

California School-Based Medi-Cal Administrative Activities Manual

Produced by:

DEPARTMENT OF HEALTH CARE SERVICES

In Cooperation with:

**Centers for Medicare and Medicaid Services, California Local
Educational Consortia, and California Local Governmental Agency
Consortium**

FOREWORD

This California School-Based Medi-Cal Administrative Activities (SMAA) Manual (hereinafter referred to as “the SMAA Manual”) is designed to clarify and enhance school staff participation and provide audit protection for claiming units participating in the SMAA Program. The language in the SMAA Manual is based on requirements embedded in the Federal Centers for Medicare & Medicaid Services’ (CMS’s) School-Based Administrative Activities Guide (May 2003, final version). The Department of Health Care Services (DHCS) will notify Local Educational Consortia (LECs) and Local Governmental Agencies (LGAs) through Policy and Procedure Letters (PPLs) of approved changes/revisions to the SMAA Manual. Each year, DHCS and the LEC/LGA committee will revise the SMAA Manual to update any changes and provide further clarification.

This manual also describes the steps Local Educational Agencies (LEAs) must take to integrate the Random Moment Time Survey (RMTS) into the existing Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) requirements and practices. The RMTS process, outlined in this manual in Sections 5 and 6, will focus on administrative activities and direct medical services provided by LEAs and reimbursed through the SMAA program and the LEA BOP. Additional detail on billing through the LEA BOP, including documentation requirements, rendering practitioner qualifications and covered services, can be found in the LEA BOP Provider Manual at:
<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>

The SMAA Manual will continue to be a work in progress. Suggestions for improvement can be made to your regional LEC/LGA MAA coordinator. For definitions or descriptions of key terms, users may refer to the Glossary in Section 3. For a quick guide to abbreviations and acronyms, users may refer to Appendix A.

California School-Based SMAA Manual

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California School-Based SMAA Manual
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How to Use This Manual

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How to Use This Manual

The SMAA Manual contains the policies and procedures that school claiming units must follow to submit a SMAA invoice to the Department of Health Care Services (DHCS) for reimbursement of the costs of performing SMAA. The SMAA manual also lists SMAA audit requirements. When this manual is revised, the effective date of the revision will be indicated at the bottom of each page.

The SMAA manual is the primary reference for information about SMAA program participation requirements. You should consult this manual before seeking other sources of information. LEA participating in the LEA BOP should refer to Sections 5 and 6 of this manual, which explain the RMTS process that is used in both school-based reimbursement methodologies. All other LEA BOP requirements are located in the LEA Provider Manual, located at:

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

The term Local Educational Consortium (LEC) is a local agency that is one of the service regions of the California County Superintendent Educational Services Association (CCSESA). LECs participating in the SMAA program shall be responsible for the LEAs in its service region that participate in the SMAA program. Each LEC region holds a contract with DHCS to coordinate the SMAA program for school districts and County Offices of Education (COE) within its region.

The term LEA refers to the governing body of any school district or community college district, a County Office of Education (COE), a charter school, a state special school, a California State University campus, or a University of California campus.

The term Local Governmental Agency (LGA) is defined as a County Department of Health or chartered city. An LGA participating in the SMAA program shall be responsible for the LEAs within the county that participate in the SMAA program.

LEC and LGA responsibilities in the SMAA program include, but are not limited to:

- Training the LEA SMAA Coordinators;
- Certifying the list of Time Survey Participants (TSPs);
- Coordinating, certifying and submitting SMAA invoices;
- Assigning Random Moment Time Survey (RMTS) central coding staff; and
- Supervising and providing oversight of the RMTS process.

The term “claiming unit” is used to represent all types of school-related administrative units such as LEAs, Special Education Local Program Areas (SELPAs), charter schools, COEs or a State funded college or university that are actively participating in either or both of the school-based claiming programs. A claiming unit is typically an LEA that has submitted a claim or invoice to either of the school-based programs during a particular claiming period.

Organization

The SMAA manual is organized into five topical areas:

(Sections 1 - 3)	Background Information
(Section 4)	Administrative Claiming Overview
(Sections 5 - 6)	RMTS Process for School-Based Programs
(Sections 7 – 10)	SMAA Policies and Procedures
(Appendices)	Appendices A through K

Numbering System

The bottom of each page has a unique number that identifies the section and page. For example, the number 2-1 indicates Section 2, page 1. The numbering system is designed to easily accommodate additions and deletions when the SMAA manual is updated.

