

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Evidence Based Education Programs (EBPs)

I. Service Capacity

A. Check off which EBP workshops your organization offers and provide # of trained facilitators:

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<input type="checkbox"/>	Arthritis Self-Management Program (English and Spanish) # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Healthy Eating for Successful Living # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Better Choices, Better Health # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Healthy Ideas (identifying depression empowering activities for seniors) # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Cancer: Thriving and Surviving Program # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Living La Vida Dulce (Spanish Diabetes Self-Management Program) # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Chronic Disease Self-Management Program (CDSMP) # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Matter of Balance (falls prevention) # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Chronic Pain Self-Management Program # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Positive Self-Management Program (HIV/AIDS) # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Cuidando Con Respeto (Spanish Savvy Caregiver Program) # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Powerful Tools for Caregivers # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Diabetes Self-Management Program # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Savvy Caregiver # of trained facilitators- Licensing Entity-

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<input type="checkbox"/>	Enhance Wellness # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Tai Chi for Healthy Aging # of trained facilitators- Licensing Entity-
<input type="checkbox"/>	Fit for Your Life # of trained facilitators- Licensing Entity-	<input type="checkbox"/>	Tomando Control de su Salud (Spanish CDSMP) # of trained facilitators- Licensing Entity-

If applicable, list other EBP workshops offered:

- B. Provide host locations for all workshops offered.

- C. Do you offer one-to-one personalized trainings with a trained coach? If so, specify capacity in which EBP content area?

Also, specify the # of trained coaches for each EBP content area and location of offering.

II. General Policies and Procedures

- A. Describe the process for providing the Healthy Living Center of Excellence (HLCE) or the Self-Management Resource Center (SMRC) all required information when offering a workshop. Specifically, what information is provided, at what stage of the workshop is the information provided, and who is designated to communicate with the HLCE/SMRC.

- B. If applicable, describe the process for arranging one-to-one personalized trainings with a trained coach.

- C. Describe your policy for notifying the ASAP when a consumer is absent from one of the sessions and for communicating when there is a possible barrier that affects completion of the workshop (for example, access to transportation).

III. Staff Qualifications

- A. Describe how you ensure that all your EBP facilitators/coaches have been trained and certified by the Healthy Living Center of Excellence (HLCE) or by the Self-Management Resource Center (SMRC).

Attach a Certificate of good standing from the HLCE or SMRC for each of your facilitators.

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B. Describe how you ensure that Certificates remain current, in good standing.

IV. Training and In-Service Education

- A. Describe how you ensure that fidelity observation is completed for newly trained facilitators.

- B. Describe how you ensure that facilitators complete two hours of continuing education annually either by attending a one- day conference or participating in monthly (recorded) webinars provided by the HLCE or SMRC.

V. Supervision

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.

VI. Proposed Rate Structure for Evidence Based Education Programs (EBPs)

Provider employee who completed this form

Name: _____

Date: _____

SERVICE SPECIFIC ON-SITE REVIEW
Evidence Based Education Programs (EBPs)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

EMPLOYEE Record Review					
Provider					
Date					
Monitor					
Start date and Termination date, if applicable					
Number of reference checks					
CORI Check					
Job Description(s)					
Initial training and certification by HLCE/SMRC					
Fidelity observation for newly trained facilitator by a master trainer/ or other leader trained to observe					
Current Certificate from HLCE/SMRC (verifying good standing)					
Annual two hours continuing education provided by HLCE/SMRC: dates/conference/webinar					
OIG checks: time of hire/ monthly					
Annual Performance Appraisal: Date					
Comments					

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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

CONSUMER Record Review					
Provider					
Date					
Monitor					
Authorization/referral form					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Functional status/limitations					
Name of current CM/RN					
Service start date and Termination date, if applicable EBP: specify program name Sessions attended (individual workshop): dates EBP: specify program name Sessions attended (individual workshop): dates EBP: one-to-one personalized trainings: dates					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

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Notes