

TO ALL CONTRACTED THERAPY AGENCIES

CHANGES MADE TO QUARTERLY REPORT AS REQUESTED BY THE HEALTH AND HUMAN SERVICES COMMISSION

- A. Measurable Goals/Objectives, Base Line Data, frequency and duration must be stated clearly
- B. Must be dated the day the quarterly was done
- C. Progress toward goals must be clearly stated
- D. Treatment Plans must be clearly stated
- E. Must show months the quarterly covers example April, May and June
- F. All therapist names must be printed or typed
- G. Must include the number of missed visit for that quarter and the reason for missed visits
- H. Each quarterly must be different for the previous quarterly no duplicates
- I. **ALL QUARTERLY REPORTS MUST BE LEGIBLE**

Call me with any questions

GLADYS WADE, ADMINISTRATOR  
PROGRAM DIRECTOR  
281-250-3535 CELL

Astrocare CLASS

**QUARTERLY SUMMARY - Goals, Progress & Treatment**

**Client:**                      **Therapist:**                                      **Discipline:**                      **Diagnosis:**  
**Date of Assessment:**                      **Review Period (Quarter/Year):**

*To add more information  
than space allows,  
attach a separate page  
of paper.*

**Initial/annual evaluation of  
deficits and needs. Taken  
from 8606A addendum**

**Frequency AND Duration  
of visits:**

**Coordination of Care:**

**# 1 Baseline Data:**

**Goal:**

**Measurable Objectives:**

**# 2 Baseline Data:**

**Goal:**

**Measurable Objectives:**

**# 3 Baseline Data:**

**Goal:**

**Measurable Objectives:**

<b>Client:</b>	<b>Therapist:</b>	<b>Discipline:</b>	<b>Page 2 of 2</b>
<b>Client Participation:</b>			
<b># of Missed Visits:</b>		<b>Reason(s) for Missed Visit(s):</b> (If the client missed multiple visits for a variety of reasons, then please document all the reasons.)	
<b>Treatment provided to address identified needs for Goal #1:</b>		<b>Current Progress Goal # 1:</b>	
		<input type="checkbox"/> Met <input type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	
<b>Treatment provided to address identified needs for Goal #2:</b>		<b>Current Progress Goal # 2:</b>	
		<input type="checkbox"/> Met <input type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	
<b>Treatment provided to address identified needs for Goal #3:</b>		<b>Current Progress Goal # 3:</b>	
		<input type="checkbox"/> Met <input type="checkbox"/> Unmet Goal <input type="checkbox"/> Revised; Specify Revision:	

Therapist Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSA Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Date sent to CMA must be within 5 business days of the quarterly summary being completed/signed by the therapist\***