SMAA Manual Updates/Policy and Procedure Letters

Annually, DHCS issues updates to the manual. Throughout the year, when changes occur in the SMAA program or when policies or procedures require clarification, DHCS will issue Policy and Procedure Letters (PPLs). The language in the PPLs will be incorporated into the annual revision of the manual. Changes in federal requirements are reflected in the manual every state fiscal year (SFY) based on the State's approved process. The manual represents the California method of meeting federal requirements and applies to the applicable SFY being claimed.

The current manual can be found online at:

www.dhcs.ca.gov/provgovpart/Pages/SMAAManual.aspx.

Policy and Procedure Letters can be found online at:

<http://www.dhcs.ca.gov/formsandpubs/Pages/SMAATCMPPLs.aspx>.

SMAA Manual Inquires

If you have any questions about the contents of this manual, please contact your LEC/LGA Coordinator.

California School-Based SMAA Manual
SECTION 2
Medi-Cal Background

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Overview

The Medicaid program is a national health care program designed to furnish medical assistance to families, the aged, blind, disabled and to individuals whose income and resources are insufficient to meet the cost of necessary medical services. The program, established under Title XIX of the Social Security Act, is administered by the Centers for Medicare and Medicaid Services (CMS), which is part of the federal Department of Health and Human Services (DHHS). Medicaid is a state/federal partnership under which the Federal Government establishes basic program rules. In California, Medicaid is referred to as Medi-Cal. Each state administers the program and can develop its own rules and regulations for program administration within the confines of the federal rules.

States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of Federal Financial Participation (FFP) for all Medicaid expenditures. The FFP rate for SMAA currently is set at fifty percent, however, an enhanced rate of seventy-five percent is applied for SMAA translation related activities.

The primary requirements imposed on states that wish to participate in the Medicaid program relate to eligibility for the program and to services covered by the program. Federal Medicaid law defines certain categories of eligible individuals and specific types of health care coverage that must be provided by any state wishing to operate a Medicaid program. Title XIX also offers a variety of optional eligibility groups and types of service, which a state may or may not choose to cover. In addition, the Federal Government establishes general standards by which states must operate their Medicaid programs; however, development of program options and the details of program operation and administration are the responsibility of the states themselves.

DHCS and individual LEA claiming units promote access to health care for students in the public school system, preventing costly or long-term health care problems for at-risk students, and coordinating students' health care needs with other providers. A "claiming unit" also known as an LEA, is a school district, COE, SELPA, or State-funded College or University providing Medi-Cal-covered health services. The primary purpose of the SMAA program is to reimburse school claiming units for performing MAA.

The term "services" refers to direct Medi-Cal billable services provided by a Medi-Cal provider in a school or community setting. LEA-billable services are conducted through schools, and administered by the LEA BOP. These direct services must be reported under Code 2A and Code 2Z on the time survey. The term "activities" typically refers to School Based Medi-Cal Activities, which are not claimable through the LEA BOP, but are claimable through the SMAA program.

Medicaid in the School Setting

Medicaid is a critical source of health care coverage for children. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT services include periodic health screening, vision, dental, and hearing services. The Medicaid statute also requires that states provide any medically necessary health care services listed in Section 1905(a) of the Social Security Act to an EPSDT recipient even if the services are not available under that state's Medicaid plan to the rest of the Medicaid population. States are required to inform Medicaid eligibles under age 21 about: EPSDT benefits setting distinct periodicity schedules for health screenings, dental, vision, and hearing services; and reporting EPSDT performance information annually to CMS. For more information about EPSDT, refer to the CMS Medicaid website at www.cms.gov.

LEA BOP is covered under California's State Medicaid Plan under the EPSDT benefit, as well as a separate LEA services benefit. However, not all EPSDT services are approved services covered under the LEA BOP. Please see the LEA BOP Provider Manual for a list of all available EPSDT services that are eligible for FFP reimbursement through the Program.

Administrative activities discussed in the SMAA manual that are claimable to Medi-Cal must be those associated with or in support of the provision of Medi-Cal-coverable medical services. The Medi-Cal medical services that are provided in schools are:

1. Those that are specified in an Individualized Education Plan (IEP), Individual Family Service Plans (IFSP) or other Plan of Care
2. EPSDT-type primary and preventive services provided in those schools by providers who may provide similar services to non-Medicaid children.

