

## Quality Assurance / COA / CARF

Agency \_\_\_\_\_

City \_\_\_\_\_

Date Range or Quarterly: 1 2 3 4

Insurance:

Referred By:

YTD starting:

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Appointments (notes):	Quarterly	NoShows	%	YTD	NoShows	%
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**Effectiveness Outcomes:** (Goal: 80% of clients GAF scores increase)

# of Clients	GAF scores $\geq 2$	GAF score $< 2$
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Percentage:

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**Efficiency Outcomes:** (Goal: 100% of service request contacted within 15 days.)

# of Requests	Within 15 days	More than 15 days
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Percentage:

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### Progress:

Average Progress All Clients:

Total Reporting Clients:

Progress in Quarter separated by 60 days or more.

Progress Scale	# of Clients	Percentage
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-3 = Significant Deterioration

-2 = Moderate Deterioration

-1 = Minimal Deterioration

0 = No Progress

1 = Minimal Progress

2 = Average Progress

3 = Significant Progress

Total Reporting Clients:

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### Other Statistics:

Quarterly

YTD

# of New Referrals

# of Direct Client Service Hours

# of Indirect Community Service Hours .

Completed by \_\_\_\_\_ Date \_\_\_\_\_

(8/1/2008)