

## Annual Maintenance of Accreditation (MOA) Report

Please complete all questions below. You will not be able to submit the MOA unless a response is entered for each question.

### ORGANIZATIONAL INFORMATION

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1. Organization Name:

2. Organization ID Assigned by COA:

3. Name of CEO:

4. City/Town:

5. State/Province:

### PERSON COMPLETING REPORT

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6. Name of Person Completing MOA Report:

7. Title:

8. Email Address:

9. Phone Number and Extension:

## CONFIRMATION OF CONTINUING COMMITMENT TO COA STANDARDS AND COMPLIANCE WITH MAINTENANCE OF ACCREDITATION REQUIREMENTS

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10. Our organization hereby acknowledges and affirms to the Council on Accreditation that our organization is and has at all times during the last year:

- Been in substantial implementation/continuing performance with all applicable Administration & Management, Service Delivery Administration, and Service Standards, and
- Continues to strengthen organizational capacity and improve quality to meet the needs of persons served.

-Choose One-

11. If no, please provide a brief explanation:

12. Our organization affirms to COA that we have complied with COA's maintenance of accreditation requirements for self-reporting as required by Section X. B of the Accreditation Policies and Procedures Manual available at:  
<http://www.coanet.org/front3/page.cfm?sect=9>.

-Choose One-

## QUALITY IMPROVEMENT WINDOW

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There is no finish line with quality/performance improvement. The Council on Accreditation wants to know how the organizations we accredit are deploying and actualizing quality/performance improvement in the years between site visits. We hope that this will be useful to your organization as well.

13. Our organization's quality/performance improvement opportunity was identified from the following source(s) (check all that apply):

- Long-term plan/Short-term plan
- Regulatory/licensing environment
- Consumer satisfaction survey data
- Human resources/staff survey data
- COA Final Accreditation Report
- Annual Q/PI Plan
- Risk management plan
- Fiscal/financial information
- Consumer complaint/grievance information
- Consumer advisory group input
- Governing body/Q/PI stakeholder feedback
- Organizational performance information

Other

14. If other sources, please describe briefly:

15. Our organization's identified quality/performance improvement opportunity was (describe briefly):

16. The goal/objective of our organization's quality/performance improvement initiative/action was (if applicable, include performance targets, metrics, or benchmarks):

17. The following work groups or individuals in our organization were involved with implementing the quality improvement initiative/action (only list job titles of individual(s) or names of work groups/committees):

18. Our organization involved consumers or external stakeholders with the quality/performance improvement initiative/action:

-Choose One-

19. If yes, describe briefly:

20. From the quality improvement initiative/action that we implemented, our organization obtained the following results/outcomes:

21. Our organization's evaluation of the effects of the quality/performance improvement initiative/action, or what was learned, is (describe briefly):

22. We communicated the results of our quality/performance improvement initiative/action by (describe briefly):

23. Our results were communicated to the following stakeholders:

- Governance
- Staff
- Consumers
- Community
- Other Stakeholders

24. Other Stakeholders (describe briefly):

Thank you for completing the MOA report. Please click "Submit" to send your information to COA.

In several minutes, an acknowledgement email will be sent to the original recipient of this MOA Report request email. If you do not receive a copy of this email, please contact Susana Guzman at COA at [sguzman@coanet.org](mailto:sguzman@coanet.org).