Other Administrative Activities

Other administrative activities not associated with a covered Medicaid medical service may be covered in schools and include but is not limited to: conducting Medicaid outreach; facilitating Medicaid eligibility determinations; and providing Medicaid-related training, translation and general administration. Schools can provide their students a wide range of health care and related services, which may or may not be reimbursable under the Medicaid program. The services can be categorized as follows:

- **IDEA-related health services.** The Individuals with Disabilities Education Act (IDEA) was passed to “ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living (Section 601[d]).” IDEA authorizes federal funding to states for medical services provided to children through a child's IEP, including children who are covered under Medicaid. In 1988, Section 1903(c) of the Social Security Act was amended and requires Medicaid to serve as the primary payer to schools and providers of services in an IEP or IFSP under the IDEA.

- **Section 504-related health services.** Section 504 of the Rehabilitation Act of 1973 requires local school districts to provide or pay for certain services to make education accessible to handicapped children. These services may include health care services similar to those covered by IDEA and Medicaid. These services are provided free of charge to eligible individuals and may be reimbursed by Medicaid, subject to third party provisions.
- **General health care services.** These services are typically mandated by the school district or state and include health care screenings, vision exams, hearing tests, a scoliosis exam, and other services, provided free of charge to all students. Services provided by the school nurse (e.g., attending to a child's sore throat, dispensing medicine) may also fall into this category. These general health care services often resemble EPSDT services. These services may be reimbursed by Medicaid, subject to third party provisions.

Federal funding is available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. To the extent that school employees perform administrative activities that are in support of the state Medicaid plan, federal reimbursement may be available. However, Medicaid Third Party Liability (TPL) rules limit the ability of schools to bill Medicaid for some of these health services and associated administrative costs.

- **TPL requirements.** preclude Medicaid from paying for Medicaid-coverable services provided to Medicaid beneficiaries if another third party (e.g., other third party health insurer or other federal or state program) is legally liable and responsible for providing and paying for the services.

Schools are legally liable for providing IDEA-related health services at no cost to eligible students; however, Medicaid reimbursement is available for these services because Section 1903(c) of the Social Security Act allows Medicaid to be primary to the Department of Education for payment of the health-related services provided under IDEA. Medicaid covers services included in an IEP/IFSP under the following conditions:

- The services are medically necessary and are included in a Medicaid-covered category (e.g. speech therapy, physical therapy);
- All other federal and state Medicaid regulations are followed, including those for provider qualifications, comparability of services, and the amount, duration, and scope provisions;
- The services are covered by Medicaid or are available under EPSDT; and
- The medical service must be provided to a Medicaid-eligible student.

While there are exceptions to these policies for Medicaid services provided to children with disabilities pursuant to an IEP under IDEA, many schools provide a range of services that would not fall under these exceptions, including services provided by school nurses.

Eligibility Requirements

As noted above, Title XIX was originally designed to serve the needs of families and of aged, blind, and disabled persons whose income is insufficient to pay the costs of their medical expenses. Since the inception of the program in 1965, however, many new categories of eligibles have been added to the program. Some of these eligible groups are “mandatory coverage groups”; that is, any state wishing to participate in Medicaid must cover these individuals as a condition of participation. Other groups of eligibles are “optional coverage groups”; that is, the state has the option to cover or to refuse to cover these individuals. Under federal Medicaid law, there are currently about 50 categories of eligibles, nearly half of which are mandatory coverage groups. California covers all mandatory groups and the vast majority of the optional groups.

