



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



JENNIFER KENT
 DIRECTOR

RMTS Quarterly Quality Assurance Report

EDMUND G. BROWN JR.
 GOVERNOR

In order to ensure statewide consistency, quality assurance reports must be submitted to DHCS no later than 120 days after the end of a quarter. Quality assurance sample reviews must be conducted by LECs and LGAs or Consortia for each RMTS universe prior to submitting any quarterly invoice(s) to DHCS. All questions below must be answered by the LEC/LGA Coordinator or Lead Consortia LEC/LGA Coordinator, as required by the SMAA manual.

DHCS Contractor Name (LEC/LGA Region/Consortia):	Date:
County Name:	Contract year/quarter:

		Direct Service Pool	Administrative Pool
1	Total number of moments per participant pool?		
2	Total number of valid moments per participant pool?		
3	Total number of invalid moments per participant pool?		

The questions listed below pertain to the 10% random sample of moments each LEC/LGA /Consortia is required to review quarterly.

		Direct Service Pool	Administrative Pool
4	Total number of moments reviewed for the 10% sample?		
5	Total number of code change requests?		
6	Please describe any RMTS software functionality issues which may have impacted the generation, collection, or coding of sample moments (attach additional pages as needed). Have these issues been reported to the System Software Platform (SSP) vendor?		

I, the undersigned, certify that all moment responses submitted by time survey participants were complete and coded accurately, and central coding staff did not pose any leading questions to time survey participants. Further, I, the undersigned, state the following: As a public administrator, a public officer, or other public employee of the above referenced county I am duly authorized or designated to sign this Certification for the Random Moment Time Survey (RMTS) for the fiscal years and quarters noted above. I understand that making false statements for the purpose of filing a false or fraudulent claim is punishable under Welfare and Institutions Code sections 14107, 14107.11, and other applicable provisions of law. This Certification is made under penalty of perjury.

Print Name: LEC/LGA Coordinator
Signature: LEC/LGA Coordinator Date

Submit forms to: SMAA@DHCS.CA.GOV