**School District/Special School: County**

**Quarter (Month to Month, Year): Quarter 2 (April – June 2018)**

**Date Completed: April 17, 2020**

# Total RMS Forms Received: 00

**Total Fatal Discrepancies (1-7)** **0** **Total Non-Fatal Discrepancies (8-11)** **0**

**FATAL DISCREPANCIES *(these will cause the RMS form or Time study log to be invalid which will not count toward the 75%)***

1. **No activity code selection (there is a sentence however no selection was made to code this sentence). 0**
2. **No sentence written on RMS or log (The form lacks a sentence explaining what occurred at the sampled moment-includes activity 12). 0**
3. **No signature (the sampled staff did not sign their name or copy of signature). 0**
4. **No date (the form is missing the date originally signed). 0**
5. **RMS completed by non-certified staff (which means that this staff is not listed in Chapter 3 or a certification form has not been completed). 0**
6. **There is no documentation presented for the activity selected. 0**
7. **The person sampled is not a direct replacement for the person named. 0**

**Non-Fatal SDAC Form Discrepancies (*completed forms with* *these errors will count toward the 75% participation)***

1. The explanation sentence content is insufficient (too vague) to correctly select an activity (A vague or multi-activity sentence will be coded Activity 11). 0
2. Unauthorized change (wrong person, no initials and/or no date) of the explanation sentence or activity selected. 0   
   *(Only if it effects reimbursement but please note on the “other comments” line for those forms not effecting reimbursement. Unauthorized changes cannot be used to determine activities or validate a potential invalid form.)*
3. The date that the sampled person puts on the RMS form or time study booklet is PRIOR to the sample date and moment. 0

*(These forms will count toward the 75% participation but must be coded Activity 11.)*

1. Revisions are performed after 30 days past the quarter sample period. 0

*(These revisions cannot be used to determine activities or validate a potential invalid form.)*

1. The person’s name on the printed form and the person who was actually sampled is different, or an incomplete district title is given or the district title is missing. 0

*(Research and find out why the name is different-always an error unless explained). (Always verify the school district records to determine the title/FIRN code is included in Chapter 3 or if a certification form is required. Note: if this is a uncertified position, please record this information in the Fatal Discrepancies section, #5)*

1. A non-documented copy was given to review instead of the original. 0

*(Copies of the completed form are invalid. Copies of the form itself is allowable if marked “Lost original-copy is original”)*

1. Activity sentence mimics or is verbatim with the examples given as examples on the RMS form. 0   
   *This can be a serious problem as it can reflect the validity of the sample. Documentation must support activity chosen. If the sampled individual cannot produce any sufficient documentation, then this is a fatal discrepancy (#6).*
2. Did the district/special school satisfy the fee for service billing requirements for the quarter reviewed? YES Answer “Yes” if they satisfied the fee-for-service billing or “No” if they did not.

Therapy – Yes

Nursing – Yes

Behavioral – Yes

1. Other issues or general comments for this district for this quarter:
   * Thank you for participating in the School District Administrative Claiming (SDAC) program!