California School-Based SMAA Manual
SECTION 3
Glossary

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Glossary

Administrative Unit	A LEC/LGA Region or Consortium that is responsible for the RMTS process and administration of the SMAA program.
Actual Client Count (ACC)	A Medi-Cal percentage that is determined from the total number of Medi-Cal eligibles within a claiming unit divided by the total number of all individuals served by the claiming unit. Actual Client Count was formerly also known as the Actual Count or Actual Head Count.
Allowable Time	Time spent by claiming unit personnel doing claimable program activities as determined by the RMTS methodology or direct charge documentation.
Audit File (MAA)	The documents and records that the LEA/LEC/LGA develops and maintains in support of SMAA invoice(s). This file is used to support the invoice during site reviews and audits.
Cal-SAFE	The California School-Age Families Education (Cal-SAFE) program is designed to increase the availability of support services necessary for enrolled expectant/parenting students, to improve academic achievement and parenting skills, and to provide a quality child care/development program for their children. This comprehensive, continuous, and community-linked school-based program replaces the Pregnant Minors Program (PMP), School Age Parenting and Infant Development (SAPID) Program, and Pregnant and Lactating Students (PALS) Program.
California County Superintendents Educational Services Association (CCSESA)	The California County Superintendents Educational Services Association (CCSESA) is a statewide network of the 58 County Superintendents of Schools who have organized themselves in order to work closely with state authorities to implement programs efficiently, in response to the needs of districts and schools.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that oversees the Medicaid (known as Medi-Cal in California) and Medicare programs. Medicaid is a national health care program that provides coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.
Central Coder	Staff assigned by each LEC/LGA/Consortia to determine activity codes for TSP moment responses.
Certification Statement	A statement certifying that the information reported to DHCS is true and correct and that the expenditures reported represent allowable expenditures that are eligible for FFP.
Certified Public Expenditure (CPE)	An expenditure incurred and certified by a public entity or governmental unit related to services to Medi-Cal beneficiaries. CPEs are a recognized source of funding for the state share of Medicaid payments.
Child Find	Through the IDEA, all children with disabilities residing in the state who are in need of special education and related services must be identified and evaluated to determine if services are required.

Child Health and Disability Prevention (CHDP)	A preventive health-screening program serving California children where children and youth with suspected problems are referred for diagnosis and treatment. CHDP works with a broad range of health care providers and organizations, including private physicians, local health departments, schools, and others, to ensure that eligible children and youth receive appropriate services. All children enrolled in Medi-Cal are CHDP-eligible, but not all children participating in CHDP are Medi-Cal eligible.
Claimable Activities	Administrative activities or direct service that may be claimed as allowable under the SMAA Program or LEA BOP, respectively.
Claiming Plan	Replaced by the term “Operational Plan.”
Claiming Unit	Represents all LEAs, Special Education Local Program Area (SELPA), charter school, or County Offices of Education.
Clarifying Questions	An open ended question posed by the central coding staff to a TSP to gain additional information to assign the correct activity code.
45 Code of Federal Regulation (CFR) Part 75	This regulation provides mechanisms and guidelines for State and local governments to account for costs when administering federal programs. The information contained in 45 CFR Part 75 has been incorporated into the federal code at 2 CFR Part 200 et seq. - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
Community-Based Organizations (CBO)	Organizations based/located in the LEA’s local community providing support services to families in accessing medical services, including programs and services covered by Medi-Cal.
Consultant / Consulting Firm / Vendors	An individual or agency that sub-contracts with an Administrative Unit or LEA to manage all or portions of the SMAA program.
Contingency Fee	Amount paid to vendor or other entity based on a percentage of the invoice. This fee arrangement is not a claimable cost in the SMAA program or LEA BOP.
Cost Pool(s)	All costs for a claiming unit must be included in one of the two Cost Pools. TSPs are assigned to one of the two participant cost pools (direct services OR administrative providers) based on the TSP’s job classification.
Cost and Reimbursement Comparison Schedule (CRCS)	Participants in the LEA BOP are required to annually certify, through the CRCS process, that the public funds expended to provide LEA BOP services are eligible for FFP.
Department of Health Care Services (DHCS)	The single state agency responsible for the administration and oversight of the Medicaid (Medi-Cal) program in California.
Data Match	A process used to identify the number of Medi-Cal eligible students enrolled in a claiming unit and used as the basis to calculate their Medi-Cal percentage.

