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

☐	Diabetes Self-Management Program **# of trained facilitators-** **Licensing Entity-**	☐	Savvy Caregiver **# of trained facilitators-** **Licensing Entity-**
☐	Enhance Wellness **# of trained facilitators-** **Licensing Entity-**	☐	Tai Chi for Healthy Aging **# of trained facilitators-** **Licensing Entity-**
☐	Fit for Your Life **# of trained facilitators-** **Licensing Entity-**	☐	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.

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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.

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					

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

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					

Evidence Based Education Programs (EBPs)

Notes