Percentage:	#DIV/0!																
7	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16		
8	Moments:																						
11	SUMMARY FOR INVOICING ONLY																						
12		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
13		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
14																							
16	Quarter 3																						
18						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	
19						Total Number of Invalid Moments:																	
20						Total Valid Moments	0																
21						Compliance Percentage:	#DIV/0!																
23	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16		
24	Moments:																						
26	SUMMARY FOR INVOICING ONLY																						
27		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
28		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
29																							
31	Quarter 4																						
34						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	
35						Total Number of Invalid Moments:																	
36						Total Valid Moments	0																
37						Compliance Percentage:	#DIV/0!																
39	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 16		
40	Moments:																						
42	SUMMARY FOR INVOICING ONLY																						
43		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
44		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
45																							
46																							
47																							
48																							
49																							
50																							
51	Quarter Average (Averaging by %)																						
52																							
53		Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16						
54	Qtrs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
55	2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
56	3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
57	4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
58	Average	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
59	Total Moments to be Entered into Pool 2 on Tab 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						

Page 1

Quarter 2

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:   
 Total Number of Invalid Moments:   
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-	
Moments:																				-	-

<b>SUMMARY FOR INVOICING ONLY</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Quarter 3

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:   
 Total Number of Invalid Moments:   
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-	
Moments:																				-	-

<b>SUMMARY FOR INVOICING ONLY</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Quarter 4

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:   
 Total Number of Invalid Moments:   
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-	
Moments:																				-	-

<b>SUMMARY FOR INVOICING ONLY</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Page 1

Quarter Average (Averaging by %)

Qtrs	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Average	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Moments to be Entered into Pool 2 on Tab 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Quarter 2																		Version 11/1/16 Page 11			
<i>Total Number of Moments Selected Randomly Prior to the Start of the Quarter:</i>																					
<i>Total Number of Invalid Moments:</i>																					
<i>Total Valid Moments</i>					0																
<i>Compliance Percentage:</i>					#DIV/0!																
Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 18	
Moments:																				-	-
<b>SUMMARY FOR INVOICING ONLY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>Total</b>				
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				

Quarter 3																					
<i>Total Number of Moments Selected Randomly Prior to the Start of the Quarter:</i>																					
<i>Total Number of Invalid Moments:</i>																					
<i>Total Valid Moments</i>					0																
<i>Compliance Percentage:</i>					#DIV/0!																
Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 18	
Moments:																				-	-
<b>SUMMARY FOR INVOICING ONLY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>Total</b>				
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				

Quarter 4																					
<i>Total Number of Moments Selected Randomly Prior to the Start of the Quarter:</i>																					
<i>Total Number of Invalid Moments:</i>																					
<i>Total Valid Moments</i>					0																
<i>Compliance Percentage:</i>					#DIV/0!																
Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1 - 18	
Moments:																				-	-
<b>SUMMARY FOR INVOICING ONLY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>Total</b>				
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				

Quarter Average (Averaging by %)																				
	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16				
<b>Qtrs</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>				
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
<b>Average</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>				
<b>Total Moments to be Entered into Pool 2 on Tab 1</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				



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Quarter 2

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:  
 Total Number of Invalid Moments:  
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16	
Moments:																				-	-

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Quarter 3

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:  
 Total Number of Invalid Moments:  
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16	
Moments:																				-	-

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Quarter 4

Total Number of Moments Selected Randomly Prior to the Start of the Quarter:  
 Total Number of Invalid Moments:  
 Total Valid Moments: 0  
 Compliance Percentage: #DIV/0!

Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16	
Moments:																				-	-

SUMMARY FOR INVOICING ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Page 1

Quarter Average (Averaging by %)

Qtrs	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Average	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Moments to be Entered into Pool 2 on Tab 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

N50 X ✓ fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U		
1	Quarter 2																				Version 11/1/16		
2						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	Page 11
3						Total Number of Invalid Moments:																	
4						Total Valid Moments	0																
5						Compliance Percentage:	#DIV/0!																
7	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16		
8	Moments:																						
11	SUMMARY FOR INVOICING ONLY																						
12		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
13		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
14																							
16	Quarter 3																						
18						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	
19						Total Number of Invalid Moments:																	
20						Total Valid Moments	0																
21						Compliance Percentage:	#DIV/0!																
23	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16		
24	Moments:																						
26	SUMMARY FOR INVOICING ONLY																						
27		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
28		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
29																							
31	Quarter 4																						
34						Total Number of Moments Selected Randomly Prior to the Start of the Quarter:																	
35						Total Number of Invalid Moments:																	
36						Total Valid Moments	0																
37						Compliance Percentage:	#DIV/0!																
39	Pool 2:	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Total Moments	Total Moments 1-16		
40	Moments:																						
42	SUMMARY FOR INVOICING ONLY																						
43		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total					
44		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					
45																							
46																							
47																							
48																							

Page 1

Quarter Average (Averaging by %)																
Qtrs	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10	Code 11	Code 12	Code 13	Code 14	Code 15	Code 16
2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Average	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Moments to be Entered into Pool 2 on Tab 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

# Submitting the SMAA Invoice

The following items must be included in the SMAA Invoice Package:

- SMAA Summary Invoice
- SMAA Detailed Invoice
- Vendor Fee Worksheet\* (if claiming vendor fees)
- SMAA Averaged Invoice Worksheet (quarter 1 invoice only)
- LEA TSP List for the Quarter

\* Note: DHCS is currently revising the vendor fee worksheet and will have additional information as soon as possible.

# Contact the SMAA Program

SMAA Email Address

[smaa@dhcs.ca.gov](mailto:smaa@dhcs.ca.gov)

SMAA Website

<http://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx>

# Thank you!