Direct Charge	Direct invoicing of certain staff who perform Medi-Cal eligible activities who can certify 100 percent of their paid time. These staff have the option of doing direct invoicing for certain costs and must be able to provide documentation that supports this percentage. Direct charging is also permitted for non-salary and/or overhead costs associated with SMAA specific reimbursable activities (designated as ‘non-salary costs’); such as, travel, training, printing, computer, or other equipment costs. Staff who direct charge may only report time to one SMAA activity. If they perform more than one SMAA activity they must Time Survey.
Duty Statement	Document describing the current duties and responsibilities assigned to a specific position. Each duty statement is required to include, in a single document, both the full scope of work and the approved activities.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The EPSDT service is Medicaid’s Comprehensive and Preventive Child Health program for individuals under the age of 21. The EPSDT program consists of two mutually supportive, operational components: (1) assuring the availability and accessibility of required health care resources; and (2) helping children who are eligible for Medicaid and their parents or guardians to effectively use these resources.
Enhanced Reimbursement	A FFP rate equal to 75 percent.
Federal Financial Participation (FFP)	States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of FFP for all Medicaid expenditures.
IDEA	Individuals with Disabilities Education Act
Individualized Education Program or Plan (IEP)	A legal agreement composed by educational professionals, with input from the child’s parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instructions that are uniquely designed to meet the student’s needs.
Initial Evaluation/Reevaluation	Before special education and related services are provided, the LEA determines whether a child has a disability and identifies that child’s special/specific educational needs, which may include health related services. A reevaluation is conducted to determine whether or not eligibility persists for special education and related services. Reevaluations must be conducted at least once every three years.
Indirect Cost Rate	The percentage that represents the relationship between an organization’s indirect costs to its direct costs. There is a standardized method of charging individual programs for their share of indirect costs. Internal indirect costs typically include the portion of costs of a department’s administrative and office staff that the LEA allocates as support for the SMAA claiming unit, such as legal, accounting, and personnel staff costs. External indirect costs typically include the costs of the central control agencies of the LGA/LEC, such as Auditor-Controller, Treasurer, General Services, and Personnel.

Individualized Family Service Plan (IFSP)	A written plan for providing early intervention services to a child from birth to three years of age eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child’s family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
Interim Claiming	Process of LEAs submitting fee-for-service claims to Medi-Cal for medically necessary direct medical services provided by qualified practitioners. The interim claims are reconciled against the Medicaid Allowable Costs through the CRCS.
Invoice	The multi-page SMAA Detail Invoice, with supporting worksheets, and the single SMAA Summary Invoice page.
Job/Position Description	An official document describing the necessary knowledge, skills, abilities, education, certification, and minimum qualifications for a specific employment classification. The job/position description also defines the employee’s scope of work and the variety and complexity of general tasks performed.
Local Educational Agency (LEA)	The governing body of any school district or community college district, County Office of Education, charter school, state special school, California State University campus, or University of California campus.
LEA Coordinator	An individual who administers SMAA or LEA BOP for an LEA.
LEA Medi-Cal Billing Option Program (LEA BOP)	A program administered by DHCS for LEAs to bill Medi-Cal for specific health and direct medical services provided to Medi-Cal eligible students and their families in the school setting. Services provided through this program include assessments, treatments, and Targeted Case Management.
Local Educational Consortium (LEC)	Represents one of the 11 service regions of the CCSESA.
Local Governmental Agency (LGA)	Local public health office, county agency or chartered city.
LEC/LGA Coordinator	An individual who administers the SMAA program for the region or county and oversees the RMTS process.
Managed Care Organizations (MCO)	Health maintenance organization designed to oversee services and costs for individual clients.
Master Moment List	Includes the claiming unit identifying information, the name of each participant selected for the time survey and the date and time of the moment selected for that participant.
Medi-Cal Discount	The Medi-Cal percentage is used to discount costs on the SMAA invoice for specific activities only available to Medi-Cal beneficiaries.
Medi-Cal Eligible	An individual who is enrolled in the Medi-Cal program and is eligible to receives Medi-Cal benefits.

Medi-Cal Eligibility Rate	The Medi-Cal eligibility rate is the fraction of a total population that consists of Medi-Cal beneficiaries. The numerator is the number of students served by the claiming unit that are Medi-Cal beneficiaries, and the denominator is the total number of enrolled students served by the claiming unit.
Non-Public Schools (NPS)	A nonpublic, nonsectarian school, certified by the state, that enrolls individuals with exceptional needs pursuant to an Individualized Education Program or Plan (IEP) (EC Sec. 56034). Certification of an NPS is done by the California Department of Education.
Nonspecific Contract (SMAA)	The contract is "nonspecific," meaning that the contract does not specifically define the SMAA activities to be performed and the cost for each allowable activity, the contractor's staff must time survey and include those costs in the Time Survey Cost Pool.
Operational Plan (OP)	Documentation the claiming unit uses to perform SMAA and that includes the audit file documentation that supports the invoice.
Participation Fee	LECs/LGAs participating in SMAA are required to pay a fee to cover actual costs related to DHCS administration of the SMAA program.
Personal Services Contractor	An entity (non-employee) that has entered into an agreement with a claiming unit to perform essential administrative and programmatic services, including SMAA services, and for whom an employee/employer relationship exists that can be demonstrated. An employee/employer relationship exists when the claiming unit's management supervises the entity and provides direct medical services to the LEA.
Policy and Procedure Letter (PPL)	Notification from DHCS of new procedures or to clarify policy and procedural issues.
Quarter Averaging Worksheet (SMAA)	The moments for each SMAA code must be entered manually in tab 6 of the SMAA invoice; the worksheet then automatically calculates the average.
Quarterly Summary Invoice (SMAA)	The summary or aggregate of costs for each claiming unit on each quarterly SMAA detail invoice. Prepared by the LEC/LGA on behalf of all claiming entities or programs within its jurisdiction, it is submitted on the agency's letterhead and is the amount to be subject to FFP reimbursement to the LEC/LGA for the quarter.
Random Moment Time Survey (RMTS)	A time survey methodology used to accurately assess a participant's work time for the purpose of billing school-based services and administration. This survey samples the participant's activities during the full work day and when students are in session.
Revenue	Funding received by a LEC, LGA or LEA to account for the actual costs from revenue sources allowable under federal laws and regulations.
Revenue Offset	Revenue offset identifies federal funds so that they are not duplicated. The Revenue Offset Worksheet provides a systematic approach to calculate the dollars that must be offset from the claim.

Roster Report	A list of all employees eligible to participate in the RMTS, including their name, work schedule, employee identification number (if applicable), job classification, work email address, and school calendar.
School Based Medi-Cal Administrative Activities (SMAA)	Authorizes governmental entities to submit claims and receive reimbursement for activities that constitute administration of the federal Medicaid program. Allows school claiming units to be reimbursed for allowable administrative cost associated with school-based health outreach activities that are not claimable under the Local Educational Agency (LEA) Medi-Cal Billing Option Program or under other Medi-Cal programs.
School Claiming Unit	An entity within the LEC/LGA, such as any LEA, Special Education Local Plan Area (SELPA) or Healthy Start program that performs administrative activities or direct medical services.
Service Providers	A provider of Medi-Cal services in California that contracts with a LEC/LGA/LEA.
Single State Agency	DHCS is the single state agency responsible for the administration and oversight of the Medicaid (Medi-Cal) program in California.
SMAA Contract	For an LEC/LGA to claim reimbursement for SMAA, Welfare and Institutions Code Section 14132.47(b) requires that a contract be in place between DHCS and the LEC/LGA. A contract is an agreement between DHCS and the LEC/LGA that describes the SMAA services to be performed, invoicing and payment, and the amount payable under the agreement.
Specific Contract (SMAA)	A contract that describes the SMAA to be performed and the specific amount to be paid for each activity. Specific contracts are those contracts that do specifically define the SMAA activity to be performed and the cost for each SMAA activity. The costs for these contracts should be direct-charged on the Direct Charge Worksheet. For example, this may include a contract to provide a specific SMAA service, such as creating and distributing Medi-Cal literature or advertising for Outreach services for a specific cost.
Subcontractor	A vendor/sub recipient that enters into a contract with the LEA/LEC/LGA to perform services.
Time Survey Participant (TSP)	A claiming unit staff member that participates in the time survey process is herein referred to as a TSP. A TSP must be a staff member with a DHCS approved job title.
Time Survey/Study	The approved methodology for determining the percentage of time attributable to specific activities performed by TSPs.
Unallowable Costs	Costs that may not be included in the claim and can consist of the following: Direct costs related to staff that are not identified as eligible time survey participants. Costs that are paid with 100 percent federal funds. Any costs that have already been fully paid by other revenue sources.

504 Accommodation	<p>Section 504 of the Rehabilitation Act of 1973 covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. CMS would not consider schools to be legally liable third parties to the extent that they are acting to ensure that students receive needed medical services to access a free appropriate public education consistent with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794.</p>
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